Transport communications

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No. 14-2.

Bombay, 6th December 1929.

From—The Collector of Bombay and Chairman, Opium Enquiry Committee, Bombay;

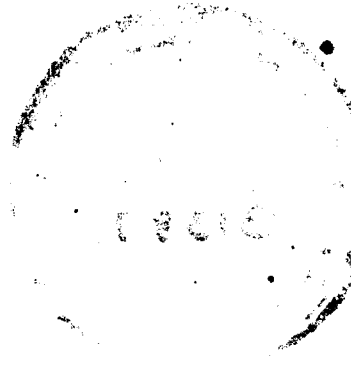
To—The Secretary to Government, Revenue Department, Bombay.

Sir,

With reference to Government Resolution, Revenue Department, No. 7702/24, dated the 7th February last, I have the honour to forward herewith the report of the Opium Enquiry Committee constituted for the Town and Island of Bombay with supplementary minutes.

Your most obedient servant,

W. DILLON,
Collector of Bombay and Chairman, Opium Enquiry Committee, Bombay.



Report of the Opium Inquiry Committee for the Town and Island of Bombay.

The Committee was appointed under Government Resolution, No. 7702/24, dated 7th February 1929 and consisted of the following members :—

1. The Collector of Bombay, Chairman.
2. Dr. E. Moses, M.D. (nominated by the Bombay Municipal Corporation).
3. The Executive Health Officer, Bombay Municipality.
4. Dr. D. M. Gagrat, L.M. & S. (nominated by the Bombay Medical Council).
5. The Hon'ble Sir Manmohandas Ramji, Kt. (nominated by the Bombay Millowners' Association).
6. A non-official gentleman to be selected by the Collector.

The non-official gentleman selected by the Collector was Mr. Syed Munawar, B.A., M.L.C. This gentleman attended the first two meetings of the Committee, but could not attend the subsequent meetings on account of his departure to Geneva to attend the International Maritime Labour Conference.

The Committee held in all five meetings. The members of the Committee also visited the principal opium smoking dens in the City and the largest licensed opium shop in the Null Bazar Market.

A questionnaire was drawn up and sent to the individuals and public bodies and associations. Notices were also inserted in certain local English and Vernacular News-papers inviting the public to come forward to give written and oral evidence to the Committee, but no response was made. Replies to the questionnaire sent were received after considerable delay in spite of repeated reminders and even up to the time of writing the report some replies have not been received. This accounts for the delay in the submission of the report which the Committee greatly regrets. The replies received from non-official bodies, except perhaps the Bombay Municipal Corporation, were not very helpful. It appears that the public are not much interested in the opium problem in Bombay. The problem does not appear to be very serious when compared with conditions in Northern India. This is probably the reason why it attracts so little interest. This being so it was considered that the oral evidence of representatives of these public bodies was not necessary. It was only considered desirable to examine orally some of the local Excise Officers with regard to the question of the extent of opium smuggling into

Bombay, its local consumption and the sources from which it is obtained. Three Officers were accordingly examined orally.

Consumption.

The appended statement (Appendix A) shows the position as regards the taxation and consumption of licit opium during the last 11 years. The statement also shows the consumption per 10,000 of the population. It will be observed that the consumption of licit opium shows a steady decline. The decline is due to a variety of causes. One reason is the high price charged for licit opium, the incidence of taxation per seer having risen from Rs. 37-7-0 in 1918-19 to Rs. 108·4 in 1928-29. The incidence will be still higher in the current year. High prices have led opium consumers to reduce their demands. The decline is also due to a decrease in the quantity of opium purchased for the purpose of administration to children on account of the establishment of creches in certain mills and the propaganda against the habit carried on during the National Baby Week, etc. The decline is also due to a decrease in the Chinese population of Bombay on account of unemployment in the City as a result of the general trade depression. The Chinese are by far the largest consumers of opium.

Having regard to the large cosmopolitan population of Bombay we are of the opinion that the consumption of licit opium is not excessive. The consumption per 10,000 of population has declined to 19·6 seers.

The licit consumption does not of course represent the actual consumption of opium in the City as a good portion is also obtained and consumed illicitly. The extent of such illicit traffic and consumption will be described below. But even if we take into account the consumption of illicit opium the quantity actually consumed will probably be below the standard which the League of Nations considered to be excessive.

Classes of consumers.

Customers at Opium shops in Bombay may be divided into the following categories:—

(*a*) Purchasers of quantities ranging from half tola to one tola a day for smoking purposes.

(*b*) Purchasers of similar quantities as above for eating purposes.

(*c*) Occasional purchasers of small quantities for the supposed cure of minor ailments and for administration to children as a soporific.

Of the above those classed in categories (*a*) and (*b*) are regular addicts and constitute about 75 per cent. of the clientele of the opium shops. These purchase the largest quantities of opium, the requirements of the others being restricted to small quantities from 2 to 4 grains at a time at prices ranging from half anna to one anna. This quantity is believed by the purchasers to be sufficient for the relief of minor ailments. There is however the danger of these occasional consumers of opium acquiring a permanent habit and becoming addicts. It is this class of customers which requires special protection and recommendations to this effect will be made below as well as in the case of the present addicts.

Smuggling of opium.

We have not been able to obtain any definite information as to the extent of smuggling into Bombay. Appendix B to this report will show the number of cases relating to opium detected in the City and the quantities of opium seized during the last 11 years. These figures can by no means be taken as even an approximate estimate of the quantities of opium actually smuggled into Bombay because the cases detected by the local Excise, Police and Customs staff are only a fraction of those which are undetected. The quantity of opium shown in the statement is therefore, only a fraction of the quantity actually smuggled into the City. The local Excise Officers whom we questioned state that there is considerable smuggling into the City. Much of the smuggled opium is exported out of Bombay to Africa and the Far East—a traffic which is much more profitable than local illicit traffic—but a fairly good portion of smuggled opium is also consumed in the City. The Excise Officers were unable to establish by facts and figures how much illicit opium was actually being consumed locally. From practical experience they estimated that for every eight seers of licit opium consumed at least three seers were consumed illicitly. In other words roughly 37 per cent. of the opium consumed in Bombay is illicit.

Opium is reported to be smuggled from Indore, Gwalior, Rutlam, Jhalawar-Patan, Mewar, Udaipur, Malwa and the Kathiawar States. It is believed that large stocks of opium considerably in excess of local requirements are available in these States. So long as such large stocks are available smuggling must continue. It is necessary therefore to bring pressure to bear on these States to limit production to suit legitimate local requirements and no more. We understand that Government opium is supplied under treaty agreement to certain Indian States within the geographical limits of the Bombay Presidency and that these States are allowed some remission of duty on the supplies made. The conditions under which opium is allowed to be sold by retail are also reported to be much easier in these States than those prevailing in British territory with the result that opium is obtained at the State shops at prices considerably below those charged at the British shops. We understand that opium is obtainable in the Kathiawar States at 15 annas a tola as against Rs. 2-8-0 a tola charged at present at the opium shops in the City of Bombay. This must provide a great

incentive to smuggling. A case was recently detected in Bombay when 20 lbs. of Ghazipur opium were seized in the possession of certain persons who were in league with licensees of opium shops in the Kathiawar States. There was definite evidence that the opium was smuggled from Kathiawar. The local Excise Officers state that the sales of opium in some of the Kathiawar States are considerably in excess of the normal requirements of the indigenous population. If this is a fact then the excess is obviously meant for smuggling into British territory. We recommend that an enquiry be made into the sales of opium in such States. If the enquiry discloses a considerable increase we suggest for the consideration of Government the desirability of disallowing any remission of duty or rebate that may be granted at present. In the alternative we recommend that unlimited supplies should not be made but they should be restricted to the actual needs of the indigenous population.

We also recommend that the Opium Act should be amended with a view to making penalties for offences under the Act more deterrent than they are at present.

We also recommend that offences under the Opium Act be made extraditable. This will put an effective check on the leading smugglers who generally operate from Indian States against whom no action can be taken at present though there may be direct documentary evidence to connect them with the cases detected in Bombay.

Measures for curtailing the consumption of opium.

In suggesting measures for curtailing the consumption of opium we recognise the risk of the adoption at once of any drastic prohibitive measures because this would only lead to increased smuggling and make the remedy worse than the disease. Our views on the various restrictions suggested by Government are as follows :—

(1) *Registration of consumers.*—We consider this a practical measure for reducing consumption by weaning the present occasional users of opium and the future generation from the permanent opium habit. As a first step to this goal we suggest that the limit of sale to any one person in any one day should be reduced to six grains instead of one tola (180 grains) as at present. This is the quantity which we consider sufficient for those people who require it for occasional medicinal or other purposes. This limit would not however meet the needs of habitual addicts whose requirements are not less than from a quarter tola to half a tola at a time. If the ordinary limit be reduced to six grains as suggested above we propose that habitual addicts who want to purchase more than six grains at a time should be allowed to do so subject to a maximum of half a tola per day provided that they are registered by the Excise Department as habitual addicts with a specification of the quantity of opium which they should be

allowed to purchase in any one day. There will, no doubt, be some difficulty in ascertaining who are habitual addicts. Certificates should be accepted from registered medical practitioners and such other persons whom the Excise Department think to be suitable for the purpose. If a system of registration be adopted it will be necessary to give each person registered as a habitual addict a parchment slip to which his photograph would be attached and in which would also be shown the quantity which he is allowed to purchase in any one day. In order to prevent the possibility of these registered addicts resorting to various shops in the City in order to circumvent the limitation of quantity purchasable it will be necessary for the Excise Department to supply sealed books to these addicts in which the licensee of the shop from which the purchase was made would be required to enter the quantity sold and the date of sale.

Rationing addicts.—If a system of registration as proposed above be adopted the question of rationing addicts will not arise.

Prevention of the practice of administering opium to children by making it a penal offence or otherwise.—We are of the opinion that the administration of opium to children is a pernicious habit but we do not consider it desirable or practicable at present to prevent it altogether by legislation. It is reported that the habit is decreasing and we would express the hope that it may be eradicated in the course of time by the education of public opinion and the co-operation of persons employing female labour.

Prohibition of opium smoking and drinking.—The habit of opium smoking is confined mainly to the Chinese and certain Mahomedans. Among the Chinese particularly it is an inveterate habit. We do not consider it desirable or practicable to prohibit opium smoking by legislation at once. We propose however to bring opium smoking dens under stringent supervision and restrictions. Recommendations to this effect are made below. So far as our information goes there are no clubs or houses where "Kusumba" draughts containing opium are sold or distributed.

Enhancement of issue price of opium.—We consider the present issue price of Rs. 75 per seer as sufficiently high and do not recommend any increase because such a step would lead to increased smuggling.

Reduction of the number of shops.—There are 12 opium shops in the City of Bombay. We do not consider these to be excessive for the present. We suggest, however, a redistribution of the existing shops with a view to their location in places where they are actually needed.

Curtailment of the hours of sale.—We do not recommend any curtailment in the existing hours of sale which are from 10-30 a.m. to 9-0 p.m.

Opium smoking dens.—These are divided into two categories, *viz.*, Chandulkhanas and Madatkhanas. Chandul and Madat are the main forms in which opium is smoked in Bombay. A description of these preparations is contained in Appendix C.

We append a list of the establishments which are 35 in number (Appendix D).

The members of the Committee visited the principal opium smoking dens and observed that many of them especially the Madatkhanas were extremely dirty and in very bad surroundings. We consider it necessary to bring these establishments under official control and to reduce their number with a view to suppressing them altogether in the course of a few years. We recommend that for the present about 15 Chandulkhanas and Madatkhanas may be licensed and strict sanitary and Excise supervision be maintained over them. We further recommend that all opium smokers should be licensed by the Excise Department and that the keepers of licensed smoking establishments should be prohibited from allowing any person other than a licensed smoker from entering the licensed premises. We also recommend that the keepers of licensed premises be prohibited from possessing in any one day more than a certain quantity of opium which should be fixed by the Excise Department in consideration of the normal demand of the establishments. If measures are taken to abolish these smoking houses in the future as the Committee recommend there should be an appreciable reduction in the consumption of opium.

Summary of recommendations.

Our recommendations are summarized below:—

(1) Limitation of production of opium in Indian States to meet actual legitimate local requirements and enquiry into the sales of opium in States which are supplied with British opium and are granted remission of duty with a view to the withdrawal of such remission if the enquiry discloses a considerable increase or in the alternative limitation of supplies to meet actual legitimate requirements of the indigenous population.

(2) Reduction of the ordinary limit of the sale of opium to any one person in any one day to six grains instead of one tola (180 grains) as at present, provision being made by a system of registration to enable regular addicts to purchase more than six grains up to a limit of half a tola per day.

(3) Licensing of opium smoking houses, and smokers and limiting the number of the houses to 15, each smoking house being restricted to the possession of such quantity of opium as may be fixed by the Excise Department to meet the normal demand.

(4) Amendment of the Opium Act with a view to making penalties for offences under the Act more deterrent than they are at present, such offences being also made extraditable.

W. DILLON,
Collector and Chairman, Opium Enquiry Committee, Bombay.
(subject to the accompanying minute of dissent).

MUNMOHUNDAS RAMJI,

J. S. NERURKER,

E. MOSES,
(subject to the accompanying minute).

DINSHAH M. GAGRAT.
(subject to the accompanying minute).

Minute of dissent.

I regret that I cannot agree with the members of the Committee in respect of their recommendation relating to the reduction in the limit of retail sale from 1 tola to 6 grains and the registration of habitual addicts who require more than this quantity. The reduction would be much too drastic if regard be had to the fact that about 75 per cent. of the clientele of the opium shops require opium much in excess of 6 grains at a time. Registration of addicts is in my opinion impracticable in a city like Bombay with a large floating population. It would involve the personal attendance at the opium shop of every registered addict for identification by the licensee. This would not always be possible. In Bombay the habit of opium smoking is considered to be degrading, so it is hardly likely that opium addicts would expose their weakness at a public registration office. If registration is required most of the addicts would be driven to illicit sources of supply with the consequent loss of Government revenue and no corresponding gain. Potential smugglers would reap a rich harvest at the expense of the public revenue. It is desirable to move cautiously in the beginning. I would favour a reduction in the ordinary limit of retail sale and possession from one tola to half tola (90 grains) in the beginning. There would then be no necessity for registration. If this succeeds, then further progressive reduction may be considered.

W. DILLON,
Collector and Chairman,
Opium Enquiry Committee, Bombay.

Supplementary minute by Dr. D. M. Gagrat.

I am strongly of opinion that the limit of retail sale of opium should be reduced from one tola (180 grains) to 6 grains and put into force without delay. To allow and enable any person to buy even half tola (90 grains) of opium—a quantity sufficient to kill one or more persons—is dangerous and unsafe for Society. It would be inhuman to allow this state of things to continue any further. It is the sale of this large quantity of opium, so easily obtainable from shops like sweets and chocolates, that is mainly responsible for 75 per cent. of the clientele of opium shops demanding the same and the growth of addicts.

The majority of the replies to the questionnaire including the replies of the Officers of the Excise Department are in favour of registration of consumers and rationing of addicts. It has been successfully put into practice in Rangoon and Burmah where comparatively there are more consumers than in Bombay. The percentage of floating population in Bombay compared with the permanent population is small and it is the interests of the permanent population that we must have at heart. In the circumstances the recommendations of the Committee in this respect—from which the Chairman now differs as appears from the minutes—should be adopted if the goal as expressed and affirmed by the Government of India in the Resolution and letter, is to make an "unremitting endeavour to cleanse these black spots upon the map of India".

DINSHAH M. GAGRAT.

Supplementary minute by Dr. Moses.

I do not agree with the recommendation made by the Chairman in his minute. The limit of half a tola (90 grains) is very liberal. The purchaser will not be prevented from having his half a tola from various shops in Bombay on any one day or even at different hours from one and the same shop as at present. The Bengal Committee recommends 12 grains per day. For medical purposes 5 grains per day are sufficient. The Opium Enquiry Committee is not concerned with loss of revenue to Government on account of the reduction in the sale of opium nor is the Committee concerned with the difficulties of the Excise Department or of the shop-keepers. As a matter of fact the Committee has been very liberal in recommending the retention of 12 shops in Bombay and in allowing 15 Chandulkhanas and Madatkhanas in Bombay for the present. The public of Bombay is not interested in the opium question. They do not care whether Government suppresses the whole Opium business for non-medicinal purposes. It is only the scum of Society that will be affected if the sales are stopped. I cannot agree therefore with the recommendation of the Chairman of the sale of half a tola (90 grains). As a compromise Government may consider or adopt the recommendation of the Bengal Committee of 12 grains to begin with.

E. MOSES.

APPENDIX A.

Statement showing the consumption of opium, incidence of taxation per seer and the consumption per 10,000 of the population in the Town and Island of Bombay for the years from 1918-19 to 1928-29.

Year.	Population.	Consumption in seers.	Total taxation (gain on issue and license fee).	Incidence of taxation per seer.	Average consumption per 10,000 of population.
			Rs.	Rs.	
1918-19 ...	1,173,000	22,215	8,37,529	37·7	189·4
1919-20 ...		20,022	7,40,208	37·0	170·7
1920-21 ...		14,331	4,92,241	34·3	122·2
1921-22 ...	1,175,914	8,168	4,05,323	49·6	69·4
1922-23 ...		5,785	3,55,008	61·4	49·2
1923-24 ...		4,987	3,10,112	62·2	42·4
1924-25 ...		4,240	2,93,662	69·3	36·05
1925-26 ...		3,256	2,56,103	78·7	27·6
1926-27 ...		3,067	2,52,851	82·5	26·08
1927-28 ...		2,968	3,45,714	116·5	25·2
1928-29 ...		2,764	2,95,582	108·4	23·5

APPENDIX B.

Statement showing the number of cases detected and the quantity of opium seized from 1918 to 1929.

Year.	No. of cases detected.	Quantity of contraband seized.		Remarks.
		Seers.	Tolas.	
1918-19	590	1,622	29	
1919-20	354	2,161	74	
1920-21	195	2,011	45	
1921-22	108	585	40	
1922-23	59	595	58	
1923-24	84	276	39	
1924-25	89	44	54	
1925-26	106	716	48	
1926-27	140	808	55	
1927-28	100	187	39	
1928-29	59	85	78	

APPENDIX C.

Chandul is prepared by boiling a strained solution of opium in water in large copper cauldrons to a thick consistency. As the concentration proceeds crusts form on the surface of the simmering mass. These are removed according as they form. These crusts are again dissolved in water, and the solution is again concentrated by boiling until, finally, a thick extract is obtained of the consistency and appearance of tar. This is the "smokable extract" used by the Chandul smokers. The Chandul commonly smoked has its quality lowered by the use in the manufacture of the dejection or "dross" scraped from Chandul pipes after they have been smoked. This "dross" which is rich in morphia is carefully collected and is largely employed to mix with the pure opium in the manufacture of the commoner sorts of Chandul.

Madat is prepared by dissolving crude opium in water, boiling the solution and straining it through cloth. The strained product is boiled down to a syrup and then mixed with the charred husks of the grain called "moong." The mass thus obtained is finally divided into little balls about the size of small marbles. One of the little balls is placed in the bowl of the pipe and covered with a piece of glowing charcoal and then smoked much in the same way as tobacco.

APPENDIX D.

List showing the Chandul and Madat smoking dens in the City of Bombay.

Serial No.	Name of owner.	Situation.
	CHANDUL-KHANAS.	
	Chinese.	
1	Moosa Mahomed Elias Ah Kim	1st Lane, Kamatipura
2	Ah King Ah Fong	Do.
3	Ah Soo	2nd Lane, Kamatipura.
4	Yong Chin Tien	Do.
5	Ah Sung Ah Cheng	Do.
6	Ah Zap Ah Dan	Suklaji Street.
7	Ah Ping	Do.
8	Ah Leong	1st Lane, Suklaji Street.
9	Lee Yein Low Koon	Do.
10	Ah Foon	Do.
11	Ah Mai Ah Ghhi	Ouchitpada.
12	Ah Yoon Ah Sing	Do.
13	Ah Yoon Ah Yan	Behind No. 10, Suklaji Street.
14	Ah Hoy Ah Ping	Do.
15	Ah King Ah	Suklaji Street.
16	Ah Hai Ah Wing	Sankli Street, 1st Cross Lane.
17	Ah Qui Ah Sing	Do.
18	Ah Goon Contractor	Victoria Cross Road, Byculla.

Serial No.	Name of owner.	Situation.
	CHANDUL-KHANAS—*contd.*	
	Chinese—contd.	
19	Ah Ming—Foreman	Matunga, near Railway Station.
20	Hong Kong	Do.
21	Ham Hew	Do.
22	Lee Hoo Lee Kon	Dholkar Street, Mazgaon.
23	Manager of (Seeiup Club)	Navab Tank Road, Mazgaon.
24	Manager of Church	Carpenter Street, Mazgaon.
25	Ah Wee—Contractor	Gamdevi Road.
	Indians.	
26	Abdulla Mogal	Khoja Street.
27	Barati Peerbux	Lower Duncan Road.
28	Abdulla Khudabux (Khalifa)	Lower Duncan Road.
29	Abdul Rahiman Abidulla	Stable Street, Kamatipura.
	MADAT KHANAS.	
1	Mogaljan Nazirjan	Khoja Street.
2	Dadoo Sajjanmia	Do.
3	Mahomed Haseb Mahomed Vazir	Do.
4	Nasibkhan Rahimattallikhan	Do.
5	Gulam Mahomed Karim	Ghasbuzar.
6	Hakim	Hoosen Khalifa Street, Mandvi.

(Below letter No. 5103-A, dated 6th November 1929, from the Collector of Hyderabad and Chairman of the Opium Committee and accompaniments.)

No. 7649-E/II.

GENERAL DEPARTMENT:

Office of the Commissioner in Sind.

Government House, Karachi, 22nd November 1929.

Submitted to Government with reference to paragraph 4 of Government Resolution No. 7702/24, Revenue Department, dated the 7th February 1929.

G. A. THOMAS,

Commissioner in Sind.

To—The Secretary to Government, Revenue Department, Bombay.

Report of the Hyderabad Town Opium Inquiry Committee.

No. 5103-A.

Collector's Office,

Hyderabad, 6th November 1929.

From—S. H. Covernton, Esquire, I.C.S., Collector of Hyderabad and Chairman of the Opium Committee and other members;

To—The Commissioner in Sind, Karachi.

Sir,

In compliance with Government Resolution No. 7702/24, dated the 7th February 1929, we have the honour to submit a report on the result of our enquires into the following points referred to us for consideration:—

(1) Ascertaining the causes of the excessive consumption of opium and to what classes of the people in particular it is confined.

(2) Ascertaining and recommending means for curtailing the excessive consumption with particular reference to the possibility of:—

(*a*) Registration of consumers.

(*b*) Rationing addicts.

(*c*) Prevention of the practice of administering opium to children.

(*d*) Prohibition of opium smoking.

(*e*) The enhancement of issue price of opium.

(*f*) Reduction in the number of shops.

(*g*) Curtailment of the hours of sale.

(3) Suggesting means for checking the smuggling of opium and inviting the co-operation of the adjoining Indian States to help in the detection and the suppression of the importation of illicit opium into British Territory.

(4) Any other matter relating to the consumption of opium which the Collector may deem fit to refer to the Committee.

The questionnaire was issued to 22 gentlemen, two of whom were officials namely:—Civil Surgeon of Hyderabad and Home Inspector of Police while the rest were residents of Hyderabad. But the replies were returned by only 13 of them. The Committee's opinion as given below on each point is based upon these replies supplemented by the knowledge of local conditions of the members constituting this Committee.

Point (*1*).—In Karachi alone, amongst the big towns of Sind, the consumption of opium is relatively low. The retail sale prices prevailing there are very much higher than in Hyderabad town. The reason for this seems to be that there are several shops in villages or small towns comparatively near to Hyderabad, *i.e.*, within 10 or 12 miles, whereas Karachi being in a corner of the district and immediately surrounded by a thinly populated area of Kohistan, there are few or no shops outside the city, within 30 or 40 miles distance which can compete with retail sale prices ruling in Karachi. Karachi people who frequently have occasion to visit Hyderabad doubtless buy opium for themselves or their friends at Hyderabad and carry the same to Karachi. Nothing has, however, been discovered which indicates any extensive smuggling from Hyderabad into Karachi. Again Hyderabad is the terminus of the Jodhpur Railway running from Marwar and Thar, and this affords facilities to a very large number of Marwaris and Tharis for visiting Hyderabad, specially of the poorer classes addicted to the use of opium. Hyderabad further is a marketing and business place for the whole of this district, for much of Thar Parkar and Nawabshah Districts and the Kotri Division of Karachi District It may however be pointed out that the attached statement showing the consumption rate of opium in various towns of Sind and neighbouring Provinces shews that consumption in Hyderabad town per 10,000 of the population is much lower than in towns of Larkana and Sukkur. It has also been lower than that in Multan City, for the last four or five years. The opium habit is prevalent chiefly among members of the labouring classes and the poorer classes who belong to or originally come from the Thar, Marwar, Gujrat and Kathiawar, *e.g.*, Bhils, Jatias, Kalals, Jagris, Wagris, Sochis, Nais or Hajams and Mirasis (the class from which dancing girls are drawn) and also

among a few native Sindhi idlers of no occupation who hang about the "Otaras" and "Marhis". Opium is also eaten by a few elderly persons for medical or aphrodisiac purposes.

Point (2).—(*a*) Registration would certainly reduce the number of licit consumption specially if it were combined with rationing addicts. But the Committee fear that the system might encourage and promote smuggling and illicit consumption and corruption among the shop staff. How far the system would be feasible there is not sufficient material before us to enable us to form an opinion. It is said to be in force in Burma but we do not know how it works there.

(*b*) Rationing addicts seems to stand on the same footing as registration: and if registration is possible, rationing should also be possible.

(*c*) We consider that the administration of opium to children is normally undesirable and harmful. The practice is fairly prevalent among the lower Marwari classes. It is desirable that it should be discouraged by propaganda work. But we are doubtful whether it would be possible to suppress the practice by any penal provision, *e.g.*, by making it a penal offence to administer opium to children, even by their parents since it would be very difficult or impossible to trace or prove such a case.

(*d*) There are exceedingly few opium smokers in Hyderabad and they usually smoke in secret. The preparation is only made by the few smokers on their own acccunt. There are no "Opium Dens" at which opium is supplied for smoking by the keepers of the dens. There appears no objection to prohibition so far as this town is concerned.

(*e*) The raising of the issue price to a point sufficient to affect consumption would be useless unless it could be raised to an equal point all through British India and the States.

(*f*) Reduction in the number of opium shops might reduce consumption by casual opium eaters, though it would not affect the total amount consumed by habitues.

(*g*) It seems very doubtful if reduction in the number of hours would affect consumption.

It is probably desirable to ration the shops in Hyderabad Town and also the neighbouring shops within a radius of say 15 miles. This would itself have the effect of raising retail sale prices to some extent and would reduce the likelihood of opium being bought in Hyderabad and taken elsewhere, *e.g.*, to Karachi.

Point (3).—The Committee is not able to suggest any means of checking smuggling unless it be by an increase in staff when smuggling becomes too common in a district.

Point (4).—The Committee think it would be desirable to fix the retail sale price at a fixed rate for all Sind.

We have the honour to be

Sir,

Your most obedient servants,

S. H. COVERNTON,
Collector of Hyderabad and Chairman of the Opium Committee.

(1) R. B. PRIBHDAS SHEWAKRAM,

(2) KAZI ABDUL KAYUM,

(3) THAKURDAS KHEMCHAND (President, Hyderabad Municipality).

(4) KHUSHALDAS SAHIJRAM,
Members.

Year	Ahmedabad		Lahore		Multan		Ajmer		Hyderabad figures
	Actual consumption in seers	Ratio of consumption per 10,000 population.	Actual consumption in seers	Ratio of consumption per 10,000 population.	Actual consumption in seers.	Ratio of consumption per 10,000 population	Actual consumption in seers	Ratio of consumption per 10,000 population	Ratio per 10,000 population
1919-20	...	68·2			...	84·43	...	64	49·5
1920-21	...	70·0			...	82·02	...	64	74·9
1921-22	...	63·8			...	80·65	...	64	122·1
1922-23	...	56·3			...	64·38	...	53	90·4
1923-24	...	48·4			...	62·49	...	55	71·5
1924-25	...	58·7	Not reported.		...	58·13	...	57	87·0
1925-26	...	54·1			...	83·60	...	63	75·0
1926-27	...	47·4			...	85·25	...	67	93·8
1927-28	...	55·3			...	80·77	...	64	67·0
1928-29	...	42·1			...	81·71	...	68	69·0

S. H. COVERNTON,
Collector of Hyderabad.

Statement showing sales of Opium.

Population 40,737 17,723 159,270—for 1 and 2. 216,883—for 3 to last.

Year	Hyderabad		Sukkur		Larkana		Karachi		Remarks
	Sales in seers	Average consumption per 10,000 population	Sales in seers	Average consumption per 10,000 population	Sales in seers	Average consumption per 10,000 population	Sales in seers	Average consumption per 10,000 population	
1919-20 ...	405	49·5	...	...	...	...	1,203	75·5	
1920-21 ...	613	74·9	571	140·1	...	...	1,245	78·2	
1921-22 ..	999	122·1	379	93·0	...	...	976	45·0	
1922-23 ...	740	90·4	463	113·0	...	...	1,067	49·0	
1923-24 ...	585	71·5	485	119·0	204	115·1	876	40·4	
1924-25 ...	702	87·0	570	140·0	170	95·9	932	43·0	
1925-26 ...	614	75·0	376	92·3	184	103·8	796	36·7	
1926-27 ...	768	93·8	529	129·3	193	108·9	910	42·0	
1927-28 ...	549	67·0	408	100·1	205	115·6	751	34·6	
1928-29 ...	566	69·0	474	116·3	165	93·1	728	33·5	

S. H. COVERNTON,
Collector of Hyderabad

Report of the Ahmedabad District Opium Inquiry Committee.

The terms of reference to the Committee are :—

(*a*) To ascertain the causes of the excessive consumption of opium and the classes of the people who are in particular addicted to its consumption.

(*b*) To recommend means for curtailing the excessive consumption with particular reference to the possibility of—

(*i*) registration of consumers ;

(*ii*) rationing addicts ;

(*iii*) prevention of the practice of administering opium to children ;

(*iv*) prohibition of opium smoking ;

(*v*) enhancement of the issue price of opium ;

(*vi*) reduction in the number of shops ;

(*vii*) curtailment of the hours of sale.

(*c*) Any other matter relating to the consumption of opium which the Collector may deem proper to refer to the Committee.

The Committee met at Ahmedabad on nine occasions and examined 21 witnesses among whom were Magistrates, Police Officers, Doctors, opium licensees and opium addicts.

Introductory.

The Committee recognised from the outset that their principal business must be to suggest measures which would make it difficult for persons to become addicts in future. They realise the difficulty of doing anything to prevent excessive consumption among persons who have already become addicts. This realisation follows from the evidence given by addicts before the Committee, who freely expressed their inability to exist without opium consumed daily on a large scale. At the same time it is a hopeful sign that the consumption of opium appears to be now regarded as a matter of

less respectability than in the past, and is said to be decreasing among persons of higher social position,

The Committee is of opinion that in the main the campaign against opium should be through education rather than by repressive legislative measures, which may give rise to such undesirable results as often follow when social evils are converted into criminal offences.

Points of Reference.

(*a*) The causes of excessive consumption of opium in the Ahmedabad District are found to be :—

(*i*) Excessive consumption as a social practice peculiar to this part of India—such as treating persons to Kasumba on festive occasions.

(*ii*) The nearness of Kathiawar which is an area of heavy consumption, and the immigration of labourers for mill or other work from Rajputana, Kathiawar, Marwar, and other areas of high consumption.

The classes of people given to opium-eating are :—Girasias, Rajputs, Rabaris, Patidars and Bharwads.

(*b*) (*i*) Two members of the Committee are in favour of registering consumers in urban and rural areas.

Two members are in favour of registering consumers in rural areas only.

The system proposed is to record the names of all opium consumers in a specified area, and they after registration will be supplied with a disc allowing them to buy opium from Government shops.

Two members of the Committee are opposed to registration in any form.

(*ii*) The Committee are of opinion that rationing of addicts is not practicable or desirable.

(*iii*) The Committee recognise the evil effects of administration of opium to children.

They have gone into the question of opium poisoning of children thoroughly and have come to the decision that the existing law as contained in Sections 284, 304A and 328, Indian Penal Code, is sufficient to deal with the evil of negligent administration of opium to children. In order to bring home to parents and guardians the illegality of drugging children with opium, special efforts on the part of the Police in the detection and investigation of suspicious deaths and in bringing offenders to trial will be required as long as the present dullness of the public conscience on this subject persists. What is wanted is more social and educational propaganda.

The Committee are of opinion that the licensing of the sale of Balagolis should be discontinued.

As it is frequently urged that opium is given to children to keep them quiet while their parents are at work, the Committee would suggest that the duty of providing crèches, with nurses attached, in all mills and factories should be urged upon owners of mills and factories.

(*iv*) The Committee are of opinion that no further restrictions should be placed on opium smoking, as this habit is very little prevalent in the Ahmedabad District.

(*v*) The Committee is against raising the issue price of opium.

A majority of the Committee is in favour of reducing the cost of licit opium to the consumer, so as to remove the inducement to buy illicit opium. As the evidence before the Committee is that owing to the expanse of the boundaries of the district it is impossible for any preventive staff to put an end to smuggling, and as the amount of smuggled opium is conjectured to be very large, the Committee feels that little can be done to check the high rate of consumption until the gains of the business of smuggling can be reduced. A majority has therefore proposed to reduce the price of licit opium so as to render illicit importation unprofitable.

(*vi*) No reduction in the number of shops is necessary.

(*vii*) No change in the hours of sale is recommended by the Committee.

Special Matters.

(*c*) (1) It is customary among castes given to opium eating for guests to be served with Kasumba, which is a mixture of opium and water. The Committee is of opinion that social effort should be focussed upon the abolition of this undesirable custom.

(2) The Committee is of opinion that special permits for possession of quantities of opium exceeding 10 tolas should not be issued in future. A limited number of permits up to 10 tolas in case of large establishments may be continued.

(3) Expert witnesses are unanimous that it is impossible to form any conjecture as to the amount of opium smuggled into the district. As the opium growing areas lie outside the Bombay Presidency, the Committee are of opinion that the prevention of smuggling is mainly a question for the Central Government. It is admitted that it has been possible to reduce the area of cultivation in the past. The ideal would appear to be a reduction in the area until it is only sufficient to meet the legitimate demands for the drug. While realising the difficulties attendant upon such a policy of reduction, the Committee is still bound to adhere to the view that the limitation of consumption cannot be adequately settled in an area such as the Bombay Presidency which is only connected with the transport and marketing, and not with the production of opium. The only satisfactory method of reducing consumption

must be the limitation of production. The length of the Presidency boundaries makes it impossible to devise preventive measures which can stop smuggling. Local measures can only be of limited value, and the real problem seems to be one for the Central rather than the Provincial Governments.

E. GAWAN TAYLOR,
Chairman.

(1) R. H. CANDY,
(2) SAKARLAL BALABHAI,
(3) MOTILAL T. SHAH,
(4) MULCHAND A. SHAH (President, Ahmedabad Municipality),
(5) MOHAMEDHABIL A. VALINKA,
(6) NADIRSHAH N. KHAMBATTA,
Members.

Report of the Kaira District Opium Inquiry Committee.

No. X.I.D. 33.

From—The Members of the Kaira Opium Committee, Kaira;
To—The Secretary to Government, Revenue Department, Bombay.

Kaira, 8th February 1930.

Sir,

We have the honour to submit the report of the Committee appointed under Government Resolution, No. 7702/24 dated the 7th of February 1929, to consider the conditions which produce the excessive consumption of Opium in the Kaira District with a view to provide appropriate remedies for its reduction.

2. The constitution of the Committee was as follows:—

Chairman.

The Collector of the District.

Members.

(1) The Civil Surgeon, Kaira, Dr. DeSouza Fylinto.
(2) The President, Kaira Municipality, Mr. N. C. Modi.
(3) The President, Nadiad Municipality, Mr. C. N. Mehta, who was elected by the other Municipalities of the District.
(4) The President, District Local Board, Kaira, Rao Saheb D. P. Desai.
(5) The President, Anand Municipality, Mr. Gordhandas K. Patel, who was subsequently nominated on 8th January 1930 in place of Mr. Gokaldas D. Talati resigned.

Secretary.

(6) The Superintendent of Excise, Panch Mahals Sub-Division, Mr. N. R. Willmott.

The President of the District Local Board attended no meeting.

The Non-official gentleman first appointed was Mr. Gokaldas D. Talati. He attended no meeting and subsequently alleging as a reason the resolutions of the Lahore Congress intimated his intention not to co-operate in the work of the Committee. He was replaced by Mr. Gordhandas K. Patel, who is the President of the Anand Municipality.

3. The preliminary meeting was held at Kaira on the 11th of June 1929, to settle to procedure and further preliminary work and to approve of the Questionnaires. It was found necessary to ask for a grant for the purpose of paying Travelling Allowance to

witnesses and to Official Members of the Committee, etc., and the method of drawing the grant was not finally decided till the middle of November last. The Chairman was unable, owing to pressure of work, to convene the meeting until the beginning of the new year after His Excellency's visit to the Kaira District on the 3rd of January 1930. Three days were spent at Kaira and four days at Nadiad for hearing witnesses of Kaira, Mehmedabad, Matar, Nadiad, Kapadvanj, Anand, Borsad, Thasra and other parts of the District. At these hearings 2.) witnesses who had sent in replies to the various Questionnaires were summoned and their further evidence recorded by us. This number was selected from amongst 310 persons who had answered the various Questionnaires, as being the most likely persons to aid us in our endeavours to formulate and make suggestions in the matter under enquiry.

4. The specific points referred to the Committee for consideration and report are mentioned in paragraph 3 of the Resolution above quoted. It will be appropriate to take them in order.

(a) *The Causes of the excessive consumption of Opium and the Classes who are in particular addicted to its consumption.*—The statements of consumption of licit opium for the separate Talukas of the District (Appendix) are particularly interesting. The District is divided roughly into (1) a rich tract known as the "Charotar" and (2) a tract for less productive and which has no specific name. It was found that while in the "Charotar" the consumption of opium was well above the limit fixed by the Government of India as marking excessive consumption, the consumption in the remainder of the District was well below that limit (*vide* Appendix). For instance in the Borsad and Anand Talukas the average consumption for the last ten years was respectively 38 seers and 9 tolas and 35 seers and 56 tolas. The consumption in the Talukas of Matar, Mehmedabad, Kapadvanj and Thasra was 20 seers 5 tolas, 22 seers 60 tolas, 15 seers 75 tolas, 27 seers 58 tolas respectively, while in the Nadiad Taluka, part of which lies within the rich "Charotar" tract, was 21 seers 15 tolas. The "Charotar" besides being inhabited by rich cultivators contains also number of Garasias or descendants of the former Hindu Rulers of the Country. This race is particularly addicted to Opium for social purposes and they drink it in the form of Kasumba, which is a preparation of Opium and water, at every important social gathering. The other classes also use Opium for this purpose, but it is by no means such an important adjunct of their social gatherings. The other Classes which use Opium are Dharalas, Barots, Shepherds, and Patidars and Mahomedans to a limited extent. Garasias and Patidars are generally well-to-do proprietors of land.

5. Opium is also used by Medical Practitioners and some of the preparations prescribed by them and containing Opium are as under :—

1. Pulvis Creta Arom C-Opio.
2. Do. Ipecac Co.

3. Pill Scilla Co.
4. Tinct: Opii.
5. Tinct: Camphor Co.
6. Ungt Galla C-Opio.
7. Liquor Morphia.
8. Pulv Kino Co.
9. Tinct: Chloroform Ct Morphia Co.
10. Linament Opii.
11. Camphorodyne.
12. Dover's Powders.
13. Codeina.
14. Pil. Plimbi C-Opio.
15. High Morphia Hydrochl :

We also find that Vaidyas and Hakims prescribe Opium for malaria and in nerve and lung diseases, cholera, asthma, etc. It is also found that Opium is taken by male persons generally after attaining the age 45-50 as medicine, and Doctor S. J. Mehta of Nadiad supports this view. It is admitted by many that Opium is a most important drug and cannot be substituted by any other drug. Khan Saheb Rasulmia Fazalmia, President of the Mehmedabad Municipality, states that "if any new man takes opium he will only take it as a medicine."

6. From the foregoing it appears that Opium is most valuable for medicinal purposes. The statements of lay witnesses go to show that it is used in the first place for medicinal purposes. One witness acquired the habit of taking Kasumbo, but the majority took to Opium to relieve plain and continue it for that purpose. This fact explains why the Opium habit is not on the increase. The Police Sub-Inspector, Nadiad Town, states that the habit of taking Opium is decreasing day by day, and others also say the same. Looking to the statement of consumption (Appendix) we agree with this view, and believe that the consumption of this drug is naturally decreasing. Other reasons for anticipating this decrease appear in the subsequent discussions of the other points to which the Committee is required to reply.

(b-1) *Registration of consumers.*—The following are extracts from the statement of witnesses examined by the Committee :—

"If a Register of opium eaters is maintained and Opium not sold to men who do not possess a license, there is a possibility of a fewer number making use of it."

"A Register of all opium eaters should be maintained and they should be advised to take a smaller dose and in course of time, the habit will disappear. The drug should be given only to persons registered."

"There would be no difficulty if the sale of Opium is restricted to those opium eaters whose names appear on the Registers supplied to the authorised Licensees. Opium should then be given to others on production of a certificate from Medical Practitioners. Such certificates should be granted only by qualified and experienced practitioners."

"A Register of opium eaters should be maintained and retained by the Licensees who may issue Opium only to opium eaters in a quantity not exceeding their monthly requirements."

"Compulsory maintenance of a Register by the Licensees will be a useful check on suicidal cases."

"If the Registeres of regular opium eaters are maintained it would be a source of check over excessive consumption. Registration is the only thing to check the use of Opium."

"People should not be allowed to buy Opium without a certificate from Medical Practitioners. It is not really desirable to check it in villages as villagers are without medical help and hence no check is necessary. If any more hardships are to be experienced in obtaining opium, it is not necessary to impose any harder check by way of registration, etc. On the contrary people should be given greater facilities to buy opium."

"List of opium eaters if kept would have a check on the new generation."

From the foregoing it will be seen that the majority of witnesses are for the maintenance of a Register, but we are of opinion that such a course does not seem feasible or necessary. Such a Register would not deter the habitual consumer who requires his fixed quota at a certain time of the day and will any how try and obtain it. Witnesses have stated that he would suffer considerably or be totally incapacitated or even suffer death if the drug was not forthcoming. It is true that persons, who are ashamed of the habit, have not come forward to give evidence before the Committee, but it seems clear that registration would drive them to procure illicit Opium. Some of the witnesses have said that the illicit Opium is smuggled into the District and made over or sold by the smugglers to their relatives. Further it is doubtful whether the purchasers would give actual reasons for their purchases.

(b-2) *Rationing of Addicts.*—The Thakor Saheb of Kuna says "Rationing may be introduced. Opium may be given to an addict on the production of an authorized license and in course of time his ration can be reduced." In their written statements some of the witnesses are of the same opinion, but we believe that this would serve no useful purpose. There is a great disparity in the quantities taken by such persons, varying as they do from 3 grains to 45 grains per day. Some state that they take Opium for ailments and they cannot decrease their daily quantities. It would be exceedingly difficult to fix any ration and there would be nothing to prevent a person disposing of the balance of his ration to

another addict. To fix individual rations would be impracticable. Further, the issuing of opium by a Licensed Vendor to a person producing an authorised licence from a qualified practitioner is not feasible as in remote villages the latter are not to be found. Opium is a household remedy and persons in need will not approach qualified practitioners for a licence whenever they need the drug. Moreover even qualified practitioners are often prepared to stretch a point to gain a fee and no reliance could be placed upon such certificates. The rationing of addicts is therefore not recommended.

(b-3) *Prevention of the practice of administering Opium to Children.*—This practice is prevalent amongst almost all classes in the District and is administered in the form of "Balagolis". The latter consists of two kinds, one contains Opium and the other does not. In the first kind ten ingredients are used and the proportion of Opium to the ingredients used is about 1/20th part of a grain to a daily dose. In the second kind fifteen ingredients containing no opium are used. The former kind of "Balagoli" is given to children to induce sound sleep so that they may not trouble their Mothers when they are working or go out to work. It is mostly used among the working classes. One witness says "Children gain in health on account of "Balagolis". Another witness says "For preservation of health "Balagolis" are given to children. However, I do not prescribe or advise giving "Balagolis" to children. I use another kind of pill, *viz.*, Ajmodar (અજમોદાર) wherein the proportion of Opium is only 1/18th part of the total weight of the pill. This weighs about one grain only. This pill cures diarrhoea, vomitting, cough and several other ailments. It is also agreeable to the general public who require it on the ground that their children do not digest food." It appears that Opium is generally administered in the form of balagolis, though crude Opium is sometimes given, when the pills are not procurable. We are of opinion that no check can be devised in this respect except by propaganda, for unless Mothers understand the disadvantages of giving their children Opium they will not desist from or curtail the practice. Amongst the non-labouring classes propaganda can but be carried out through the medium of schools. Whilst amongst the labouring classes propaganda could be brought home to them through their Unions, Employers, Village Officers and Vaccinators. No drastic measures are necessary in this regard for evidence has been adduced to show that in the majority of cases, the children are dosed with "Balagolis" containing an infinite small quantity of Opium. It is desirable to encourage the use of Balagolis as they need not contain Opium. But Opium Balagolis must be supplied to those, who demand them or crude Opium would be bought. Evidence also goes to show that the practice ceases when the child attains the age of 3 or 4 and the latter does not crave for it subsequently.

(b-4) *Prohibition of Opium Smoking.*—With the exception of a single witness out of some hundreds no one had heard of such cases of opium smoking. In view of these circumstances, no comment on the point is necessary.

GOVERNMENT LIBRARY

(b-5) *Enhancement of the Issue Price of Opium.*—Very few witnesses support any further enhancement and others oppose the suggestion. One of the former states "If the selling price of Opium is increased it would decrease its consumption. The price of Opium may be increased for general use, except for the use of Doctors and Physicians. New Opium-Eaters should be charged more in order to check its use." This witness apparently has given no attention to the fact that this District is so interlaced with foreign territory containing State shops with ample opportunities of obtaining Opium that a further enhancement of price would aggravate smuggling and needlessly penalise those people whose requirements are legitimate. The following are some of the quotations of statements from witnesses :—

"I do not think that it is necessary to increase the present selling rates".

"As opium is very dear now-a-days there are no additions to the present number of addicts. Even if the selling rates are increased, the habitual opium eaters will not give up the habit".

"I do not propose any increase in the present selling rates as the people themselves reduce its consumption, as they understand its disadvantages".

We do not favour any further enhancement on the Issue Price which at present is Rs. 75 per seer of 80 tolas and high enough to discourage new addicts. If the price is further increased, it must lead to a much greater use of illicit opium which can be obtained from neighbouring State shops at cheaper rates varying from Rs. 0-12-0 to Rs. 1-0-0 per tola. And from the Central India States opium can be had at still lower rates than those prevailing in the adjoining State shops. As it is, some illicit opium is finding its way into some of the Talukas of the District.

(b-6) *Reduction in the Number of Shops.*—In this connection one witness says "That the number of shops in the Anand Taluka requires to be reduced. Smuggling is not possible if proper check is observed. If the shops are decreased some extra care for stopping smuggling will be necessary. People would not find any hardships if the number of shops is reduced". Of the great number of witnesses who had given their written statements, barely half a dozen support a reduction in the number of shops. We are of opinion that no reduction is necessary as the present number of shops is barely sufficient to meet the convenience of the people. The argument against the enhancement of the price of Opium also applies here that people needing the drug will have recourse to State shops bordering and interlacing this District or resort to smuggling of Opium.

(b-7) *Curtailment in the hours of sale.*—In this connection none of the witnesses have suggested or recommended curtailment in the hours of sale, but on the other hand it is suggested that an earlier opening hour be prescribed on the ground that people generally take opium in the morning, and the labouring classes

who have not the convenience of ready money and cannot secure their requirements in advance, are obliged to make daily purchases. The present hour of opening is 10-30 a.m. According to the written statement 6, it is said "the hours should be assimilated with those of State shops." Written statement 22 reads "the present time of sale is not convenient to those who are addicted to Opium because when they awake in the morning, they desire to take opium. The time of sales should be from 8 a.m. to 8 p.m. and this would be convenient to them". Written statement 23 reads "It would be more suitable to the villagers if shops are opened from 7 a.m as the time of 10-30 a.m. is not suitable to the people making their living by labour as they get something less in their daily wages". Written statement 25 says "There is a necessity of change in the time because if a shop is kept open for the whole days the hardship, suffered by the poor Opium Eaters for want of money would be done away with and they would be able to buy Opium at any time after their making arrangements for money. The shops should be kept open from sunrise till 7 p.m. Written statement. 28 reads "The Opium should be sold from sunrise to sunset because the time of taking Opium is morning and evening". Statement 6 recorded before the Committee on the point reads "If the authorised hours of sale are increased, *i.e.* if the shops are authorised to sell opium for more hours, the addicts who found difficulties in the morning without Opium will be able to get their daily requirements". Similarly statement 22 reads "Keeping the Opium Shop in Kapadvanj open early in the morning is a necessity because labour class people require opium very early in the morning, *i.e.* before they go to work. We are inclined to agree with the above arguments. An unduly late hour does not discourage consumption, but may compel people to purchase a larger quantity than they really need for the time being, and having an extra quantity be tempted to consume more. Hence, any curtailment in the present hours of sale is not recommended.

(c) *Any other matters relating to the consumption of Opium which the Collectors may deem proper to refer to the Committees.*—(*1*) It is recommended that qualified Vaidyas and Hakims certified by a recognised institution be allowed the same concession of dispensing Opium as is the case with Registered Medical Practitioners. Such a concession would encourage the idea that the use of Opium is not advisable except on medical advice.

(*2*) Illicit Opium is finding its way into some of the Talukas of the District from States in Central India and steps should be taken to suggest to States such as Dungarpur, Rutlam, Banswada, Udaipur, etc., that they restrict the cultivation of Poppy to their actual requirements.

(*3*) It was also alleged before the Committee that the present Opium as retailed by the Vendors is inferior in quality to that of illicit Opium and as a result people are obliged to take a larger quantity of the former, but the Committee was able to obtain no confirmation of this allegation. One witness averred that

the quality of Opium as supplied to shop vendors and to the Medical Practitioners was totally different, alleging that the former was impure though not deleterious. The Committee was given to understand that this contention was not correct as the Medical Stores in Bombay, which supply all the requirements of Hospitals, Registered Medical Officers, etc., obtain their supply from the same source, *viz.*, the Opium Bonded Warehouse, as Licensed Vendors do.

(4) Enquiries were made whether Opium was used for the purposes of crime, but there was a general consensus of opinion to the contrary. It was, however, asserted that the sale of opium should be stopped as it was used for purposes of suicides. The evidence shows however that the use of Opium for this purpose is exaggerated and that hanging and drowning are equally or more popular modes of suicide. Obviously the use of ropes and wells cannot be prohibited on the ground that they are capable of misuse.

In conclusion we offer the opinion that no drastic action for the suppression or discouragement of Opium is called for. It is a handy household remedy and of particular use in tracts, where no medical assistance is available. The evils of the use of Balagolis are much exaggerated and we were able to obtain no evidence that they have any temporary or permanent effect upon children or induce them to become opium-eaters, when of mature years. Over-doses of crude opium sometimes administered to children may cause death, but weak or ailing children to whom Opium is necessarily more liberally given suffer from their ailments, which are not the result of Opium.

The use of Opium as a mere vicious habit or as a social custom is on the wane and in a few years it is likely to fall below a standard to which no one can object. The past policy of Government not to interfere drastically with the use of Opium but indirectly to discourage its use, has been fully justified. Statistics and popular opinion both agree that there is a sensible decrease in its use. If the use of Opium had been on the increase, we agree that the situation would have needed very serious consideration, but it is not even stationary and to precipitate the decrease in its use will probably lead to more harm than good.

We have the honour to be,
Sir,
Your most obedient servants,
A. MASTER,
Chairman.
C. N. MEHTA,
G. K. PATEL,
NATHALAL C. MODI,
DESOUZA FYLINTO,
Members.

APPENDIX TO THE KAIRA REPORT

(a) Statement showing the information required for Questions 20 and 24 of the General Questionnaires.

MATAR TALUKA.

Year.	Population.	Number of Opium shops.	Consumption of Opium in seers.			Per Capita consumption in Grains.	Consumption in seers per 10,000.	
			Srs.	Tls.	Gr.	Grains.	S.	T.
1919-20 ...	58,705	7	109	74	0	27·0	18	59
1920-21 ...	58,705	7	143	69	45	35·0	24	42
1921-22 ...	56,036	7	100	20	135	24·6	17	68
1922-23 ...	56,036	7	81	28	0	20·9	14	37
1923-24 ...	56,036	7	105	34	71	27·1	18	59
1924-25 ...	56,036	7	118	54	135	30·5	21	19
1925-26 ...	56,036	7	131	61	0	33·9	23	45
1926-27 ...	56,036	7	129	66	90	33·4	23	16
1927-28 ...	56,036	7	112	19	0	29·0	19	79
1928-29 ...	56,036	7	103	10	135	26·0	18	30

Remarks.—Consumption in seers per 10,000 up to 1920-21 has been calculated on the population of 1911.

(b) Statement showing the information required for Questions 20 and 24 of the General Questionnaire.

MEHMEDABAD TALUKA.

Year.	Population.	No. of Opium shops.	Consumption of Opium in seers.			Per Capita Consumption in Grains.	Consumption in seers per 10,000.	
			Srs.	Tls.	Grs.	Grains.	S.	T.
1919-20 ...	67,692	7	208	71	0	45·0	30	70
1920-21 ...	67,692	7	238	50	90	51·0	35	25
1921-22 ...	66,016	7	185	7	135	40·0	28	2
1922-23 ...	66,016	7	151	71	45	33·0	23	2
1923-24 ...	66,016	7	135	76	0	30·0	20	48
1924-25 ...	66,016	6	107	45	90	23·0	16	20
1925-26 ...	66,016	6	119	18	90	26·0	18	2
1926-27 ...	66,016	6	126	27	0	28·0	19	7
1927-28 ...	66,016	6	111	1	0	24·0	16	65
1928-29 ...	66,016	6	127	51	0	28·0	19	31

Remarks.—Consumption in seers per 10,000 up to 1920-21 has been calculated on the population of 1911.

(c) Statement showing the information required for Questions 20 and 24 of the General Questionnaire.

NADIAD TALUKA.

Year.	Population.	No. of Opium shops.	Consumption of Opium in seers.	Per Capita consumption in grains.	Consumption in seers per 10,000.
			Srs. Tls. Grs.	Grains.	S. T.
1919-20 ...	133,467	10	301 38 0	32·5	22 44
1920-21 ...		10	375 32 90	40·5	28 7
1921-22 ...	138,915	10	294 43 0	30·5	21 18
1922-23 ...		10	263 55 145	27·3	18 79
1923-24 ...		10	302 63 145	31·3	21 64
1924-25 ...		10	288 79 137½	29·9	20 63
1925-26 ...		10	293 49 90	30·4	21 12
1926-27 ...		10	276 53 45	28·6	19 74
1927-28 ...		10	260 71 135	27·0	18 62
1928-29 ...		10	258 37 0	26·8	18 50

Remarks.—Consumption in seers per 10,000 up to 1920-21 has been calculated on the population of 1911.

(d) Statement showing the information required for questions 20 and 24 of the General Questionnaire.

ANAND TALUKA.

Year.	Population.	No of shops.	Consumption of Opium in seers.	Per Capita consumption in grains.	Consumption in seers per 10,000.
			Srs. Ts. Grs.	Grains.	S. T.
1919-20 ...	143,468	15	676 26 0	67·9	4 ·9
1920-21 ...		15	776 12 0	77·9	54 8
1921-22 ...		15	608 61 0	59·7	41·40
1922 23 ...		15	521 73 0	51·2	35 45
1923-24 ...		15	596 39 90	58·5	40·49
1924-25 ...	146,767	15	583 79 0	52·4	36·30
1925-26 ...		15	535 9 0	52·5	36·36
1926-27 ...		15	533 25 0	52·3	36·25
1927-28 ...		15	493 58 0	41·6	33·53
1928-29 ...		15	519 20 0	50·9	35·29

Remarks.—Consumption in seers per 10,000 up to 1920-21 has been calculated on the population of 1911.

(e) Statement showing the information required for Questions 20 and 24 of the General Questionnaire.

BORSAD TALUKA.

Year.	Population.	No. of Opium shops.	Consumption of Opium in seers.	Per Capita consumption in grains.	Consumption in seers per 10,000.
			Srs. Tls. Grs.	Grains.	S. T.
1919-20 ...	140,094	16	667 31 90	68·6	47·56
1920-21 ...		16	844 17 45	86·8	60·23
1921-22 ...	144,046	16	504 29 45	50·9	35·0
1922-23 ...		16	466 69 0	46·6	32·29
1923-24 ...		16	542 33 135	54·2	37·51
1924-25 ...		15	501 42 0	50·1	34·63
1925-26 ...		15	492 62 90	49·1	34·14
1926-27 ...		15	482 76 45	48·2	33·13
1927-28 ...		15	465 28 90	46·5	32·23
1928-29 ...		15	481 25 100	48·1	33·32

Remarks.—Consumption in seers per 10,000 up to 1920-21 has been calculated on the population of 1911.

(f) Statement showing the information required for questions 20 and 24 of the General Questionnaire.

KAPADVANJ TALUKA.

Year.	Population.	No. of Opium shops.	Consumption of Opium in seers.	Per Capita consumption in grains.	Consumption in seers per 10,000.
			Srs. Tls. Grs.	Grains.	S. T.
1919-20 ...	76,730	7	196 65 0	39·9	25·51
1920-21 ...		7	213 22 0	40·0	27·61
1921-22 ...	82,415	7	159 2 0	26·7	18·44
1922-23 ...		7	132 38 0	23·1	16·1
1923-24 ...		6	139 41 0	24·4	16·77
1924-25 ...		6	101 59 45	17 8	12·29
1925-26 ...		6	106 15 45	18·6	12·68
1926-27 ...		6	97 23 90	17·0	11 61
1927-28 ...		6	68 32 80	12 0	8·29
1928-29 ...		6	74 22 145	12·9	9·7

Remarks.—Consumption in seers per 10,000 up to 1920-21 has been calculated on the population of 1911.

(g) Statement showing the information required for Questions 20 and 24 of the General Questionnaire.

THASRA TALUKA.

Year.	Population.	No. of Opium shops.	Consumption of Opium in seers.	Per Capita consumption in grains.	Consumption in seers per 10,000.
			Srs. Tls. Grs.	Grains.	S. T.
1919-20 ...	71,588	8	335 48 90	67·5	46·63
1920-21 ...		8	379 41 45	76·6	53·6
1921-22 ...	76,787	8	204 6 90	38·2	26·43
1922-23 ...		8	174 70 0	32·8	22·63
1923-24 ...		7	206 14 90	38·6	26·66
1924-25 ..		7	164 23 45	30·8	21·28
1925-26 ...		7	146 46 45	27·5	19·11
1926-27 ...		7	180 49 90	34·0	23·46
1927-28 ...		7	159 34 135	29·9	20·67
1928-29 ...		7	126 35 90	23·7	16·33

Remarks.—Consumption in seers per 10,000 up to 1920-21 has been calculated on the population of 1911.

Report of the Panch Mahals District Opium Inquiry Committee.

No. X.I.D.-44.

Godhra, 5th February 1930.

From—J. F. B. Hartshorne, Esquire, I.C.S., Collector of the Panch Mahals;

To—The Secretary to the Government of Bombay, Revenue Department, Bombay.

Subject :—Opium Committee.

Sir,

With reference to G. R. 7702/24 of 7th February 1929, I have the honour to report that a committee was formed composed as under for the Panch Mahals district.

Chairman.

Collector, Panch Mahals.

Members.

1. K. P. Mullan, Esq., Civil Surgeon, Panch Mahals.
2. K. S. Rustomji R. Dalal, President, Godhra Municipality.
3. K. S. Manekji, F. Contractor (Returned by the Dohad Municipality).
4. Dr. M. N. Shah, President, District Local Board, Panch Mahals.
5. Sardar Dipsinhji Amarsinhji, Thakor of Limbdi.

Secretary.

The Superintendent of Excise, Panch Mahals Sub-Division.

The non-official members were all consulted whether they would work on the committee. They agreed to do so. 20th June 1929 was fixed for the meeting of the committee at Godhra. The Civil Surgeon was absent on account of illness. The Collector and the Superintendent of Excise were present. I regret to report that all the non-official members with the exception of the Thakore Saheb of Limbdi failed to attend the meeting although informed and did not even trouble to intimate their inability to attend. The meeting was held as fixed and the replies of the Thakore of Limbdi were recorded and discussed. The Civil Surgeon sent his replies in writing. Copies of the printed questionnaire which has already been

submitted to Government under this office No. X.I.D.-44, dated 5th July 1929 had been supplied to the members of the committee along with other information, but none of the non-official members cared to send any replies.

2. As the non-official members (except for the Thakore of Limbdi) appeared to be altogether indifferent it was thought best to continue the enquiry by sending the appropriate parts of the questionnaire to the Mamlatdars and Mahalkaris for collecting replies and recording statements of opium-eaters with the assistance of the local excise officers. Several medical men, both official and non-official were also consulted. I also made some enquiries personally of a few opium-eaters.

3. Replies were received in connection with Parts A, B and C of the questionnaire.

Part A is the general questionnaire.

Part B is the questionnaire addressed to Registered Medical Practitioners.

Part C is for persons who take opium.

4. I submit my remarks upon the points (*a*), (*b*) and (*c*) shown in paragraph 3 of G. R. 7702/24 referred to above.

(*a*) The consumption of opium does not appear to be excessive in this district.

The consumption can broadly be divided into three classes—

(i) Regular addicts.
(ii) Medicinal.
(iii) Infantile.

(i) The addicts who take any considerable daily dose are very few, and the indications are that their number is dying out. They are chiefly confined to the lower classes. Continued education and propaganda should lead to the gradual disappearance of the habit, except in a very few cases. The figures of consumption are shown in the statement attached to the questionnaire. Each Taluka or Mahal shows a decrease during the last 10 years.

(ii) The medicinal consumption cannot be called excessive, and appears to be necessary for the relief of suffering humanity.

(iii) The infantile consumption by means of Balagolis or crude opium is no doubt widespread, and is said to affect about 50 per cent. of the infant population between the ages of 6 months and 2 years. It is regarded as an evil by medical opinion as well as by general educated opinion, not so much on account of the effects in after-life, but because it must suppress the normal healthy development of a child.

5. With regard to point (*b*) the particular means for curtailing the consumption which is not excessive are dealt with below, as suggested in paragraph 3 (*b*) of G. R. 7702/24 of 7th February 1929.

(i) The general opinion elicited is in favour of the registration of consumers, as well as of addicts. This could be done without much difficulty, and might serve as a slight check upon consumption. Vendors may be compelled to keep registers of sales of opium, in which the name and address of the buyer, the purpose, whether for external or internal use, the quantity sold, and the date of sale may be entered. At the same time it must be remarked that it would be very difficult, especially at first, to ensure that these registers are regularly and correctly written, however the Excise Staff can only do their best to try and keep the licensees up to the mark in this respect.

Another point which deserves mention in this connection is that many of the addicts are in a helpless, weak, or comatose state in the morning, before they get their daily dose, and may be hardly able to get up and walk any distance to get it, hence such persons should be allowed to send somebody else to purchase it on their behalf in cases of necessity, otherwise their condition would be pitiable, and the result might even be fatal. It would not therefore be just or advisable to insist that only the addicts themselves should be allowed to make the purchase.

(ii) It does not appear that any useful purpose would be served by rationing addicts. The addicts appear to consume a limited and regular dose, with little variation. But they cannot do without a regular supply, as their strength would fail and they would become helpless without it consequently if they have to go out on a journey to some place where there is no opium shop, they would naturally try to buy a larger supply to last during their absence. They do not appear as a class to take any noticeable excess over their usual dose, as they cannot afford to do so, and do not need or wish to take any more than what they consider to be the minimum which they cannot do without. If they are at all restricted, by the imposition of a ration, they would be driven to smuggling or to the obtaining of opium by any kind of unlawful means, or by paying fancy prices to others. In return for these hardships, no useful result is likely to be achieved.

(iii) A campaign for preventing infantile consumption of opium has already been started, with a film exhibition, by the National Baby Week Council. The campaign may be extended and encouraged by the grant of funds. The habit is at present widespread and deep-rooted. The Civil Surgeon suggests the establishment of creches where infants could be left while the mothers are working. This has been tried successfully in mill areas, and could be extended to Municipalities, but is not likely to progress unless funds are provided for it.

(iv) *Opium Smoking.*—This is rare elsewhere in the Presidency, and is not known to exist in this district.

(v) *Enhancement of issue price of opium.*—This cannot be at all recommended. The price is already too high, and causes great hardship to the poorer addicts, who complain of it. It also

leads to a great deal of smuggling and consequent loss of Revenue to Government. All the facts show that the issue price in British territory ought to be lowered, while the sale price in the surrounding Indian States, particularly in Central India and Rajputana ought to be materially increased. The price at which licit opium can be obtained in our Licensed shops ranges from about Re. 1-2-0 to 1-10-0 per tola, while it can be had in the neighbouring States of Banswada and Khushalgadh at 3 tolas per rupee, or 5 annas and 4 pies per tola. The price in Malwa, Rutlam, Udaipur, etc., is reported to range from 5 annas to 8 annas per tola. One of the reasons for the excessive decrease of opium sales, in Godhra Taluka especially, has long been suspected to be the high prices charged at licensed shops together with extensive smuggling of cheap opium from the direction of Malwa and other States. Recent steps taken to arrest and check some of the principal smugglers or their agents in these States have already shown their effect in increased sales at the licensed shops in this district.

(vi) No reduction in the number of shops is recommended in this district. The number is already reduced to a minimum, and as it is, several consumers complain of the long distance which they have to go to get their supply, and of the consequent hardships inflicted, while they are not allowed to keep more than 1 tola. It is recommended that the limit of possession may be raised to 2 tolas, on this account, in the Panch Mahals and leased Mewas areas. The limit in neighbouring States is understood to be 3 tolas.

(vii) *Curtailment of hours of sale.*—This is not recommended. It is not likely to have any useful effect. On the contrary it is recommended that the British shops should open earlier than they do at present. While our opening hour is as late as 10-30 a.m. the State shops open at sunrise. Our hours may be made earlier, say 8 or 9 a.m., when the State authorities could reasonably be asked to adopt the same hour. The late hour imposes great hardship upon such addicts as are unable to get up and undertake their daily tasks until they have had their morning dose of opium. An instance is a travelling hawker examined at Dohad, who states that he has to carry a heavy load, and travel round from village to village. He has not strength to lift his load and start his round until he has taken his morning dose. Often he has not enough money to buy a supply in advance, so he has to wait until the late opening hour of 10-30 a.m. before he can buy the day's dose from his earnings of the previous day, and thereafter set out to make his living.

6. (*c*) Other cognate points have been touched upon in the remarks offered above.

Your most obedient servant,

J. F. B. HARTSHORNE.

Report of the Broach District Opium Inquiry Committee.

Chairman.

1. A. O. Koreishi, Esq., M.A., F.B.U., C.S., Collector of Broach.

Members.

2. Dr. P. P. Bulsara, Civil Surgeon, Broach.
3. The President, Broach City Municipality.
4. The President, District Local Board, Broach.
5. Rev. I. W. Moomaw, Representative of Ankleshwar and Jambusar Municipalities.
6. Mr. Shaikh Ahmed Shaikh Amin, Non-Official Member.

Secretary.

7. Mr. P. B. Vakharia, Superintendent of Excise, Surat.

We, the members of the Broach District Opium Inquiry Committee, having been appointed by Government of Bombay by their Resolution No. 7702/24 R.D. of 7th February 1929 (*a*) to ascertain the causes of the excessive consumption of opium and the classes of people who are in particular addicted to its consumption, (*b*) to recommend means for curtailing the excessive consumption with particular reference to the possibility of :—

(1) registration of consumers,
(2) rationing addicts,
(3) prevention of the practice of administering opium to children,
(4) prohibition of opium smoking,
(5) enhancement of issue price,
(6) reduction in the number of shops,
(7) curtailment of the hours of sale.

(*c*) any other matter relating to the consumption of opium which the Collector and Chairman deemed proper to refer to the Committee, beg to submit the following report :—

In considering the matters referred to us, we have throughout borne in mind the terms of reference.

We assembled at Broach on 18th September 1929 and addressed ourselves in the first instance, to the task of revising and finally approving the terms of the questionnaire, which had been drawn up by the Secretary of the Committee to ascertain the trend of representative non-official opinion on the subject comprised within the terms of reference. The questionnaire was widely published in the press.

The Committee met on 11th November 1929 to select persons to be called as witnesses for recording their evidence, and started its work on 18th and 19th November 1929 at Broach.

Twenty witnesses were examined, of whom 3 were doctors, 1 talukdar, 1 pleader, 3 Government servants, 5 opium-eaters, 1 merchant, and 6 agriculturists.

Written replies were also recorded of 21 members of the local public and 5 medical men.

Physical Description of the District.

Broach District is bordering on Rajpipla and Baroda states. It consists of Broach, Ankleshwar, Amod, Wagra and Jambusar talukas and Hansot Mahal with a population of 307,745 souls.

There are 30 opium shops in the whole district, *i.e.*, one shop per 10,258 people and they are distributed as under :—

Broach City	...	...	2
Ankleshwar Town	...	...	2
Jambusar Town	...	...	2
Broach Taluka	...	...	8
Ankleshwar Taluka	...	...	1
Jambusar Taluka	...	...	6
Hansot Mahal	...	...	2
Amod Taluka	...	...	4
Wagra Taluka	..	...	3
		Total ...	30

The habit is not widespread in the district but is uniformly prevalent in different talukas of the district.

Opium is not consumed as a luxury or fashion or tonic.

There is hardly any smuggling of opium in this district.

It is difficult to give the exact proportion of addicts to population as reliable information or statistics are not available from any quarter.

Consumption.

Adults.

Inquiry discloses that consumption of opium is prevalent mainly among the Rajputs, Garashias, Patidars, Kolis and Millhands.

To a considerable degree, the labouring classes use opium for doping the children. It is taken at times in the form of small pills also.

Opium habit among adults ranges from 5 to 25 years of duration. It is contracted to prevent ailment from specific deseases such as cholera, asthma, diabetes, dysentry, cough and rheumatism in the first instance. Opium becomes almost indispensible to people who have been addicted to the habit for a very considerable time. It has been ascertained that habit among adults above 40 years of age is generally life long but in respect of persons below that age the habit can be controlled by a gradual reduction in doses or rationing and proper medical aid.

The opium habit is not to be found in all classes, but amongst the classes mentioned above.

Some females do take opium, but according to our information the habit is not very prevalent amongst them.

Children.

Opium is administered to children generally under four years of age either directly or in the form of " balagolis " to lull them to sleep. This practice is prevalent mainly amongst the agricultural and labouring classes. We are of opinion that this practice of giving opium to children is very injurious to their health, is a mark of deterioration, a great impediment in the formation of their constitution, is a moral depravity and the sooner it is prohibited, the better it is. We are not aware of any suitable substitute for " balagoli " but its use can be dispensed with gradually without any hardship to children and their parents. In the beginning the discontinuance of the habit may prove a source of annoyance, but in the long run it will be a great boon to posterity.

Smoking of Opium.

We are of opinion that the habit of opium smoking is not prevalent in any part of the district and its use as *chandul* or *madat* is unknown in this part. Kosumba is popular to a certain extent amongst the Rajputs and the Patidars. It is used mainly at the time of ceremonial occasions. Legislation to prohibit opium smoking is therefore not quite necessary, so far as Broach District is concerned.

Medicinal Use of Opium.

Opium is extensively used as specific against cholera, dysentry, diarrhœa, rheumatism, dyspepsia, diabetes, cough, asthma, etc.

The following preparations of opium are generally prescribed :—

1. Pulvis Kino Co.
2. Pil Codeine.

3. Pil Plumbi Cum Opio.
4. Pil Ipecae C. Scilba.
5. Pulvis Iperac Co.
6. Pulvis Creta Arometic Co. Opio.
7. Tincture Opii.
8. Tincture Campher Co.
9. Tincture Chloroform et Morphia.
10. Liquor Morphia Hydrochlor.
11. Liniment Opii.
12. Unguentrem Galla C. Opio.

During the course of inquiry it transpired that some addicts, who were undergoing treatment of the Civil Surgeon, did not apply for the cure of their habit, but on the contrary they used to ask for opium about evening time.

Physically, opium-eaters look somewhat thin with complaints of constipation of bowels and diminution of appetite and heavy look. Mentally, they look somewhat depressed and without much energy for work or interest in surroundings.

Progress.

It is gratifying to note that on the whole consumption is on the decline generally among the addicts, the principal reason being the spread and progress of education even among the lower classes. This inference is to some extent reflected in the comparative figures of sales of the past ten years.

Broach District.

Population 307,745.

Year.	Consumption in seers.	Per capita-consumption in grains.
1919-20	1,846	86
1920-21	1,887	87
1921-22	1,396	65
1922-23	1,510	70
1923-24	1,561	71
1924-25	1,441	67
1925-26	1,489	68
1926-27	1,310	61
1927-28	1,223	57
1928-29	1,189	55

Broach City.

Population 42,648.

Year.	Consumption in seers.	Annual average consumption per 10,000 of population in seers.
1919-20	327	77
1920-21	285	67
1921-22	376	88
1922-23	421	99
1923-24	359	84
1924-25	305	71
1925-26	302	71
1926-27	277	65
1927-28	222	52
1928-29	213	50

Broach Taluka.

Population 67,485.

1919-20	319	47
1920-21	365	54
1921-22	179	27
1922-23	197	29
1923-24	225	33
1924-25	239	35
1925-26	243	36
1926-27	225	33
1927-28	220	33
1928-29	194	29

Ankleshwar Taluka.

Population 46,341.

1919-20	177	38
1920-21	174	38
1921-22	145	31
1922-23	147	32
1923-24	143	31
1924-25	119	26
1925-26	124	27
1926-27	99	21
1927-28	112	24
1928-29	109	23

Hansot Mahal.

Population 24,732.

Year.	Consumption in seers.	Annual average consumption per 10,000 of population in seers.
1919-20	96	39
1920-21	98	40
1921-22	87	35
1922-23	84	34
1923-24	84	34
1924-25	71	29
1925-26	73	29
1926-27	66	27
1927-28	63	25
1928-29	62	25

Jambusar Taluka.

Population 62,257.

1919-20	416	67
1920-21	432	69
1921-22	291	47
1922-23	324	52
1923-24	352	57
1924-25	330	53
1925-26	351	56
1926-27	294	47
1927-28	282	45
1928-29	270	43

Amod Taluka.

Population 34,993.

1919-20	252	72
1920-21	250	71
1921-22	165	47
1922-23	206	56
1923-24	231	66
1924-25	218	62
1925-26	262	75
1926-27	226	65
1927-28	208	59
1928-29	204	58

Wagra Taluka.

Population 29,289.

1919-20	259	88
1920-21	282	96
1921-22	151	52
1922-23	130	44
1923-24	165	56
1924-25	159	54
1925-26	134	46
1926-27	122	42
1927-28	115	39
1928-29	137	47

GENERAL.

As it has been said before, the opium habit is not now formed on account of luxury or fashion nor is it used as a tonic.

Moral depravity, emaciation, anœmia, muscular weakness, indigestion, physical depression and drowsy feeling are some of the effects on the health of opium consumers.

Looking to the population of the district and the existing number of opium shops, we are of opinion that the reduction in the number of shops will not serve very useful purpose but in some cases it may entail additional hardship on the consumers. Curtailment of hours would not be very effective but the hours of sale may be profitably curtailed to mornings and evenings only, *i.e. 7 a.m. to 10 a.m. and 4 p.m. to 8 p.m.* Enhancement of issue price will not check the consumption to any considerable degree. The system of registration and rationing of addicts, if simultaneously put in force would to some extent reduce consumption, and steps may be taken in that direction.

In our opinion it would not be advisable to have lessons in Primary School Books, but lessons can be introduced, with advantage in text books on hygiene meant for children of advanced age.

We are, therefore, of opinion that nothing but total prohibition or regular propaganda carried on by giving education and instructions to the public by means of lectures, leaflets and magic lantern slides or by formation of societies or village panchayats against this evil, can go any great way in eradicating this deep rooted evil in the social life of the country.

RECOMMENDATIONS.

In conclusion we would recommend that the following steps may be taken:—

1. Registration of consumers;
2. Rationing of addicts.
3. Prevention of the practice of administering opium to children and making such administration penal.
4. Prohibition of opium smoking in any form;
5. Curtailment of the hours of sale.

A. O. KOREISHI,
Collector and Chairman.

I. I. BALSARA,
Civil Surgeon, Broach.

.....,
President, District Local Board, Broach.

ALIBHAI E. PATEL,
President, Broach City Municipality.

SHAIK AHMED SHAIKH AMIR
(subject to the accompanying minute).

Minute by Shaikh Amir.

After compliments: I submit the following minute of dissent on two points in the report of the Opium Inquiry Committee prepared on 18th January 1930 :—

(1) A register of opium eaters should be maintained.

(2) Change in the time of opening and closing shops.

Objections re: *No. 1.*—Before stating my objections on the abovementioned two points I draw the attention of Government in the first instance to the fact that this Inquiry Committee was appointed only to investigate how the opium evil can be mitigated. Now regarding the abovementioned point No. 1, I inquire whether the opium-eaters will consume less opium if their register is maintained? I think not, because those habituated to take opium will buy it even after having their names registered. "This is not an evil thing like liquor so that opium-eaters may be ashamed to give their names." They will continue to take it even after giving their names. Before the present system there was the "Contract system" in use for years. But I do not think any benefit was derived therefrom nor I am aware of any such benefit. Further, many of the witnesses have also deposed against the maintenance of a register. Hence I am firmly of opinion that the maintenance of a register is likely to involve licensees and Government into unnecessary trouble. I, therefore, see no necessity to introduce such as a system.

Objections re: *No. 2.*—(1) The time recommended for the opening and the closing of shops is very objectionable. At present opium shops are kept open for nine and a half hours during the day, *i.e.*, from 10-30 a.m. to 8 p.m. (S. T.). This time is in force for nearly three years. I, therefore, state from my experience that people have become habituated with this time. All opium-eaters are so habituated that as they know that shops open late, they have accordingly altered their time for eating opium. To this extent the opium-eaters have improved.

(2) When the opium-eaters are habituated at present to take opium late, why should the shops be opened at seven o'clock in the morning? On the contrary they should open at 11 a.m. instead of at 10 a.m. and should close at 6 p.m. instead of at 8 p.m. as at present. Neither the public nor the licensees nor Government stand to gain anything by the closing of the shops at noon as recommended in the report.

(3) The reduction in the sale of opium that is going on since 1925 is due only to the change in the opening and the closing of shops; formerly the shops used to be closed at 9 p.m. Thereafter the order to close them at 8 p.m. was issued, with the result that opium-eaters were inconvenienced. At last they changed their time of taking opium and began to reduce the quantity. Moreover, even now there is a large number of poor people with a leaning towards "opium drink." There are yet people who indulge in opium drinking up to 8 p.m. after returning home in the evening at

6 p.m. from work to relieve themselves from the physical exhaustion of the day as liquor drink is indulged in. If poor labourers and workers become free from their work at 6 or 7 p.m. and if the shops close about the same time, opium-eaters will be put to inconvenience with the result that they will gradually give up their opium habit because they will be permanently inconvenienced. For this reason they will be compelled to reduce the quantity, if not to give up the habit altogether. Besides they will also perhaps have no time to indulge in opium drink.

(4) At present shops remain open for nine and a half-hours. Instead of that they should now remain open for seven and a half hours, *i.e.*, from 10-30 a.m. to 6 p.m. The closing of shops at noon as recommended by the Committee in their report will but entail great hardships on the people.

(5) People from the villages who come to Broach by train and on foot generally come after 10 o'clock. Accordingly if shops are closed after that hour, they will get no opium to eat. This will lead to a hue and cry among the public. In connection with the keeping open of shops from 7 a.m. to 10 a.m. and from 4 p.m. to 8 p.m. as recommended by the Committee, I draw your attention to another matter: "Wage earners do not have money in their homes". If they go to work in the morning, they earn something by 10 a.m. and then only they can get opium. It is, therefore, for special consideration as to what hardships will be caused by the closing of shops at 10 a.m. as proposed by the Committee.

(6) Another point to be considered is that this time will cause considerable loss (in revenue) to Government. At the time of the auctioning of shops, if they are auctioned after fixing the time laid down by the Committee I dare say that "licensees will offer lower sums than they do at present" because it will be difficult to observe such a hard rule.

(7) By fixing the time from 7 a.m. to 10 a.m. and from 4 p.m. to 8 p.m. Government themselves will, I believe, encourage the licensees to commit crime because in villages there are many such shops which are located in the houses where licensees reside and where they sell opium. In these circumstances if an order is issued to close the shops at noon, will not the village shop-keepers sell opium (during the time)? Who can give a guarantee that this will not happen. They will certainly sell opium clandestinely. Yes, this will not perhaps happen in the case of city shops as the Inspector and the Police are on their rounds. Are the Police and the Inspector able to visit daily every place in the villages, so that such offences will not be committed? Certainly not. Then what will be gained by helping licensees to commit offences by making such a rule!

(8) In my humble opinion, if it is desired to free opium-eaters from their evil habit without putting them to any difficulty, if the evil is to be stopped, if Government desire to save themselves from the loss of revenue that will be caused, if licensees are not to be induced to commit crimes and if opium-eating is to be discouraged consistently with the present hours to which opium-eaters are

habituated, the present system should not be altered, but its continuance will eradicate the evil.

(9) I remember that not a single witness from among those examined by the Committee has stated that shops should be closed at noon. Then what was the necessity for the members of the Committee to recommend the closing of the shops at noon? I think almost 75 per cent. of the witnesses have stated that "Shops should be closed early in the evening", and hence I express my definite opinion that as deposed by witnesses shops should open at 10-30 a.m. and close at 6 p.m. and as pointed out in the paragraph on objections No. 1 neither the opium-eaters nor the licensees nor Government will gain anything by the introduction of a system of registration.

(Signed) SHAIKH AHMED SHAIKH AMIR,
Member of the Committee.

Broach, 20th January 1930.

Report of the Ahmednagar District Opium Inquiry Committee.

No. X. I. D. 38.

Ahmednagar, January 1930.

From—A. M. Macmillan, Esquire, C.I.E., I.C.S., Collector of Ahmednagar;

To—The Secretary to Government, Revenue Department, Bombay.

Sir,

With reference to paragraph 4 of G. R., R. D., No. 7702/24 of 7th February 1929, I have the honour to submit :—

(1) A statistical statement showing consumption and cost of opium in Ahmednagar District from 1905-06 to 1928-29;

(2) Consumption in each taluka of the district for five years and consumption per head in each of these talukas based on 1921 census and of 1911 census figures which are nearer to the normal population of the district; the 1921 figures are entirely misleading because the census was taken when a large proportion of the population had migrated on account of scarcity;

According to the evidence recorded from *3/4th to 9/10th of the opium sold is used for administration to children.* It is quite clear from the comparative figures of sales in talukas entirely within British territory and talukas adjoining H. E. H. the Nizam's Dominions that a large amount of the opium sold in the latter must be consumed by State subjects or exported elsewhere through the State.

Judging from the rate of consumption elsewhere at least a quarter of the total amount sold in the district must be consumed outside.

With regard to the points referred to the committee the actual consumption of opium within the district *does not appear to be excessive,* as most of what is consumed is consumed by the children of the labouring classes. Registration of consumers would be *impracticable.*

(2) As far as the committee were able to obtain information the number of addicts is very small, opium being used only by Sadhus and Fakirs and persons who take opuim habitually as a remedy for asthma or other specific complaints.

(3) As regards practice of administering opium to children, it is said to be *almost universal.* The witnesses examined stated that about one-half tola to a tola, *i.e.*, from about 90 to 180 grains were used for a child per month, but if the figures of what is probably consumed within the district are looked to it will be seen that the consumption is only about 2½ tolas per head of the population up to the age of three. At one village where I cross-examined a group of villagers of all castes I was finally informed that the average quantity given daily to a child would amount to about 1/4th tola per month or 3 tolas a year. It is said that the greatest amount is given to the children of women when they are engaged either in field work, other labour, or factory labour and it is possible that opium is given to infants amongst other classes of the population only occasionally. I do not know whether the average for the whole infant population shown by these figures is excessive when compared with the practice in other districts or areas. Some of the witnesses stated that the amount of opium given to children is very much less now, than it was 20 or 30 years ago and the total consumption of the district has gone down by about 40 per cent. since 1905-06.

An increase in the price would certainly lead to further reduction and especially a sudden increase in the price. I do not know whether there are more injurious substitutes which might be resorted to by labouring class women if the price of opium were put beyond their reach.

(4) There is practically no opium smoking in the district.

(5) Enhancement of the issue price of opium is the only method of reducing consumption by raising prices. The license fees obtainable depend on the most profitable way of selling opium with a certain issue price. The amount and the price at which it will be sold do not depend on the license fees at all.

Here the limit beyond which it would not be desirable to go depends on conditions maintained in Hyderabad and the possibility of illicit import.

(6) Reduction in the number of shops would slightly reduce consumption but not very greatly.

(7) As opium is purchased periodically once a week or a fortnight or month by women to administer to their children alteration in the hours of sales would have practically no effect.

An alteration in the hours of sale hardly affects the consumption of intoxicants unless these are consumed immediately or on the premises;

(8) The reason why a large amount of district opium appears to be consumed by people of H. E. H. the Nizam's Dominions is said to be that the quality has hitherto been different and where our shops

normally supply an area of 10 miles' square or in case of bazar centres perhaps 15 miles' square; if a shop is near the border it is a natural source of supply for part of the State territory adjoining.

There was great delay in the appointment of the committee on account of the time taken in negotiating with local authorities as to the appointment of members. Finally a committee was appointed consisting of the following members:—

The Collector, *Chairman.*

The Civil Surgeon.

Khan Bahadur Dorab Edaljee, President, City Municipality.

Sardar S. B. Thorat, President, District Local Board.

Mr. Harikisan Asaram to represent the Cantonment and Sangamner Municipality.

Capt. S. Yasin.

The Superintendent of Excise, *Secretary.*

Two meetings were held, the first for consideration of the form of the questionnaire and the decision as to what witnesses should be called and whether any local investigation was necessary.

The second meeting was called for hearing witnesses on 6th January 1930. On that occasion only the Civil Surgeon, Sardar Thorat, and Mr. Harikisan Asaram were present.

As there did not appear to be any likelihood of obtaining useful information by further enquiry or examination of witnesses no further meeting was called and this report is submitted on the basis of statistical information obtained departmentally and the evidence recorded by the committee and opinions of the members.

The main conclusions to be drawn from the statistical material are:—

The sales per 10,000 of population are only 6-7 seers in the western talukas, about 10-12 seers in the central talukas, 10-18 in the eastern talukas not adjoining Hyderabad and up to 25-50 in talukas adjoining Hyderabad and in Ahmednagar City and Cantonment which as a bazar and trade centre probably supplies a large population outside.

From this it can be inferred that a large proportion of the opium sold in the eastern border talukas goes to Hyderabad, and probably *at least* 1/4th of the total amount sold in the district is consumed outside the district.

Consumption was 5,000 seers about 1890-1893, 3,000 seers about 1905-1910, and is now 1,900.

Issue price has gone up in money from Rs. 20 to Rs. 75, total revenue *per seer* from Rs. 20 to Rs 154 and total revenue for the district from about Rs. 1,00,000 to Rs. 3,00,000.

Issue price has gone up nearly 100 per cent.

Total Revenue per seer 275 per cent.

Total Revenue 50 per cent.

The small variations in consumption throughout the period are due to famine or scarcity causing a drop in consumption (*e.g.*, 1899-1900, 1904-05, 1911-12, 1918-19, 1921-22) and the concentration of troops and followers at Ahmednagar during the war causing a great rise.

As the real issue price has been raised or lowered it will be seen that there has generally been a corresponding fall or rise in consumption. This is specially marked since 1917-18.

As regards the possibility of reduction, probably the extent to which opium is administered to children could gradually be reduced by continuous propaganda through every available agency, schools, school masters, private medical practitioners, medical officers, missions, and by the issue of leaflets to educated persons.

If a regular campaign is carried on under the auspices of Government which is likely to be effective, revenue should be recovered as a surcharge on sales instead of as lump sum license fee. This could be done either directly or by remitting a calculated portion of the lump sum fee if sales fall below previous normal.

I have the honour to be,
Sir,
Your most obedient servant,
A. M. MACMILLAN,
Collector of Ahmednagar.

Statement showing consumption and cost of opium to licensee.

Year.	Consumption in seers.	Issue price per seer.	License fee per seer.	Cost of opium to licensee.
		Rs. a. p.	Rs. a. p.	Rs. a. p.
1905-06	3,048	29 0 0	.....	29 0 0
1906-07	2,920	26 0 0	.....	26 0 0
1907-08	3,562	24 0 0	.....	24 0 0
1908-09	3,753	22 0 0	.....	22 0 0
1909-10	4,367	22 0 0	.....	22 0 0
1910-11	4,495	24 0 0	2 9 4	26 9 4
1911-12	4,280	24 0 0	5 12 10	29 12 10
1912-13	4,005	24 0 0	6 0 7	30 0 7
1913-14	3,236	30 0 0	5 15 1	35 15 1
1914-15	3,992	30 0 0	3 14 4	33 14 4
1915-16	5,327	50 0 0	3 13 3	33 13 3
1916-17	5,402	35 0 0	5 13 3	40 13 3
1917-18	5,340	35 0 0	14 7 4	49 7 4
1918-19	2,502	45 0 0	74 2 5	119 2 5
1919-20	2,223	45 0 0	51 12 6	96 12 6
1920-21	2,354	45 0 0	48 3 8	93 3 8
1921-22	1,828	60 0 0	38 4 9	98 4 9
1922-23	1,709	75 0 0	36 9 5	111 9 5
1923-24	2,000	75 0 0	54 0 11	129 0 11
1924-25	2,330	75 0 0	49 13 10	124 13 10
1925-26	2,291	75 0 0	49 0 8	124 0 8
1926-27	2,174	75 0 0	51 13 5	126 13 5
1927-28	1,921	75 0 0	73 14 6	148 14 6
1928-29	1,957	75 0 0	79 4 9	154 4 9

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Statement showing consumption in each taluka of the district based on 1921 census and

Name of Taluka.	Population. 1911	Population. 1921	License fee during 1924-25	1925-26	1926-27
			Rs	Rs	Rs
Ahmednagar City	42,9[illegible]	43,189	19,925	18,080	19,000
Akola	75,949	69,[illegible]	4,175	4,960	3,475
Jamkhed	70,907	42,146	9,[illegible]	3,470	3,500
Karjat	66,197	46,917	4,080	4,025	3,450
Kopargaon	91,480	100,[illegible]	12,840	17,440	14,805
Nagar	96,169	81,734	7,[illegible]	7,9[illegible]	9,175
Newasa	90,[illegible]	51,[illegible]	13,[illegible]	10,715	10,[illegible]
Pathardi ...		96,97[illegible]	8,975	9,080	9,[illegible]
Parner	84,[illegible]	67,1[illegible]	6,[illegible]	6,100	7,100
Rahuri	77,[illegible]	66,[illegible]	11,[illegible]	9,175	9,100
Sangamner	97,76[illegible]	71,[illegible]	8,975	8,9[illegible]	7,000
Shevgaon	110,487	41,1[illegible]	8,[illegible]	6,[illegible]	8,[illegible]
Shrigonda	66,797	47,090	8,[illegible]	8,[illegible]	7,[illegible]
Total	943,[illegible]	731,[illegible]	1,12,[illegible]	1,06,070	1,10,7[illegible]

for five years and consumption per head in each of these talukas of 1911 census figures.

Name of Taluka.	License fee during the year. 1927-28	1928-29	Issue Rate of Opium	Consumption of opium during the year. 1924-25 S.	T.	1925-26 S.	T.	1926-27 S.	T.	1927-28 S.	T.	1928-29 S.	T.
	Rs	Rs											
Ahmednagar City	19,000	21,[illegible]	Rs. 75 per seer throughout.	9[illegible]	15	912	80	[illegible]	27	[illegible]	74	[illegible]	[illegible]
Akola	3,[illegible]00	3,4[illegible]		21	40	[illegible]	34	40	31	46	40	81	[illegible]
Jamkhed	10,[illegible]	17,[illegible]00		[illegible]	46	[illegible]	37	[illegible]	18	371	64	[illegible]	76
Karjat	6,075	7,210		[illegible]	[illegible]	[illegible]	76	1[illegible]	6	10[illegible]	[illegible]	116	37
Kopargaon	16,[illegible]	14,[illegible]		[illegible]	54	[illegible]	37	1[illegible]	[illegible]	161	12	1[illegible]	[illegible]
Nagar	9,080	7,[illegible]		1[illegible]	71	146	19	1[illegible]	54	[illegible]	70	101	44
Newasa	13,[illegible]	13,[illegible]		[illegible]	46	21[illegible]	16	[illegible]	4	[illegible]	61	[illegible]	46
Pathardi	13,080	13,075		310	76	[illegible]	0	[illegible]	66	[illegible]	66	346	11
Parner	7,[illegible]	7,[illegible]		[illegible]	64	109	19	[illegible]	[illegible]	[illegible]	0	102	[illegible]
Rahuri	13,[illegible]	13,000		100	[illegible]	149	[illegible]	197	19	180	11	164	67
Sangamner	8,1[illegible]	7,[illegible]		[illegible]	19	78	0	[illegible]	1	64	[illegible]	64	[illegible]
Shevgaon	13,440	13,[illegible]		[illegible]	14	347	54	[illegible]	9	1[illegible]	77	17[illegible]	[illegible]
Shrigonda	6,080	6,[illegible]		7[illegible]	6	[illegible]	[illegible]	[illegible]	[illegible]	51	61	[illegible]	77
Total	1,46,080	1,44,[illegible]		2,[illegible]72	70	[illegible]	[illegible]	2,174	[illegible]	1,9[illegible]	[illegible]	1,[illegible]	[illegible]

Name of Taluka.	Per capital consumption based on the census figures of 1911 during the year.									
	1924-25	1925-26	1926-27	1927-28	1928-29	1924-25	1925-26	1926-27	1927-28	1928-29
Ahmednagar City ...	46·15	49·71	50·73	61·46	54·2	61·38	64·5	77·38	79·38	69·88
	·378	·398	·478	·492	·403	·491	·516	·619	·637	·559
Akola ...	4·15	4·78	5·9	5·61	6·82	4·63	5·25	5·88	6·25	7·5
	·033	·038	·043	·045	·055	·037	·042	·047	·05	·06
Jamkhed ...	44·14	42·26	41·24	49·8	46·7	83·13	77·38	75·5	63	63·38
	·363	·338	·33	·377	·272	·665	·619	·604	·504	·499
Karjat ...	17·53	19·5	21·26	22·92	25·21	30	33·55	40·13	39·25	43·25
	·141	·157	·187	·183	·202	·24	·27	·321	·314	·346
Kopargaon ...	29·04	24·96	20·64	17·56	18·41	26·25	22·75	19·75	16	16·75
	·243	·199	·174	·141	·147	·211	·182	·158	·128	·134
Nagar ...	12·90	19·87	12·45	9·39	11·79	19·88	17·88	13·13	9·88	12·38
	·151	·159	·099	·075	·094	·159	·143	·105	·079	·099
Newasa ...	23·66	22·33	22·8	22·17	24·35	46·88	41·38	41·	39·25	43
	·212	·187	·186	·177	·195	·375	·331	·328	·314	·344
Pathardi ...	Pathardi was included in the Sheogaon Taluka.					98·88	113·13	99·38	82·25	75·38
						·791	·825	·795	·658	·603
Parner ...	5·13	12·42	10·65	10·44	12·3	12·88	13·88	13	12·75	15·13
	·084	·099	·085	·084	·099	·103	·121	·104	·102	·121
Rahuri ...	12·9	19·21	17·62	16·72	18·58	15·13	22·66	20·75	19·63	21·88
	·103	·154	·128	·135	·149	·121	·181	·166	·157	·175
Sangamner ...	9·13	7·46	7·06	6·63	6·61	12·38	10·13	9·63	9	9
	·073	·06	·056	·053	·053	·099	·081	·077	·072	·072
Sheogaon ...	61·21	52·66	51·86	41·24	38·3	62·25	69·13	61·25	46·38	43·5
	·49	·421	4·16	·329	·306	·498	·481	·49	·371	·348
Shrigonda ...	12·03	10·59	9·01	8·79	9·73	16·75	14·75	12·75	12·75	13·63
	·096	·085	·073	·07	·078	·134	·1118	·102	·098	·109
Total ...	24·5	23·66	23·00	20·32	20·71	31·1	30·6	29·7	26·3	26·8
	·192	·189	·184	8·162	30·166	·25	·24	·24	·21	·21

The italic figures represent consumption per 10,000 of population.

Report of the Poona District Opium Inquiry Committee.

The Committee are of opinion that although technically the figures show that the opium consumption in this district exceeds the figure of 30 seers per 10,000 of population it is probable that these figures do not really represent a true picture of the opium consumption of the District. The excess only amounts in any case to the small figure of two seers per 10,000 and in all parts of the district except Poona City and Bhimthadi Taluka the consumption is well below the figure given. Bhimthadi Taluka has almost certainly increased in population since the last census with the development of irrigation on the Nira Left Bank Canal system. Moreover irrigated cultivation attracts a large influx of people at certain seasons of the year which would account for some of the excess of opium consumption.

2. The only real problem is the consumption in Poona City amounting to 82 seers per 10,000 of population. Here too certain allowances and adjustments require to be made: It is probable that the population of Poona has increased since last census though not to a very great extent. It is however certain that during the Poona Season there is a large influx of additional population so that the census which is taken during the hot weather when the population is at its lowest does not give the true idea of the population. The most important point of all however is that Poona is to a great extent a distributing centre for a very large area around it. With the development of motor buss traffic the habit is growing among the villagers of coming to the big towns to do their shopping. This is clearly seen from the fact that with the exception of Baramati every town in this district outside Headquarters shows a steady decline in importance which must be reflected in a considerable diminution in its trade. The obvious explanation is that people are going into Poona more and more and the weekly bazar is steadily declining in importance. For those who have the opium habit it is obviously more convenient to purchase opium at the same time as they do their other shopping and so Poona becomes the distributing centre for an ever widening

area, stretching even beyond the limits of the Poona District. It seems therefore that the excessive consumption of opium in this district is more apparent than real.

H. R. GOULD,
Collector (Chairman).

R. F. STEEL, Lt.-Col., I.M.S.,
Civil Surgeon, Poona.

H. TULPULE,
President, Poona City Municipality.

SHAH ROOKH YAR JUNG,
Nominee of other Municipalities and Cantonments.

A. Y. KATE,
President, District Local Board, Poona.

R. K. NAIDU,
Non-official—Selected by the Collector.

Poona, 5th March 1930.

Report of the Sholapur District Opium Inquiry Committee.

In accordance with the orders contained in Government Resolution, Revenue Department, No. 7702/24 dated 7th February 1929, a Committee, constituted as follows, was appointed for Sholapur District to investigate the causes of excessive consumption of opium and to suggest measures for its reduction :—

Chairman.

(1) Mr. H. F. Knight, I.C.S., Collector of Sholapur.

Members.

(2) Colonel Holgate, I.M.S., Civil Surgeon, Sholapur.

(3) Mr. M. J. Dikshit, Local Board Assistant to the Collector of Sholapur.

(4) Rao Bahadur Dr. V. V. Mulay, President, Sholapur Municipality.

(5) Rao Saheb G. B. Paricharak (elected by other Municipalities in the District).

(6) Khan Bahadur Hajee Hajratkhan of Sholapur (selected by the Collector).

Mr. E. W. Grennan, Superintendent of Excise, Secretary to the Committee.

2. In all, eight meetings were held, on the dates and at the places mentioned below :—

4th July 1929	...	...	Sholapur
18th October 1929	...	...	Do.
18th November 1929	...	...	Pandharpur
19th November 1929	...	...	Do.
17th December 1929	...	...	Sholapur.
18th December 1929	...	...	Do.
19th December 1929	...	...	Do.
21st December 1929	...	...	Do.

3. Of the 34 witnesses selected to give evidence before the Committee, 23 appeared and tendered written statements in the form of replies to the questionnaire, drawn up by the Committee, of which two copies are attached. These witnesses were examined at length, on various important points raised in the questionnaire. Four of the witnesses were unable to appear, but sent in written statements, while the remaining seven neither appeared, nor sent in written statements.

The Committee further examined three additional witnesses, thus making a total of 30, whose statements are submitted herewith, in two lists with accompaniments, comprising 131 pages.

4. The following points were referred to the Committee for consideration :—

(A) To ascertain the causes of the excessive consumption of opium and the classes of the people who are in particular, addicted to its consumption.

(B) To recommend means for curtailing the excessive consumption with particular reference to the possibility of—

(i) Registration of consumers.

(ii) Rationing addicts.

(iii) Prevention of the practice of administering opium to children.

(iv) Prohibition of opium smoking.

(v) Enhancement of the issue price of opium.

(vi) Reduction in the number of shops.

(vii) Curtailment of the hours of sale.

(C) Any other matter relating to the consumption of opium.

5. (A) *The causes of the excessive consumption of opium and the classes of the people who are in particular addicted to its use.*—From the evidence before us, we conclude that the high consumption of opium per 10,000 of the population in the Sholapur District is mainly due to the three following factors :—

1. The Mill industry in Sholapur and Barsi Towns employs a large number of women workers, and opium is habitually administered to small children by such mothers as have to spend the day at work.

2. Opium is purchased from shops in British Territory by residents of the Indian States adjoining the district, especially by subjects of H. E. H. the Nizam, whose territory borders the whole East of the District and entirely surrounds the Barsi Taluka. British opium is preferred to that of the Hyderabad State shops as its morphine content is higher. The Chemical Analyser reports that British opium has nearly twice the intoxicating effect of H. E. H. the Nizam's.

6. Bairagis and Gosavis, who are a class particularly addicted to opium, stay in large numbers at Pandharpur owing to the religious fairs held there.

Various estimates were given us of the proportion of opium consumed under the above heads compared with the total sold in the Sholapur District. But no data at all is available on which any reliable estimate can be based. It is clear, however, that owing to export to Indian States, the recorded sale of opium in the District is well above the actual consumption by the inhabitants of the District.

If in addition the opium given to the children of mill hands and that consumed by religious mendicants be excluded from the district consumption, it is probable that the consumption per head of the population would not greatly exceed that of adjoining districts.

The attached statements (marked A and B) show the consumption (1) of each Taluka in the District and (2) of urban and rural areas of Sholapur, Barsi and Pandharpur Talukas from the year 1917-18 to 1929-30.

It will be seen that the consumption is decreasing gradually and that it has fallen from 74-7 seers per 10,000 of population in 1917-18, to 31-4 seers in 1929-30. It will also be noticed that there was a *marked* fall from 1918-19 onwards, the year from which the fixed fee system of disposal of licenses was abolished and replaced by the open auction system. Similarly, there is a decrease in consumption during the current year, in all talukas (excepting Malsiras, which is due to the opening of a new shop at Vilapur in that Taluka).

In the adjoining District of Satara, the consumption of opium per 10,000 of the population fell from 16 seers in 1917-18 to 10 seers in 1927-28. The corresponding figures for Sholapur are 74 seers and 31 seers. If, as was suggested to us, the three abnormal factors given above are responsible for 50 per cent. of the opium sales in the District, then the position in Sholapur District itself is not so serious as the recorded figures appear to indicate.

7. (B) *The means for curtailing the excessive consumption of opium, with special reference to the following points—(1) Registration of consumers.*—The majority of the witnesses were in favour of a system of registration of consumers as the most practicable method of checking opium consumption. Such registration would in the first place provide the necessary statistics on which a more detailed inquiry into the consumption of opium in the District could be based in future, for, as we have observed above, our inquiry has been greatly handicapped by the absence of necessary data as to consumption. In the second place, registration would discourage persons of any position from buying opium. We recommend that a system of registration of consumers analogous to that in force in Assam should be introduced in this District, at least as an experimental measure, and suggest the following procedure :—

1. No opium should be sold to any person unless that person is in possession of an opium purchaser's pass.

2. Such passes should specify the name, etc., of the holder and state that he is permitted to purchase opium. There should be space on the pass for the opium vendor to enter all purchases made by the holder.

3. Such passes should be issued by the local Excise authorities, provided that the application for a pass is supported by a

certificate that the applicant has shown reason to buy opium, given by any of the following authorities :—

1. Village officers.
2. A magistrate, Stipendiary or honorary.
3. A registered medical practitioner.

Such certificate should be given free.

4. On presentation of a pass at an opium shop the vendor would be bound to enter up the date and amount sold, both on the pass and in a sale's book.

5. Passes would be issued by the Excise authorities free on demand and would be valid for one year.

6. No limit of opium to be bought would be specified in the pass and a pass-holder would be able to buy as much opium as he wished, subject to the limit of possession at one time.

7. (i) There are of course objections to this system. It was suggested that it would induce opium purchasers, especially "respectable" persons, to buy opium in the adjoining Indian States and bring it home to British territory, in order to avoid the bother or "disgrace" of taking out a pass; it was also suggested that it would lead to the consumption of other and more deleterious drugs, in place of opium. We do not consider that the danger in either direction is serious. As regards import of opium from Indian States we hope that we can assume that Indian States are equally anxious to deal with the problem of excessive opium consumption, and that they will introduce similar methods in their own territories where necessary. As regards the substitution of cocaine, etc., for opium, we have no ground to think that the prevention of smuggling of such drugs will be any less efficient in the future, nor will the purchase of opium be so difficult as to render the risk of cocaine smuggling worthwhile. Any person really wishing to get opium will be able to get a certificate from a village officer in the country, or from a magistrate or registered medical practitioner in the larger towns. The officer giving the certificate will merely record the reason given by the applicant and will not make any inquiry as to its genuineness. We consider that the mere fact of having to go to some authority for a certificate will much discourage casual consumption, while it will impose no serious hardship on the confirmed opium eater who is not ashamed of his habit, nor on the mother who needs opium for a small child. We realize that such a system may be represented as an undue interference with the liberty of the subject slowly to poison himself or her child, but we are unanimously of opinion that the proposed system deserves at least a trial, and that it should be adopted in this District. We do not expect that it will not be found to need modifications in practice, but without experiment we see little prospect of reducing the consumption of opium.

In any case such a system of registration of supply to consumers appears to us a necessary condition for the collection of information

on which to base any further measures for reduction of consumption that may be desirable in future.

8. (ii) *Rationing of addicts.*—We do not propose the fixing of a ration for each consumer, for we have no adequate data on which to say what a reasonable ration would be, nor do we see any authority capable of fixing such a ration in individual cases, except a regular medical practitioner who would have to keep the "addict" under his medical supervision for some time. This would be impossible in the villages. But the information and control which would be secured by a system of registration will enable future consideration to be made of rationing addicts, which appears likely to be the next step in reducing consumption.

9. (iii) *Prevention of the practice of administering opium to children.*—We find that the practice of administering opium to infants up to the age of about two years is common among the poorer classes. Many believe that opium so administered is a preventive of various infantile diseases, especially of infantile diarrhœa. We have, however, come to the conclusion that the chief reason for giving opium to infants is to keep them quiet while the mother is at work and we are satisfied by the medical evidence which we heard that, though the giving of opium to infants does not incline the child in later years to the opium habit, yet the effect on the health of children is definitely deleterious. We consider that, given sanitary conditions in the home and an adequate supply of milk, there is no reason why a child should not remain quiet without opium. But we regret to have to admit that neither of these desirable conditions is readily available to many of the poorer classes. In view of this and of the popular, though erroneous, belief that opium is a preventive medicine, we do not recommend the legal prohibition of administering opium to children. We are confirmed in this view by the fact that, short of prohibition of all sale of opium, there appears no agency by which it would be possible effectively to prevent opium, in the minute quantities used, being given to infants. It would be undesirable to create a new legal offence which would solely harass working mothers. We would prefer to trust to the system of registration outlined above making the purchase of opium more public, and to the advance of health education, enforced by sustained propaganda against the practice. In addition we strongly urge that Municipalities should as far as possible open crêches where infants may be deposited while their mothers are at work, and also that Municipalities should take steps to ensure that a pure milk supply be made available for infants in their cities.

10. (iv) *Prohibition of opium smoking.*—All witnesses advocated the prohibition of opium smoking, and we unanimously agree with them. We do not consider that such prohibition would cause hardship, as from the evidence it appears that the less harmful eating of opium can take the place of opium smoking without effect on the opium addict—even if he cannot entirely cease consumption of opium. We were informed of a case where a few months' imprisonment in jail entirely cured a confirmed opium smoker. To ensure the prohibition of opium smoking, any possession of "chandol" or "madat" should be made illegal, and the following changes will be required in the law and rules :—

(*a*) Rule 4 (2) (*a*) of the Bombay Opium Rules should be amended, so as to render possession by any person of any quantity of "madat" or "chandol", or any preparation of opium capable of being smoked, illegal. The present limit is ¼ tola.

(*b*) Section 14 of the Opium Act may also be amended, so as to allow officers empowered to act under this section, entry to any place, by day or night, in order to make a seizure. Opium smoking takes place chiefly at night or in the evenings and as the law at present stands, it gives an officer no time to apply for and arm himself with a search warrant, when information is received at night.

(*c*) The Bombay Opium Rules may be amended, so as to include as an offence, the keeping or letting of premises for opium smoking, on the analogy of section 43A of the Bombay Abkari Act.

(*d*) The Opium Act should further be amended so as to provide for (1) severer penalties for a second or subsequent offence in respect of opium preparations, such as "madat" or "chandol", as in the case of cocaine, and (2) a penalty for the possession of instruments or articles used for smoking, as in the case of possession of implements for the illicit manufacture of liquor under the Bombay Abkari Act.

11. (v) *Enhancement of the issue price of opium.*—Since the introduction of the unrestricted auction system for the disposal of shops in 1928-29, the cost of opium has considerably increased and taxation has now reached the high figure of Rs. 103 per seer, as against Rs. 70 per seer in 1924-25.

We consider that with the introduction of the registration system recommended in paragraph 5 (B) (I) and (II) above, reduction in the consumption of opium will automatically follow and therefore no enhancement of issue price is necessary.

Further unless the prices and system of opium administration in His Exalted Highness the Nizam's dominions and other adjacent Indian States are assimilated to those in this District, any increase in the price of opium will induce consumers to smuggle opium into the District.

12. (vi) *Reduction in the number of shops.*—Of the five districts of Ahmedabad, Broach, Poona, Ahmednagar and Sholapur in which the opium consumption is considered excessive and in which Government have ordered a similar inquiry to be made, Sholapur

has the lowest incidence of population per shop, *with the exception of* Poona. The figures are :—

District.	Population.	Shops.	Incidence.
(1) Ahmedabad ...	8,90,911	86	1 to 10,359
(2) Broach ..	3,07,745	30	1 to 10,258
(3) Poona ...	10,09,033	48	1 to 21,021
(4) Ahmednagar ...	7,31,552	55	1 to 13,306
(5) Sholapur ...	7,42,010	46	1 to 16,131

Considering the industrial conditions of Sholapur as compared with Poona and the fact that almost one-fourth of the population lives in Poona City itself, thus considerably increasing the above incidence in the rest of the district proper, Sholapur compares favourably with the other opium consuming districts. We consider that any reduction in the number of shops, with no corresponding reduction in those in the adjoining Indian States, will do no good and must necessarily lead to smuggling.

We recommend however that the newly opened shop at Velapur in the Malsiras Taluka, should be closed from 1st April 1930, as it appears to have led to an immediate increase of consumption in that Taluka *alone*, as remarked in paragraph 5 (A) above. No further reduction in the number of shops is proposed.

13. (vii) *Curtailment in the hours of sale.*—We suggest that the hours of sale be from 11 a.m. to 7 p.m. instead of the present hours of 10-30 a.m. to 8 p.m. We believed that these hours would cause little inconvenience to the working classes, who generally stop work in mills and factories, at 6 p.m.

14. (C) *Any other matter relating to the consumption of opium.*—It was suggested that opium shops should be managed, departmentally, by the Excise Department. We consider that such management is neither desirable nor practicable. The Inspectorial staff is better employed on preventive duty, than on the clerical labour entailed in the management of shops.

15. We also discussed the desirability of "rationing" the opium supply to the District, as is done in the case of country liquor. But so long as no figures are available to show what proportion of the opium sold in the District is consumed by the inhabitants of the District, we consider that there is no adequate data on which it would be possible to fix a reasonable ration for the District. Any ration fixed now would probably either be too high or too low for the legitimate needs of the District. If the system of registration which we suggest above be introduced, then in a few years figures will be available and the question of rationing can be further considered.

16. We would strongly urge that if any improvement in the opium consumption of the District is to be effected, then the opium administration, prices, etc., in the Indian States adjoining the District must be assimilated to those in force in the Sholapur District.

17. We desire to place on record our thanks to the witnesses who gave evidence before us, and to Mr. G. W. Grennan for his most valuable assistance as Secretary to the Committee.

H. F. KNIGHT,
Chairman.

M. J. HOLGATE,
Lt.-Col., I.M.S.

M. J. DIKSHIT.

Rao Saheb G. B. PARICHARAK.

Rao Bahadur V. V. MULAY.

Khan Bahadur H. HAJRATKHAN.

A

Statement showing the consumption of Opium in each Taluka of Sholapur District and the incidence of consumption per 10,000 of population.

—	Name of Taluka.							Total.
	Sholapur.	Barsi.	Madha.	Karmala.	Pandharpur.	Malsiras.	Sangola.	
Population according to the census of 1921.	2,34,461	1,32,849	88,997	69,334	87,609	50,920	79,379	7,42,010

Consumption in seers for

Year.								
1917-18	1,073 *45·9	2,140 160·9	641 72·0	1,019 147·7	395 44·9	311 61·0	165 20·9	5,744 74·7
1918-19	700 *30·0	1,115 83·8	403 45·3	527 76·4	272 30·9	160 31·3	121 15·2	3,298 42·9
1919-20	751 *81·1	1,077 80·9	449 50·	500 72·5	262 29·8	144 28·2	103 13·0	3,286 42·7
1920-21	787 *33·6	1,231 92·5	506 56·8	508 73·6	279 31·7	206 40·4	135 17·1	3,652 47·5
1921-22	723 *30·9	1,007 75·7	417 46·8	317 45·9	239 27·2	145 28·4	79 10·0	2,927 39·4
1922-23	519 *22·2	952 71·6	421 47·3	249 36·1	219 24·9	138 27·1	85 10·8	2,583 34·8
1923-24	562 *24·0	859 64·6	388 43·6	259 37·5	198 22·5	164 32·2	89 11·3	2,519 34·1
1924-25	503 *21·5	924 69·5	455 51·1	255 37·0	283 32·2	156 30·6	87 11·0	2,663 35·8
1925-26	640 *27·3	890 66·9	441 49·5	239 34·6	277 31·5	100 19·6	88 11·1	2,675 36·0
1926-27	685 *29·3	951 71·5	439 49·3	251 36·4	274 31·1	110 21·6	100 12·6	2,810 37·8
1927-28	762 *32·5	998 75·1	460 51·7	248 36·0	284 32·3	112 22·0	103 13·0	2,967 39·9
1928-29	705 *30·1	833 62·7	424 47·6	274 39·7	227 25·8	142 27·8	126 15·9	2,731 36·7
Estimated for 1929-30.	505 *21·6	672 50·5	404 45·4	249 36·1	221 25·1	171 33·5	106 13·4	2,328 31·4

N. B.—The figures shown against asterisk (*) indicate the incidence of consumption.

B

Comparative statement showing the consumption of Opium in Urban and Rulal areas of Sholapur, Barsi and Pandharpur talukas in Sholapur District and incidence of consumption per 10,000 of population.

—	Sholapur City and 10 miles round.	Rest of Sholapur Taluka.	Barsi town.	Rest of Barsi taluka.	Pandharpur town.	Rest of Paudharpur taluka.
Population according to Census of 1921.	1,19,581	1,14,880	22,074	1,10,775	25,210	62,899
Number of shops at present.	3	6	1	10	2	2

Consumption of opium in seers.

Year.						
1917-18 ...	638 *53·1	435 37·8	524 238·2	1,616 145·5	272 108·8	123 19·8
1918-19 ...	493 *41·0	207 18·0	313 142·2	802 72·2	251 100·4	21 3·4
1919-20 ...	514 *42·8	237 20·6	326 148·2	751 67·6	208 83·2	54 8·7
1920-21 ...	532 *43·3	255 22·1	301 136·8	930 83·7	225 90·0	54 8·7
1921-22 ...	513 *42·7	210 18·3	310 141·0	697 62·8	198 79·2	41 6·6
1922-23 ...	276 *23·0	243 21·1	332 150·9	620 55·9	188 75·2	31 5·0
1923-24 ...	398 *33·1	164 14·3	333 151·4	526 47·3	169 67·6	29 4·7
1924-25 ...	323 *26·9	180 15·6	344 156·4	580 52·2	242 96·8	41 6·6
1925-26 ...	436 *36·5	202 17·6	326 148·1	564 50·8	241 96·4	36 5·8
1926-27 ...	456 *38·0	229 19·9	356 161·8	595 53·6	234 93·6	40 6·4
1927-28 ...	479 *39·9	283 24·6	369 167·7	629 56·6	237 94·8	47 7·5
1928-29 ...	460 *38·3	245 21·3	268 121·8	565 50·9	197 78·8	30 4·9
Estimated for 1929-30 ...	316 *26·3	189 16·4	162 73·6	510 46·0	187 74·8	34 5·5

N. B.—Figures shown against an asterisk (*) indicate the incidence of consumption.

R

Collector of Sholapur and Chairman,
Opium Enquiry Committee.

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