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Iran's War on Drugs: Holding the Line?

By John Calabrese

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Executive Summary

Surging poppy cultivation in Afghanistan, besides having boosted Iran's significance as a drug transit state, has fuelled Iranian drug abuse and addiction. In the words of Roberto Arbitrio, the head of the UNODC's Tehran office, "Iran is the frontline of the war against drugs." But holding the line has proven exceedingly difficult and costly for Iran. To address this problem, Iranian officials have put in place aggressive law enforcement measures as well as progressive harm reduction interventions. Nevertheless, opiates smuggling persists, while abuse and addiction are rampant.

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DRUGS AND COUNTER-DRUG POLICIES IN IRAN: A BRIEF HISTORICAL EXCURSION

Drugs and stimulants have influenced Iranian social, economic, and political life for hundreds of years.¹ Opium, specifically, has long been used in Iran for medicinal and recreational purposes. In the 18th and early 19th century, opium was produced in Iran mainly for domestic consumption. The expansion of the Far Eastern market in the late 1800s spurred an increase in opium cultivation in Iran. As a result, opium became Iran's top export while domestic consumption also rose.²

Throughout the 20th century, Iran grappled, largely unsuccessfully, with the problems of opium addiction and trafficking. Government policies alternated between severe punishment and regulation. The first law to control opium use was enacted in 1911. A little over a decade later, the government issued ration coupons to addicts and imposed levies on opium exports. Contrary to expectations, however, opium use did not slacken, and opium exports actually increased. In fact, by the late 1920s, opium accounted for nearly a quarter of Iran's total export revenues.³

In 1928, international pressure led Iran's government to claim a monopoly on opium and to pledge to reduce poppy cultivation and demand. Yet, in the subsequent 10-year period, the area under poppy cultivation expanded, as did the volume of opium exports.⁴ Similarly, the 1955 "Law on Prohibition of Opium Poppy Cultivation and Taking Opium" had perverse effects — stimulating production in Afghanistan and Pakistan, making the smuggling of heroin and morphine from there into Iran profitable, and ultimately leading to an upsurge in the number of Iranian addicts and incarcerated smugglers.

These unwelcome developments prompted an eventual policy shift. In the late 1960s, the Shah's government permitted the resumption of opium cultivation in designated areas under state supervision while at the same time making drug smuggling a capital offense punishable by death. In addition, the government instituted a system of opium rationing for addicts 50 years of age and older as well as for patients as prescribed by physicians; and laid the groundwork for establishing a nationwide system of health clinics and rehabilitation centers for addicts. However, these latter plans went unfinished, as Iran entered a period of revolutionary turmoil.

The Iranian Revolution (1979) and the Iran-Iraq War (1980-88) coincided with the protracted conflict in Afghanistan precipitated by the Soviet invasion. During this same period, Afghanistan emerged as the world's leading opium poppy producer while Iranian consumption of opiates surged in spite of the revolutionary government's im-

1. See Rudi Matthee, *The Pursuit of Pleasure: Drugs and Stimulants in Iranian History, 1500-1900* (Princeton, NJ: Princeton University Press, 2005).

2. Bradley Hansen, "Learning to Tax: The Political Economy of the Opium Trade in Iran, 1921-1941," *The Journal of Economic History*, Vol. 61, No. 1 (2001), p. 97.

3. See Scott MacDonald and Barbara Jahansoozi, "The Islamic Republic of Iran," in Scott MacDonald and Bruce Zagaris, eds., *International Handbook on Drug Control* (Westport, CT: Greenwood, 1992), pp. 325-335.

4. See Fariborz Raisdana with the cooperation of Ahmad Gharavi Nakhjavani, "The Drug Market in Iran," *The Annals of the Academy of Political and Social Science* (July 2002), pp. 149-66; Scott B. MacDonald, "Afghanistan's Drug Trade," *Society* (July/August 1992), pp. 61-66; and Bradley Hansen, "Learning to Tax: The Political Economy of the Opium Trade in Iran, 1921-1941," *The Journal of Economic History*, Vol. 61, No. 1 (2001), pp. 105-107.



position of harsh criminal penalties (in August 1980) for *all* forms of substance abuse. Throughout the 1990s, Afghan poppy production flourished; meanwhile, in Iran, heroin use increased, as did heroin use by means of injection.⁵ The ban on poppy cultivation by the Taliban in 2000 resulted in shortages in the availability of opium, which shifted the drug consumption pattern in Iran toward even greater heroin use and addiction.⁶

IRAN AND THE GEOMETRY OF THE DRUG TRADE

Iran is a key link in a complex transnational opiates supply chain that is anchored in southwest Asia.⁷ Known as the "Golden Crescent," this production and trans-shipment zone encompasses the isolated mountain valleys of Afghanistan, Iran, and Pakistan. At the core of the Golden Crescent lies Afghanistan, the source of about 92% of the world's heroin.⁸ The *2006 Afghanistan Annual Opium Poppy Survey* reported an all-time record high harvest, with total cultivation up 59% and production up 49% from the previous year. According to the *2007 Afghanistan Survey*, production is 34% higher than in 2006.⁹ Figure 1 shows Afghanistan's share of opium poppy cultivation in recent years.

Two primary routes are used to smuggle heroin originating from Afghanistan. The Balkan Route, which runs through southeastern Europe, is the main supply line for Western Europe.¹⁰ The Silk Route, which runs through Central Asia, feeds heroin into Russia, the Baltic States, Poland, Ukraine, the Czech Republic and other parts of Europe.¹¹ While in recent years the Silk Route has become increasingly active, the lion's share of Afghan opiates continues to pass through Iran along the Balkan Route as well as southward toward the Persian Gulf. The UNODC estimates that 60% of the heroin and morphine from Afghanistan moves through Iran to the external market, principally to Europe. The Iranian passageway is attractive to drug traffickers for the simple reason that they must cross just two borders to get to the European market.

5. Azarakhsh Mokri, MD, "Brief Overview of the Status of Drug Abuse in Iran," *Archives of Iranian Medicine*, Vol. 5, No. 2 (2002), p. 184, <http://www.ams.ac.ir/AIM/0253/0253184.htm>.

6. Pierre-Arnaud Chouvy, "Encyclopedia of Modern Asia," in D. Levinson and K. Christensen, eds., *Encyclopedia of Modern Asia* (Chicago, IL: Scribners, 2002), pp. 302, 304, 441-42.

7. It is also important to set the high rate of opiate abuse in Iran in the broader context of the high rate of unemployment, falling income, urbanization, and social dislocation. On this point and for a broader discussion of Iran's policy environment and changing approach, see Bijan Nissaramanesh *et al.*, *The Rise of Harm Reduction*.

8. UNODC, *2007 World Drug Report*, p. 7. Regarding the ways in which the terrain and other factors in the Golden Crescent, especially since the 1979 Soviet invasion of Afghanistan, have been conducive to drug smuggling, see James Medler, "Afghan Heroin: Terrain, Tradition, and Turmoil," *Orbis*, Vol. 49, No. 2 (2005), pp. 275-91.

9. UNODC, *2007 Afghanistan Annual Opium Poppy Survey*, p. iv, available at www.unodc.org/pdf/research/AFG07_ExSum_.

10. The Balkan Route is divided into three sub-routes: the Southern Route, which runs through Turkey, Greece, Albania and Italy; the Central Route, which runs through Turkey, Bulgaria, the Former Yugoslav Republic of Macedonia, Serbia and Montenegro, Bosnia and Herzegovina, Croatia, Slovenia, Italy or Austria; and the Northern Route, which runs from Turkey, Bulgaria and Romania to Austria, Hungary, the Czech Republic, Poland or Germany. Turkey, the anchor point for the Balkan Route, is not only a major staging area and corridor for heroin destined for European markets but is also a critical thoroughfare for precursor chemicals such as acetic anhydride.

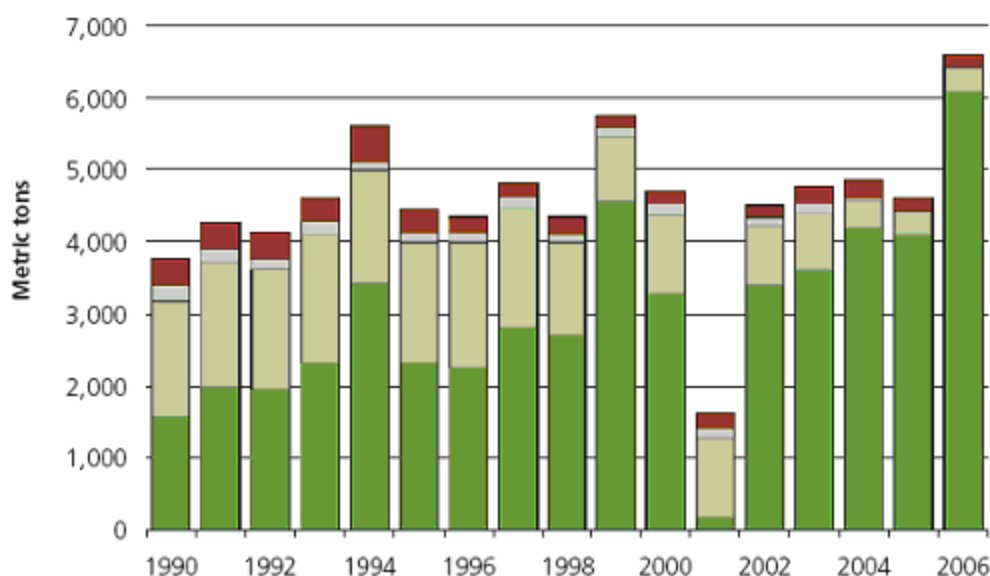
11. Tajikistan, Uzbekistan, Kyrgyzstan, Kazakhstan and Turkmenistan are vital transit countries, with an estimated 24% of Afghan heroin smuggled along the route. Interpol, July 26, 2006 at: <http://www.interpol.int/Public/Drugs/heroin/default.asp>.



Dotting Iran's eastern borders — a 936-kilometer stretch shared with Afghanistan and 909-kilometer segment shared with Pakistan — are numerous entry points for smuggled consignments of opiates. Three main supply lines carry these shipments from Iran's eastern frontier into and across the country: Northern (Khorasan), Southern (Sistan va Baluchistan), and Hormuzgan. The Northern and Southern lines are connected to the traditional Balkan network. The Hormuzgan line flows to Bandar Abbas, whose airport and ferry links to Dubai make it an easy trans-shipment point for deliveries to Europe and the Gulf, as well as incoming chemical precursors destined for heroin labs in Afghanistan.¹²

Figure 1

Global opium production (metric tons), 1990-2006



United Nations Office on Drugs and Crime (UNODC), *World Drug Report 2007*, Figure 15, p. 41.

Iran and the neighbors on its eastern flank are classic “weak states.” As such, their respective central authorities have traditionally lacked the capacity and the legitimacy to extend their writ to peripheral areas. Yet, these very areas are critically important nodal points in the highly segmented Iranian domestic and international opiates supply chain. It is therefore not surprising that the territory of Baluchistan — a predominantly Sunni-populated ethnic-Baluch region that straddles the borders of Iran, Pakistan, and Afghanistan — has been a major opiates smuggling thoroughfare.

Indeed, Zahedan, the capital of the Iranian province of Sistan va Baluchistan, is a vital staging point for opiates trafficking. The province — desolate and underdeveloped — is notoriously lawless. In the 1970s, Shah Muhammad Reza Pahlavi reached an accommodation with Baluchi clan leaders whereby they would abandon drug smuggling in exchange for government cash benefits. But in the post-revolutionary period, this arrangement broke down amid a general deterioration of the relationship between Tehran and Baluchi clans.¹³

12. See, for example, *Iran Narcotics Fact Sheet* (2004), Silk Road Studies Program, Uppsala University, Sweden, at http://www.silkroadstudies.org/new/inside/research/narcotics_crime/FactSheet/2004/Iran.pdf; and Jim Muir, “Middle East Drug Hauls from Iranian Camel Caravan,” June 24, 1999.

13. See, for example, Katayon Ghazi, “Drug Trafficking is Thriving in Iran,” *The New York Times*, December



Major Trafficking Routes



Opiates smuggling in Sistan va Baluchistan has lately coincided with an escalation of violence there. In December 2005, an insurgent group known as *Jundullah* (God's Brigade) reportedly abducted nine Iranian soldiers.¹⁴ In another incident three months later, 22 Iranians were killed.¹⁵ In February 2007, 11 members of the Iranian Revolutionary Guard Corps (IRGC) were reported killed in an attack for which *Jundullah* claimed credit.¹⁶ In a clash with drug smugglers in July 2007, 11 more IRGC personnel lost their lives.¹⁷ It is difficult to discern from the sparse media accounts of these and other incidents in Sistan va Baluchistan to what extent drug trafficking and insurgent activities might be linked.

Ethnic and religious minorities form part of the drug trafficking picture in other peripheral regions of Iran as well. Khorasan province, for example, hosts a large number of Afghan refugees. Drug traffickers along the Northern line, usually organized in smaller groups of up to 10 people, are mainly Afghans. The Southern and Northern Routes are maintained from central Iran onwards by Azeri and Kurdish mafias.

The Afghanistan-Iran drug "connection" is a complex phenomenon whose burden on the state and devastating effects on society flow in both directions. As previously mentioned, soaring Afghanistan opium and heroin production is fuelling Iranian opiate abuse and boosting Iran's role as a drug transit country. At the same time, opiates abuse has skyrocketed in Afghanistan, with some reports stating that many addicts are returning refugees who had developed their drug habits while residing in Iran.¹⁸ The *Report of the International Narcotics Control Board for 2006* concurs with these accounts,

... not[ing] with concern the problem of drug abuse among

4, 1991.

14. "Iran Detains Suspects," Associated Press, January 9, 2006.

15. "Iran Arrests Rebels in Restive Border Region," Agence France Presse, May 4, 2006.

16. Ali Akbar Dareini, "Explosion Kills 11 Members of Elite IRGC," Associated Press, February 15, 2007.

17. Nazila Fathi, "Drug Smugglers Kill 11 Iranians in Elite Corps," *The New York Times*, July 23, 2007.

18. Andrew Loyd and Lashkar Gar, "How Misery of Heroin Was Brought Home to Afghanistan," *The Times* (London), June 20, 2007; Tom Blackwell, "The Grip of Heroin," *The Gazette* (Montreal), May 21, 2007; Dan McDougall, "Afghans Killed by Their Own Poppy Crop," *The Observer* (UK), May 13, 2007; and Kim Sengupta, "Afghans Battle to Combat Threat of Drugs and AIDS," *The Independent*, November 30, 2006.



Afghan refugees in neighbouring countries, including Iran (Islamic Republic of) and Pakistan. Approximately 35 per cent of male and 25 per cent of female drug abusers in Afghanistan first abused opium as refugees outside of Afghanistan, particularly in the Islamic Republic of Iran and in refugee camps in the North West Frontier Province of Pakistan. The Board also notes that evidence suggests a high risk of transmission of HIV among persons who abuse drugs by injection in Afghanistan, particularly among refugees returning from the Islamic Republic of Iran who abuse drugs by injection.¹⁹

Whereas Turkey has long been the principal exit point for drugs transiting Iran, the porous border with Iraq has become a new destination and passageway on Iran's western flank. The weakening of border controls and the breakdown of the security infrastructure of Iraq following the removal of Saddam Hussein from power in 2003 created a fertile environment for smuggling. In the intervening years, Iraq's nascent security forces, faced with a multitude of challenges, (understandably) have not made counter-narcotics their top priority. The influx of drugs into Iraq has contributed to a rising incidence of addiction among Iraqis and has opened up an additional pathway to the European market.²⁰ According to Hamid Ghodse, president of the International Narcotics Control Board, drug traffickers have entered Iraq via Iran. Sometimes disguised as pilgrims, they have set up operations in the holy cities of Najaf and Karbala, smuggling opiates into and through Jordan.²¹ Media in the United Kingdom, drawing on accounts provided by British troops stationed in the south, have reported drug smuggling operations routed through Basra as well.²²

A BLEAK LANDSCAPE: THE COSTS AND CASUALTIES

As mentioned earlier, Iran is a major destination, not just a corridor for illicit opiates. Nor, it should be mentioned, are opiates Iran's only problem drugs. Opium and heroin are smuggled from the east, while hallucinogenic and chemical-based "designer" drugs enter Iran from Turkey and Bandar Abbas.²³ The influx of narcotics into Iran, opiates in particular, has had a profoundly adverse impact on public health and public security.

The actual size of Iran's drug user and drug addict populations is difficult to pin down, given that reliable data is scarce, Iranian official statistics tend to be more conservative than figures presented by the UNODC, and Iranian authorities restrict what the UNODC Tehran office may share publicly. Compounding the difficulty of gaining definite estimates of prevalence and incidence of substance abuse in Iran, as Mokri points out, are "[s]ocial stigmatization along with legal restrictions on substance abuse [that] prevents drug users from admitting their act, offering clear data

19. *Report of the International Narcotics Control Board for 2006*, E/INCB/2006/1, p. 73.

20. See, for example, Ned Parker, "The Karbala Connection: Where Bombs, Heroin and Islam Meet," *Agence France Presse*, March 23, 2004; Aqeel Hassan and Colin Freeman, "Heroin trade thrives on back of chaos and terror in Iraq," *The Daily Telegraph*, April 9, 2005; Rowan Scarborough, "Afghan Heroin Tied to Terror: Drugs Finance Iraqi Insurgents," *The Washington Times*, September 19, 2005.

21. See "Afghan Heroin Routed to Europe via Iraq," *Agence France Presse*, May 12, 2005.

22. Rupert Hamer, "Iraq is New Drug Route," *Sunday Mirror*, April 2, 2006.

23. Robert Tait, "Iran Faces Up to Its Most Lethal Threat," *The Guardian*, October 27, 2005.



and referring to governmental sectors.”²⁴

Though estimates of drug abuse and addiction in Iran vary, the statistics most often cited are nonetheless stunning. A Rapid Situation Assessment (RSA) of 10 urban centers conducted in 1998 reported a sharp increase in the availability of heroin, in heroin dependency, and in injecting drug use.²⁵ The RSA 1998 estimated the total number of drug users as 2 million, with 1.2 million addicts and 800,000 recreational users.²⁶ The first large sample nationwide study (conducted in 2001 by Iran's Ministry of Health in cooperation with the UNODC) estimated the number of users of opium and heroin at about 3.76 million, of whom 1.39 million were classified as cases of “abuse” and 1.16 million as cases of “addiction” or “dependence.”²⁷ In 2003, then-President Muhammad Khatami and State Welfare Minister Muhammad Reza Rah-Chamani stated that Iran had approximately 1.2 million heroin addicts and another 800,000 recreational heroin users.²⁸ In April 2006, Dr. Mohammad Mehdi Gooya, the chief of the Iranian Health Ministry's disease-management center, put the figure at 2.5 million drug addicts and another 137,000 who inject drugs occasionally.²⁹ According to Muhammad Reza Jahani, deputy head of Iran's anti-narcotics organization, the number of drug addicts in Iran is increasing at a rate of 8% annually.³⁰

The spike in intravenous heroin use in Iran, as in many other countries, has been accompanied by a rise in HIV/AIDS infection rates among injecting drug users (IDUs). According to the *UNAIDS/WHO AIDS Epidemic Update: December 2006*, high HIV infection levels in intravenous drug users are a major concern in Iran. The report states, “Almost one in four [23%] injecting drug users participating in a recent study in the Iranian capital, Tehran, [was] found to be HIV-infected.” The report also states that risk behavior is widespread among IDUs — unprotected sex and non-sterile syringes were the main causes of infection.³¹ Another study has shown that, “The recent rise of heroin injection in Iran is strongly associated with HIV risk.”³² The statistics are particularly alarming in the Iranian prison system, where in Tehran, for example, “...incarceration-related exposures [have been] revealed to be the main correlates of HIV-1 infection.”³³

24. Azarakhsh Mokri, MD, “Brief Overview of the Status of Drug Abuse in Iran,” *Archives of Iranian Medicine*, Vol. 5, No. 2 (2002), p. 184, <http://www.ams.ac.ir/AIM/0253/0253184.htm>.

25. E. Razzighi, A. Rahimi, M. Hosseni, and A. Chatterjee, *Rapid Situation Assessment of Drug Abuse in Iran*, Prevention Department, State Welfare Department, and Ministry of Health of the Islamic Republic of Iran and the UNODC, 1999.

26. Razzighi et al., *Rapid Situation Assessment*.

27. Data as cited by Gerard de Kort, Mohsen Vazirian, and Bijan Nassirimanesh, *Young People and Drugs — Towards a Comprehensive Health Promotion Policy — Tehran Report*, Asian Harm Reduction Network (AHRN) Final Report, April 2006.

28. IRNA, June 29, 2003.

29. “AIDS on Rise in Iran Fueled by Intravenous Drug Use,” Agence France Presse, April 17, 2006.

30. “Iran Has Quarter-Million Intravenous Drug Users,” Agence France Presse, May 23, 2007.

31. *UNAIDS/WHO AIDS Epidemic Update: December 2006*, p. 59, available at http://data.unaids.org/pub/EpiReport/2006/10-Middle_East_and_North_Africa_2006_EpiUpdate_eng.pdf.

32. Emran Razzaghi, Afarin Rahimieh Movaghar, Traci Craig Green, and Kaveh Khoshnood, “Profiles of Risk: A Qualitative Study of Injecting Drug Users in Tehran,” *Harm Reduction Journal*, Vol. 3, No. 12 (2006).

33. S. Zamani, M. Kihara et al., “High prevalence of HIV infection associated with incarceration among community-based injecting drug users in Tehran, Iran,” *Journal of Acquired Immune Deficiency Syndrome*, Vol. 42, No. 3 (July 2006), pp. 342-46.



But the IDU-HIV nexus extends beyond the prison population. Studies describing HIV risk in Iran, though relatively few in number, all point to injecting drug use as the main transmission mode for contracting the disease; moreover, they indicate that the number of injecting drug users appears to be climbing. Emran Razzighi *et al.*, for example, state that, “Regardless of the actual number of IDUs, worrying trends suggest that, compared to non-injecting drug use, the prevalence of injecting drug use has increased more rapidly during the past decade and will continue to rise in Iran.”³⁴

Iran's drug problem has also contributed to an upsurge in violent criminality and corruption. Criminal violence (e.g., kidnapping and murder) has become particularly acute in the province of Khorasan, where drug lords reportedly resort to these crimes to ensure that local residents provide logistical support for their operations.³⁵ In addition, over 3,500 Iranian law enforcement and security personnel have died in clashes with heavily armed drug traffickers over the last two decades in what former Foreign Minister Kamal Kharazmi once referred to as a “full-scale war” along Iran's eastern border.

The drug problem has placed a massive burden on Iran's criminal justice system as well. Iran's prison population has swelled. In the first nine months of 2006 Iranian officials made public the dubious accomplishment of 314,268 drug-related arrests.³⁶ According to Ali Akbar Yesaqi, the head of Iran's Prisons, Security, and Corrections Organization, a large proportion of those incarcerated are drug offenders, and many of those are either drug users or addicts. In June 2006, Mohammad Ali Zanjirei, an Iranian prison official, stated that drug-related crimes are the most common in 19 of Iran's 30 provinces.³⁷ According to the *2007 US International Narcotics Control Strategy Report* (INCSR), “More than 60 percent of the inmates in Iranian prisons are incarcerated for drug offenses, ranging from use to trafficking. Narcotics-related arrests in Iran during the first nine months of 2006 were running at an annual rate of almost 400,000, which is a typical level for the last several years. Twice as many drug abusers were detained as drug traffickers. Iran has executed more than 10,000 narcotics traffickers in the last two decades.”³⁸

IRAN'S NATIONAL DRUG CONTROL FRAMEWORK

Iran has been at the forefront of efforts by the international community to combat the Afghan drug trade. In 1998, the United States removed Iran from its list of drug-producing countries. As early as 2003, the US State Department Bureau for International Narcotics and Law Enforcement Affairs (INL) declared: “There is overwhelming evidence of Iran's strong commitment to keep drugs moving out of Afghanistan from reaching its citizens. As Iran strives to achieve this goal, it certainly also prevents drugs from reaching markets in the West.”³⁹ Similarly, the 2007 INCSR strategy

34. Razzaghi *et al.*, “Profiles of Risk.”

35. UNODC, http://www.unodc.org/pdf/iran/drug_crime_situation/dsr/Supply_Reduction_trends_and_trafficking.pdf

36. BBC Summary of World Broadcasts, November 17, 2006, story appearing in *Siyasat-e Ruz*, November 11, 2006.

37. BBC Summary of World Broadcasts, June 21, 2006, reported in *Aftab-i Yazd*, June 20, 2006.

38. See the full text of the *2007 International Narcotics Control Strategy Report* (INCSR) at <http://www.state.gov/p/inl/rls/nrcrpt/2007/vol1/html/80861.htm>.

39. See, for example, the *2003 International Narcotics Control Strategy Report* (INCSR), released by the Bureau for International Narcotics and Law Enforcement Affairs, March 2004.



report states that, "Iran's actions support the global effort against international drug trafficking."⁴⁰

INSTITUTIONAL ARCHITECTURE

At the national level, the main policymaking body responsible for planning and monitoring different aspects of the counter-narcotics campaign is the Drug Control Headquarters (DCH), which was established in 1988. The DCH coordinates the drug-related activities of the police (the leading enforcement unit in terms of drug seizures), the customs officers, the IRGC contingent, and the Ministries of Intelligence, Security, Islamic Guidance and Education, and Health.⁴¹

Iran has also put in place a rudimentary counter-drug institutional network at the provincial and local levels. In 1989, acting on an order by the Expediency Council, the Mohammad Rasulollah Central Headquarters and three tactical headquarters of Salman, Meqdad, and Abuzar were established in the eastern part of the country. In 1991, the IRGC Qods headquarters was established. Shortly thereafter, the Islamic Revolution Committee was merged with the Law Enforcement Force, and the Mersad Headquarters was established. Much of this machinery is geared toward strengthening the state's capacity to track and curb smuggling.

DRUG-SUPPLY REDUCTION⁴² EFFORTS

Since the founding of the Islamic Republic, drug-supply reduction has been the mainstay of Tehran's approach to combating the narcotics problem. As in other countries, Iran's counter-drug efforts have traditionally rested on two pillars: the criminalization of drug possession and use, and the apprehension of smugglers and the interdiction of supplies. In the first few years of the Islamic Republic, this approach was rooted in the post-revolutionary leadership's ideology and efforts to consolidate power. The hard line against narcotics users and smugglers was part of the "jihad against sin."

As previously mentioned, upon taking power, the revolutionary leadership declared the use of *all* intoxicants to be illegal. In keeping with the anti-Western tenor of the revolution, Ayatollah Ruhollah Khomeini declared that the distribution of heroin was a US-inspired conspiracy. The first post-revolutionary executive director and spokesman for Iran's anti-narcotics task force Mokhtar Kalantari likewise explained the upsurge in drug use and addiction in Iran as part of the West's war on Islam.⁴³ And the crackdown against drug smuggling in Sistan va Baluchistan was portrayed as part of the struggle against "seditionists." To be sure, Islamic ideology is still used to legitimate and reinforce the Iranian government's counter-drug policies. But, as will be shown, both the interpretation and the application of drug-related laws in Iran have changed.

40. See *INCSR Volume 1*, "Africa and the Middle East," pp. 470-474, available at <http://www.state.gov/documents/organization/62390.pdf>.

41. *Iran Narcotics Fact Sheet* (2004), Silk Road Studies Program, Uppsala University, Sweden, http://www.silkroadstudies.org/new/inside/research/narcotics_crime/FactSheet/2004/Iran.pdf.

42. Supply reduction — the method of prevention practiced throughout the world against all forms of illegal drug use — focuses on seizing illegal drugs through customs operations, arresting drug traffickers, and encouraging producers of drug crops, such as opium poppies, to grow alternative crops.

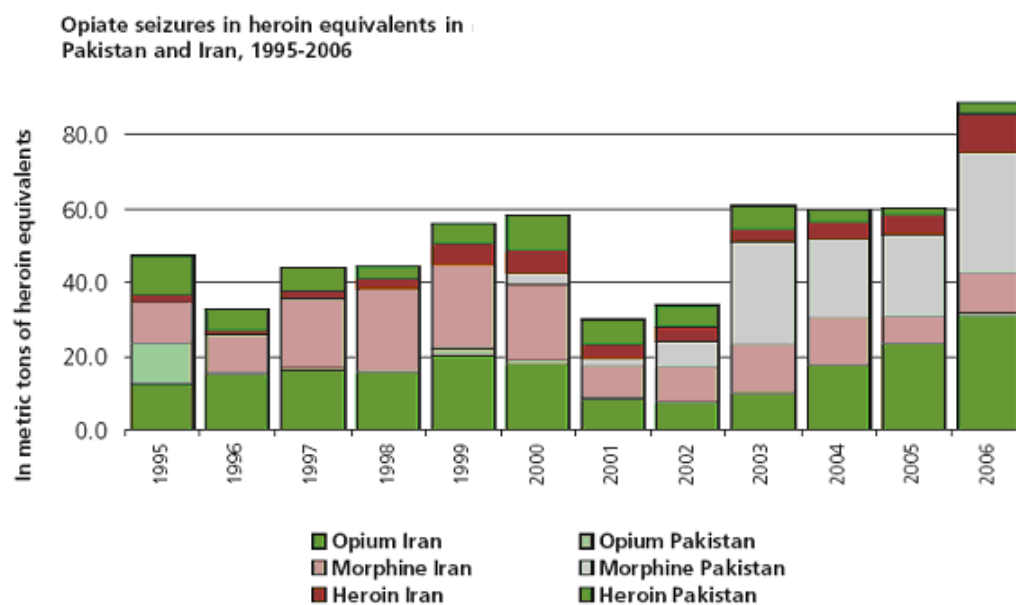
43. See, for example, Kaveh Golestan, "Jihad Against Sin," *The Guardian*, December 2, 1989.



Over the years, Iran has taken a number of steps to staunch the inflow of drugs from the east. The Iranian government has deployed more firepower to the periphery in order to reinforce local and provincial law enforcement officers. Beginning in the mid-1990s, Iranian security forces stationed an estimated 30,000 men along the eastern border. In 2000, Iran also created village-level *Basij* units, whose activities since then have broadened from defending villages to conducting offensive counter-narcotics operations.⁴⁴ In an attempt to seal off the joint boundary with Afghanistan, Iranian authorities have sought to enhance border security by, among other things, installing barbed wire fencing, ground fortifications, and canals.⁴⁵

According to Iranian officials, security forces confiscated nearly 300 tons of drugs and arrested more than 370 traffickers between March 2005 and March 2006.⁴⁶ The International Narcotics Control Board credits Iran with a considerable increase in seizures of opiates in 2005, putting the figure at 350 tons.⁴⁷ (See Figure 2.) In the first nine months of 2006, by Iranian officials' own calculations, interdiction efforts yielded 7.261 kilograms of heroin, 6.133 kilograms of morphine and 231,778 kilograms of opium.⁴⁸ The UNODC confirms what Iranian officials have claimed about their vigorous interdiction efforts — that substantial quantities of opiates have been intercepted.

Figure 2



United Nations Office on Drugs and Crime (UNODC), *World Drug Report 2007*, Figure 24, p. 48.

But despite these achievements, international experts acknowledge that over 60%

44. See Sandro Contenta, "Iran Enlists Vilagers for Front Line in War against Opium Trade," *The Toronto Star*, April 28, 2001; A. William Samii, "Drug Abuse: Iran's 'Thorniest Problem,'" *The Brown Journal of World Affairs*, Vol. 9, No. 2 (Winter/Spring 2003), p. 289.

45. "Iran Closes Down Borders with Afghanistan," *People's Daily*, July 12, 2000.

46. RFE/RL, June 26, 2006.

47. *Report of the International Narcotics Control Board for 2006*, E/INCB/2006/1, p. 72.

48. BBC Summary of World Broadcasts, November 17, 2006, appearing in *Siyasat-e Ruz*, November 11, 2006.



of Afghan heroin, for example, continues to be smuggled through Iran⁴⁹ — the possible explanations for which are explored later in this study.

DRUG-DEMAND REDUCTION⁵⁰ AND HARM-REDUCTION⁵¹ MEASURES

Over the past decade, a paradigm shift in Iranian counter-drug policies has been under way, marked by greater official acceptance of, and support for, demand and harm reduction interventions. Demand reduction encompasses a variety of measures that range from advocating the non-use of drugs, to treating individuals with problematic drug use and facilitating their reintegration in the community. Harm reduction aims at preventing the transmission of HIV/AIDS and other infectious diseases as well as death through overdose from drug injection.

By the late 1990s, Iranian authorities had begun to recognize the gravity of the HIV threat to the country. Springing from this realization were efforts, relatively uncoordinated at first, to raise public awareness about HIV. In 2001, in an attempt to develop more comprehensive and coordinated programs to combat HIV/AIDS, they established the National AIDS Committee. The following summer, they formed a sub-committee known as the National Harm Reduction Committee, tasked with developing ways to reduce the harm related to injecting drug use and curb the spread of HIV/AIDS among IDUs. Importantly, the members of these bodies encompassed official and non-governmental organizations — ranging from the Ministry of Health, the Drug Control Headquarters, the national police, Iranian television, and the prison and welfare authorities to the research and academic institutions.

In an October 12, 2004 statement before the Third Committee of the United Nations, Iran's Special Advisor to the UN Ms. Paimaneh Hastaei declared:

In an attempt to strike a balance between prevention, treatment and law enforcement activities, the Islamic Republic of Iran has assumed that demand reduction is as important as supply reduction; special attention is paid to the creation of effective prevention programs targeted at youth and high-risk groups.⁵²

Support for demand and harm reduction interventions among senior Iranian officials has been building, albeit very gradually. Beginning in the early 1990s, Iranian authorities introduced treatment regimes that range from abstinence-only to detoxification. In 1994, medical intervention for drug abuse became legal and explicit. Opioid agonists⁵³ were used furtively in private clinics at first, and made officially available for detoxification programs only in 2001. Subsequent attempts have been made to improve pharmacological treatment and to introduce psychotherapeutic in-

49. See remarks by Europol Director Max-Peter Ratzel, Director of Europol, as reported in *Deutsche Presse Agentur*, May 31, 2006.

50. Demand reduction is a form of prevention that promotes drug-free lifestyles through education, public awareness campaigns, and the treatment and rehabilitation of drug users.

51. Harm reduction neither excludes nor presumes a goal of abstinence, and focuses on reducing/minimizing the drug-related social, health and economic damage to individuals, communities and societies.

52. See text of the statement available at <http://www.un.int/iran/statements/thirdcommittee/session%2059/1.htm>.

53. "Opioid agonists" refers here to treatment of narcotics addiction by administering "substitute" or "replacement" substances such as methadone and buprenorphine.



terventions for drug dependent persons.⁵⁴

The rise in the HIV infection rate, especially among intravenous drug users, catalyzed the shift in official attitudes towards a more favorable view of demand and harm reduction approaches. Razzaghi *et al.* write that “there was a convergence of drug demand-reduction and HIV-prevention approaches.”⁵⁵ The prison population was the initial primary focal point of Iran's more progressive interventions, gradually migrating from there into the general population. In fact, Iran's burgeoning prison population is home to a large and growing number of drug injection users. Iran is one of just 22 countries that provide harm reduction services to incarcerated drug injection users (DIUs). The government sponsors peer counseling, the dissemination of information to and hotlines for prisoners. Bleach is made available to them for disinfecting needles. Inmates receiving methadone maintenance treatment (MMT) or ARV care are referred upon release to needle exchange programs and other health services. The majority of Iran's 28 provinces have an after-care center for prisoners returning to the community.⁵⁶

With respect to the general population, under the reformist government of former president Muhammad Khatami, Iran adopted a more relaxed attitude, regarding users as “criminals who need to be healed” instead of locked up.⁵⁷ The reformists stimulated awareness of and a lively debate about the sources as well as the most effective methods to respond to the narcotics problem. In 1997, the government passed a law stipulating that a drug user who voluntarily seeks treatment will be exempted from punishment.⁵⁸

The ascendancy of the reformists in Iranian politics thus fostered a climate conducive to generating progressive ideas regarding drug use. The work of Iranian non-governmental organizations (NGOs), the close cooperation of the Ministry of Health and other stakeholders in the government, and informed advocacy among senior policymakers converted this new thinking into concrete action.⁵⁹ Their combined efforts spawned three types of treatment responses to drug abuse in the general population: (1) the establishment of government-supported residential therapeutic centers, (2) the founding (in 1995) of a branch of Narcotics Anonymous (NA Iran) and NA support groups, and (3) the revival of outpatient clinics.⁶⁰

It is generally agreed that demand and harm reduction as concepts and as components of Iran's counter-narcotics efforts took root during the Reform period. Some an-

54. Azarakhsh Mokri, MD, “Brief Overview of the Status of Drug Abuse in Iran,” *Archives of Iranian Medicine*, Vol. 5, No. 2 (2002), p. 184, <http://www.ams.ac.ir/AIM/0253/0253184.htm>

55. Emran Razzaghi, Bijan Nassirimanesh, Parviz Afshar, Kelechi Ohiri, Mariam Claeson, and Robert Power, “HIV AIDS Harm Reduction in Iran,” Comment, *The Lancet*, August 5-11, 2006, pp. 434-35.

56. Holly Catania, “Progressive Harm Reduction in Iran's Prisons,” *Harm Reduction News* (Fall 2004), p. 17.

57. “Drugs and Decay,” *The Economist*, March 31, 2001, p. 42.

58. Though the Anti-Narcotics Law, which declares drug use a crime, remains the basis for action, drug users are no longer prosecuted during the period in which they may be undergoing treatment. If a drug user is arrested while *not* under treatment, s/he must pay a fine, is sentenced to 30 lashes for a first offense and 74 lashes for a second offense, and is dismissed from her/his governmental job. A drug user who overcomes addiction is permitted to return to work.

59. Emran Razzaghi *et al.*, “HIV AIDS Harm Reduction in Iran,” pp. 434-35.

60. Regarding the rapidly growing grassroots movement to confront narcotics addiction, see Robert Tait, “Coming Clean in Tehran,” *Guardian Weekly*, November 11, 2005.



analysts suggest that since the election of Mahmoud Ahmadinejad to office in August 2005, there has been a return to a primarily supply-side approach.⁶¹ Others, however, assert that the emphasis on harm reduction has continued. Kamin Mohammadi, for example, reports that, as of mid-2007, there were 51 government facilities, 457 private outpatient centers and an additional 26 transition centers.⁶² Indeed, demand and harm reduction interventions span the Reform and post-Reform periods:

- In 2000, the Ministry of Health, Treatment and Medical Education began to train private physicians in the field of scientific methods of addiction treatment.
- In 2002, the country's first methadone maintenance treatment clinic was set up. That same year, the Ministry of Health established the National Committee of Harm Reduction, charged with developing approaches to reduce the damage resulting from intravenous drug use.
- By 2003, the number of outpatient treatment centers administered by the State Welfare Office had grown to 88 while those affiliated to the Ministry of Health had exceeded 50.
- By 2003, the Ministry of Health declared methadone treatment programs as one of its core priorities.
- In 2005, the parliament voted to allow any doctor in Iran to dispense methadone, albeit under strict monitoring guidelines.
- More than 60 "Triangular Clinics" have been established; these clinics are devoted to the health concerns of high-risk individuals (e.g., sex workers and drug users).
- Pilot prison-based needle-exchange programs (NEP) have been set up.
- There are at least three major methadone maintenance treatment projects underway — Rouzbeh Hospital; the West Triangular Clinic (an AIDS consultation center affiliated to Iran University of Medical Sciences; and the NGO Persepolis (whose work is discussed in greater detail below) — and a number of others have sprouted across the country.⁶³

- In West Azerbaijan province, 221 drug rehabilitation centers have been built with support from Welfare Department of the Health Ministry in collaboration with

61. Bill Samii, "Narcotics Supply Reduced, but Afghanistan and Iran Still Suffering," Radio Free Europe/RadioLiberty, June 26, 2006, <http://www.rferl.org/featuresarticle/2006/06/bd13fc1d-0bf6-42f0-a164-5740b56fec14.html>.

62. Kamin Mohammadi, "Iran's in a Fix," *The Daily Mail* (London), March 25, 2007.

63. For a discussion of the activities and results of these programs, see Drs. Azarakhsh Mokri and Mohsen Vazirian, "Effectiveness of Methadone Maintenance Treatment Program in Reducing Illicit Drug Use and HIV-Related High-Risk Behavior: A Multi-Center Study," Report based on a project sponsored by the UNODC, January 2005. Available at [http://www.unodc.org/pdf/iran/publications/MMT%20Pilot%20report%20for%20UNODC%20final%20\(March%202005\).pdf](http://www.unodc.org/pdf/iran/publications/MMT%20Pilot%20report%20for%20UNODC%20final%20(March%202005).pdf).



Medical Science University and 12 local NGOs.⁶⁴

The *International Narcotics Control Board Report for 2006*, attesting to Tehran's efforts to implement harm reduction measures, states:

In early 2006, the Government of the Islamic Republic of Iran announced an emergency plan to provide 3,000 people abusing drugs by injection in Tehran with a three-month treatment course. The Government also implemented a nationwide plan for the rehabilitation of drug addicts from November 2005 to March 2006. The Government is also taking various measures to deal with serious problems involving drug abuse in prisons.⁶⁵

Support for these efforts has come from seemingly unlikely sources. In January 2005, the judicial branch of the Islamic Republic of Iran issued a decree supporting needle exchange and warning against interference with these "needed and fruitful" public health interventions. That same year, Justice Minister Ayatollah Mohammad Esmail Shoshtari submitted a letter to prosecutors directing them to defer to the Health Ministry in order to counter the spread of HIV/AIDS and hepatitis.⁶⁶ Upon close examination, this was no mere coincidence. Prominent members of the NGO community deliberately targeted key religious figures and government officials, presenting them with data and analysis in efforts to enlist their support.⁶⁷ Over the years, a critical mass of practitioners-advocates has coalesced around the need to sustain and scale up demand and harm reduction measures.

The importance of grassroots organizations in building this policy network and in conceptualizing as well as conducting demand and harm reduction programs cannot be overstated. The work of two Iranian NGOs — the Aftab Society and Persepolis — is indicative of the key roles and contributions of grassroots organizations, the rich diversity of programs they administer, and their symbiotic relationship with state institutions. The Aftab Society, founded in 1998, claims to be Iran's largest NGO (with offices in 13 provinces) and focuses its activities on education and prevention as well as on providing support for the families of drug addicts. The organization holds workshops in minority communities and, with support from the Ministry of Labor, conducts education workshops in factories across the country. Persepolis, founded in 1999, employs a peer-driven model and a public health approach to drug use. Among other things, this organization operates the largest methadone maintenance treatment (MMT) center in Iran. This work is conducted with support from the Ministry of Health as well as from the UNODC. Thus, beyond the actual work they do in the field, these organizations and others can be credited with helping to develop awareness and build capacity.

REGIONAL AND INTERNATIONAL COOPERATION

To be sure, Iranian officials' remarks are often freighted with conflicting attitudes

64. *Iran Fars News Agency*, reported in BBC Summary of World Broadcasts, June 27, 2007.

65. *International Narcotics Control Board Report for 2006*, E/INCB/2006/1, p. 71.

66. Karl Vick, "AIDS Crisis Brings Radical Change to Iran's Response to Heroin Use," *Washington Post*, July 5, 2005.

67. See remarks by Dr. Aresh Alaie, presented to the Asia Society, New York panel discussion on "Innovative Approaches to AIDS in Iran," October 3, 2003.



about the drug policies of Western countries. Their statements are laced with complaints that Iran has shouldered a great burden largely without the material assistance and credit it deserves. Some have charged that Western depravity is essentially responsible for unleashing the scourge of drugs on Muslim countries. Others have decried what they perceive as the international community's shift in orientation from counter-narcotics to counter-terrorism. And in more intemperate moments, there are a few who have threatened to allow smugglers freedom to operate unless the international community is more forthcoming with assistance.⁶⁸

Yet, at the same time, Iranian officials at the highest levels have endorsed working in concert with others to address the narcotics problem. In a July 2007 meeting with the EC anti-drug commission, for example, Secretary of the Expediency Council Mohsen Rezai called for a comparative study of the methods and experiences of other countries in the fight against drugs.⁶⁹

The current global system for drug control rests on three international conventions — the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Iran is a party to all three. In 2001, the government of Iran ratified the 1972 Protocol amending the 1961 Single Convention. Iran, which is a signatory of the Paris Pact of 2003, is a strong proponent of an integrated regional approach to counter-narcotics.

For the past six years, the US State Department INL annual strategy reports have consistently stated that the government of Iran has demonstrated sustained national political will and has taken strong measures against illicit narcotics, *including cooperation with the international community* in support of the global effort against international drug trafficking. Indeed, Iran has established multiple points of contact and cooperation with regional and international partners to combat drug trafficking and, more recently, to develop effective demand and harm reduction interventions.

By 2000, Iran had held counter-narcotics discussions and/or signed memoranda of understanding (MoU) with Armenia, Australia, France, Georgia, Great Britain, Italy, Japan, Norway, Russia, Thailand, Turkey, and Turkmenistan. The May 1999 exchange of British and Iranian ambassadors, after a 20-year hiatus, helped pave the way for Anglo-Iranian cooperation in the counter-narcotics field. During a visit to Iran in February 2001, British Cabinet Minister Mo Mowlam pledged support for Iran's counter-narcotics efforts.⁷⁰ Since that time, Britain (and France) has contributed drug enforcement liaison officers and equipment, including sniffer dogs, bulletproof vests and night-vision goggles.⁷¹ In October 2004, Iran and Italy signed a memorandum of understanding to cooperate on counter-narcotics. The agreement provided for the mutual access to data banks and cooperation between Iranian and Italian police.⁷²

68. See remarks by Iranian drugs czar Fada Hussein Maleki, reported in "Iran Issues Drugs Threat," Agence France Presse, June 26, 2006.

69. IRNA, July 16, 2007.

70. "British Cabinet Minister Backs Iran's Fight against Drugs," *Associated Press*, February 25, 2001.

71. Anthony Lloyd, "Land of Three Million Heroin Addicts," *The Times* (London), June 16, 2005.

72. "Iran, Italy Sign MoU on Anti-Drugs Cooperation," BBC Summary of World Broadcasts, October 2, 2004.



Iran has been a beneficiary of assistance from the European Union (EU) as well. In 2005, the European Commission allocated 1.2 million euros to support demand reduction initiatives in Iran. This assistance was geared mainly towards helping local NGO networks to make progress in the area of demand control for narcotics and harm reduction.⁷³

At the regional level, in May 2005 Iran entered agreement with UAE to combat drug trafficking.⁷⁴ In June of the following year, Iran signed a MoU pledging to help train Afghan border police, and calling upon Afghan leaders and the international community to establish a "security belt" and to destroy all opium processing labs.⁷⁵ In July 2007, Secretary General of the Drugs Campaign headquarters Brigadier General Esmaeel Ahmadi-Moqaddam called for expansion of Iran-Saudi Arabia joint efforts to fight drug smuggling.⁷⁶

As early as 1990, Iranian officials approached the United Nations for assistance. Ghodratollah Asadi of the Health Ministry participated in discussions with officials from the UNODC in November of that year.⁷⁷ The following May, a five-member observer team from Iran met with then UNODC director Giorgio Giacomelli to discuss coordinating activities against the illicit trafficking of drugs. This was bolstered by Iran's appeal for support for its counter-narcotics programs from the United Nations.⁷⁸

In 1999, the UNODC opened an office in Tehran. The office's work covers drug supply reduction/law enforcement, drug demand reduction, and rule of law. Since beginning its work, this office has been engaged in the implementation of the NOROUZ Program, an umbrella of four major programs that deal with various aspects of the drug problem:

- CIRUS (Combined InteRdiction Unified Strategy for Iran)
- DARIUS (Drug Abuse Research and Intervention Unified Strategy)
- LAS (Legal ASsistance)
- PERSEPOLIS (Participatory ExpeRienceS for EmPOwering Local InitiativeS)⁷⁹

The Darius (Drug Abuse Research and Intervention Unified Strategy) Project, established in 2002, was (like the other projects) jointly designed and agreed upon by

73. See "The EU's Relations with Iran," in ec.europa.eu/external_relations/iran/intro/index.htm.

74. *United Nations International Narcotics Control Board (INCB) Report for 2005*, pp. 75-76. (E/INCB/2005/1) Released March 1, 2006.

75. See remarks by DCH Secretary General Fada Hoseyn Maleki, reported in "Afghan, Iran Officials Review Anti-Drugs Programme," *IRNA*, as reported by BBC Summary of World Broadcasts, March 18, 2006.

76. *IRNA*, July 16, 2007.

77. Reported by *IRNA*, appearing in BBC Summary of World Broadcasts, May 6, 1991.

78. See statement by then-Director General of Iran's anti-drug headquarters Brigadier General Kiumars Abu, *IRNA*, appearing in BBC Summary of World Broadcasts, July 19, 1991. Appeal subsequently repeated, Parichehre Mostechar, "Tehran seeks help in drugs fight," *The Independent* (London), January 25, 1992.

79. For a brief overview of the NOROUZ Program and its constituent projects, see http://www.unodc.org/iran/en/about_us.html.



The Islamic Republic of Iran's Drug Control Headquarters (DCHQ) and the UNODC. The Darius institute, part of the project, serves the aim of strengthening the national response to drug addiction by focusing on demand reduction. Accordingly, the Institute organizes, monitors, and evaluates research and education projects as well as provides guidance to researchers. The institute spends 60% of its budget on drug abuse prevention, 30% on treatment and rehabilitation, and 10% on harm reduction programs.⁸⁰

In partnership with the UNODC, Iran has explored ways to develop more effective joint efforts at the regional level to staunch drug smuggling. Iranian officials, who have long insisted that the drug issue is a "regional" problem, have sought the assistance of the UNODC to help formulate an integrated approach that involves all three countries of the Golden Crescent.⁸¹ Iranian officials have participated in meetings facilitated by the UNODC and aimed at fostering trilateral cooperation. As a result, in December 2005, senior drug law enforcement officers agreed to joint patrolling on the border and to establish direct telecommunication links so as to share intelligence of an immediate nature related to drug smuggling activities.⁸² In June 2007, senior delegates from the three countries agreed to take action to improve border management, including constructing more physical barriers, boosting law enforcement capacity, launching joint counter-narcotic operations, better communication, and increased intelligence-sharing; to focus on all aspects of the drug economy (e.g., locating and destroying drug labs); and to hold policy-level coordination meetings twice yearly and to conduct technical-level exchanges every three months.⁸³

CONTINUING CHALLENGES AND UNCERTAINTIES

Interdiction: how successful? As discussed earlier, Iranian efforts to intercept drug shipments entering the country from the east have borne fruit. There are several reasons as to why Iran is nonetheless awash in heroin. The first reason is the sheer volume of supplies originating in Afghanistan. The second is the smaller-scale shipments and alternative routes and forms of transport utilized by traffickers, who continue to adapt to Iranian counter-drug methods. The third reason is the pull of the market. At the receiving end of the supply chain are the new and expanding markets for heroin in the Middle East and Africa. And then there is the pattern of drug consumption in Iran itself — a burgeoning market that traffickers are eager and able to serve.

Iran: how committed? There are questions about whether Iran is applying counter-narcotics tools selectively. For example, have Iranian authorities tolerated some smugglers — as in the PKK base reportedly set up on Iranian territory after the capture of Abdullah Ocalan — in exchange for intelligence?⁸⁴ There have been other

80. For details on the vision, goals, staff, resources, and activities of the Darius Institute, see the official web site at <http://www.dariusinstitute.org/index.html>.

81. See address by Brigadier General Reza Seyfollahi, *IRNA*, appearing in BBC Summary of World Broadcasts, April 1, 1993.

82. See "Pakistan, Iran, Afghanistan Drug Prevention Officers Share Intelligence," *Associated Press of Pakistan* (APP), reported by BBC Summary of World Broadcasts, December 6, 2005.

83. UNODC Press Release, June 17, 2006. See the text of the June 12 joint statement at http://www.unodc.org/unodc/speech_2007_12_06.html.

84. A. William Samii, "Iran's 'War on Drugs': Potential for US-Iranian Cooperation?" Washington Institute for Near East Policy (WINEP) Policy Watch, No. 504, based on his November 8, 2000 remarks at WINEP.



unconfirmed reports that Iran has diverted some of the equipment provided to assist in its anti-narcotics efforts. According to several press accounts, Iran might have provided to Hezbollah about 250 sets of night-vision goggles that Britain had supplied for counter-narcotics purposes.⁸⁵

Iran: how capable? Hindering the effectiveness of Iran's counter-narcotics efforts are factors very familiar to Americans: bureaucratic battles over funding, deep differences of opinion about the right balance between treatment and law and order; the firepower of traffickers; drug-related corruption. A. William Samii has reported on the ongoing conflict between the Drug Control Headquarters (DHCQ) and police, with the latter complaining DHCQ officials who do not have any practical experience come up with impractical theories and undermine the drug-control campaign.⁸⁶

But Iran-specific factors have also hampered the effort: the ethnic mix of the country coupled with center-periphery tension, which sometimes results in non-cooperation of locals with law enforcement authorities; and the backwardness of some provinces such as Sistan va Baluchistan, where smuggling is a coping strategy for some and a tool for supporting insurgency for others.⁸⁷

In addition, discussing the subjects of drug abuse and addiction may no longer be taboo in Iran. However, shame and stigma still attach to this behavior.

Iran's Partners: how helpful? But there are also questions about how responsive and supportive others have been to Iran. Ambassador Mohammad Mehdi Akhundzadeh, the Iranian delegate to the UNODC in Vienna, complained that international aid to Iran is "insufficient and trivial," IRNA reported.

European and other external assistance is undoubtedly limited. A number of national bans on dealing with and supporting Iran have contributed to this.⁸⁸ The United States has applauded Iranian counter-narcotics efforts, encouraged regional cooperation and has not stood in the way of UNODC assistance. Nevertheless, Washington remains reluctant to establish a bilateral dialogue on narcotics while other issues, deemed of higher priority (e.g., the status of the Iranian nuclear program and Iranian involvement in Iraq), are unresolved.

At the regional level, Iranian officials have long voiced frustration that Afghanistan and Pakistan are not doing enough to staunch the production and flow of narcotics.⁸⁹ UNODC officials and other international experts appear to agree. Commenting on Pakistan's "negligence," UNODC chief Maria Costa stated: "Unfortunately, contrary to Iran, which has respected all its responsibilities in the campaign against drugs, Pakistan has been very negligent."⁹⁰

85. Bob Graham and Michael Evans, "How War against Drugs May Have Helped Hezbollah," *The Times* (London), August 21, 2006.

86. A. William Samii, "Iranian Counternarcotics Agencies In Bureaucratic Struggle," RFE/RL,

87. See A. William Samii, "Drug Abuse: Iran's 'Thorniest Problem,'" *The Brown Journal of World Affairs*, Vol. 9, No. 2 (Winter/Spring 2003), pp. 291-94.

88. Cedric Gouverneur, "Iran is Losing its Drug War," *Le Monde Diplomatique*, 2002.

89. See, for example, remarks by then-Commander of Iran's Law Enforcement Forces Brigadier General Reza Seyfollahi, *IRNA*, reported in BBC Summary of World Broadcasts, May 20, 1993.

90. BBC Summary of World Broadcasts, November 17, 2006, story appearing in *Siyasat-e Ruz*, November 11, 2006.



Apart from the issues of lagging support for and cooperation with Iran on counter-narcotics is the international community's lack of urgency in tackling the skyrocketing opium poppy cultivation and production operations in Afghanistan.⁹¹ The recently declared US priority on disrupting the Taliban and Al Qaeda's money stream by zeroing in on the Afghan narcotics problem represents a welcome, though belated development.

CONCLUDING THOUGHTS

There are some bright spots in this otherwise gloomy picture. Harm reduction programs have not been the norm in Middle Eastern countries, but the recent remarkable growth of such programs in Iran could serve as a model for the whole region. In fact, Iranian NGOs are already leading the way. The Middle Eastern Harm Reduction Network was launched by Iranian civil society.

There are also some looming uncertainties. The factors driving ever-larger numbers of Iranians into drug abuse and addiction are poorly understood. Clearly, the draconian policies of the past had not curbed risk behaviors — far from it. What remains unclear, however, is whether the incipient network of civil society and official supporters of demand and harm reduction interventions will be able to generate the momentum needed to implement an integrated approach to the opiates epidemic and scale up programs that are necessary to contain the multifaceted threat it poses to the country.

91. Over 70% of opium produced in Afghanistan is processed inside the country, in laboratories that tend to be geographically positioned in proximity to external trafficking routes. The geographic orientation of these labs and the processing itself (which reduces the bulk of consignments), facilitate cross-border smuggling. On this point, see Dr. Lowry Taylor, "The Nexus of Terrorism and Drug Trafficking in the Golden Crescent: Afghanistan," US Army War College (USAWC) Strategy Research Project, March 15, 2006, p. 5, available at <http://www.strategicstudiesinstitute.army.mil/pdffiles/ksil514.pdf>.