The Drug Policy of the Third Reich

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Abstract. The few researchers who have referred to the drug policy of the Third Reich incorrectly assumed the Nazis treated drug addicts as they did other anti-socials, employing such measures as incarceration in concentration camps, euthanasia or sterilization. This article demonstrates that the Nazis adopted the policies of the Weimar Republic (1919-33) and even of the Kaiserreich (1871-1918). None of the drug laws in Germany was influenced by racial hygiene doctrines of the regime, nor were addicts particularly affected by the Nazi pursuit of social or racial purity. Without question, drug policies only played a minor role in the policies of the Third Reich. At the same time, studying them provides a fascinating, and hitherto essentially neglected, insight into the mentality of one of the strangest and most terrible regimes in history.

Biology, heritage and the improvement of future generations fascinated the Nazis to the point of dictating policy. The pursuit of racial hygiene, the struggle against anti-socials and "biologically defective" individuals and races were the crux of the National Socialist worldview and had found their way to the Reich's law books and law enforcement. Those suffering from hereditary diseases, Jews, Gypsies, handicapped and anti-socials had a biological defect in Nazi eyes, and in turn were persecuted.[1] But did biology influence Nazi policy towards drugs, drug addicts and drug crimes?

To answer this question, this essay is divided into three parts: A description of drugs and addicts before and after the Nazi takeover of power; the legal history and mechanisms that governed drugs in the Weimar Republic (1919-33) and the Third Reich (1933-45); and finally, drug enforcement in Germany as described in case files from Southern Germany. The goal is to demonstrate that the drug policy of the Third Reich in many ways continued from the ashes of the Weimar Republic and despite Nazi racial hygienic rhetoric, drug policies were hardly affected. Instead, German traditions of lenient drug laws and policies remained.

Drugs and Addicts

Although it is customary today to call tobacco and alcohol 'drugs,' to do so in Germany in the 1930s would be nothing short of an anachronism. Many Germans distinguished between drugs (*Rauschgifte* or *Betäubungsmitteln*),

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tobacco and alcohol and so did the law.[2] The National Socialist regime made matters even clearer, distinguishing drug addicts from severe alcoholics. The latter were sterilized, albeit in small numbers.[3] The manner of treatment of the former is described below. In legal terms, very few commonalities existed between drugs and alcohol, save for the fact that both impaired the user's consciousness; thus the more intoxicated a person was, the less liable one was for one's crimes. Some researchers tried to link alcohol and other drugs, but no such link was ever espoused by the authorities or the people; consequently this essay solely deals with drugs found in German law books.

Before the First World War, Germany obtained a virtual monopoly on manufactured drugs, or those drugs that require chemical expertise and industrial capability to produce. Morphine, an alkaloid found in opium that is best known for its analgesic effect, was the primary product of the German drug industry. The alkaloid was first isolated by a German chemist in the first decade of the nineteenth century, and was soon after patented by Merck in Darmstadt.[4] Other drugs, especially opiates, had German origins as well. Although a British chemist first synthesized diacetylmorphine in 1874,[5] the drug did not impact the world market until it was re-discovered and mass produced by Bayer in Leverkusen in 1898.

Research on morphine derivatives preoccupied the pharmaceutical companies, which primarily sought cough suppressants and pain relievers in the nineteenth century. Both Bayer and Merck experimented with diacetylmorphine; however, the former deemed the substance inferior to morphine and went on to produce ethylmorphine instead, marketing the drug as dionin in January 1898.[6] Bayer stuck with diacetylmorphine, naming the drug heroin. Among its uses, heroin was given to tuberculosis patients because of its cough suppressing properties.[7] Although heroin is one of the most feared drugs on the illicit market today, German physicians prescribed the drug to their patients until the 1950s and there was no apparent need for users and addicts to acquire the drug illegally. The illicit market in heroin was confined to the United States and Asia, though often supplied with the tacit help of German or Swiss-German companies.[8]

Both morphine and heroin were consumed in Germany during the Weimar years and the Third Reich, though morphine was far more popular than its more potent cousin, perhaps explaining Merck's decision to cease its diacetylmorphine program. The number of addicts in Germany is difficult to ascertain. Like many drug statistics, the reported numbers of addicts are mere guesstimates rather than reliable figures, mainly because it is next to impossible to differentiate between addicts and users.

Oberregierungsrat Erich Hesse, a high ranking official in the Reich Health Office in the 1930s and 1940s, reported that from 1913 until 1922 there was an increase of opiate (i.e., heroin and morphine) addicts in Prussia from 282 to 682; the number of addicts increased with the appearance of wounded soldiers from the frontline, and by 1928 there were 6,356 morphine addicts in Germa-

ny, of whom 560 were physicians.[9] In 1931, Hesse reported that the addiction rate in Germany was significantly lower, with 0.3 addicts per 10,000 males and 0.1 addicts per 10,000 females,[10] roughly producing the result of 1200 addicts in Germany. The mysterious ways of drug statistics and estimates cannot be explained, but certainly these numbers are only as useful as the impressions of any lay observer.

The only significant information that could be gathered from Hesse's study is that by the end of the third decade of the twentieth century, one in every hundred doctors was identified as an addict. Authorities acknowledged that physicians and pharmacists, the professionals with the most access to drugs, were the weakest link of the drug control policy of the Reich.[11] To mend the situation, stricter regulations were imposed on physicians and drugs vendors such as wholesalers and pharmacists; but the government was careful not to antagonize the two, still striving to include them in control efforts, rather than driving them into hiding. On October 10, 1937, judge Dr. Beier of Berlin claimed that it was easier for an addicted physician to prescribe narcotics to patients than it was for a non-addicted physician.[12] The police, sharing this sentiment, acted accordingly and tightened their control over doctors.[13]

A different study conducted by Dr. Kurt Pohlisch, a psychiatrist at Bonn University and an active participant in the sterilization of patients suffering from hereditary diseases,[14] posited that the number of opiate addicts in Germany who consumed more than 0.1 gram of morphine a day was exactly 3500; of these, only 237 consumed more than one gram and about a third consumed on average 0.2 gram a day. As could be expected, Berlin was the main source of addiction with 1.91 opiate addicts per 10,000 people.[15] Despite the obvious discrepancy between these studies, the German authorities considered Pohlisch's estimates reliable and continued to use them at least until 1937.[16]

Unlike the previous estimates by Hesse and Pohlisch, *Kriminalkommissar* Werner Thomas, the head of the German drug unit within the Reich criminal police office, reported that morphine addiction was on the rise and that there were about 1,500 registered morphine addicts in 1932.[17] Only four years separate Hesse's study and Thomas' police rolls, suggesting the type of statistical magic used to determine addiction estimates. By 1942, *Kriminalkommissar* Erwin Kosmehl, Thomas' successor, reported that there were 2384 registered morphine addicts in Germany.[18] In comparison, Commissioner Harry Anslinger of the American Federal Bureau of Narcotics reported in 1931 that there were between 120,000 to 140,000 addicts in the United States.[19] Others were even more liberal, claiming that by the end of the 1920s, the United States had anywhere between a quarter to one million addicts.[20] The population of the United States at the time was around 122 million; therefore, if one takes Anslinger's conservative estimate, the addiction rate was roughly 1.4 addicts per 1000 people. In Germany, if one takes Hesse's generous estimate, the addiction rate was 0.09 per 1000 people. If one cares to rely on such numbers, Germany appeared to have less of an opiate problem than the United States.

The notion that troops returning from the front comprised most of the addicts in Germany was reinforced by a study conducted by the Reich Ministry of Labor in 1931 describing, among other things, the treatment of war-addicts. Despite the assertion that users could consume drugs for years without becoming addicted, the paradigm was clear: wars create drug addicts, either because of wounded soldiers who received treatment with opiates, or due to low morale. The former possibility, not the latter, was explored in the report, with the aim of finding a cure, rather than finding the addicts for incarceration.[21]

On October 14, 1942, Dr. Leonard Conti, the Physicians' Leader of the Reich, declared that Germany did not have a drug problem, but that it should prepare for one should it rise again after the war's end. Conti attributed the successes of the Nazi regime in combating the addiction phenomenon after the First World War to various drug laws that were promulgated and to the various welfare workers.[22] He neglected to mention, however, that the main drug law, the *Opiumgesetz* was enacted in 1929, four years before the Nazi takeover of power. His warning was clear; the fear from drug-crazed soldiers returning from the frontlines of a World War re-emerged, but this new wave never came. Drug use in Germany remained low until the late 1960s.

Not all drugs in Germany were opiates. Cocaine, perhaps the second most popular drug in the Weimar years, also had German origins, or at least roots in the German-speaking world. First isolated by German chemists from coca leaves,[23] cocaine was popularized by two Viennese physicians of Jewish descent. Probably the more influential of the two at the time was Dr. Karl Koller, an ophthalmologist who immigrated to the United States in 1888, and introduced cocaine as a local anaesthetic in eye surgery in September 1884.[24] The second was Dr. Sigmund Freud, who published his essay "On Coca" in July 1884.[25] The two physicians incited the imaginations of many doctors both in Germany and abroad, helping the popularity of the drug. Although care was taken with dispensation of the drug, it was soon picked up by the underclasses in the United States. From there, the path to ban the drug was paved.[26]

German enthusiasm for the drug subsided in the 1890s, when a series of publications tarnished the drug's reputation. Some praised cocaine, others damned it and the government did not see fit to intervene save for the regulation of the purity of all drugs.[27] Cocaine consumption picked up only after the First World War, as military stockpiles found their way to the civilian market, though at times diluted with boric acid, novocaine and other substitutes. According to one estimate, "cocaine-related admissions to university clinics rose from an average of 1.75 percent of admissions in 1913 to 3 percent in 1918, 7.5 percent in 1920, to fully 10 percent in 1921."[28] In the years after the war, users were interested in recreation and sometimes acquired drugs from illicit vendors.

With the popular image of cabarets, and wild bohemian parties, Berlin was known as a powder city. Cocaine dealers dotted the city's hotspots, from the

Zoo and the Potsdamerplatz stations to the main meeting place of homosexuals at Wittenbergplatz. In fact, *Kriminalkommissar* Ernst Engelbrecht of Berlin claimed in 1924 that cocaine became most popular amongst female and male homosexuals. To him, cocaine was not a problem; it had turned into an epidemic.[29] Yet, according to contemporary estimates, the city of Karlsruhe reigned supreme as the center for cocaine consumption with 1.44 grams per 1000 people, while Berlin remained second with a consumption rate of one gram per 1000 people,[30] which is not particularly high.

Nothing lasts forever. As the Republican government gained strength from its revolutionary birth, law and order were slowly restored throughout Germany. Regulations concerning stockpiling cocaine and the sale of the drug tightened with legislation in 1921, and despite some debates for separating cocaine from opiates, it was included in the stricter controls imposed on all drug retailers and vendors.[31] After 1924, the sale of powder cocaine was forbidden in pharmacies.[32] It was estimated that cocaine consumption peaked in 1927, and rapidly declined afterwards.[33] On December 29, 1932, just a month before the Nazi takeover of power, the chief of the Reich Health Office at the Ministry of Interior had written, "To the knowledge of the Reich Health Office, there is no illicit drug trade [neither opiates nor cocaine] in Berlin in a considerable amount as to pose a danger to the public. The circumstances in this respect have changed completely in recent years."[34]

Despite claims of a "cocaine epidemic" in Berlin, the number of addicts must have been low. Since figures for this time period are hard to come by, one can only deduce the addiction rate from the information gathered after the Nazi takeover. On October 10, 1937 *Kriminalkommissar* Thomas reported in a speech held in Stettin that there were 300 registered cocaine addicts in Germany; their number had not risen since 1932.[35] Thomas' assertion received some reinforcement with *Kriminalkommissar* Kosmehl's assertion that until 1942, there were only 465 known cocaine addicts. Assuming that masses of drug addicts did not disappear nor were miraculously cured within a span of less than five years, one can conclude that despite the cocaine craze in the mid 1920s, addiction to the drug remained low. If there had been a governmental program either making addicts disappear or curing them, it would not have gone unnoticed.

Not all popular drugs in Germany had German origins. Dr. Nagayoshi Nagai, a Japanese chemist, first synthesized methamphetamine in 1888, and published his findings in 1893; by 1940, there were 24 brands of methamphetamine available on the Asian market.[36] The German company Temmler-Werke in Berlin produced this drug for the first time in 1938, and assured its dominance within the international market by patenting the drug in Britain, France and Germany under the name 'pervitin' (phenylmethylaminopropane).[37] By 1942, Kosmehl noted that there were 84 pervitin addicts on the police rolls.[38] Nazi Germany was probably the first country to regulate methamphetamine, but

never banned it. Troops, especially pilots and tank crews, received the drug in various forms to enhance their performance under duress. As war raged on, the German authorities realized the dangers of the drug and imposed more controls. A debate ensued among experts over the effects of pervitin and, on October 25, 1941, the medical service of the *Luftwaffe* ordered pervitin to be among the drugs "kept under lock and key."[39] The drug, however, was still handed to pilots and ground troops alike before dangerous missions.[40]

The German armed forces followed the civilian example. On November 7, 1939, the Ministry of Interior issued a police ordinance requiring a prescription for the sale of benzedrine (phenylaminopropane) and pervitin.[41] On June 21, 1941, dolantin, pervitin and benzedrine were included in the sixth amendment of the German drug law. The reason, according to *Oberregierungsrat* Kaerber of the Reich Health Office, was the addictive nature of the drugs. The ordinance and amendment did not constitute a ban; instead, a prescription was needed to distribute the drugs to patients and if a prescription was given for a long period of time, a record had to be sent to the proper authorities.[42]

Despite the new controls, authorities observed that pervitin consumption rose rapidly, and so did civilian production; from about seven and a half million pervitin tablets in 1941, to nine million tablets in 1942 and a similar amount the following year, to eight million tablets in 1944; as a rule, military production was about half of civilian production.[43] *Oberregierungsrat* Linz of the Reich Health Office predicted in 1942 that more rigid measures would be taken against pervitin, in spite of the fact that there were acceptable medical uses for the drug in treating vascular diseases and its use as a stimulant.[44] These measures were never implemented. Pervitin was already under the most stringent measures available in Germany. Anything short of a ban was implemented, and a ban required new legislation, which the authorities never seriously considered. Perhaps there was no reason for it since, despite Linz' concerns, the use of pervitin was not as widespread in post-war Germany as in post-war Japan.

Pervitin was connected to a different policy of the Nazi regime, which had very little to do with civilians or the military. The Nazis experimented with the drug in concentration camps, as was recorded in the Nuremberg Trials. The catalyst for one experiment was the death of *SS-Hauptscharführer* Köhler, who died of poisoning. The police believed that the death might have resulted from reaction to pervitin with another drug.[45] Subsequently, a conference took place in the Reich Security Main Office; the Gestapo chief, *SS-Gruppenführer* Müller, presided. *SS-Gruppenführer* Nebe, the chief of the Reich Criminal Police, was present as well as Professor Dr. Mrugowsky. At the conference, Mrugowsky pointed out that pervitin was not a poison and could be obtained without a prescription. "One of the gentlemen present [at the conference] pointed out that in America experiments were carried out where up to 100 tablets of pervitin were administered and the effects were not fatal. But no one present could answer the question of whether a combination of pervitin

and a soporific would be harmless, or whether it would lead to an increased reaction to any one direction. The latter appeared improbable to the experts."[46] To settle the question, Müller ordered Dr. Ding of Buchenwald concentration camp to conduct experiments.

Historians often claim the Nazis conducted experiments on inmates with illegal drugs. That is an anachronism, since pervitin was legal at the time. The crime was not the use of illegal drugs in experiments, but rather experimenting on human beings without their consent, regardless of whether the substance was legal or not. The use of drugs in these experiments does not prove that the drug policies of the Third Reich were influenced by racial hygienic ideology.

It is hard to imagine a modern drug problem around the world today without mentioning cannabis, either in reference to the flowers of the plant generally known as marijuana, or its resin known as hashish. Yet cannabis was hardly known in Germany at the time. In the last letter found in the drug files of the police archives in Munich dated January 22, 1945, the inspector of the intelligence branch of the German secret police (*Inspekteur der Sicherheitspolizei und des Sicherheitsdienstes*) informed the criminal police that a Bulgarian worker was caught with 15 grams of hashish in Halle. The foreigner was sentenced to two months in jail for illegally importing the substance. In the letter, the inspector questioned the police in Bavaria whether there was a trend of hashish misuse among foreign workers.[47] On January 30, the Munich police responded that the police post in Berchtesgaden would investigate the matter, even though no such trend was ever detected.[48] Further correspondence did not continue on that matter. Probably not until the late 1960s did cannabis pose a problem for a German enforcement agency.[49]

In sum, German authorities dealt with a phenomenon that was less pressing than in the United States. The number of addicts in Germany was significantly lower than was the case across the Atlantic. Extrapolating from the number of addicts, one can also conclude that drug use in Germany was not as common, especially without medical supervision. While talk about marijuana as the "Assassin of Youth" was common in the United States,[50] cannabis was unknown in Germany. Officials repeated time and again that Germany had no drug problem, but they were still concerned with what would happen after the end of the Second World War.

Addicts stemmed from a higher class in society. Physicians were the most susceptible professional group to drug addiction. Instead of antagonizing this group, the regime tried to include physicians and pharmacists in their program to control drugs, as will be explained below. In addition, German authorities agreed that the war produced addiction; in other words, the prized veterans of the First World War were susceptible, and none of the political parties in the Weimar Republic, least of all the National Socialist Party, wished to antagonize this group of men.

The Nazis experimented with drugs, and even forced concentration camp

inmates to participate in these experiments; however, the reasons for these experiments were hardly due to ideology, but rather forensic curiosity. The choice of subjects, concentration camp inmates, for pervitin experimentation was certainly guided by biological or racial hygienic ideas, but the goal of the research had nothing to do with the biological worldview of National Socialism.

The Drug Laws

Oriental people lacked self-control, according to Dr. Günther Hecht of the Racial Political Office of the Nazi party. As a result, alcohol was banned in Islam and the people of the East smoked hashish instead. The Mongol people (Mongols, Chinese and Japanese), out of their quest for Nirvana, took opium. Hecht asserted that Jews were alcohol-free but used morphine and cocaine to calm their nerves, perhaps thinking of Koller and Freud. The Aryan race had no historical need for narcotics; its bane lay with alcohol, the market of which was controlled by Jews. Like many moralists, Hecht wished to restrict alcohol in the name of youth and children, since the alcohol habit endangered family values and resulted in premature and illegitimate liaisons between the sexes.[51]

Racial ideology and drugs could clearly fit like hand in glove; but has this ideology ever been expressed in German drug laws? The answer lies in the international pressure on Germany after the First World War, and the subsequent legal history and the manner in which drug laws were molded until the Nazis took over power on January 30, 1933 and after.

German drug laws were divided in two: those that governed the traffic in drugs and trade, and those that governed the prescription of drugs. The former were usually employed against smugglers or regulated wholesale distribution, while the latter were employed against drug users or regulated retail sales. The case of the hashish-smuggling Bulgarian worker from Halle mentioned above is illustrative of the legal mechanism in Germany. Consumption of any drug was legal, but possession without prescription was forbidden. This explains why when the Nazi security service (SD) caught the man, he was accused of smuggling and not any other offence. While drug use was never considered a crime, drug possession was, and had considerable bearing on the legal status of drug users and addicts in the Third Reich.

Regulations concerning retail were based on the antiquated prescription ordinances enacted in 1872, permitting pharmacists to sell drugs in their stores for medicinal purposes with doctors' prescriptions. A ministerial order dated February 22, 1873 forbade others from selling poisonous drugs to the public.[52] The united German Reich allowed pharmacists to sell drugs, prescribe drugs and secure their monopoly, as long as a physician provided a prescription, making both professions an integral part of the drug control system. It was in the pharmacists' interest to keep a tight control over the trade, if they wished to keep their monopoly. To please the authorities, they had to keep records

of their clients and the prescriptions according to which they sold drugs, but these records were often incomplete. Prussian attempts to ban certain drugs and pharmacists' continual refusal to abide by the law in the first half of the nineteenth century led to this compromise.[53] In a streak of pragmatism, the Prussian and later the *Kaiserreich* authorities adopted a different approach, which spelled out a softer hand towards drug retailers and, inadvertently, users.

The legal system was in no way coherent, since certain drugs were regulated under the apothecary laws, some were regulated under the poisons laws, and others still were controlled under the law pertaining to trade with medicine; but it continued to function until the First World War.[54] Despite its incoherence, the system worked. The country had no drug epidemics. Pharmacists, instead of being hunted down by the authorities, became highly professional and the German industry prospered.

The Hague *Convention Internationale de l'Opium* of 1912 was the first international treaty concerning limitations on trade in psychoactive substances. Germany frustrated any measure that threatened its control over the global drug trade and explicitly declared that it would protect its drug industry.[55] As a result, Germany signed the treaty but refused to ratify it, and imposed difficulties for the treaty to enter into effect.[56] Britain and the United States used colossal leverage to compel Germany to follow up on its signature, and included article 295 in the Treaty of Versailles, forcing Germany to ratify the Hague Convention without delay.[57] It was clear to both countries that Germany's accession was required if the treaty were ever to have any effect on the international drug trade.[58] Not surprisingly, Germany ratified the Hague Conference, though after a long legal process. From a commercial perspective, Germany no longer had reasons to object to the implementation of the Hague Conference, since all major drug manufacturers ratified the treaty after the war, thus theoretically leaving Germany's mastery over the trade intact.[59] In point of fact, Germany started losing control over the world market with the nationalization of German companies such as Bayer and Merck by the United States in 1917.

The association of the Hague treaty with the Treaty of Versailles lead many historians to conclude that external pressure forced Germany's hand to act against its own industrial interests, but this is not entirely true. The government's intervention began before the war's end. On March 22, 1917, new regulations restricting the traffic in drugs were imposed: opium, morphine, cocaine and their derivatives could only be procured from pharmacies as medicine. Wholesale was only permissible when sold to pharmacies upon approval of the central state offices. The penalty for violations was up to a year in prison and a fine of ten thousand marks and confiscation of the drugs.[60] Fear of selling valuable war material for unwanted purposes caused the government to take action.[61] Control was left in the hands of the states, rather than the Reich. Industrial representatives were not consulted and action was taken.[62]

A few days before the ceasefire agreement, the Ministry of War declared the confiscation terms of coca leaves and cocaine.[63] In December 1918, the government reinforced its drug regulations and required permits for the wholesale of opiates from the Ministry of War. Failing to follow these regulations would lead to six months imprisonment, a fine or both.[64] For the first time, the Reich authorities in Berlin imposed severe restrictions on the drug trade, perhaps because the government was concerned that the industry would dispense wartime drug stockpiles and cause shortages.[65] The German authorities were rightfully wary of the pharmaceutical companies and their pursuit of wealth rather than national goals, ever since the German branch of the Swiss based Hoffmann-LaRoche tried to sell pantopon, morphine in pill form, to the French during the war.[66] And yet, not half a year went by before these regulations were relaxed for inner state commerce.[67] Perhaps the reins loosened with the relief of the wartime shortage and the availability of more drugs in 1919 following the lifting of the Entente's blockade.[68]

The drug regulations were re-organized into a single ordinance issued on July 20, 1920, which introduced only minor modifications and transferred authority over drug control from the Ministry of War to the Reich Health Office.[69] This ordinance was insufficient. Since Germany was required to comply with the Hague Conference according to the terms of the Treaty of Versailles, a new law entered into force on July 1, 1921, combining the regulations of the July ordinance with the regulations regarding export and import of drugs, ratifying the Hague Conference in the process.[70] Thus, external pressure combined with governmental fears of an unregulated market laid the grounds for German control over drug trade in the 20th century.

After the war, Germany suffered from serious postwar inflation accompanied by material shortages, but pharmaceutical companies had production capacities that surpassed domestic demand. Consequently, drug smuggling from Germany was a major problem to other countries during the early years of the Weimar Republic. Sir Malcolm Delevingne, the British representative to the Opium Advisory Committee, wrote in 1926: "Germany is very far from having clean hands in the matter of illicit traffic in drugs; but the use of forged labels on an extensive scale (many of them appear to emanate from Japanese sources) gives German government and manufacturers a means of defence."[71] Proof that the German government actively helped drug manufacturers to smuggle their wares is rare. Enforcement of the laws was somewhat lax, but that was attributed to yet another sign of weakness of the Weimar Republic and its federal system of control, rather than a lack of will.[72] Certainly, the Reichstag in Berlin pursued an anti-drug trade policy, although with frighteningly little debate.[73]

Addicted soldiers returning from the front in the mid-1920s brought about the politicians' demand for drug law reform,[74] which coincided with a public demand for a penal code reform and the creation of an organization regulating the international drug traffic under the auspices of the League of Nations. Ger-

many acceded to the *International Convention Relating to Dangerous Drugs* signed in Geneva on February 19, 1925, but, in what had started to become a tradition, took four years to ratify it. In comparison, Britain implemented the necessary laws and ratified the treaty on February 17, 1926, only a year after rendering its signature. The United States never ratified the treaty, claiming that more stringent controls were necessary to thwart the illicit drug market.[75] It has been argued that German industrialists who wanted to protect their interests and keep the administration in the dark about their dealings caused the delay.[76] While this may certainly have been the case, no proof supports this theory. A different explanation might be found in the international status of the treaty.

By September 25, 1928, Britain, Switzerland, France and the Netherlands signed and ratified the treaty as it entered into force. Germany[77] had nothing to fear from its industrial competitors, as its laws complied with almost all the requirements of the treaty, and consequently was free to ratify it. The only disadvantage with this explanation is that the United States, Germany's prime competitor, remained defiant and refused to ratify the treaty. Thus, Germany's potential industrial loss remained. Perhaps the reason for German tardiness had more to do with general disinterest and lethargy in regards to international control attempts, rather than a coordinated conspiracy of the German drug industry or governmental measures taken to protect the drug industry, even though Germany had every incentive to sign a multi-national treaty in 1925, a year before it was admitted into the League of Nations.

Whatever the case might be, Germany eventually ratified the treaty in 1929, sent Otto Anselmino as its representative to the Permanent Central Board and enacted a new unified German Opium law, known as the *Opiumgesetz*, on December 10, 1929. This law was supposed to be a part of the criminal law reform, which had failed to pass until after the Nazi takeover of power and, even then, only partially. Accordingly, no dramatic changes appeared in the new legislation; the law restricted the sale of specific drugs, their salts, and alkaloids, including opium, cocaine, and cannabis, naming all these drugs under the umbrella of one law. Perhaps the only real change in the German system was the possibility of adding new drugs to the list, if scientific research proved they were as dangerous as the ones already mentioned in the law. Aside from complying with the Geneva Opium Convention of 1925, the new law increased the penalties from half a year in jail to three years in jail, a fine or both.[78] Drug possession was governed by a different set of laws concerning prescriptions, as had been the case before the World War. Prescription regulations changed with the Ordinance regarding the Prescription of Drugs of December 19, 1930, which restricted the dosage physicians were allowed to prescribe to patients per day.[79]

During the *Kaiserreich* and the Republic that followed, German courts could only sentence drug users and addicts for possessing amounts of drugs in excess of the written amount on prescriptions, falsifying or stealing prescrip-

tions, or for possessing drugs without prescriptions; hence, breaking paragraph 367 of the Reich Penal Code. There were even cases in which persons were found guilty for breaking paragraph 230, which prohibited one from causing harm to oneself. Additionally, physicians were found guilty for prescribing too many drugs for themselves and patients, thus harming their own or their patients' health;[80] but otherwise, drug use remained legal. No law was ever passed forbidding the use of any drug in Germany.

Between 1919 and 1928, five drug laws and ordinances were passed. In a 1928 guidebook to opium laws in Germany, Louis Lewin and the jurist Wenzel Goldbaum wrote that the unlawful use of drugs or the misuse of drug prescriptions carried a maximum punishment of three years in jail and a fine. The two insisted, however, that drug addicts were sick, and not criminals; therefore, they enjoyed the protection of article 51 of the penal code, which dealt with criminal accountability. Addicts, according to Lewin and Goldbaum, were not responsible for their actions while under the influence of drugs, and should receive treatment instead of a jail sentence. Judges often agreed with this position,[81] but were unable to force treatment and were known to set free criminals unfit to stand trial. The protection of drunken and intoxicated criminals existed in the German Penal Code since its inception.[82] A demand for penal reform was voiced at the turn of the century, and attempts were made to provide judges with better legal tools to deal with such cases. Such reforms failed to bear fruit in the Weimar years.[83]

The C*onference on the Limitation of Manufacturing of Narcotic Drugs* signed in Geneva on June 13, 1931 prompted the next step in the evolution of the drug control regime, and was probably the most lasting change in German drug enforcement. According to the treaty, all contracting parties were to submit estimates of their drug production for the following year to a newly created organization, the Drug Supervisory Body. Germany, an important industrial state, managed to protect its financial interests by creating a schedule system in which there were two degrees of enforcement, depending on the type of drug. Those, which had acceptable medicinal use even if they contained opiates or were opiate derivatives, could still be easily traded. Finally, each contracting party was expected to create a law enforcement agency whose purpose was to deal with drug related crimes.[84]

The Minister of Interior assured the Chancellor in June 1932 that he no longer expected real objection to ratification of the *Conference on the Limitation* and that the ratification proposal had been submitted to the *Reichstag* for deliberations.[85] On November 29, 1932, the Chancellor informed the Ministries of Interior and Foreign Affairs that the government would not oppose ratification.[86] The *Reichstag* and the *Reichsrat*, the lower and upper houses of the German parliament, finally ratified the treaty on January 19, 1933, just a few days before the National Socialist takeover of power. This time only two years passed between the signature of the treaty and the actual ratification.

On May 20, 1933, Wilhelm Frick, the Nazi Minister of Interior, sent a let-

ter to Hitler urging the legislation of a second amendment to the Opium Law, because of the recent discovery of illegal traffic in benzylmorphine from Hamburg to eastern Europe. Frick noted that he would order the police to treat Hamburg severely in order to demonstrate to the world that there was no connection between the German pharmaceutical industry and the illicit drug trade.[87] Frick was aware of international public opinion, since benzylmorphine was explicitly banned in chapter one, article one, group one, subgroup A of the 1931 Convention. But typically, matters were slow; the Ministry of Interior passed the amendment on December 28, 1933, and benzylmorphine was added to the drug list only in 1934.

In a letter to the cabinet, Frick wrote that despite Germany's ratification, it needed to implement the treaty by promulgating laws corresponding to all of its articles.[88] Two matters were probably on Frick's mind. The first was a sudden increase in drug smuggling cases in Germany, which peeked at 373 cases in 1934, but subsided to less than a third of that in the years to follow.[89] The second matter was the creation of a national drug police, which would be the rough equivalent of the American Federal Bureau of Narcotics. In both cases, German authorities were slow to react, but eventually complied with international standards and maintained the policy to the end. By 1938, Harry J. Anslinger, the head of the American Federal Bureau of Narcotics, expressed his satisfaction and commented that the Nazi regime had the drug problem in Germany well in hand.[90] Soon after, war broke out.

After Germany withdrew from the League of Nations on October 14, 1933, Dr. Kahler of the Ministry of Interior sent the following letter to the president of the 'Opium Commission:'

> Dear Mr. President,
>
> The withdrawal from the League of Nations, which my government declared, causes me to relinquish the membership in the Advisory Opium Commission [sic] of the League of Nations. I request that the rest of the members of the Commission be apprised.
>
> With unfaltering esteem,
>
> [Signed] Dr. Kahler[91]

It was suggested that Germany isolated itself from the international drug control regime by adhering to the general policy towards the League of Nations. Germany also asked its representative at the Permanent Central Board, Otto Anselmino, to resign his position, which he did forthwith. Superficially, Germany seemed to isolate itself from the drug control regime; however, nothing was farther from the truth. [92]

After German withdrawal from the League of Nations and its subsidiaries, the volume of correspondence on drugs between Germany and the League only increased. The Consul General in Geneva represented German interests and Dr. Kahler continued to correspond with the Permanent Board, maintain-

ing German obligation to the 1925 and 1931 treaties. The only difference was that Germany could not directly influence the Board or the Committee. However, this change was by no means isolation, but rather the way in which Germany accommodated the international drug control regime, with Hitler's aggressive foreign policy. One can go further in saying that the resignation of the supposedly independent German representative on the Board was simply replaced by direct representation of the government.

Why did Germany adopt this policy? Perhaps it had hoped to avoid sanctions prescribed in the 1931 treaty, which would have made it difficult to obtain raw materials for drugs from countries enforcing the treaty. However, finding a nation where enforcement was lacking was not a difficult task. Perhaps Germany saw no reason to further antagonize the world on a trifle. And, perhaps, the new resident of the Wilmhelmstrasse favored strong international drug control. Whatever the case may be, the Reich continued to report on legal and illegal drug traffic to Geneva and the League of Nations, as dictated by the international treaties of 1925 and 1931.[93] In fact, these reports are one of the few sources available to historians with overall numbers of smuggling cases until 1939.

On September 29, 1939, the Permanent Board sent an inquiry to Germany asking whether it intended to continue contact with the League of Nations in spite of the war. On December 11, 1939, representatives of the Minister of Interior and the Minster of Foreign Affairs met and agreed that the German government would do its utmost to adhere to the international opium conventions, but only those concerning the international illegal traffic in opium and other drugs. Germany discontinued submitting statistics and calculations to the Drug Supervisory Body or the Permanent Central Board. The statistics were recorded, but not sent. The German Consul in Geneva relayed the message to the League of Nations on February 28, 1940, though failing to mention that the Ministry of Health had also stopped reporting on the import and export of narcotics as required by the 1925 treaty.

In a secret resolution, it was agreed by the representatives of the two ministries to direct drug purchases via a third party, usually Spain or a different neutral country in South America, in direct contravention of the 1925 treaty.[94] The Ministries of Interior and Foreign Affairs had also agreed on January 18, 1940 that drugs imported from South America should bear the name "medicine" (*Arzeneimittel*) instead of "drug" (*Betäubungsmittel*.)[95] And so ended the Nazi compliance with the international drug regime.

After the Nazi takeover of power, the *Opiumgesetz* was amended 16 times, adding new drugs to the lists either by law or ordinance. The basic tenets of the 1929 *Opiumgesetz* remained and not a single drug was banned, or its use restricted more than was already acceptable in the prescription ordinance of 1930. None of the drug laws or amendments bore a trace of Nazi ideology. Racial policies failed to infiltrate the drug laws, but racial hygienic rhetoric infiltrated the penal code reform, which influenced the drug policy of the Third

Reich.

As noted above, paragraph 51 of the Reich's Penal Code dictated that unclouded judgment was required to bear liability for a criminal act. For years, Germans, among them National Socialists but also Liberals and Socialists, voiced their dissatisfaction with this arrangement and called for a criminal law reform. But only a partial reform came after the Nazi rise to power.[96] The first part of the Law against Habitual Criminals of November 24, 1933 allowed the indefinite incarceration of habitual criminals even after their sentence was over. In addition, departing completely from the rule of law, the police were allowed to incarcerate professional or habitual criminals in a concentration camp without a court order.[97]

Since there is nothing more habitual than addicts consuming their drug of choice, it stands to reason that drug addicts were sent to concentration camps at will; but no record of this happening has ever survived. In fact, drug addiction was not reported in any of the concentration camps or prisons. In spite of the fact that the police seemed to have received *carte blanche* to dispose of addicts, it refrained from doing so. Why? An answer could be found in what may have appeared as a trifle semantic argument. Drug use was never a crime in Germany; thus habitual drug users, or drug addicts, were not criminals. Therefore, they were not considered habitual criminals and could not be sent to a concentration camp.

The second part of the Law on *Measures of Protection and Correction* modified paragraph 42 of the Penal Code allowing, among several other measures, judges to forcibly send those protected by paragraph 51 to a sanitarium, or forcibly enroll alcoholics in a detoxification program.[98] The law was not specifically written against drug addicts, but since they were protected by paragraph 51 for their crimes, they could find themselves in a sanitarium, or *Heil- und Pflegeanstalt*, which could have been either a regular or a mental hospital. The court's inability to do so before 1933 was attributed to the weak government of the Weimar Republic, which held the liberal notion of freedom.[99] Hence, recent successes of the regime against drug addiction were attributed to the new strong measures of the National Socialist state. A similar sentiment was repeated by *Kriminalkommissar* Kosmehl of the criminal police, in a speech given in 1942.[100]

The Law against Dangerous Habitual Criminals was used often against political opponents and others whom the Nazis found undesirable. Concentration camps filled and so did the prisons; however, not every person who was treated according to this law was, indeed, a political opponent or even an undesirable. It was simply in the nature of the Nazi regime to have such a measure for both. The only thing that differed between the undesirable elements of society and the desired elements were not the legal procedures, but the manner of treatment. Thus, the next section is devoted to exactly that.

Drug Law Enforcement in Nazi Germany

On March 18, 1932, after signing the Geneva Narcotic Convention of 1931 but before its ratification, Dr. Kahler convened a meeting at the Ministry of Interior, where it was decided to create a drug unit for the Reich to comply with the convention.[101] The commander of the Prussian drug unit was selected for the post and by July 22, 1932, the United States received wind of this new development and congratulated the *Kriminalkommissar* Thomas for the appointment.[102] Perhaps the Americans did not know that bureaucratic efforts creating a centralized unit were negligible. After all, *Kriminalkommissar* was the lowest pay grade for an officer in the German police.

The creation of the Reich drug unit coincided with a greater Nazi bureaucratic reform, centralizing police authority in Berlin under central offices against specific crimes. In all there were eleven such units, but the only one to have the word "transgression" (*Vergehen*) in its title, rather than crime (*Verbrechen*) was the Reich central office for combating drug transgression.[103] After some delay, the new unit was officially created on November 21, 1935,[104] with nineteen intelligence-gathering stations and 64 intelligence-gathering posts, with two more added during the war.[105] At the headquarters there were probably about eleven policemen and administrators in all.[106] The duty of the new unit was to gather information from various police stations, keep a card index of all known drug addicts and criminals, coordinate efforts against drug smuggling (including contact with foreign police forces) and ensure the enforcement of the Opium Law of 1929 and the Prescription Ordinance of 1930.[107] But, in fact, the unit acted more like a parasite on existing police stations, extracting information from the stations' drug desks.

The police tried to work closely with other branches of government and public organizations, from the study group for combating drugs within the Ministry of Interior, the Reich's physicians chamber, the Reich's pharmacists chamber to individual specialists, such as Prof. Dr. Müller-Hess, the director of the Institute for Social Medicine at the University of Berlin. Continuing the tradition of including pharmacists in the measures against drugs, the pharmacists' leader of the Reich issued the following on October 13, 1937:

> Order of the *Reichsapothekerführer* about the cooperation with the criminal police: The Justice authority notified me that a few pharmacists, due to their false understanding of their obligation to remain silent (*Schweigepflicht*)… did not hand the needed material on narcotics prescriptions to the criminal police. Every pharmacist is obliged to explain drug cases to the best of his ability. Therefore, I expect that in the future such incidents will not occur. Hereby I value immensely the collegial cooperation with the criminal police in this manner.

A second order was issued on November 9, 1943:

> Order about the cooperation with the criminal police: If the criminal police require the confidence of a pharmacist to combat narcotics misuse, it is self explanatory, that the pharmacist must keep the criminal police's secret. The pharmacist, who draws attention to the fact that the police is conducting an investigation, places himself in danger of a legal process.[108]

These orders, however, were repeated three times. The need for repetition might indicate the lack of success in controlling illegal drug flow from legitimate sources, such as prescriptions and pharmacists. The police believed that physicians and pharmacists were the weakest link of the German drug control system, which might explain why the second order of 1943 was stricter than the one issued in 1937. In fact, pharmacists were threatened to cooperate or suffer the consequences. In December 1943, pharmacists were to report any person who bought drugs with prescriptions.[109] The order was probably published because the physicians failed in their duty and the authorities wanted to cover the other end of the illicit drug trade. By 1943, the authorities were worried that the war would cause a new wave of addiction, which might explain why stricter regulations were employed.

Gerhart Feuerstein of the study group for combating drugs wrongfully said in a conference which took place in Stettin on October 10, 1937 that the Law on *Measures of Protection and Correction* allowed the courts to forcibly hospitalize addicts for up to three years in a sanatorium or six months in a rehabilitation program.[110] In fact, the courts could have sent an addict to a sanatorium indefinitely, pending professional judgment, whether the addict was cured or not. However, most sanatoria released their patients after a six-month treatment. The state attorney's office was responsible for keeping track of whether or not the addict relapsed into old habits. If such a relapse occurred, there was no need for an additional court order. According to the regulations of the state attorney's office, tracking ceased after fifteen years since the patient's last visit to a sanitarium, though more often than not, the office ceased to do so much earlier. These sanatoria were anything but innocent. In some wards, people, who were deemed to live a life unfit for living, were exterminated or were starved to death, but not in all; and it is yet to be proven that drug addicts were ever purposefully sent to killing wards.

In February 1941, *Kriminalkommissar* Kosmehl sent out a memorandum in which he tried to urge judges to place addicts in sanatorium for a period longer than six months, claiming that the more time they spent in a hospital, the less likely they were to relapse.[111] Not all judges heeded this plea. Dr. F. J. Mayer of Bad Tölz and his wife were sentenced on January 14, 1944 in a legal proceeding that lasted only eight days. In the beginning of 1941, the physician began to inject his wife with dolantin, an opiate popular in Germany at the time, for stomach aches. Later he began to inject himself to battle the pains of a toothache. Mayer obtained the drugs via prescriptions for his wife or other patients. In the summer of 1942, the couple went on its own accord to a rehabilitation program in Schwabing – an expensive neighborhood in Munich – and had then been considered clean. However, the physician had a long history of addiction and had similar voluntary treatments in 1927, 1928, 1931, 1933 and 1934. The physician was "cured" after each treatment, but relapsed and in 1936-37 was hospitalized again in a private sanatorium (*Heil- und Pflegeanstalt St. Getrede*) in Bamberg for eukadol addiction.

When Dr. Mayer began to administer dolantin to his wife, the drug was not known to form addiction and was considered a harmless substitute for other opiates. As noted above, the status of the drug changed in June 1941 and was included to the list of controlled substances.[112] Eventually, the police caught the doctor falsifying prescriptions and brought him to trial. In the verdict, the physician was to pay 3,000 Reich Marks or serve 60 days in prison for breaking the prescription ordinance, but he was allowed to continue his practice. His wife was sentenced to pay 100 Reich Marks or serve five days in prison. In violation of Kosmehl's memorandum of February 1941, the judge decided that the couple did not require a sanatorium, since the court was convinced that both man and wife were not drug addicts.[113]

Theoretically, the mandate of authority for the drug police was the entire Reich but as the war progressed, that authority was curtailed, as in the example of the practical engineer F. Barth, whose record sheet indeed filled a whole sheet. In the 1930s he was arrested several times on drug charges and was sent to rehabilitation. When war broke out in the East in 1941, he joined *Organisation Todt*, the organization named after the brain behind the Autobahn and the person responsible for engineering work in the Reich. While working for *Todt*, he was immune to civilian proceedings. Since he enjoyed the protection of the organization, the state attorney in Munich and the police were helpless and could only monitor Barth's addiction, but not arrest him. Only after half a year of negotiations, Barth's chief released him and he was sent to a sanatorium. In August 1945, when the Americans established their military administration in Bavaria, they hired Barth as an engineer. At the same time, the police informed the state attorney of a rumor claiming that Barth had relapsed. The Americans did not yield and Barth was never sent back to rehabilitation.[114]

In a different case, the night watchman J. Singer was sentenced on August 10, 1943 to seven weeks in jail and commitment into a sanatorium for falsifying prescriptions and stealing empty forms. He was to bear the costs of the proceedings, but his social security would pay for his commitment to the rehabilitation program. For personal reasons (his son died in the war), he requested to remain longer in the program and his release date was scheduled for September 6, 1946. However, he escaped once from the sanatorium, not returning to the institute from a vacation taken on August 31, 1944. Eventually the police caught the man and after interviewing him sent him back to the sanatorium in October 1944. Probably due to lack of money, Singer was released on May 15, 1945 ahead of schedule. The state attorney in Munich tried to keep track of the man, but in 1946 lost track of him until April 1947. By November 1955, Singer found a regular job and in May of the following year, after twelve years, the file was closed.[115]

Other examples of the manner of treatment in the Third Reich prove the lenient treatment of drug addicts, even though while under the kind care of Nazis doctors, there was also the potential of finding the way to a gas chamber. However, of the eight known cases of drug addicts finding their deaths

by the T-4, the Euthanasia program of the Third Reich, only one can be ascertained with any degree of certainty.[116] The T-4, acting in war time, engaged in many unsanctioned activities and so it is possible additional cases might be found in the future; however, since drug addicts were never among the declared enemies of the Reich, such as Jews, Gypsies, or people suffering from hereditary disease, it would be surprising to find masses of addicts killed in these installations.

Conclusions

This essay is not an exhaustive analysis of the drug policy of the Third Reich. It has, for example, hardly discussed the local health clinics in which addicts were treated. Yet, despite these limitations, it is quite clear that racial hygiene was missing in the Nazi drug policy. Not a single drug law adopted the racial or hygienic rhetoric. Not even the penal code reform, which enabled the commitment of habitual criminals in concentration camps, was used against addicts. Instead, drug addicts were treated, at times by force. Save for a few confirmed cases, drug addicts were not maltreated. If the Nazis wished to eliminate drug addicts, or cared to develop a coherent policy against drug addicts, the opportunity was there for the taking, and they certainly knew how to commit the deed.

Without question, drug policies played a minor role in the policies of the Third Reich. Learning from their mistakes, German authorities came to rely on pharmacists and physicians to keep the public healthy by making these professions part of the control system, and by keeping the police hounds at bay. This tradition was established long before the Nazi rise to power and in many ways continued well after the destruction of the Third Reich. Perhaps the reason why the Third Reich was so lenient with drug addicts had to do with who they were. Physicians were by far the most susceptible professional group to become addicted; it was a group the regime held dear and also required to enact other policies. Veterans were yet another group susceptible to addiction, according to the authorities. It was also a group honored by the National Socialists, and perhaps this offers a clue as to why stricter controls were not employed. Harsh measures were not in the German tradition of drug control. Instead cooperation and limited control was employed by the state. And, finally, perhaps the Nazis believed that drug-addiction, unlike mental deficiency and alcoholism, was non-hereditary. Being non-hereditary, it presented no danger to the master race but could be cured, despite patients' relapses. Remarkably enough, some of the cures were carried out in the very same institutions where children judged unworthy of life were starved to death.

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Endnotes

1. See Henry Friedlander, *The Origins of Nazi Genocide from Euthanasia to the Final Solution* (Chapel Hill, 1995), 17-22.

2. On tobacco, see Robert N. Proctor, *The Nazis War on Cancer* (Princeton, 1999).

3. "Gesetz zur Verhütung erbkranken Nachwuchses, July 14, 1933," *Reichsgesetzblatt* I, p. 119. Revised on February 4, 1936 in *Reichsgesetzblatt* I. p. 529. For further reading, see Gisela Bock, *Zwangssterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik* (Opladen, 1986); Robert N. Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass., 1988).

4. The exact date of isolation is unknown and may have occurred in 1803-06. See Rudolf Schmitz, "Friedrich Wilhelm Sertürner and the Discovery of Morphine" in *Drugs in America: A Documentary History,* ed. David F. Musto (New York, 2002), 200-1.

5. C. R. A. Wright, "On the Action of Organic Acids and their Anhydrides on the Natural Alkaloïds" *Journal of the Chemical Society* 27 (1874): 1031-43.

6. David F. Musto, ed., *One Hundred Years of Heroin* (Westport, Conn., 2002), xiv-xvi.

7. For the clinical uses of heroin by Bayer chemists, see: Theobald Floret, "Klinische Versuche über die Wirkung und Anwendung des Heroins" *Therapeutische Monatshefte* 12 (1898), 512; Floret, "Weiteres über Heroin" *Therapeutische Monatshefte* 13 (1899): 327-29; Dreser, "Pharmakologische über einige Morphinderivate [sic]" *Therapeutische Monatshefte* 12 (1898): 509-11.

8. On the American illicit trade, see David F. Musto, *The American Disease: Origins of Narcotic Control* (Oxford, 1999), 200. On the trade in Asia, see Kathryn Meyer & Terry Parssinen, *Webs of Smoke: Smugglers, Warlords, Spies and the History of the International Drug Trade* (Lanham, MD., 1998), 26, 125, 128-31.

9. Quoting *Oberregierungsrat* Hesse's 1953 study in Detlef Briesen, *Drogenkonsum und Drogenpolitik in Deutschland und den USA: Ein historischer Vergleich* (Frankfurt a.M., 2005), 73.

10. See Albert Wissler, *Die Opiumfrage* (Berlin, 1931), 139.

11. A. Linz, "Behördliche Durchführung des Opiumgesetzes: Ziele und Ergebinsse" in *Suchtgiftbekämpfung,* ed. Gerhart Feuerstein (Berlin, 1944): 24-32.

12. "Summary of the Stettin Conference, 10 October 1937" StA. München, Pol. Dir. 7582.

13. Erwin Kosmehl, *Der sicherheitspolizeiliche Einsatz bei der Bekämpfung der Betäubungsmittelsucht*, BArch. RD 19/30.

14. Pohlisch served as the head of a provincial sanatorium under the terms of the 'Sterilization Law,' or the Law for the Prevention of Hereditarily Diseased Offspring, see note 3 above.

15. Kurt Pohlisch, "Die Verbreitungs des chronischen Opiatmissbrauchs in Deutschland," *Monatsschrift für Psychiatrie und Neorologie* 79 (1931): 1-32. See also Tilmann Holzer, *Die Geburt der Drogenpolitik aus dem Geist der Rassenhygiene: Deutsche Drogenpolitik von 1933-1972* (Norderstedt, 2007), 36-37.

16. "Summary of the Stettin Conference, 10 October 1937" StA. München, Pol. Dir. 7582.

17. Ibid., Thomas used old statistics in his presentation.

18. Erwin Kosmehl, *Der sicherheitspolizeiliche Einsatz bei der Bekämpfung der Betäubungsmittelsucht* (October 14, 1942), BArch. RD 19/30.

19. Treasury Department, *Traffic in Opium and Other Dangerous Drugs* (Washington D.C., 1931) quoted in Meyer & Parssinen, *Webs of Smoke*, 3

20. David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America* (Cambridge, Mass., 2001), 31.

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23. Lester Greenspoon & James B. Bakalar, *Cocaine: A Drug and its Social Evolution* (New York, 1976), 19.

24. Joseph F. Spillane, *Cocaine: From Medical Marvel to Modern Menace in the United States, 1884-1920* (Baltimore, 2000), 12, 168n-169n.36.

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26. Spillane, *Cocaine*, 111-17.

27. Erika Hickel, "Das kaiserliche Gesundheitsamt (Imperial Health Office) and the Chemical Industry in Germany during the Second Empire: Partners or Adversaries?" in *Drugs and Narcotics in History,* ed. Roy Porter & Mikuláš Teich (Cambridge, 1995): 97-113.

28. H. Richard Friman, "Germany and the Transformation of Cocaine, 1860-1920" in *Cocaine: Global Histories,* ed. Paul Gootenberg (London, 1999): 83-104.

29. Ernst Engelbrecht & Leo Heller, "Berliner Razzien" (1924) reproduced in Werner Pieper ed., *Nazis on Speed: Drogen im 3. Reich* (Löhrbach, 2002), 2: 557-59.

30. Holzer, *Die Geburt der Drogenpolitik aus dem Geist der Rassenhygiene*, 37.

31. Friman, "Germany and the Transformation of Cocaine, 1860-1920," 84-104.

32. Briesen, *Drogenkonsum und Drogenpolitik in Deutschland und den USA*, 75.

33. Wissler, *Die Opiumfrage*, 139.

34. "Präsident des Reichsgesundheitsamts an Reichsministerium des Inneren, 29 December 1932," BArch. R 1501.126496, f. 252, quoted in Holzer, *Die Geburt der Drogenpolitik aus dem Geist der Rassenhygiene*, 39.

35. "Summary of the Stettin Conference, 10 October 1937" StA. München, Pol. Dir. 7582.

36. Akihiko Sato, "Narrative on Methamphetamine Use in Japan after WWII" a lecture delivered at: *The Fourth International Conference on the History of Drugs and Alcohol*, (Guelph, Ontario, August 10-12, 2007).

37. Holzer, *Die Geburt der Drogenpolitik aus dem Geist der Rassenhygiene*, 217-18. The question of why the Japanese companies failed to patent their drug remains unanswered.

38. Kosmehl, *Der sicherheitspolizeiliche Einsatz bei der Bekämpfung der Betäubungsmittelsucht,* BArch. RD 19/30

39. Geoffrey Cocks, *Psychotherapy in the Third Reich: The Göring Institute* (New Brunswick, NJ, 1997), 312-13.

40. Hartmut Noeldeke, "Einsatz von leistungssteigernden Medikamenten: Einführung, erste Erfahrungen bei Heer und Kriegsmarine" in Pieper ed., *Nazis on Speed*, 1: 134-42.

41. "Polizeiverordnung über die Abgabe von Leberpräparaten und anderen Arzneimitteln in den Apotheken, 7 November 1939" *Reichsgesetzblatt* I (1939), 2176.

42. G. Kaerber, "Unterstellung von Dolantin, Pervitin und Benzedrin under das Opiumgesetz," *Deutsches Ärzteblatt* 71 (July 5, 1941), 260-62.

43. Holzer, *Die Geburt der Drogenpolitik aus dem Geist der Rassenhygiene*, 244-49.

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50. Edward M. Brecher, *Licit and Illicit Drugs: The Consumers Union Report on Narcotics, Stimulants, Depressants, Inhalants, Hallucinogens, and Marijuana – including Caffeine, Nicotine, and Alcohol* (Boston, 1972), 413-14n.8.

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60. "Verordnung, betreffend den Handel mit Opium und anderen Betäubungsmitteln, 22 March 1917" *Reichsgesetzblatt*, 256.

61. Briesen, *Drogenkonsum und Drogenpolitik in Deutschland und den USA*, 49.

62. Friman, *NarcoDiplomacy*, 22.

63. *Bekanntmachung des Preussischen Kriegsministeriums, betreffend Beschlagnahme und Bestandserhebung von Cocablättern und Cocain*, November 2, 1918, No. 1/11 12, 2.

64. "Verordnung über den Verkehr mit Opium, 15 December 1918," *Reichsgesetzblatt*, 1447.

65. Friman, *NarcoDiplomacy*, 22-23.

66. Hans Conrad Peyer, *Roche: Geischichte eines Unternehmens* (Basel, 1996), 68-69.

67. "Verordnung betreffend Abänderung der Verordnung über den Verkehr mit Opium vom 15. Dezember 1918, 20 August 1919," *Reichsgesetzblatt* II, 1474.

68. Briesen, *Drogenkonsum und Drogenpolitik in Deutschland und den USA*, 50.

69. "Verordnung über den Verkehr mit Opium und anderen Betäubungsmitteln, 20 July 1920" *Reichsgesetzblatt* II, 1464.

70. "Gesetz zur Ausführung des internationalen Opiumabkommens vom 23. Januar 1912, 30 December 1920," *Reichsgesetzblatt* (1921), 2. See also "Bekanntmachung, betreffend das Internationalen Opiumabkommen vom 23. Januar 1912, 22 December 1920" *Reichsgesetzblatt* (1921), 6.

71. "Delevingne to Foreign Office, 10 May 1926," PRO FO 371/11711 quoted in Richard Davenport-Hines, *The Pursuit of Oblivion* (London, 2002), 218.

72. Friman, *NarcoDiplomacy*, 20-34.

73. For example, see the 49th sitting of the Reichstag on "Entwurf eines Gesetzes zur Ausführung des internationalen Opiumabkommens vom 23. Januar 1912" (A bill for a law to enforce the International Opium Treaty of January 23, 1912) on December 17, 1920 *Verhandlungen des Reichstages* (1920), vol. 346, 1762B; or, 408th sitting of the Reichstag on "Entwurf eines Gesetzes zur Abänderung des Opiumgesetzes" (A bill for a law to amend the Opium Law) on March 10, 1924 *Verhandlungen des Reichstages* (1924), vol. 361, 12697A.

74. Wissler, *Die Opiumfrage*, 139.

75. McAllister, *Drug Diplomacy in the Twentieth Century*, 77.

76. Tilmann Holzer, *Globalisierte Drogenpolitik: Die protestantische Ethik und die Geschichte des Drogenverbotes* (Berlin, 2002).

77. Wissler, *Die Opiumfrage*, 229.

78. "Gesetz über den Verkehr mit Betäubungsmitteln (Opiumgesetz), 10 December 1929" *Reichsgesetzblatt* I, 215. See Briesen, *Drogenkonsum und Drogenpolitik in Deutschland und den USA*, 107-10.

79. "Verordnung über das Verschreiben Betäubungsmittel enthaltender Arzenein und ihre Abgabe in den Apotheken, 19 December 1930" *Reichsgesetzblatt* I, 144.

80. Louis Lewin & Wenzel Goldbaum, *Opiumgesetz: Nebst Internationalen Opiumabkommen und Ausführungs bestimmungen* (Berlin, 1928) 19; for examples, see the appendices of the book.

81. Lewin and Goldbaum, *Opiumgesetz,* 20-21; Holzer, *Die Geburt des Drogenpolitik aus dem Geist der Rassenhygiene*, 31-32.

82. Geoffrey J. Giles, "Drinking and Crime in Modern Germany" in *Criminals and their Scientists* ed. Peter Becker & Richard F. Wetzell (Cambridge, 2006): 471-85.

83. Richard F. Wetzell, *Inventing the Criminal: A History of German Criminology, 1880-1945*

(Chapel Hill, 2000), 95.

84. McAllister, *Drug Diplomacy in the Twentieth Century*, 96-102.

85. "Minister of Interior to the Reich Chancellor, 15 June 1932," BArch. R 43 II/736.

86. "Chancellery to the Ministry of Interior and Foreign Affairs, 29 November 1932," BArch. R 43 II/736.

87. "Frick to Hitler, 20 May 1933," BArch. R 43 II/736.

88. "Frick to the Cabinet, 28 December 1933," BArch. R 43 II/736.

89. Briesen, *Drogenkonsum und Drogenpolitik in Deutschland und den USA*, 112.

90. Harry J. Anslinger & William F. Tompkins, *Traffic in Narcotics* (New York, 1953), 279.

91. "Kahler an Präsidenten der Opiumkommission, 27 October 1933," Pol. Arch. AA. R 96839 quoted in Tilmann Holzer, *Globalisierte Drogenpolitik: Die protestantische Ethik und die Geschichte des Drogenverbotes* (Berlin, 2002), 150.

92. McAllister, *Drug Diplomacy in the Twentieth Century,* 111.

93. "Summary of the Stettin Conference, 10 October 1937," StA. München, Pol. Dir. 7582.

94. "Conferences between Min. Rat Dr. Imhoff of the Ministry of Interior and Reg. Rat Dr. Hoffmann of the Foreign Ministry 28 November 1939 and 11 December 1939," Pol. Arch. AA R 43.328.

95. "Conference between Min. Rat Dr. Imhoff of the Ministry of Interior and Reg. Rat Dr. Hoffmann of the Foreign Ministry, 18 January 1940," Pol. Arch. AA R 43.328.

96. Wetzell, *Inventing the Criminal*, 234-35.

97. "Gesetz gegen gefährliche Gewohnheitsverbrecher und über Massregeln der Sicherung und Besserung, 24 November 1933," *Reichsgesetzblatt* I, 995

98. Ibid.

99. "Summary of the Stettin Conference, 10 October 1937" StA. München, Pol. Dir. 7582.

100. Kosmehl, *Der sicherheitspolizeiliche Einsatz bei der Bekämpfung der Betaebungsmittelsucht*, BArch. RD 19/30.

101. "Summary of Dr. Kahler's Conference, 18 March 1932," Pol. Arch AA R 43.43.289.

102. "United States to Germany, 29 July 1932," Pol. Arch. AA R 43.291; For Thomas' career, see BArch. SSO Thomas, Werner, 12.03.1895.

103. In German: *Reichszentrale zur Bekämpfung von Rauschgiftvergehen*, see Friedrich Wilhelm, *Die Polizei im NS-Staat* (Paderborn, 1997), 81-82.

104. "Announcement of the Minister of Interior Nr. 1935-III C II22 Nr. 513/34, 22 November 1935," *Reichsministerialblatt* 63 (November 29, 1935), 840.

105. Holzer, *Die Geburt der Drogenpolitik aus dem Geist der Rassenhygiene*, 204; Kosmehl, *Der sicherheitspolizeiliche Einsatz bei der Bekämpfung der Betäubungsmittelsucht,* BArch. RD 19/30.

106. So deduced from a report in *Jahrbuch Amt V (Reichskriminalpolizeiamt) des Reichssicherheitshauptamtes SS 1939/1940*, 83-6, BArch. RD 19/29 1939/1949.

107. "Prussian criminal police announcement on the creation of *Rechszentrale zur Bekämpfung von Rauschgiftvergehen*, 1 March 1935," StA. München, Pol. Dir. 7582

108. Translated from "Police reproduction of the *Reichsapothekerführer*'s orders to pharmacists 1 June 1944" StA. München, Pol. Dir. 7582.

109. "Anordnung des RSHA – Reichszentrale zur Bekämpfung von Rauschgiftvergehen Tgb. Nr. 3473/43-B 3CT, 6 December 1943*"* StA. München, Pol. Dir. 7582.

110. "Summary of the Stettin Conference, 10 October 1937" StA. München, Pol. Dir. 7582.

111. Erwin Kosmehl, "Beachtliche Hinweise der Reichszentrale zur Bekämpfung von Rauschgiftvergen über dem Kampf der Kriminalpolizei gegen den Rauschgiftsüchtigen, February 1941," BArch. R 58/473 f. 3.

112. "Sechste Verordnung über die Unterstellung weitere Stoffe" June 21, 1941, *Reichsgesetzblatt* I, 328.

113. StA. München, Staanwa. Nr. 15206.

114. StA. München, Staanwa. Nr. 17494.

115. StA. München, Staanwa. Nr. 17584.

116. For the killing of criminals by T-4, see Wetzell, *Inventing the Criminal*, 284-86. For the known cases, see Holzer, *Die Geburt der Drogenpolitik aus dem Geist der Rassengygiene*, 258-

64. Five of the cases are unrecorded, one case was killed due to the psychopathic tendencies of the patient and not drug addiction (see "Director of the County Asylum Waldheim to the Minister of Interior of Saxony, 2 August 1940" *Nuremberg Document*, PS-624), another is murder by a T-4 doctor, which was not sanctioned. The only remaining reliable case is that of Käthe T.