Harm Reduction Practices in Iran: a ‘State of Exception’

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The Institutional Foundation of Drug Policy

Drug Control Headquarters (DCHQ: setad) as established in 1988

- President
- Min of Interior
- Min of Intelligence
- LEAs
- Prosecutor General
- Tehran Revolutionary Court
- Prison Organisation
- Basiji
- Min. Culture & Islamic Guidance
- Min of Health
- Min of Education
- IRIB-media
Addiction among the ‘Moral Classes’ in the 1990s

“The fact that these ‘sacred’ social categories [...] are endangered by drug use confuses [...] the clear-cut category of the disinherited that the revolution was to elevate, creating a complex moral dilemma for the state (Christiansen 2011: p. 145).

Women, veterans and former prisoners of war were increasingly part of the drug problem...

The state envisaged a re-definition of the practices of the law (and not the content of it) towards the addict.
Genealogy of the Paradox: Is the addict treated as a ‘criminal’ or a ‘patient’?

Mohammad Fellah (director of the DCHQ) said in 1998: “The Ministry of Health cannot treat addicts because they are criminals according to the law, and as long as the law doesn’t change and addicts are not considered patients, no service can be provided to them” (Madani 2011: p. 456).

HR practices required alternative modus operandi, primarily OUTSOURCING of treatment and harm reduction practices to PRIVATE CENTRES and NGOs.

But this implies a general lack of control on quality, higher fees, maintenance of the criminalisation paradigm and the mushrooming of illegal treatment centres.

WHAT I DEFINED IRAN’S NEOLIBERAL ADDICTION
Mohammad Fellah said:

“In order to change the maxim ‘addiction is a crime’ [...] I asked someone to give me a journalist so that I can work with him on a series of tasks. [...] In the meantime in some of these newspapers we wrote ‘addiction is not a crime’ and then we sent a letter to the head of the judiciary and asked him whether addiction was a crime or not.
The addict as the **Homo Sacer**
Suspending the Law to Preserve the Legislation

• “An obscure figure of archaic Roman law, in which human life is included in the juridical order solely in the form of its exclusion” (Agamben, Homo Sacer, 1999).

• The addict as an outlaw – a criminal – faces the power of the law in its fullness, and yet it is re-included **medically** through HR reduction practices, at the **margins** of the state/society.

• “It concerns, rather, a suspension of the order that is in force in order to guarantee its existence” (Agamben, State of Exception, 2005).

• Addict in T&R centres are **protected from prosecution** during the T&R period (1997 anti-narcotic law).
Harm Reduction Practices in fits and starts

• Still opposition from the ‘deep state’, i.e. LEAs and Judiciary.

• Lack of coordination among HR community and lack institutional support from above.

• Crisis policymaking instead of comprehensive approach: reacting to the problem and not pro-acting towards a solution.

• Yet, good results in tackling HIV-AIDS. 30% drop in number of cases per year (since 2004).
The problem is the politics... and the solution is in the politics!

Harm Reduction Practices need to be expanded into a harm reduction mentality:

♣ Policies of de facto and de jure decriminalisation

♣ Medicalisation with state participation and not privatisation of health.

♣ Comprehensive approach on sexual education and sex; i.e. sex workers, pre-marital sex, same-sex intercourse,...

♣ “Meth wave” threatens Iran’s current HR practices
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