

## CHAPTER III

# WHITE SHIPMENTS, SOUR TRANSACTIONS

### *The Dutch Cocaine Market in European Perspective*

“I suppose that its influence is physically a bad one. I find it, however, so transcendently stimulating and clarifying to the mind that its second action is a matter of small moment”.

Conan Doyle, *The Sign of Four*

### 3.1 THE EUROPEAN MARKET

#### *3.1.1 Old European cocaine markets*

##### *Cocaine in Europe until 1930*

Long before Colombia had anything to do with it, Europe already had extensive experience with the pharmacological properties and the economic profitability of cocaine. Although many scientists, explorers and physicians<sup>1</sup> wrote about the coca plant from the sixteenth century onward, it was not until the second half of the nineteenth century that the plant and its properties began to generate a great deal of interest as a ‘wonder drug’ (Phillips and Wynne 1980: 27).

Cocaine was first isolated and named in 1859 by A. Niemann, a German professor from the University of Göttingen. Both coca and cocaine subsequently acquired sudden fame and popularity in Europe until the late 1920s. These substances were broadly welcomed by physicians in the United States and Europe.<sup>2</sup> The initial enthusiasm about their positive effects and uses as a general stimulant against fatigue or depression, to treat opium, morphine and alcohol addiction, as a local anaesthetic, as an aphrodisiac, to treat asthma, cachexia or stomach disorders, and so on, remained virtually uncontested for 25 years.

---

1 Amongst others Ramon Pave, Tomas Ortiz, Garcilaso de la Vega (Inca), Amerigo Vespucci, Nicolas Monardes and Humboldt. In 1750, J. de Jussieu was the first botanist to send coca plants to Europe. In 1783, Lamarck classified the plant as the genus *Erythroxylon*. Miller, von Tschudi, Weddell, Pöppig, Prescott, Gibbon and Herndon, Gaedecke, and Markham, from different angles and places, continued experimentation, description and debate in Europe on coca properties during the first half of the nineteenth century.

2 Prestigious scientists such as Mantegazza, De Marles, Fauvel, Aschenbrandt, Palmer, Searle, Christison, Moreno y Maiz, Schraff and von Anrep, Koller, Corning, Bentley, Hammond, Halstead, and, of course, Freud were all strong advocates of the new drug, having high expectations (neglecting thus possible abuse) on its potential positive effects. They should be regarded as the first cocaine ‘pushers’ and some of them, the first known regular consumers and addicts.

Most of the early experimentation was done with coca infusions, giving rise to all sorts of coca-based drinks and elixirs, presented to the general public as wonder tonics for innumerable disorders. The most successful beverage in Europe came to be *Vin Mariani* (a dark coca-based wine) introduced to the public in 1863 by A. Mariani, a Corsican physician, who quickly gained fame and fortune with his product.<sup>3</sup> In America, an even more successful medicinal tonic appeared in 1886. Instead of alcohol, it was a syrup containing cocaine, caffeine and extracts from cola nuts, mixed in soda water: Coca-Cola was on the market, born from the enthusiasm about the beneficial properties of coca and cocaine.

At the turn of the century, cocaine had already spread beyond the strict medical or para-medical realm to be consumed in a recreational fashion by intellectuals, bohemians, writers, and musicians, as well as by prostitutes, pimps and petty criminals of the main European cities. This potential recreational use of cocaine was pushed forward by the discovery, between 1890 and 1900, of the possibility of sniffing cocaine powder. However, at least until 1910, most of the heavy or chronic cocaine use was still concentrated within the world of 'doctors and patients'.

This expanded and diversified demand (doctors that shoot-up, brain tonic drinking people, sniffing night-life habitués) is clearly illustrated by the increase of coca leaf exports from Peru, the main producer even then: 8 tons in 1877, 580 tons in 1894, 2800 tons in 1906 and 543 tons in 1920 (Escobedo, part II 1996: 84). In Germany, *Merck* had a rather monopolistic control over production by 1885, given that Hamburg was the main trading centre for coca leaf. Willing to promote and sell cocaine as a new panacea, and despite the fact that after 1890 some physicians started to be more cautious about cocaine,<sup>4</sup> the pharmaceutical industry was very active in denying or underplaying undesirable effects, while clearly manipulating some positive statements on cocaine use (Escobedo, part II 1996: 78-79).

#### *Java and the Nederlandsche Cocaïnefabriek*

The Netherlands played an important role in coca and, to a lesser extent, cocaine production. In 1878 the first coca plants were brought from Peru to the Dutch colony of Java and during the 1880s commercial cultivation and transportation to Europe expanded with the impulse of the *Koloniale Bank* from Amsterdam. Dutch coca did

---

3 Towards the end of the century, its popularity was immense. Not only amongst doctors that would prescribe it, or people that would buy it in public saloons or popular drugstores, but many celebrities – as in modern advertising – endorsed the wine for its beneficial aspects: Zola, Grant, Bartholdi, Verne, Edison, Ibsen, Sara Bernhardt, the Prince of Wales, the Russian Tsar, or the pope Leo XIII, who decorated Mariani and allowed his effigy to be used on the bottle label.

4 After the first signs of abuse or addiction – including lethal cases of cocaine intoxication among practitioners and patients – were acknowledged between 1880 and 1890, debate within the medical world took virulent proportions and even people like Freud became cautious of earlier statements and research results. In his polemic with Erlenmeyer, Freud calls him a 'crusader', in a prophetic critique against the overlap between pharmacology and morality. However, in his last essay on cocaine, he also recognises premature and blind optimism and revises his own positions on cocaine use against morphinism or alcoholism, and the problem of cocaine tolerance and addiction (Freud 1995: 80).

very well, even surpassing Peruvian production after 1910.<sup>5</sup> Until 1900 crops were mainly sold in Germany, *Merck* being the main buyer. However, that year the *Koloniale Bank* established the first Dutch cocaine factory in Amsterdam, the *Nederlandsche Cocainefabriek*. Small in the beginnings, the factory expanded to become the world largest cocaine producer after 1910, maintaining a leading position until 1928, and surviving with the same name until as late as 1975 due to the timely diversification to other hard drugs: novocaine, morphine, codeine, heroin and amphetamines. (Korf and de Kort 1989: 5).

*From panacea to evil vice*

By the early 1900s, cocaine popularity in European cities slowly started to be the subject of debate and pressure. There were worries along the three fronts of cocaine use: as a therapeutic drug, it was being slowly limited or replaced after increasing doubts and failure; as a popular tonic in patent medicines or drinks, it was increasingly under attack from physicians and pharmacists, and finally, as a recreational drug in underworld and bohemian circles, it became a concern for moral panics and social control campaigners. Counter-reactions to the supposed excesses of cocaine use that eventually resulted in stringent regulation of the drug, first in the United States in 1914 and later in Europe at the end of 1920s, included a mix of medical, moral and social arguments which in many cases reflected or coincided with deeper – and hidden – political and economic anxieties and agendas.

The dramatic change in attitude – from the panacea of 1890 to the most dangerous and evil vice only thirty years later – shows that the real issue with cocaine does not lay in the substance in itself – always a remedy and a poison, always a medicine as well as a potential ‘toy’ – but rather on the power struggle between distinct social groups – with different social and individual interests – to define and categorise it, and to give the drug one or other social meaning.

A combination of factors can be identified to account for that change. Some refer more specifically to the American situation, but despite some initial opposition due to closer links with cocaine production,<sup>6</sup> Europe followed also the same path.

a) Physicians were increasingly worried about cases of fatal cocaine intoxication, cocaine addiction and, more important, on expansion of non-medical use. With the search for antidotes to cocaine, the substitution with other more secure local anaesthetics such as procaine or novocaine, by the end of the 1920s, cocaine had lost most of its potential usefulness to physicians.

b) Increasing professionalisation and institutionalisation of physicians and pharmacists meant stronger negative attitudes to para-medical products, including

---

5 In 1891, almost 20 tons of coca from Java were sold by the *Koloniale Bank*, which handled yearly between 34 tons and 81 tons until 1900. Java coca exports boomed after that: 200 tons in 1907, 1300 tons in 1914 and 1700 tons in 1920 (Korf and de Kort 1989: 5; Escobedo, part II 1996: 84).

6 France and England followed first, Germany and the Netherlands later. In general terms, European countries had strong interests in production or trafficking of opium and cocaine (colonies, strong pharmaceutical industry, and so forth) and were reluctant to immediately enforce regulation or prohibition.

uncontrolled coca or cocaine-based patent medicines, tonics and drinks. Pharmacists in particular did not want to be seen as responsible for producing cocaine abusers.

c) The popular press was beginning to print horror stories about cocaine addiction, which resulted in widespread, especially middle-class fear of drugs as addicting and vicious (Phillips and Wynne 1980: 57).

d) Non-medical cocaine users, especially those from the lower classes, were considered dangerous to both themselves and society. Cocaine was increasingly linked with moral degradation, and grew to be associated with criminal and violent behaviour, and above all, in America, with 'black' crime.

e) Although in Europe cocaine also started to be associated with prostitutes, bohemians, petty criminals and the decadent night life of Berlin, Paris, Vienna or London, there was also concern about cocaine abuse among soldiers, especially during the First World War. The country to blame was, both as the main cocaine producer and war enemy, Germany.

f) Both in America and Europe, two processes were already under way by the end of the nineteenth century: on the one hand, a revival of traditional theological and anti-liberal discourses, which depicted 'artificial paradises' created by drugs (and drunkenness) as evil and immoral social threats. On the other, the expansion of State interventionism and welfare, that gave room for 'muckraking' social reformers of all sorts, willing both to legislate people's morals and to protect them through the 'therapeutic' State.

#### *Cocaine in Europe 1930-1970*

Between 1915 and the late 1920s, Europe went through the process of regulation and finally prohibition. Cocaine still enjoyed some years of underground popularity. The first illegal users were gamblers, prostitutes, pimps, petty criminals, musicians and artists (Korf and Verbraeck 1993: 104). In Germany, illicit cocaine use became a notorious feature of Weimar nightlife. Cocaine was easy available in Berlin, and as the main producing country a source for cocaine used in neighbouring capital cities. The First World War seems to have been both a time for extended illegal use – by soldiers – as well as an opportunity for moving and smuggling cocaine (Phillips and Wynne 1980: 83).

Cocaine was used – sniffed – by some jazz musicians, some of the popular movie actors and by avant-garde and popular writers and artists. This use is reflected in the lyrics of some songs of the era, as well as in the central theme of several novels, plays and movies.<sup>7</sup>

A consequence of anti-drug laws was a temporary enlargement of the underground market for cocaine and a sharp increase in its price. However, that market was based on diversion from legitimate medical sources, and there was a dramatic drop-off in production after 1928. The Council of the League of Nations reported in 1931 that

---

7 Although more notorious in New Orleans Jazz or Hollywood rings, European arts and letters from 1910 to 1930 also reflect cocaine use in many ways: from support and satiric or comic treatment, to moralistic 'anti-dope' melodramas.

compared with 1929, cocaine production declined 58%, while cocaine stocks in manufacturing countries dropped by 85% (Phillips and Wynne 1980: 86-87). Many casual users responded to the price increases by cutting back or stopping consumption, and heavy users moved to alternatives such as heroin or new synthetic stimulants.

Indeed, the major factor accounting for the demise in cocaine's popularity in United States and Europe, and for the fact that for the next four decades, from 1930 to 1970, cocaine remained marginal or very limited for potential illegal drug users, was the result of pharmacological research. After 1932, a new group of synthetic drugs, the amphetamines, were widely and legally available far more cheaply than cocaine. If substantial illegal cocaine production was ever going to re-emerge somewhere again to supply the European market, it was not going to be in Germany or the Netherlands, but certainly much closer to coca leaf cultivation regions.

### *Cocaine renaissance*

The American cocaine revival in the late 1960s and early 1970s, as explained in chapter II, is the result of many factors: growing methadone programmes for heroin addicts that started mixing with cocaine, tighter restrictions on amphetamines making cocaine an attractive alternative, demographic changes and political turmoil increasing the likelihood of young people experimenting with new drugs, open promotion by showbiz celebrities (as it was the case a century before with the *Vin Mariani* endorsed by eminencies), media coverage and legitimising illicit cocaine use as a symbol of sexual prowess, conspicuous consumption and 'white' success. (Courtwright 1995: 215-217).

Supply followed these developments with some delay. A clear bottle-neck occurred during the 1970s between an expanding demand in the United States and a still-to-come massive supply from South America: for a few years cocaine remained scarce, expensive and those who succeeded in the business were people who managed to get the proper contacts at source. In this way, the role played by anti-Castro Cuban exiles first and Colombians later, with their trafficking expertise and their South American connections, was pivotal. Next to them, many individual traffickers could make, during the early 1970s, a couple of smuggling operations a year without fearing police intervention.<sup>8</sup>

However, only some of these factors account for the re-emergence of an illicit cocaine market in Europe. In general terms, two main differences should be indicated between both markets. Firstly, although following the same curve trends, cocaine use did not manage to reach the same epidemic levels in Europe that it did in the States. Both volumes of cocaine seizures and rates of year prevalence consumption in times of market expansion reveal that the European cocaine market never came, during the 1990s, close to American levels.

---

8 See for these early cocaine entrepreneurs the novel of Sabbag (1978) and the ethnography of Adler (1985).

Trafficking Cocaine

Colombian Drug Entrepreneurs in the Netherlands

Zaitch, D.

2002, XVI, 335 p., Softcover

ISBN: 978-90-411-1884-4