

IRAN UNDER SANCTIONS



Sanctions and Illicit
Drugs in Iran

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ABOUT IRAN UNDER SANCTIONS

Iran's economy has been under sanctions in one form or another since the 1979 revolution. Yet little systematic knowledge exists on the short- and medium-term impacts of sanctions on the growth patterns of the Iranian economy, the general welfare of its people in the cities and rural areas, societal dynamics, civic space, and the country's environment. The focus has often been on a few metrics that flare up with tightening of sanctions: currency depreciation, inflation, and recession, which are then followed by increases in unemployment and poverty. But the more comprehensive picture is lost in political cacophony around the policy's merits. This is the gap that SAIS is filling with its Iran Under Sanctions project, which is a 360-degree in-depth view on the implications of sanctions on Iran. This first-of-its-kind research provides for an instructive case study on the use of sanctions as a tool of statecraft. For any questions or feedback on the project, please reach out to Ali Vaez at avaez2@jh.edu.

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EXECUTIVE SUMMARY

This report traces the consequences of U.S. unilateral sanctions on illicit drugs in Iran. It argues that through international isolation, economic downturn and collapse of the Iranian rial, those sanctions have exacerbated the harms illicit drugs cause and constrained the state's ability to counter them. It focuses on three specific areas in which the combination of sanctions, isolation and domestic pressures has worsened the challenges posed by illicit drugs: diplomatic relations and multilateral collaborative programs; trafficking and supply; and drug use-related harms and services provided to users. Through qualitative fieldwork -- semi-structured interviews with scholars, practitioners, policy elites and drug users, as well as field observations and an analysis of statements by officials in Iranian media -- the paper outlines recent changes in the three aforementioned areas. The paper shows that sanctions have and will continue to exacerbate the negative consequences of illicit drugs in Iran by increasing drug-related harms on the supply and demand sides, by seriously straining the work of Iranian scholars and practitioners and by undermining the possibility of international collaboration with Iran on drug issues.

Sanctions, isolation and a hostile domestic environment have prevented collaboration on drug-related matters, with perhaps the most negative impacts experienced in the field of drug use treatment and harm reduction. Sanctions make it extremely complicated for Iranians to work with foreign colleagues, thus undermining the efforts of those who seek to influence a humane and health-oriented approach to drug use. Simultaneously, the Iranian government has created a hostile environment for those Iranians who wish to collaborate with Western institutions and scholars, by constantly blurring the boundaries of what is acceptable.

The economic collapse exacerbated by U.S. sanctions has significantly affected Iranian drug markets, as seen in the prices of most substances which have increased steadily, and practitioners now report a renewed wave of injecting drug use in open-air drug markets across urban areas. Meanwhile, the currency's fall has likely contributed to the displacement of methamphetamine production to Afghanistan, leading in turn to an influx of cheap Afghan methamphetamine which will have major consequences for Iranian

public health and the criminal justice system. The consequences of economic collapse have been devastating for already vulnerable and marginalised drug users and will likely lead to more widespread use-related disorders. Unless drug treatment and harm reduction are strengthened and international support given, particularly to Iranian NGOs active in providing life-saving services, drug-related harms will increase.

I. INTRODUCTION AND METHODOLOGY

While a wealth of studies outline the transformative impact of sanctions on various aspects of Iran's economy and political system, certain social policy areas remain under-examined.¹ One involves illicit drugs: encompassing the trade and consumption of substances such as opium, heroin and methamphetamine, and also the scholarly collaboration, diplomatic relations and domestic policy making on these issues. This lack of research stems from a number of factors, such as difficulties in gaining access, a lack of reliable qualitative and quantitative data and risks of studying illicit activities in Iran.

Iran has one of the world's highest prevalence rates of illicit substance use among adults.² It is also a key transshipment country for opiates and, lately, methamphetamine, from Afghanistan through the Balkan and Southern trafficking routes.³ In 2019, the government claimed that illicit drugs cost Iran 167 trillion *tomans*⁴ annually – equal to 47 per cent of the general budget or 11 per cent of GDP -- due to the strains caused to public health and the criminal justice system.⁵

This paper highlights how Iran's drug problem has evolved since the U.S. unilat-

erally re-imposed sanctions in 2018. While it is impossible to quantify precisely the degree to which sanctions are directly responsible for changes in illicit drug markets, the study is based on the well-founded assumption that the U.S. measures and the international isolation that they exacerbate have had deeply negative consequences for the economy and society. This has in turn produced a range of consequences for illicit drug markets in Iran, including for drug users and the NGOs and practitioners that work to lessen the harms caused by the drugs trade. Simultaneously, the government's own policies and activities in the drugs field are responsible for exacerbating some of these negative developments.

The paper presents a nuanced overview of these issues and is divided into three sections. The first is a historical and contemporary overview of Iran's drug situation, with a focus on diplomacy and collaborative programs between Iran and the West in drug treatment and supply reduction, and of how sanctions and isolation have affected them. The second examines how illicit drug markets have changed due to economic collapse, particularly since the U.S. withdrew from the

nuclear deal (the Joint Comprehensive Plan of Action, JCPOA). The final section analyses the consequences of the changes for those who use drugs and those who provide treatment and harm reduction services to users.

Qualitative research took place during fieldwork in Iran between August–September 2018 and February–April 2019, in addition to several remote interviews conducted in 2020. The paper draws upon semi-structured interviews with 22 key stakeholders, including diplomats, UN officials, Iranian officials and technocrats, treatment practitioners and scholars, and drug users, suppliers and traffickers. It further utilizes extensive field notes from observations in contexts where drugs were consumed and sold, particularly open-air drug markets (*patogh(s)*) and residential settings in Tehran and neighbouring urban areas, where shorter interviews were conducted with dozens of users and low-level dealers to build deeper understanding of how economic pressures have translated into changes on the supply and demand sides of the drugs trade. Reliance is also given to analysis of statements by Iranian officials in 50 recently published articles in online Persian-language newspapers. Findings were analysed and compared with the available scholarly and policy literature.

Studying sensitive issues in Iran such as illicit drugs is risky and poses barriers for accessing participants. To reduce risks,

fieldwork was limited to trusted networks in Tehran and surrounding urban areas.⁶ Since much fieldwork was done in Tehran, an effort was made to supplement observations by interviewing practitioners, officials and scholars with experience and direct insight into other parts of Iran. Newspaper analysis made it possible to cross-verify information from elsewhere in the country. Nevertheless, further field-based research is required outside Tehran and in rural areas to expand the understanding of the illicit drug problem broadly, and the issues outlined in this paper specifically.

The paper seeks to provide nuance to the experiences and observations of key informants in the illicit drugs field by also highlighting the range of domestic factors that have contributed to exacerbating the drug problem, such as the repressive political environment and Iran's history of harshly penalising drug offenders. Moreover, the conclusion briefly evaluates a counterfactual analysis: what the drug problem could have been like without sanctions and isolation.

II. RECENT HISTORY OF ILLICIT DRUGS AND RELATED DIPLOMACY

Over much of the 20th century, opium was cultivated and produced in Iran and the government raised considerable revenue by taxing the trade.⁷ In 1924, 8.9 per cent of total government revenue came from such taxes, rising to roughly 20 per cent annually in 1951–1954.⁸ Iranian officials became active participants in international drug policy forums, beginning with the 1909 International Opium Convention in Shanghai. Over the century's first half, their aim was initially to protect the country's right to continue domestic production in the face of a move by states, particularly the U.S., to control and limit supply globally. While raising revenues from the drugs trade was arguably the state's main focus early in the century, rising drug use disorders shifted attention toward addressing consumption by mid-century.⁹ Drug treatment provision went through periods of implementation and suppression prior to the 1979 revolution, with the most comprehensive system implemented 1969–1979, when interventions expanded in conjunction with broader public health advancements. Treatment

and maintenance of drug users was enabled via coupons for elderly and chronically sick patients, allowing purchase of state-regulated opium at a fixed price, and medical detoxification for those not eligible for coupons; with an outpatient methadone program established in Shiraz in 1974.¹⁰ After 1979, however, drug policy shifted toward harsh demand and supply reduction, and treatment programs were discontinued.

Emblematic of this approach were the actions of the infamous Ayatollah Sadeq Khalkhali, chief justice of the Revolutionary Tribunals and head of the Anti-Drugs Revolutionary Council, who sentenced at least 582 alleged dealers to execution in the revolution's immediate aftermath.¹¹ The ensuing drugs discourse during the 1980s became deeply embedded in an anti-imperialist and securitised narrative. The state embarked on a project to “purify” Iran from the moral corruption of illicit drugs, in order to create social justice for the *mostazafin* (disinherited) and elevate

“true” Islamic values centred around family and martyrdom.¹² This justified systematic marginalisation and demonization of some vulnerable categories of citizens, such as drug users, who were branded as deviants and morally corrupt, and dealers, who became known as *sodagaran-e marg* (merchants of death), while uplifting and creating new “holy” or “sacred” categories of citizens. The latter included those fighting the war with Iraq, and the families of *shohadha* (martyrs) and dissidents executed during the reign of the Shah.

The punitive approach to drug offenders in the 1980s gradually shifted to a focus on treatment and harm reduction in the late 1990s.¹³ This resulted from simultaneous phenomena that caused a crisis of legitimacy in the state apparatus, particularly the rise in substance use disorders among veterans of the Iraq war and a rapidly escalating HIV crisis, aggravated by needle sharing between drug users, particularly in prisons.¹⁴ For example, a 1997 epidemiological study of inmates in three prisons in Kerman, Shiraz and Kermanshah found an extremely high HIV infection rate.¹⁵ Incarceration of users had filled penitentiary settings to the brim and exacerbated the HIV epidemic, particularly due to the easy accessibility of drugs in prisons (still an issue today).¹⁶ Moreover, the policy failed to deter drug use, which continued to increase across the country and in all facets of society in the war’s aftermath.¹⁷ This challenged the state’s narrative of providing services and social justice for “sacred”

categories of citizens, particularly veterans with war-induced trauma who sought solace in drugs.

Similar to other states that advanced health-led responses to substance use, the medicalisation of drug use played a key role in enabling health-based approaches founded on treatment and harm reduction.¹⁸ The issue was “medicalised” by reframing addiction and drug use as health problems, not moral deprivation warranting recourse to the criminal justice system. This shift in the late 1990s/early 2000s involved careful and systematic work by health policy leaders and practitioner-activists, such as Dr. Minoo Mohraz, the Alaei brothers and Bijan Nassirimanesh, in addition to technocrats in the Health Ministry, Drug Control Headquarters (DCHQ) and Prisons Organization, who sought to work around the stigma of drug use and HIV.¹⁹

As the treatment agenda for HIV and AIDS became gradually accepted, it was clear new policies were needed to address converging epidemics: first, the rapid spread of HIV, and secondly increasing drug use and related deaths, including disease transmissions from risky consumption methods such as needle and syringe sharing between users.²⁰ While changes to drug policy and expansion of treatment and harm reduction programs were justified by the HIV epidemic, the socio-political transformations that stemmed from the rise of reformism, particularly the empowering by

President Mohammad Khatami's administration (1997–2005) of technocrats rather than staunch ideologues within key ministries, opened space for debating and implementing more humane and progressive drug policies.²¹ Simultaneously, Khatami's "dialogue between civilisations" opened a door for rapprochement with the West.²² Drug control became a somewhat surprising arena for discussion and knowledge exchange, considering the human rights concerns that surrounded the Iranian state's treatment of drug offenders in the aftermath of the revolution.

Drug Policy's Golden Age: Expanding Treatment and Harm Reduction

The first state visit by a British government minister since 1979 was conducted by Mo Mowlam of the Cabinet Office in February 2001. The UK's then deputy drug coordinator, Mike Trace, said Prime Minister Tony Blair's administration and President Khatami's office "were looking for subjects on which to have a first diplomatic rapprochement We decided to do it on drugs because we had a shared interest there".²³ Mowlam met with Iranian officials, including Khatami. Her mission was twofold: "First, to meet those working to combat drug addiction and swap ideas and experience on issues like anti-drug treatment and helping young people stay away from drugs At the same time, I wanted to talk to the Iranian Government at the highest level about what we can do

to cut off the drug supply routes".²⁴ The result was a signed memorandum of understanding (MoU) on anti-narcotics cooperation. This visit was indicative of the major shift on drug control under Khatami, from strict supply and demand reduction toward increasing the scope and availability of treatment, including harm reduction measures. Easing of harsh penalties and a health-focused approach was necessary to appease foreign critics and enable diplomatic dialogue.

Iranian medical practitioners became regular speakers in international forums. Dr. Kamiar Alaei, a pioneer in the field who established the first methadone clinic in Kermanshah in 1999 with his brother, Dr. Arash Alaei, explained how they got programs extended "step by step" by facilitating dialogue between the Prisons Organization, Health Ministry and DCHQ, as well as international counterparts.²⁵ The Alaei brothers, Dr. Bijan Nassirimanesh and various government agency representatives attended conferences, such as that on AIDS in 2002 in Spain and the conventions in 2003, 2004 in Thailand and Australia respectively on "Reduction of Drug Related Harm", which opened an international platform for supporting policy change in Iran. Foreign scholars and practitioners became involved in supporting expansion of Iranian treatment programs, such as Professor Kate Dolan, who helped establish the first female methadone clinic in Tehran in the early 2000s in collaboration with Dr. Nassirimanesh

and the NGO “Persepolis” he had founded in 1999.²⁶ International engagement supported knowledge exchange on drug treatment and harm reduction, but was also an important opportunity for Iran’s government to gain visibility and support for progressive programs, thus building a platform for multilateral dialogue.²⁷

This dialogue was of great diplomatic importance for rapprochement with the West and produced important results, including expanded treatment services, counter-narcotics collaboration and bilateral MoUs, such as for practitioner exchanges with Australia and Switzerland.²⁸ Domestic researchers and medical practitioners pioneered treatment and harm reduction expansion but were heavily supported by foreign academics who engaged the government on steps toward a health-centred approach to drug use. This culminated in 2005, when Khatami’s cabinet approved the bill on “Decriminalisation of treatment of those suffering from narcotic drug abuse”, and Ayatollah Shahroudi (the judiciary head) instructed judges, law enforcement and religious leaders to facilitate harm reduction programs.²⁹

The Ahmadinejad Years

While 1997–2005 can be termed a golden age of drug treatment and harm reduction in Iran, Mahmoud Ahmadinejad’s administration (2005–2013) severed many of the new international collaborative ties

and re-instated a harsh focus on supply reduction and the death penalty for drug offences. Treatment and harm reduction were allowed to continue but only through what has been termed “grassroots authoritarianism”.³⁰ NGOs aligned with the political elite were allowed to continue their work, but others were closed or faced difficulties with their programs. The renewed punitive focus led to a significant increase in execution of alleged dealers and traffickers.³¹ Many early practitioner-activists who had supported expansion of drug treatment and harm reduction faced increasing scrutiny and interference. This gained international attention with the Alaei brothers’ 2008 arrest and sentencing to several years imprisonment for alleged spying and collaboration with foreign governments, under Article 508 of the penal code.³² This led to an outcry from governments, human rights organisations and the WHO, and created a more hostile domestic environment for drug treatment and harm reduction activists and NGOs. Many of the more progressive NGOs, such as House of the Sun and Persepolis, were closed or otherwise prevented from continuing their activities.³³

These changes in domestic politics had a major impact on drug policy dialogue with the West. A leading Iranian researcher said his award of a large grant from an international philanthropic organisation for a project on illicit drugs and addiction “was encouraged and facilitated by Mr. Zarif and top levels of the [Foreign

Ministry]”, when Zarif was Iran’s UN ambassador (2002–2007). However, shortly after Ahmadinejad took office and the funds had been transferred to Iran, obstacles emerged, and the organization’s local representative was arrested. “[A]ll of a sudden something changed”, the researcher said. “... This is only one example of the ever-changing boundaries and the red lines that are constantly shifting. And it is never clear when they will shift, and why they shift. It is a conscious strategy to keep people on their toes”.³⁴ Keeping researchers and practitioners in constant fear of arrest or reprisal continues to complicate dialogue and collaboration with the West in this field.

Many foreign researchers also faced issues. For example, research approvals granted to Dr. Janne Bjerre-Christensen under Khatami were questioned when she arrived to begin research shortly after Ahmadinejad’s election. She was threatened and forced to leave the country after only five weeks in the field.³⁵ The challenges of research in Iran for foreign and dual-national researchers have been well publicised; several academics remain imprisoned on trumped-up charges of spying and undermining the Islamic Republic. That these academics are perceived to be political pawns has seriously undermined scholarly dialogue and collaborative projects.³⁶

Contemporary Drug Diplomacy

While Ahmadinejad’s presidency was a significant step back from Khatami’s efforts to enable collaboration on drugs, there have been important developments during the Rouhani presidency (2013–2021), including a willingness to appease foreign critics. Following several years of intense criticism by international NGOs and human rights activists,³⁷ for example, the judiciary’s 2017 move to reduce capital punishment for drug offenders, with the legal change implemented in 2018, was meaningful.³⁸ Among European diplomats interviewed in Tehran, there was consensus that this had reopened dialogue possibilities. A senior Dutch diplomat said:

In terms of funding, the amendment to the anti-narcotics law was crucial. It has taken away the hesitation of many states to engage or re-engage with Iran. The realisation that Iran is doing a lot, and is very unfortunately placed, has also helped states re-engage in these issues The change stems from an acute awareness that capital punishment is not the solution. Marginalised low-level dealers and users are being executed, and the government knows this Now, it is a bit more open and easier for us to work on these issues.³⁹

As explained by “Mohammad”, an experienced psychiatrist providing drug treatment through his private clinic and harm

reduction outreach to open-air drug markets in Tehran, advocacy by the drug treatment community, combined with a realisation among political elites that capital punishment had failed to reduce trafficking, was key to the legislative change.⁴⁰ However, practitioners, NGOs, and Iranian officials consistently say that the international help that was to follow never materialised. U.S. withdrawal from the JCPOA and re-imposition of harsh sanctions in late 2018 were seen, Mohammad noted, as “Trump pulling the carpet from under our feet”, erecting a barrier to dialogue and collaboration.⁴¹ Evidence of this lack of support can be seen in the underfunded UN Office on Drugs and Crime (UNODC) Country Program. Between 88 per cent and 93 per cent of funding for that partnership program comes from voluntary contributions and participation by UN member states. By July 2019, those states had produced only around \$5.3 million of the \$20 million UNODC had budgeted for its 2015–2020 activities in Iran, resulting in heavy criticism from the DCHQ and Iranian government authorities.⁴²

Iranian officials frequently criticise the West for not assisting their efforts to stop the flow of drugs.⁴³ Massoud Zahedian, former head of the anti-narcotics police and adviser to the DCHQ, asserted:

We are faced with the fact that Westerners do not pay their share of this struggle! that they do not provide support ... lowers the level of work in the fight

against drug trafficking. The Western countries that use these substances do not adhere to the principles of cooperating with the front-line countries.⁴⁴

The criticism that the West has not done enough to help Iran’s frontline fight against traffickers or actively undermines its supply reduction efforts has been repeated since the Islamic Republic’s inception.⁴⁵ But the reality is more nuanced. While sanctions and isolation have prevented financial support and complicated dialogue, so has Iran’s human rights record in dealing with drug offenders and foreign and domestic researchers and practitioners who have sought to collaborate.⁴⁶ Iranian researchers and NGOs find themselves between a rock and a hard place. Sanctions and isolation prevent program funding and implementation. Simultaneously, the government creates a hostile environment for collaboration, as domestic scholars fear reprisals and imprisonment due to blurred boundaries of what is acceptable.

Meanwhile, the toll of Iran’s four decade-long War on Drugs is huge: more than 4,000 law enforcement officers killed and over 12,000 injured, in addition to destruction of the lives of countless drug users, family members and low-level dealers and traffickers.⁴⁷ European diplomats interviewed in Tehran recognized Iran as the first line of defence for drugs bound for Europe and other regions globally, responsible in 2018 for more than 93 per cent of world opium seizures and 33 per cent

of world heroin and morphine seizures.⁴⁸ Efforts to control the drugs flow have taken a heavy toll on law enforcement and the criminal justice system, while undermining human rights, fuelling corruption and causing much other damage to Iranian society. As with many other countries in the Global South, the combination of an unfortunate location on a major drug route and its own inappropriate policies has exacerbated the situation.⁴⁹ Considering the disproportionate negative impacts the global War on Drugs has had on producing and transshipment countries, Iran has a reasonable claim for more help, particularly from European countries that are some of the biggest consumers of the substances trafficked through it.⁵⁰ A European diplomat in Tehran argued:

In Iran, we need to be pragmatic about change The government and judiciary have been very receptive, they acknowledge these problems. Iran does a lot of work in harm reduction and in drug supply control. They do a massive amount of work. If not, all these drugs would end up in the Balkans and [from there] they would end up in Europe.⁵¹

Meanwhile, Iranians like Zahedian express a sense of abandonment, saying Iran has been “alone in this field for decades”, and “if Europe does not pay its share, it will have to collect drugs in their own countries”.⁵²

Support for Iran on drugs issues does not necessarily require sponsoring its supply

reduction efforts, with their troubling human rights issues, but could be earmarked toward improving evidence-based treatment services and assisting civil society actors, in addition to strengthening anti-corruption and anti-money laundering (AML) programs. For example, AML programs are an effective measure toward curtailing the financial base and political support of organised crime groups. Arguably, sanctions on banks and financial transactions make it complicated for both Iranian authorities and the international community to strengthen Iran’s capacity to combat money-laundering.

Border and Drug Control Equipment

While international help for treatment and harm reduction would likely be better placed to resolve some of the most pressing public health issues, Iranian officials have consistently focused on the lack of international support for border control and supply reduction efforts. Sanctions’ responsibility for preventing purchase of needed equipment, they say, seriously undermines Iran’s ability to police the eastern border effectively and clamp down on trafficking. Meanwhile, foreign governments and commentators point to endemic corruption and state negligence as key drivers of the drugs trade.⁵³

According to Nasser Aslani of the DCHQ, “all the financial aid that was provided by European countries in the past has been reduced or even cut off after the start of

the sanctions, and today we face problems in supplying tools and equipment from abroad".⁵⁴ European diplomats in Tehran acknowledge some validity in the complaint. The Italian embassy's drug liaison officer, speaking of the need for drug sniffer dogs, explained: "The drug dogs are old and tired. No one wants to give Iran sniffer dogs because of sanctions and human rights concerns".⁵⁵

The issues with border and drugs control equipment stem from dual use concerns, such as the possibility it could be used to quell domestic unrest or support Iran's problematic regional proxies. In 2006, Israeli troops seized night vision gear used by Hezbollah, which it was alleged the UK had given Iran for drugs control.⁵⁶ Indeed, 300 goggles were sent in 2003, two years after Mowlam's visit, to support drugs control on the eastern border. The UK's investigation concluded that the goggles Israel seized had not been diverted from that 2003 batch.⁵⁷ Nevertheless, concern for diversion to groups the EU and U.S. regard as terrorists remains an obstacle to supplying much equipment Iran seeks.

The consequences of a lack of equipment are difficult to ascertain. Similar to other areas in which it has had to innovate to cope with a lack of access to international markets, Iran has been developing its own equipment to support the anti-narcotics and border police.⁵⁸ Even a small further improvement in the state's capacity to prevent drug flows might result in addi-

tional tons of seizures. This measurement of success, however, might also mask negative unintended consequences, such as further harm to marginalised, vulnerable drug users in Iran and beyond if traffickers shift to more harmful and potent substances movable in smaller quantities, or reduce purity, which has historically led to a rise in injecting drugs in Iran.

Current Collaborative Programmes and Barriers to Cooperation

Current collaborative programs are often initiatives of individual states, both European (eg, the Netherlands and Italy) and non-European (eg, Japan).⁵⁹ Notable is Italy's cooperation, which started around 2004 with a bilateral agreement. Its focus has been on strengthening the criminal justice system and supporting alternative punishments to incarceration, the latter a topic on which Iranian judges have requested capacity building help under UN-ODC's country program. The Italian drug liaison officer in Tehran noted: "We are supported by Italian data to try to explain or show that recidivism actually decreases from these alternative measures".⁶⁰ Programs have included meetings between Iranian judges and the Italian public prosecutor's office to discuss capital punishment and judicial powers issues. "They [the Iranian judiciary] were interested, but the issues are very sensitive", the diplomat said.⁶¹

A Dutch embassy diplomat described particular willingness among EU member states to work on substance abuse as a health issue, as well as alternatives to incarceration. This willingness includes supporting Iranian police in reducing case-loads of drug-related crimes: “they are currently overburdened by this”.⁶² Diplomats interviewed recognised that key to multilateral dialogue is buy-in from higher levels of the Iranian government and that knowledge exchange needs to be practical and founded in technical expertise. Simultaneously, they evidenced acute awareness of the dangers of directly supporting Iranian NGOs without working through the government to gain official approval. As the Dutch diplomat said, “supporting local civil society without government knowledge is hugely dangerous to those organisations Our approach in other countries is radically different”.

The challenges in collaborating with local NGOs have affected funding, which, a director of one of the largest drug treatment NGOs in Iran said, “has gotten terrible. The European Commission used to give funding to national NGOs, now they give money to international NGOs instead – some of them with no offices in Tehran”.⁶³ A major factor since 2018 has been the EU’s delay in implementing its payment mechanism for bypassing the sanctions the U.S. re-imposed in 2018, “The Instrument in Support of Trade Exchanges” (INSTEX). The mechanism has largely been a failure. Established in January 2019, its first transaction

-- to export medical devices to Iran during the COVID-19 pandemic -- was not until March 2020.⁶⁴

Both Western countries and the Iranian government impose barriers to research collaboration and program implementation that pre-date the 2018 U.S. sanctions. For example, it has been highly complicated for Iranian scholars to attend international conferences and symposiums. As “Akbar” explained, in 2015 he won a prestigious award for a research paper to be presented at the 17th International Society of Addiction Medicine (ISAM) Congress in Dundee. However, the UK did not issue him or any of his Iranian colleagues a visa to attend. “Finally”, he said:

we decided to connect to the congress online and present our papers Iranian researchers are always under pressure, from the Iranian government, the British government, the American government The problem is that Iranian researchers are concerned about being arrested by the Iranian Revolutionary Guard Corps (IRGC) because of collaborating with American and British researchers. I was working on a paper related to new treatments for methamphetamine dependence with an Iranian-American researcher, a professor of addiction, but I was alarmed by colleagues telling me that the IRGC may arrest me. They fear the IRGC.⁶⁵

Experts working on substance treatment and in NGOs say increasing numbers of skilled professionals seek to leave the country when faced with the mounting pressures. They leave a vacuum behind, interviewees note, that is increasingly filled by those seeking to exploit the “drug problem” for their political and economic agendas. This can be seen, for example, in the growing involvement of law enforcement, IRGC and *Basij*⁶⁶ in operating so-called drug treatment camps for which they are paid from the state budget.⁶⁷ These camps are associated with high mortality and violations of drug users’ rights.⁶⁸ Research has found drug detention centres elsewhere highly ineffective for reducing use, while increasing harms and leading to human rights violations.⁶⁹ Worryingly, such camps are expanding across Iran.

Fear of constantly shifting boundaries regarding collaboration with foreign academics was widespread among interviewees. As one said, “has it been safe to publish research on this topic? The answer is I don’t know You will not know until you publish”. The Dutch diplomat agreed: “The thing about Iran is that the boundaries always change. It is never clear what is and what isn’t acceptable Proceed with extreme caution; do not be in the country when you publish. I can’t stress that enough”⁷⁰ This uncertainty deters research and cooperation on sensitive issues. Iran needs to give its scholars and practitioners reliable assurances that collaboration can occur without interference. Unless ad-

dressed, the issue of imprisoned domestic and foreign scholars and practitioners will continue to undermine Iran’s criticism of sanctions and lack of international support.

III. DRUG TRAFFICKING AND SUPPLY

Due to Afghanistan's pre-eminence in the global supply of illicit opiates, the spillover from drug trafficking has major consequences for public health and the criminal justice systems of its neighbours.⁷¹ Since the 2001 invasion by the U.S. and its allies, Afghan drug production has expanded rapidly, providing a livelihood to rural households along the illicit narcotics supply chain in the absence of licit opportunities, while simultaneously fuelling conflict and corruption.⁷² As a result of the significant flow of Afghan-origin drugs to global markets, Iran and Pakistan were consistently responsible for 90 per cent of global opium seizures in 2002–2015.⁷³ The U.S. Department of State estimated in 2009 that roughly 40 per cent of Afghan opiates entered Iran for domestic consumption and onwards transshipment.⁷⁴

The Balkan route for Afghan opiates, which goes through Iran for transshipment to Europe, continues to be the largest heroin and likely opium trafficking route globally. Countries along it had 33 per cent of global heroin and morphine seizures in 2017.⁷⁵ UNODC data shows Iran responsible for 58.4 per cent of global heroin and

morphine seizures in 2018, and 93.3 per cent of global opium seizures respectively.⁷⁶ The majority of drug seizures in Iran occur along its eastern border with Afghanistan and Pakistan: 76 per cent there between March 2019–March 2020 (the Persian calendar year 1398).⁷⁷ Border control measures and checkpoints along the major transit routes have been a key focus for Iranian law enforcement.⁷⁸ In recent years, the approach has also increasingly focused on seizing the properties and assets of drug gangs, with a 56 per cent rise in these via court rulings, between March 2019–March 2020.⁷⁹ Whether this strategy of seizures to the benefit of the state is influenced by the economic situation is difficult to ascertain.⁸⁰

The drugs flow affects not only users and suppliers, but also the broader communities. As stated by Deputy Attorney General Saeed Omrani, “drugs do not only affect the consumer, but also directly affect more than 20 million people in the country”, impacting on family relationships, increasing divorces and child abuse and worsening other social problems.⁸¹ The direct consequences of trafficking on the criminal

justice system have been substantial, exacerbated by the policy of incarcerating low-level dealers, traffickers and users. In January 2019, the head of the Prisons Organization stated that there were 240,000 prisoners in the penitentiary system, 39 per cent of them (93,600) for drug-related offences.⁸² According to official statistics, approximately 4.8 million persons were jailed for drug offences between 1979–2017 (with an additional three million sent to mandatory “treatment”); and 48 per cent of all inmates were incarcerated for drug-related offences between 1988–2017.⁸³ The burden on the system can be seen in the high annual arrest rates for drug-related crimes. For example, 419,809 people were arrested for drug-related offences between March 2019–March 2020, which included 227,270 for trafficking and dealing and 190,539 for being “addicts”.⁸⁴ In the first three months of the current Iranian year, 102,405 were arrested for drug crimes, including 64,827 for supply offences and 37,578 for being “addicts”.⁸⁵ Moreover, the government has said that roughly 70 per cent of prisoners are drug users or had committed a drugs-related crime.⁸⁶

Though the Islamic Republic has sought for four decades to stop the drugs flow across its eastern border, the trade has penetrated all facets of society and exacerbated corruption within the economy and politics. Among others, the DCHQ’s former secretary general, Ali Hashemi, has claimed that traffickers have been able to get their “preferred candidates” into the

parliament at a cost of a billion tomans.⁸⁷ Other senior individuals, such as Foreign Minister Zarif, Interior Minister Abdolreza Rahmani Fazli and the head of the working group for reducing drug addiction in the Expediency Council, Dr. Saeed Sefatian, have commented on the ways in which the laundering of drug money has infiltrated politics, the banking network and licit industries.⁸⁸

Increasing Prices of Illicit Drugs

The decline of the Iranian rial since 2018 has significantly increased the prices of illicit drugs (with the exception of methamphetamine, owing to the displacement of production to Afghanistan which is reviewed below) at both wholesale and street levels. While statements by Iranian officials are often confusing and contradictory, testimonials from drug users and dealers confirmed this substantial increase in drug prices since 2018. Among others, DCHQ’s secretary general, Iskandar Momeni, stated that the average price of illicit drugs in April 2020 compared with April 2019 was up more than 70 per cent⁸⁹ By late 2019 users said the cost of opium and heroin has almost doubled in urban areas since late 2018, and by late 2020 the price of opium had tripled compared to its price point in 2018.⁹⁰ In the period late 2018 through late 2019 meanwhile, the wholesale price of methamphetamine has decreased by roughly 80 per cent, according to the anti-narcotics police.⁹¹ The DCHQ

and officials attribute that decrease to the influx of cheap methamphetamine from Afghanistan (see below), indicative of how economic pressures have influenced the emergence of new drug production and trafficking chains.

Drug price changes have important impacts for users and broader society. As explained by a director of an NGO providing treatment and harm reduction services, users may spend X per cent of their daily wages on drugs and Y per cent on food and other necessities.⁹² When simultaneously prices on food and other necessities and drugs increase this balance is seriously disrupted, with potentially devastating consequences. For many who suffer from substance dependency, quitting drugs when faced with increasing prices is not only impossible; sudden withdrawal can also have serious adverse health consequences, including death.⁹³ Interviewed practitioners fear that rising prices will lead to an increase in crimes by marginalised and vulnerable street users in order to buy drugs, which may in turn lead to more incarcerations. Much international research has shown that imprisoning users exacerbates harms and has a profound negative impact on them and their families and communities.⁹⁴ Rising prices are also likely to lead to more harmful modes of substance use, such as injecting rather than smoking (see below), and in general to more high-risk behaviours.

The Emergence of Afghan Methamphetamine

An area of rapid change since US sanctions in 2018 is the shift of methamphetamine production from Iran to Afghanistan.⁹⁵ Though the gradual transition of methamphetamine production to neighbouring countries began earlier, it has rapidly escalated, since Iranian manufacturing of methamphetamine for the domestic market now carries risks that seemingly outweigh potential profits. While the transition of production out of Iran may at first glance be deemed welcome, the emergence of a significant industry in Afghanistan and the wave of cheap Afghan methamphetamine now flooding Iran will have significant consequences for public health and the criminal justice system in coming years.

Iranian methamphetamine production began around 2004/2005, and reached its height after 2010.⁹⁶ Between 2005–2017, law enforcement reportedly discovered and dismantled 2,036 methamphetamine labs in the country.⁹⁷ The influx of domestic producers to the methamphetamine market after 2005 greatly increased availability of the substance, while lowering prices. The drug, locally known as *shisheh*,⁹⁸ began being sold in women's beauty parlours for quick weight loss and to enable labourers to work long hours. With wide availability, users steadily increased. By 2010, a third of psychiatric beds were reportedly for *shisheh* users, and it has been

III. Drug Trafficking and Supply

estimated that there were 400,000 regular methamphetamine users by 2015.⁹⁹ While officials claim that methamphetamine use has since been steadily declining, from an estimated 26 per cent of all with substance disorders in 2010 to 8 per cent currently, there is wide worry that burgeoning availability of cheap Afghan methamphetamine will lead to greater use.¹⁰⁰ Particularly in the context of significant increases in the prices of other drugs, it is likely that vulnerable and marginalised users will shift to or supplement their current habit with cheap Afghan methamphetamine. There are already reports of increased methamphetamine use among Iranians as a result of these developments.¹⁰¹ However, in the absence of systematic research the scale of this increase cannot be confirmed.

The escalation of this problem is evident in seizure statistics. Between March 2019 and March 2020, Iranian law enforcement seized almost 17 tons of methamphetamine, a 208 per cent increase over the previous year.¹⁰² In just one week of November 2019, the anti-narcotics police head announced, over 600kg of Afghan methamphetamine were seized in Iran's eastern border provinces.¹⁰³ As a result of increasing supply, officials at the DCHQ and the State Welfare Organization claimed, the wholesale price dropped by up to 80 per cent across the country between March-September 2019.¹⁰⁴ In early 2019, methamphetamine reportedly retailed at 80 million tomans per kilo, while the wholesale price was estimated at six million tomans in the eastern

border provinces and up to 20-30 million tomans in other provinces by June 2020.¹⁰⁵ An investigative journalist's August 2020 report in Tehran found that street drug users paid 40,000-50,000 tomans per gram for methamphetamine.¹⁰⁶ During somewhat earlier fieldwork in Tehran (September 2015-April 2019), methamphetamine's street price had been consistently above 100,000 tomans per gram. With Iran already a major transshipment country for Afghan opiates, there is concern that the methamphetamine is now being trafficked into Iran also for onwards transshipment. Recent significant seizures have shown the spread of Afghan methamphetamine through Iran and as far away as Australia, Indonesia and East Africa, a serious issue requiring further monitoring.¹⁰⁷

IV. SANCTIONS, ECONOMIC PRESSURES AND ILLICIT DRUG USE

While geopolitics has diverted much attention from drug policy, the impact of Iran's economic downturn on vulnerable and marginalised drug users has been disastrous. Research in other contexts shows a strong link between recession, unemployment, psychological distress and increasing drug use.¹⁰⁸ With Iranians under intense economic and social pressures, substance use disorders and drug-related harms are likely to continue increasing.¹⁰⁹

Research on the impact of sanctions on drug use in Iran is extremely limited. However, a 2013 pilot study found that the secondary impact of sanctions, in the form of economic pressures, had increased both risky consumption practices, such as drug injecting, and illegal activities among users to generate funds to buy drugs.¹¹⁰ Though it tracked a limited number of male users, the findings showed the correlation between mounting economic pressures experienced by marginalised street users and their increasing risky behaviours and illegal activities to generate funds for

drug purchases. Another article found four main consequences of sanctions for drug use and addiction treatment: 1) shortages in essential medical supplies; 2) reduced patient access to treatment services; 3) financial obstacles for NGOs and harm reduction programs; and 4) potential changes in drug markets in Iran and the region regarding abuse and trafficking patterns.¹¹¹ This paper's research, in open-air drug markets and other residential settings in Tehran and neighbouring urban areas in late 2018 and early 2019, suggests those consequences remain perhaps the most important ones for the lives of drug users.

The fieldwork highlighted that increased economic pressures were a constant worry for these individuals. Iranian street drug users often engage in informal or illicit activities to generate funds, such as ad-hoc manual labour or peddling. This mirrors findings in other contexts, particularly the sociological research on street drug use in late-industrial contexts in the Global

North.¹¹² Based on that body of research and field observations in Iran, it is likely that marginalised users will be pushed further toward illicit and informal economic activity to generate money to survive when opportunities in the licit economy diminish, particularly in the absence of other state support. While the consequences of the economic downturn on drug use and drug treatment are multifaceted, this section of the paper focuses on the following three areas: a) increasing use, b) increased risky modes of consumption and use-related harms and c) greater strain on the treatment system, particularly for Iranian NGOs.

Signs of Increasing Drug Use

Iran already has one of the highest levels of drug dependence among adults globally.¹¹³ Official estimates claim that over 5.4 per cent of adults (2.8 million people aged 15–64) suffer from substance use disorders.¹¹⁴ This is a significant increase from previous official statistics. For example, in 2015 the DHCQ reported 1,325,000 “addicts”,¹¹⁵ roughly 2.27 per cent of the adult population.¹¹⁶ While this figure had been used for several years and was considered a gross underestimate by health practitioners and UN experts, government officials, scholars and NGOs alike have stated that drug use has increased markedly in recent years due to the economic downturn. Meanwhile, the average age of those with substance use disorders has

consistently declined and is now reported to be at 24 years.¹¹⁷ Of the 2.8 million adults with substance use disorders, an estimated 156,000 are women, but that is likely an underestimate, considering the double stigma women face: not only for using, but as a female user.

Historically, user estimates have varied widely, in recent years ranging between 1.2–3.7 million. DCHQ and Health Ministry statements are often contradictory, while unofficial sources have estimated the true number at up to six million.¹¹⁸ It is estimated that 67 per cent of those with substance use disorders are dependent on opium, followed by cannabis (12 per cent), methamphetamine (8 per cent) and heroin (7 per cent).¹¹⁹ 2019 figures estimated that roughly ten people die each day due to illicit drug use, about 3,600 per year, though drug-related deaths are likely under reported.¹²⁰

Analysis of statements by officials in Iranian newspapers indicates that the increase in drug use is country-wide and likely among individuals seeking to cope with the trauma and desperation caused by the failing economy. The scholars and health-care practitioners interviewed for this study also generally agreed that sanctions and the ailing economy had pushed more people into drug use and at an earlier age than a decade ago. A prominent Iranian scholar and practitioner in the drugs field said, “because of sanctions, more people will use substances – the solution to this

problem is taking drugs”.¹²¹ That drugs are used to cope with the traumas and stresses of unemployment and financial insecurity has been well-documented in scholarly literature.¹²² In combination with their wide availability, this destructive cycle looks highly likely to continue to affect already vulnerable and marginalized Iranians disproportionately.¹²³

It was evident during the fieldwork for this study that the economic situation had worsened the marginalisation of users. One recounted in September 2018, as the rial was falling rapidly, “you go to work in the morning. You work all day and get paid. However, when you get home with money in your hand, you are poorer than when you left for work in the morning!”¹²⁴ Several users and low-level dealers said that people became involved with drugs because of the poor economy and widespread unemployment and the most marginalized users manifested profound hopelessness. The way to deal with the pressures and achieve a sense of normalcy was to seek solace through drugs, though this often led to a downward spiral as the pressures increased. A user said, “if you can control it and not exaggerate it, it can help against depression, anger, anxiety” and many users called drugs a “medicine” for coping with pressures.¹²⁵ Drugs enabled these marginalised individuals to work for long hours on the streets of Tehran, performing various informal activities to earn their daily bread such as washing cars or peddling goods. As an elderly, homeless user

said, “if I had work, if they helped us with employment, with somewhere to stay, it would be different ...”¹²⁶

Shifting Modes of Consumption and Increasing Drug-Related Harms

At the onset of the rial’s decline, in late 2018, criminal organisations seemingly resorted to reducing the purity of opium and heroin and mixing the drugs with other cheaper and potentially harmful compounds to increase the drugs’ weight and thus their profit margins. This has been linked to increased poisonings among opium users in particular. With this strategy of reducing purity to safeguard profits, drug traffickers were able to more slowly increase their prices vis-à-vis other household goods. The interviewed practitioners and low-level dealers generally agreed that this was a conscious strategy of higher-level drug distributors, as sudden price hikes would potentially disrupt the drug trade significantly. As an NGO director said, “purity has decreased, and ... prices have not remained stable. They have increased a lot If prices increase, it has a lot of dangerous consequences ... so they [traffickers] reduce the purity instead”.¹²⁷

The consequences of decreasing purity and cutting drugs with toxic additives have been shown both prior to and after 2018. For example, Iranian researchers have studied how opium mixed with lead and other toxic additives has led to

a large number of lead poisonings across the country, particularly among individuals ingesting opium.¹²⁸ The director of an NGO providing treatment and harm reduction to users said, “nowadays, they [the drug suppliers] mix opium with lead. It is a cheap metal, it brings up the weight massively, and it burns well as well. It is important [for the user] that the product burns well”.¹²⁹ Decreasing drug purity not only secures profits for drug trafficking organizations – it also encourages a shift toward more harmful modes of consumption. With heroin, this can be seen in a shift toward injecting drug use (from smoking). The emergence of “crack” heroin in Iran in the early 2000s is a case in point. Known locally as *kerack*, it became popular after the Afghan Taliban banned poppy cultivation in 2000, leading to a shortage of opium and regular street heroin in Iran.¹³⁰ *Kerack* was cut with a range of harmful additives that enabled the user to inject it without having to “cook” it. The lack of access to regular street heroin and the emergence of low-purity and easily injectable *kerack* thus led to an increase in injecting drug use across the country – which in turn poured fuel on the fire of the HIV epidemic.¹³¹

Injecting drug users are highly stigmatised in Iran, even within the user community. “There is not much injecting in the *patoghs*”,¹³² an outreach worker said, because “those who inject are looked down on in the hierarchy of the *patogh*”.¹³³ An UNODC official stated that “there is double stig-

matization against injecting drug users, so they hide and do it under cover”.¹³⁴ By 2015, the National AIDS Committee Secretariat (based at the Health Ministry) estimated Iran had 170,000–230,000 injecting drug users.¹³⁵ However, health practitioners interviewed for this paper stated that, due to heavy stigma, these persons are more reluctant to report their use, so official figures likely underestimate the extent of drug injection. According to the health practitioners interviewed, injecting drug use has historically increased when heroin’s purity has decreased or when new substances (such as *kerack*) have surfaced, and when economic pressures have mounted.¹³⁶ As a result of the rapidly deteriorating economic situation, the reduction in purity of heroin and opium and likelihood that injecting drug use would again increase, an outreach worker at a Tehran drug treatment and harm reduction NGO predicted: “In the next ten years, I foresee a new HIV/AIDS epidemic in Iran”.¹³⁷

By September 2020, shifts in consumption patterns were becoming visible as Iranian health practitioners began reporting a resurgence of injecting drug use in urban areas.¹³⁸ The country-wide extent is not yet known but should be a major cause for concern. A rise in injecting drug use would cause serious disruption to Iranian public health – reminiscent of the HIV epidemic among Iranian drug users in the 1990s. Considering the strain on the economy and the declining funds of NGOs working in this area, an UNODC expert said in Feb-

ruary 2019, “if there is a new wave of injecting use, we are not ready for it”.¹³⁹

Strains on the Drug Treatment System and Funding of NGOs

The impact of sanctions and international isolation on access to medicines has been much debated.¹⁴⁰ While U.S. officials point to medical and humanitarian exemptions, research has shown that sanctions have had a detrimental impact on access, because, among other reasons, governments and companies fear U.S. reprisals if they enter trade agreements with Iran.¹⁴¹ They have also had consequences, historically and contemporarily, for drug use treatment. A medical practitioner explained that in the early 2000s Iran imported buprenorphine¹⁴² from France. The French company involved was too fearful to continue after 2005, when sanctions were imposed on Ahmadinejad’s administration.¹⁴³ As a result, Iranian health authorities switched buprenorphine patients to methadone, a more potent, domestically produced opioid. This is indicative of how sanctions have led to diversification and innovation in some domestic industries.¹⁴⁴ Indeed, by 2020, Iranian pharmaceutical companies had developed capacity to produce not only methadone and buprenorphine, but also opium tincture as part of its large-scale Opioid-Substitution-Therapy (OST) program.

In other areas, however, the domestic pharmaceutical industry has been unable

to deal with the consequences of sanctions for drug treatment. Several negative developments have recently been reported, including lack of access to anti-psychotic medications, whose price is now unaffordable. This is particularly problematic considering the apparent rise of methamphetamine use, the prolonged and heavy use of which often causes psychotic episodes – as seen in 2010 when a third of psychiatric hospital beds were occupied by methamphetamine users.¹⁴⁵ Economic pressures have also affected users’ ability to afford other forms of drug treatment, such as OST, even when partially subsidised by the state. A practitioner stated:

Because of sanctions people are in economic distress and cannot pay the treatment price ... That time [late 2018, while working across two addiction centres in Tehran] was my worst experience as a general practitioner in Iran, because I found that most of my patients cannot afford to buy medication. I prescribed medication such as antidepressants, because one of the most important side effects of methadone is depression. These poor people need some antidepressant medication, but they cannot afford them. Sometimes, when I want to refer them to psychiatrists or psychologists, they cannot afford the cost of referral, or the cost of psychotherapy The cost was then 80,000 tomans, but people cannot afford it.

Though there are provisions for persons who cannot afford the full cost of treatment, there is wide concern among health-care workers that the economic situation will push users away from treatment and toward relapse into drug use.¹⁴⁶

Another area in which sanctions have had an indirect impact is state funding of NGOs, many of which provide services at low or no cost to the most vulnerable and marginalised street drug users. While their funding in rials has remained stable, expenses have skyrocketed with the currency's collapse. Many NGOs have become used to irregular payments from government funders, which has the knock-on effect of irregular payment of salaries for staff and suppliers and delayed payments for fixed costs, such as rent for shelters and drop-in clinics. The irregular payment of salaries for frontline harm reduction workers has been considered an urgent problem by NGO directors, UN officials and frontline staff themselves.¹⁴⁷

Considering the likely need for increased services, stable funding for frontline service providers is vital. Street-based homeless users are a particular target group for their services. While an estimated 20,000 people were homeless in Tehran at the end of 2019, there are no official statistics country-wide.¹⁴⁸ Practitioners and frontline workers interviewed had a strong sense that the numbers are increasing due to economic pressures, but lack of systematic research and official statistics means

the scale of the problem is unknown and needs further attention.

Many of the challenges related to funding pre-date the 2018 U.S. sanctions but have been significantly exacerbated by the decline in the Iranian economy. Frontline service providers work on a shoestring budget that is watered down daily by the rial's decline. This was already visible in September 2018 at a mobile harm reduction clinic that was handing out food to homeless drug users in open-air drug markets around Tehran. The clinic was scheduled to visit seven *patoghs* that day, and workers carefully sought to ration supplies, but food was exhausted after visiting only two of them. For the rest of the day, the workers had to turn hungry people away. A worker said, "we could give food and supplies to more than 500 people per day, but we do not have the supplies".¹⁴⁹ Due to the growing economic pressures experienced by ever more users, these NGOs will need to help rising numbers of beneficiaries. This is a recipe for disastrous public health outcomes, and is an area in which international support is sorely required. "We need", a senior UNODC expert said, "more mobile vans, more harm reduction; our frontline workers should be strong! They are currently one of the weakest links in the chain".¹⁵⁰

V. CONCLUSION

This paper has focused on consequences of the U.S. withdrawal from the JCPOA and 2018 re-imposition of sanctions for the use and supply of illicit drugs in Iran, including diplomatic relations and collaborative projects in the drugs sphere. It has sought to give a nuanced overview of emerging issues in the illicit drugs field that will continue to have major consequences for public health and criminal justice, and of how both international and domestic factors have contributed to worsening the problem.

The three areas studied are international collaborative projects and diplomatic relations on drug supply and demand reduction, the flow of illicit drugs through Iran and patterns of substance use and use-related harm, including how the work of frontline service providers has been impacted. The paper has shown how the secondary consequences of U.S. sanctions and international isolation, particularly their significant negative impact on the economy and collapse of the rial, coupled with inappropriate domestic drug policies, repression and lack of support for scholarly work and harm reduction NGOs, have exacerbated the drug problem. It has also shown how multilateral collaboration on drugs is hampered by domestic as well as international factors, as Iran has been unable to safeguard scholarly freedom and

the ability of practitioners to collaborate with foreign funders and institutions. While Iranian scholars and practitioners are eager for such collaboration, sanctions, isolation and a hostile domestic environment prevent it.

Meanwhile, the rial's decline has led to a large increase in the price of drugs and a simultaneous decrease in purity levels, which will have major consequences for public health and the already overburdened criminal justice system. The shift of methamphetamine production from Iran to Afghanistan, which has escalated since 2018, will further exacerbate drug-related harms as Iran is now experiencing a significant inflow of cheap Afghan-produced *shisheh* (methamphetamine). The public health system and harm reduction NGOs will have to stretch already scarce resources if this leads to increased methamphetamine use. Lastly, to cope with the pressures from a failing economy, there is evidence of increasing drug use and spirals of dependence. Iran already has one of the highest global rates of substance dependence among adults, the consequences of which put significant strains on the state. In conjunction with changes in drug markets, interviewed stakeholders consistently expressed fears that drug-use harms will increase, as seen in reports of renewed injecting drug use in urban ar-

reas. Due to a lack of funding for harm reduction and drug treatment NGOs, practitioners make clear, Iran lacks the capacity to curtail the consequences of a shift towards injecting drug use, particularly with regards to the transmission of infectious diseases. As such, due to both domestic and international constraints, Iran has little support to cope with a massive influx of drugs that produces major impacts on politics, economics and society.

It is important to briefly consider what the Iranian drug problem might be without sanctions and international isolation. In the absence of such barriers and with greater integration into global markets, Iran could hypothetically become an even more important transit hub for drug trafficking globally. By expanding trade channels to the consumer markets of the drugs that are trafficked through Iran currently (eg. in the global West), a journey currently segmented through a number of complicated steps with significant associated costs for traffickers, this would hypothetically make it easier for organized crime groups to move their products out of Iran. Furthermore, with a greater flow of drugs through the country, the negative spill-overs of the trade would likely be exacerbated, since a higher availability of drugs may lead to an increase in domestic use.

Simultaneously, however, the Iranian state's control over the flow of goods would likely improve with closer integration into global markets, as this would require greater

oversight of supply chains, including compliance with rules and regulations for controlling and monitoring trade. Sanctions have posed significant barriers and costs for trading with global markets, and the state has dealt with this isolation in part by engaging in and facilitating smuggling to raise revenue and shore-up political support. If the state showed willingness to comply with international trade standards to safeguard access to such markets, reliance on and complicity in illicit flows might be expected to decline. Moreover, since Iran would have to upgrade border control facilities to comply with international standards, it would gain a justification for access to much needed equipment to monitor the flow of goods.

As such, while an absence of sanctions and greater integration into global markets could potentially lead to a larger volume of drugs trafficked through Iran, it might simultaneously improve the state's capacity to deal with drug flows as a result of improved border control measures and closer cooperation with international law enforcement agencies. Greater integration into the international community would also conceivably produce an environment more favourable to collaboration on issues related to substance use treatment and harm reduction as well – an area in which international support is urgently needed as outlined in this paper.

Drug policy was an important area for rapprochement with the West during

V. Conclusion

President Khatami's administration, when harm reduction and drug treatment programs were implemented and witnessed expansion across the country. By engaging with Iranian officials and offering support in these areas, the international community has an opportunity to strengthen humane and health-oriented approaches to drugs, while opening up diplomatic channels for collaboration on broader drug-related matters. For example, support for Iranian scholars is needed to ascertain how increased economic pressures influence changes in drug markets at the street level, in terms of the availability of substances (both prices and purity) and of consumer behaviours (such as modes of consumption, to prevent the spread of infectious diseases). Such research has been of pivotal importance in other contexts to address evolving harms and challenges faced by marginalised drug users; and it is an area in which collaboration between foreign and Iranian scholars would be highly beneficial.

ENDNOTES

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alence. Another factor complicating cross-country comparisons is that studies use different methodologies and tools to study and estimate drug use, including different samples. For example, Iranian ministries mostly study and publish information related to substance dependence among adults, ages 15-64. With these caveats in mind, Iran has one of the highest prevalence rates of adult substance use disorders globally.

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