



The use of psychoactive substances in the Kingdom of Serbs, Croats, and Slovenes (1918–1929) and the Kingdom of Yugoslavia (1929–1941)

Korišćenje psihoaktivnih supstanci u Kraljevini Srba, Hrvata i Slovenaca (1918–1929) i Kraljevini Jugoslaviji (1929–1941)

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Introduction

Until the beginning of the 70s of the last century, the use of psychoactive substances for non-medical purposes in Yugoslavia was not considered a severe problem¹. Reports on the frequency of drug use were particularly sparse for the period before World War II². Nowadays, illegal production and drug trafficking, as well as facilitating the use of drugs, are punishable by law, and their long-term use is considered to lead to addiction inevitably. Untreated addiction progresses into an illness and a serious social problem. However, it was not always like that. Both doctors and pharmacists were well aware of the health effects of morphine, semi-synthetic alkaloids, and cocaine in the years after World War I. Still, the benefits of using such substances were thought to outweigh their side effects². Thus, opium was applied primarily as a medicine against pain and stomach cramps, most often in the form of an injection, but also as a powder, tincture, syrup, ointment, or patch. Morphine was the most potent analgesic and anesthetic, without which surgical operations were impossible. A semi-synthetic derivative of opium, diacetylmorphine (known by its Heroin® trademarked name), was promoted as a cough suppressant, especially in the case of tuberculosis, but also as a hypnotic. Cocaine was used in the treatment of morphine addiction to reduce pain as well as to increase physical and mental functions³.

²The term used was applied on purpose to avoid the trap of analyzing facts from the past in light of the contemporary picture of drug (ab)use.

Legal production of psychoactive substances in the Kingdom of Yugoslavia

The poppy has grown in the Kingdom of Yugoslavia territory since the Neolithic⁴. Frisk states in his dictionary that the word “poppy” has a Slavic (perhaps Serbian) or Germanic origin⁵. Homer mentions the poppy when he sings of the death of the Trojan hero Gorgition, brother of Hector and son of Priam: “He bent drooping his head to one side, as a garden poppy bends beneath the weight of its yield and the rains of springtime; so his head bent slack to one side beneath the helm’s weight⁶.”

In southern Serbia, poppy cultivation ceased at one point and was restored in the 1880s. The reasons for its renewed popularity were the possibility of export, the growing needs of Europe, the increasingly strict Asian anti-opium policy, and the decline in the profitability of cotton cultivation⁷. In the Kingdom of Yugoslavia, poppies were grown in Southern Serbia (current North Macedonia), mainly in Tikveš, where it became the main agricultural product along with wine⁸. The plant was grown in private rural households, which contributed to Yugoslavia being the largest producer of opium in Europe after Turkey. Yugoslav opium was considered high-quality, given that the morphine content in it was 8–14%, which was higher than in the case of competing Turkish opium (8% of morphine) and the incomparably lowest-quality Asian opium (3–5%)⁹.

Opium production was prone to oscillations, as it was heavily influenced by domestic and foreign buyers and resellers and depended on international politics¹⁰. In areas un

der poppy, yields and prices varied greatly. However, despite all the problems, the poppy was an essential product of Southern Serbia and a source of well-being for entire villages and towns¹¹. Larger villages earned the same income as entire regions in other parts of the Kingdom. Due to its profitability, it was said that the poppy was “the gold of Southern Serbia”¹². The most significant part of the production was intended for export: only export value to the United States was equal to the entire Vardarska Banovina budget⁹. Non-exported quantities of opium were processed in domestic factories, two of which were leading “Skopska alkaloid factory S. & F. Ognjanović” (which changed its name to “Alkaloid” after 1945) and “Chemical Products Factory in Hrastnik d. d.” from Celje¹³.

Where poppies were not grown, industrial hemp (*Cannabis sativa*) was cultivated. Hemp occupied about one-third of the area under industrial plants in Yugoslavia, making the Kingdom the world’s third-largest crop producer after the Union of Soviet Socialist Republics and Italy. Hemp was mainly grown for the growers’ needs. Fibers and woody mass were the most important hemp products¹⁴. Over time, domestic hemp earned a bad reputation due to its low content of tetrahydrocannabinol and the name it shares with Indian hemp (*Cannabis indica*). Therefore, its production in the post-war Federal People’s Republic of Yugoslavia almost ceased entirely.

Despite the mass production of both poppy and hemp, there was almost no abuse among the producers. The producers knew that poppy was a “dangerous plant”. However, chroniclers wrote that “not a single evil came from working with the poppy”¹¹. Exceptionally, Stanojević¹⁵ stated that farmers in Southern Serbia gave their children poppy seeds to make them sleep. In his brochure “Excessive enjoyment and delusions to the detriment of health” from 1929, Milorad Dragić¹⁶ described the effects of alcohol, nicotine, and caffeine on humans. He wrote: “Fortunately, the use of cocaine is not known to our people. Neither is the use of opium. Both of these means are known to a tiny part of the inhabitants of the city”.

Beginnings of non-medical use of psychoactive substances

During World War I, psychoactive drugs were used for medical and non-medical purposes, issued by state military and civilian authorities, but also obtained by soldiers and civilians^{17, 18}. Sedatives such as alcohol, morphine, and opium help to overcome physical and emotional pain, remove fears, and soften the experience of war³. Opioid dosing practices at the time were inconsistent and unclear¹⁷. Furthermore, the wounded procured and used opium themselves, which often led to death due to overdose. During the war, monitoring the amount of given analgesics was impossible. This practice of long-term administration of opioids inevitably led to the emergence of addiction. Additionally, opium misuse was widespread among healthcare workers who had access to opioids and other drugs³.

Stimulants, such as cocaine and alcohol, were often deliberately administered in small amounts to soldiers at the front, as these substances allowed them to focus, calm down, and show heroism in bloody battles. The habit of regular cocaine use was brought to Yugoslavia by refugees from the Russian Empire, where abuse of this substance had already spread among the civilian population during the war and revolution. In the first years after the end of the war, thousands of Russian emigrants immigrated to Yugoslavia. Their life in a new country, despite the support of the state and King Alexander himself, was challenging¹⁹. It seems that the difficult living conditions and the loss of hope of returning to the homeland contributed to the further spread of cocaine abuse. Over time, some Russians became involved in international criminal gangs of drug producers and smugglers, whose centers were in Paris, Vienna, Marseille, Thessaloniki, and Constantinople⁹. The leaders of these gangs were mainly Jews, Greeks, and Armenians, who used their business connections for drug trafficking²⁰. In consulting various sources, we did not come across any indication that such illegal drug dealings took place under the auspices of armed paramilitary organizations, as depicted in a contemporary series²¹.

Use of psychoactive substances in Belgrade

Most archival data on the use of these substances was related to Belgrade, the capital of Yugoslavia. There were several salons in the capital where “men and women with strange passions” gathered and where cocaine was used and hashish was smoked²². Those salons were located on today’s Kralja Aleksandra Boulevard, Knez Mihailova Street, Skopljanska Street (today Nušićeva Street), around Đeram Market, and in a luxurious bar on Terazije (probably the Claridge Club, i.e., Krsmanović house)^{23, 24}. They gathered a motley company of “failed actors, journalists, ladies from higher circles, even ministers at their disposal”²⁴. During the 1920s, the police often tolerated the appearance of these circles, probably because they were made up of an influential clientele. Almost all salon employees were Russians. A salon with a similar purpose also existed in Novi Sad²⁵. As police raids became more frequent, salons moved to the outskirts, even to smaller towns. Thus, the police in Ivankovo near Vinkovci discovered a club for pleasure, which a certain Evgeni Nikolski owned. The club was intended for members of higher Belgrade circles, as well as wealthy Russian emigrants, who held cocaine weekend sessions there²⁴.

Journalists visited such clubs several times, bringing readers a detailed description of the sessions: “Midnight was approaching. The salons were full. The session has started. Ladies took out gold and silver powder cases and took white powder. Men did the same. Those, on the other hand, who could not tolerate cocaine, took morphine. Hashish was smoked.” Not all guests were able to afford cocaine. The poor, especially ladies of Russian origin, went around the guests begging for drugs. At the end of the session, the hosts “brought glasses of some strong drink, brought from India” to soften the effects of the narcotic and slowly lead the users

into abstinence. The state after the drug stopped working was very unpleasant for the user. One of those present at the session described to the journalist such a state after the cocaine stopped working: "It seems that someone is watching me through a hole in the attic. A terrible feeling comes over me, and I have to inject myself with at least one ampoule of morphine ²²."

It is known that the mixture of alcohol and cocaine alters the individual effects of these substances in terms of enhancing the desired outcomes ²⁶. Cocaine users in inter-war Belgrade also noticed this. Therefore, they tried their best not to let their habits be reflected in their profession. As an example, we present a part of an article from the *Pravda* newspaper (1904–1941) about Belgrade cocaine users, more specifically about a famous Belgrade ballerina, whom cocaine helped maintain the appearance of a double life: on the one hand, an alcoholic and regular drug user, and on the other, a respected member of society: "That evening, in precisely one hour, she had to appear in one of the more difficult parties. Moreover, she is drunk now. - I will be sober on stage. - After that, the ballerina took a dark jar from her purse. White tiny crystals flashed. Cocaine! She took a few deep inhalations of the white powder. The companions looked on in wonder. However, after a few minutes, the young artist was sober. Only the tired look revealed that she had not slept for two nights. She played very well, and no one could notice anything unusual about her. Just after the performance had ended, the fatigue broke her down. They took her home ²⁷."

At the beginning of the 1930s, Belgrade had about 300,000 inhabitants, so all the long-term drug users mostly knew each other, and all the devastating consequences of using these substances could be seen through the examples of others ²⁸. However, the embrace of the drug was too strong for many to end its use. One experienced cocaine user, a young man in his early twenties, the son of respectable parents, described the grip of cocaine in the following words: "You are mistaken if you think that I do not know the terrible consequences of my actions. I am aware of that. [...] I know I am broken. Nevertheless, what can I do! I cannot give it up. It is stronger, much stronger than my will. I tried it out of curiosity, and that turned out badly for me ²⁷." When describing the causes of addiction, Dr. Sztraka pointed out that "curiosity" is the most common cause among health workers ²⁹. There was a well-known case of a paramedic at the state hospital in Belgrade, a long-term addict who died suddenly and whose body was found after three days of intensive searching, and no less than in the hospital library ³⁰.

Professor of forensic medicine Milovan Milovanović, in his paper from 1932, stated that deaths due to acute cocaine poisoning were not rare in Yugoslavia. In contrast, registered deaths among long-term cocaine users were sporadic. Possible reasons are the efforts of families and friends to hide such cases from the public, inadequate police-medical investigation, the coroner's ignorance of the signs of use, and the unavailability and insufficient sensitivity of toxicological analyses. At the same time, the transition from injection therapy to inhalation, according to Milovanović,

resulted in a smaller amount of the active substance being introduced into the body. Therefore, physiological functions were less impaired, with a smaller mortality risk. In his paper, Milovanović describes three cases of chronic cocaine poisoning with anamnestic data and forensic medical findings – the first two cases date from September 1929, while the third was recorded in March 1931. The author describes the corpses of the deceased in detail, with a description of the changes that years of cocaine, morphine, tobacco, and alcohol use left on the organs. Each report is accompanied by an anamnesis of the development of addiction, in which one can see how this vice gradually destroyed the addict's body and soul, permanently destroying their psychophysical and social well-being. The first two deceased were Russian emigrants, both officers in their thirties, who ended their lives in Belgrade as vagrants. The first was involved in the cocaine resale in the city as a member of a criminal quartet. Both of them brought the habit of using cocaine from the front. The third deceased was a Yugoslav, a student in his early twenties, the son of a university professor, who died in the family home. He used cocaine for a short time, less than two years. They got cocaine from drugstores and pharmacies, from hotel doorkeepers and resellers. The money was obtained from stealing, begging, and borrowing from relatives and friends. They started unsuccessful treatment several times. Before their death, they spent time in abandoned buildings, shantytowns, brothels, or on the street. The elderly Russian died of pneumonia, and the Yugoslav died of tuberculosis ²⁸.

Two activities closely related to drug use were the slave trade and prostitution ³¹. The connection between these three forms of crime in the Balkans has survived to the modern age ²³. Promising them safe accommodation and salary, criminals recruited young girls in Belgrade ¹⁷. Other girls entered the world of prostitution and drugs through friends or lovers ^{17, 23}. Some worked as escorts for wealthy gentlemen, while others served as public servants in salons for honored guests. One such salon was the "Kod Malog Orlića", a tavern on Južni Boulevard, which today represents the broader center of the city, but then it was the capital's outskirts ²³. The tavern served as a cover for a brothel and a salon where cocaine users, mostly Russian men and women, consumed the white powder. In a raid carried out in 1928, the police rescued ten girls from the hands of a criminal gang. The owner of the bar was also the gang leader who pimped out girls for his guests for money. In addition to female prostitution, male prostitution also flourished in pre-war Belgrade. Men were described as "favorite agents of modern cocainism". Along with prostitution, various sexual tendencies were also common in these circles ²³.

Some physicians, pharmacists, and their assistants were involved in illegal drug trafficking and prostitution. A medical doctor from Knez Mihailova Street was known for regularly visiting "a madam" in Palmotićeveva Street, in whose apartment "*her protégés*" received morphine injections. Before the war, the home of another doctor in Sarajevska Street was turned into a brothel and club, where selected members enjoyed cocaine, opium, and morphine ³².

Use of psychoactive substances in Skopje

The second city for which we found the most information is Skopje, the seat of the Vardar Banovina and one of the largest cities in Yugoslavia. Released from the centuries-long Ottoman occupation in 1912, Skopje preserved its traditional oriental appearance in the interwar period. This was especially obvious in the Muslim part of the town, which consisted of narrow streets surrounded by high walls and wooden screens. Just behind some of those high walls, hidden from unwanted views, in the gardens of the once-rich aghas and beys, Indian hemp was grown²⁴. Hashish was procured from Thessaloniki, and perhaps the most popular derivative of Indian hemp was the so-called "asrar" (i.e., charas), a petrified resin obtained from freshly harvested flower buds of living Indian hemp³³. Unlike asrar, hashish is obtained from previously harvested or dried flowers. Asrar was most often smoked in a pipe, between layers of dry (on the bottom) and moist (on the top) tobacco. It was usually consumed socially, with the pipe passed from hand to hand with characteristic deep inhalations. Others smoked asrar in hookahs, and after just a few puffs, the opiate caused hallucinations in the user. Hashish and asrar were sold to gentlemen and ladies from the posh circles of Skopje in hidden places such as coffee grinders in Porečka Street, shantytowns around Mustafa Pasha Mosque, around Kuršumli Khan, and in Kujundžija Bazaar^{b 33, 34}. Muslims in Skopje often smoked hashish and asrar during bazaar breaks, from noon to three in the afternoon, with the inevitable strong, black coffee, which mixed with the sweet taste of narcotics³⁵. With more frequent police raids, private houses in Skopje's Čair district became a trading hub³³.

The journalist from "Vreme" newspaper reported on the trial of the "dangerous drug addict" from Skopje, Ja'far Ismailović, who had decades of experience in selling hashish and nefes (kief, cannabis powder that is added to a pipe filled with tobacco). Ismailović spent part of his youth in Asia, where he got in touch with opium, hashish, nefes, and other narcotics. In 1934, the police raided Ja'far-agma's apartment in Relje Krilatice Street, where they found several motionless young men smoking nefes with two women and Ismailović himself in a trance. "He has been green in the face with very sunken eyes and a droopy lower lip." The old Ismailović gave the journalist the impression of a person with mental health problems, which was also recorded in the reports from the trial. In his defense, the accused said he was not guilty "because he got used to it from his youth and cannot live without nefes". In his testimony, one of the present young men described the session in which he participated after the agha promised them that "they will see many beautiful women in their dreams and that they will be pleased": "We were reclining on the asura. We lay down; Ja'far-agma filled his pipe and took the first drag. After that, he handed the pipe to the first person beside him so it went in order.

^bKujundžija is the old name for a goldsmith's craftsman who makes, repairs, or modifies jewelry and small decorative items from gold, silver, and other precious metals.

Then we smoked another pipe, but I already could not see anything clearly around me. When I stretched, I saw a jug of water and knocked it over with my foot. I still remember that the pie dish seemed like a huge jar, and the water pouring out was like a big stream. After that, everything flowed like honey. I don't know anything else, namely, I remember, Mr. Judge, but I am ashamed to tell what I saw". Enjoyment was not punishable under the laws, so Ja'far-agma was sentenced to a symbolic penalty of suspended sentence and reimbursement of court costs. Having already served this sentence in custody, Ismailović left the courtroom as a free man, probably for a new dose of asrar³⁴.

Another case in Skopje, which turned into an affair in 1934, was the temporary absence from the stage of the prima donna of the Skopje theatre, Mary Podhraski³⁶. In a series of articles, the actress herself publicly admitted that she had used cocaine, obtained from the local pharmacist no more than six months, and was, therefore, being treated in the Belgrade sanatorium of Dr. Stojimirović^c under the diagnosis of depression: *dépression nerveuse (cocainom et morphion)*³⁷⁻³⁹. The manager of the Skopje theatre, Vojinović, had to get involved in the affair and spoke of Meri Podhraska as an "extraordinary actress" esteemed by all her colleagues. Indeed, she was the only professional actress in the theatre, so she was forced to play all the leading female roles in the repertoire. In the continuation of the announcement, the manager describes the mental state of his diva, which arose as a result of a turbulent life outside the theatre: "Miss Podhraski herself wanted to leave Skopje and look for a cure for her headache, which she had been complaining about for the last few days. She could not sleep at night. She constantly talked about suicide and cried for the slightest thing³⁹." However, even after returning from Belgrade, Podhraski was often absent from the scene for health reasons. Merchants and powerful patrons gifted her with narcotics, which, according to gossip, she continued to use³⁶. This excellent actress, a star of the Zagreb, Novi Sad, and Sarajevo theatres, to whom both God and nature "gave everything: beauty, voice, expression, sensitivity" but with a shallow education, died on February 9, 1942, in Banja Luka as the prima donna of the Croatian State Theatre³⁶. "Alcohol and opium destroyed her young body", Stanoje Dušanović wrote in his recollections. "Alcohol and drugs ruined her", said Pavle Bogatinčević. Svetolik Nikačević, her colleague from the stage, wrote in his memoirs "She fancied life excessively, and above all, she fancied the love"³⁶. She died at the age of 33.

Treatment of psychoactive substance misuse

Data on addiction treatment is even scarcer than data on drug use. It is also understandable if we consider the frequency of the problem and the stigma among users and doctors to speak publicly about this problem. It seems that the wealthier ones, among whom there were the most beneficiar-

^cDr. Dušan Stojimirović (1870-1955) was one of the most respected psychiatrists in the country and the personal physician of Crown Prince Djordje.

ies, used the services of private doctors and sanatoriums, like Mrs. Podhraski; the rest chose state hospitals. Data from state hospitals includes the shortcoming that patients treated for drug abuse were recorded together with patients treated for alcohol abuse^{40, 41}.

In the Kovin Special Hospital, in the first decade of its operation (from 1924 to 1934), out of 1,800 people admitted for hospital treatment, only one person was treated under the diagnosis of drug addiction, while 37 patients had problems with alcohol⁴⁰. In the Vrapče State Hospital in Zagreb in 1930, out of 2,096 patients, 32 had issues with alcohol and seven with drugs, of which all had a morphine addiction⁴¹. According to the estimate of the hospital director, Dr. Alexey Kulzhenko, one to two men and one woman a year began treatment for morphine misuse during the period between 1929 and 1932. In the early 1930s, about 35% of all psychiatric patients in Yugoslavia were treated at Vrapče Hospital. Based on this, we can estimate the frequency of this health problem in the entire country using data from one hospital⁴².

Physicians from Zagreb, Dr. Koloman Sztraka and Dr. Radoslav Lopašić, according to their testimonies, successfully treated opium addiction with the mandatory cessation of drug consumption at the beginning of treatment. Dr. Sztraka used Dicodide® (generic name – dihydrocodeine) as a substitution, while cardiac symptoms were treated using Cardiazol® (generic name – pentetrazol). He applied substitution alternately with saline physiological solution as a placebo and psychotherapeutic support. Dr. Sztraka wrote about the importance of understanding each patient and the psychological phenomena behind addiction: “We doctors must get to know

the patient psychologically from the ground up. Energetic and strong words, in addition to other treatments, are of the greatest importance. The doctor must penetrate to the bottom of the patient’s soul; he must lift his tired spirit because, unfortunately, the character of these patients is not strong, and there is a danger that they will again reach for that poison and become its victim again. (...) We have to explain that the patient faces unforeseen risks and consequences when they fall back to their previous state; that is, if they retake morphine, they will finally perish!” When the desire appeared, the patient had to see a doctor who would prescribe one of the three therapies: replacement medicine, placebo, or psychological support. In the beginning, the daily number of visits was in double digits, but over time, it decreased and after about a month of abstinence, the patient would be considered cured^{29, 43}.

Conclusion

The Kingdom of Serbs, Croats, and Slovenes was a major producer of high-quality opium, as well as a crossroads of legal and illegal trade in psychoactive substances. However, abuse was rare and exclusively in the largest cities, where it was presented as a status symbol in the high society. Opium, opium derivatives, and cocaine were most commonly consumed. People with addiction problems were treated in private sanatoriums and state hospitals. The results of the treatment depended primarily on their ability to maintain abstinence in the circle in which they acquired this life-threatening habit.

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