

8 | *Drugs and Populism: Ahmadinejad and Grassroots Authoritarianism*

The Ahmadinejad government has nine crises every day of government.

Fararu, August 1, 2009.

Introduction

If the reformist period was one of ‘one crisis every nine days of government’, the post-reformist years characterised themselves for a permanent state of crisis, a status well captured by the expression ‘nine crises every day of government’.¹ Crisis was critical to the formation of Mahmud Ahmadinejad’s vision of governance in policy and polity. Crisis remained central after Ahmadinejad, too, reigning over Hassan Rouhani’s period in power. Among these multiple crises, one can mention the following, in escalating order: the football, wrestling and judo federation crises (2012–17); the aviation maintenance crisis (2006–18); the automobile manufacturing crisis (2011); the House of Cinema crisis (2014–15); the housing bubble crisis (2010s); the market recession crisis; the inflation crisis (*passim*); the hydrogeological crisis (in the example of Lake Urmia, 2010–19); the Kahrizak prison crisis (2009); the 2009 election crisis; and, *ça va sans dire*, the nuclear crisis (2006–?).²

¹ *Fararu*, August 1, 2009, retrieved from <http://fararu.com/fa/news/28972>.

² *The Guardian*, July 15, 2009, available at www.theguardian.com/world/2009/jul/15/iran-plane-crash; *Al-Monitor*, May 3, 2014, retrieved from www.al-monitor.com/pulse/originals/2014/05/iran-water-crisis.html; *The Guardian*, July 2, 2010, retrieved from www.theguardian.com/commentisfree/2010/jul/02/iran-kahrizak-detention-centre; *RFERL*, January 4, 2012, retrieved from www.rferl.org/content/iran_shuts_down_house_of_cinema/24442278.html; *Washington Post*, October 5, 2012, retrieved from www.washingtonpost.com/world/national-security/food-prices-inflation-rise-sharply-in-iran/2012/10/04/44521436-0e69-11e2-bb5e-492c0d30bfff_story.html.

The sanction regime imposed on Iran added pressure on a situation that was already deemed critical, contributing to the perception among Iranians and their political leaders, of a permanent crisis haunting the country. The first round of nuclear-related sanctions took place in 2006, when the United Nations Security Council (UNSC-1696) agreed to impose restrictive measures on Iran's nuclear enrichment programmes. In 2010 and 2012, a second and third round of sanctions began with UNSC-1929 and was further tightened with the sanction regime imposed by the United States under Barack Obama, closely followed by the European Union. Following Donald Trump's election, the United States withdrew from the Joint Comprehensive Plan of Action (JCPOA, aka in Iran as *BARJAM*) and in 2018 implemented a set of sanctions against the Iranian economy. The Islamic Republic's isolation caused by unilateral US sanctions coupled the crises ongoing at the domestic level.

On top of all these, the drug phenomenon entered into a new dimension, one that the state had not foreseen and found difficult to deal with. The changing nature of drug (ab)use – the phenomenon of *shisheb* – buttressed the formation of a crisis that had been a feature of the reformist period, as described in Chapters 4 and 6.

The dynamics of post-reformist society characterised by the use of new stimulant drugs and non-traditional sexual norms, situated the post-reformist government in a paradoxical situation. The outcome of this situation was expected to be a reaction based on normativity and condemnation of new societal trends, followed by a reversal of the progressive policies, such as the controversial harm reduction legislation. Contrary to expectations, however, the Ahmadinejad government did not reverse the trend in favour of harm reduction and it generally continued the process of expansion of civil engagement in the field of drug policy. It scaled up progressive policies on addiction into a nationwide project. In view of the threat of *shisheb*, state representatives stressed the need to make distinctions between different substances, pointing out that the institutions should encourage shifting to less harmful drugs, such as opium.³ High-ranking officials reiterated that 'the management of the drug market has to be in control of the *nezam* [political order]', and that the destruction of the poppy farms – successfully implemented in the 1980s – had been a strategic mistake.⁴ From the second half of the 2000s onwards, officials included in their public agenda the reintroduction of poppy cultivation and other

³ *Iran*, May 12, 2007. ⁴ *Aftab-e Yazd*, September 4, 2006.

drastic reforms in the field of illicit drugs, including regulation of drug consumption.

Under Ahmadinejad, drug consumption underwent further changes. The average age of drug use dangerously decreased; more women were using hard drugs than ever before; traditional drugs were supplanted by domestically produced synthetic drugs, while the government spent considerable financial resources on drug control programmes. By 2012, according to a public survey, only 7 per cent of Iranians believed the government have been effective in dealing with the drug problem, which for 87 per cent represented the country's main social problem.⁵ Surveys revealed that people considered the police the worst-performing institutions in the 'War on Drugs'.⁶ This was despite the LEAs having arrested, over the course of three decades, more than 3.9 million people for drug crimes.⁷ The compound effect of these data and the public impact of *shisheh* narratives (re)produced a crisis, similar to the one which characterised the initial years of the reformist government at the end of 1990s, with the HIV 'epidemic'. However, the response of the Ahmadinejad government differed substantially from that of Khatami's reformism, highlighting their diverging paradigms of government as illustrated in the previous chapter. In line with the style of president Ahmadinejad, the government maintained a populist approach towards drug policy, often circumscribed by an aura of secrecy and bombastic promises. In the occasion of a drug-burning ceremony, president Ahmadinejad declared 'the problem of drugs is not only a cultural, social and economic, but it is an important political problem', adding that only 'the reform [*eslah*] of the governance system of the world [*nezam-e hakem bar jahan*]' could uproot the drug problem.⁸ Unlike his reformist predecessor, Ahmadinejad engaged in individual and collective meetings with recovered drug addicts, listening to their requests and recriminations. During a gathering in Tehran's Azadi Stadium, Ahmadinejad, in front of 20,000 former drug users, said, 'Ahmadinejad [referring to himself], like your younger brother, stands beside you in trying to solve your problems; the government is honoured to be on your side and on the side of your recovery'.⁹ Significantly, the president's reference to himself (and the government) as the younger brother was symptomatic of the vision that the post-

⁵ *Sharq*, September 24, 2012. *Mardomsalari*, September 16, 2010.

⁶ *Etemad*, April 12, 2010. ⁷ *Aftab-e Yazd*, September 4, 2006.

⁸ *Keyhan*, June 27, 2007. ⁹ *Jam-e Jam*, June 27, 2011.

reformist state had with regard to its role in addiction recovery and treatment. While many of the promises remained unfulfilled (e.g. priority for recovered addicts in employment), his call to adopt 'new strategies and approaches of fighting drugs', was the prelude to the rise of a new mode of governance, one that defied both harm reduction and prohibition alike.¹⁰ The government played the role of the younger brother, who seeks advice from its civilian counterpart, civil society, the older brother. It acted through a modality of indirect government of the crisis. As seen in the previous Chapter, the principle modality of intervention in the post-reformist time was embodied by the art of managing disorder.

This chapter elucidates the practices born of the post-reformist moment. While in the previous chapter I discussed the on-the-ground mechanisms of management made up of informal and clandestine elements, in this section I engage with the way government and civil society cooperate in drugs politics. Here, I systematically consider the strategies of intervention within the broader scheme of the government's approach to illicit drugs. This is produced by the institutionalisation of methadone clinics and the governmentalisation of NGOs operating in the field of addiction. Neither belong to the institutional realm of the state, but function through state subsidies, supervision and collaboration, hence materialising 'twilight institutions' and parastate formations. The aim is not only to illustrate how the reformist-supported policy of harm reduction metamorphosed under post-reformism, but also to connect the daily operations of public and private institutions within the broader framework of state formation and interactions between state and social phenomena.

'A National Question, Not a Governmental Duty'

Withdrawal from formerly state-prerogative fields and the appeal for massive privatisation of non-key public assets were two key features of this era. The Constitution of the Islamic Republic, under article 44, allows privatisation of public assets, a plan that had occurred in several instances in the post-war period. Iran's highest juridical and executive authority, Ali Khamenei, decreed in 2006 that '80 per cent of the public sector should be privatized'.¹¹ Under Ahmadinejad, about 90.5 per cent

¹⁰ Ibid. *Keyhan*, June 27, 2007.

¹¹ Kevan Harris, 'The Rise of the Subcontractor State: Politics of Pseudo-Privatization in the Islamic Republic of Iran', *International Journal of Middle East Studies* 45, 1 (2013), 46.

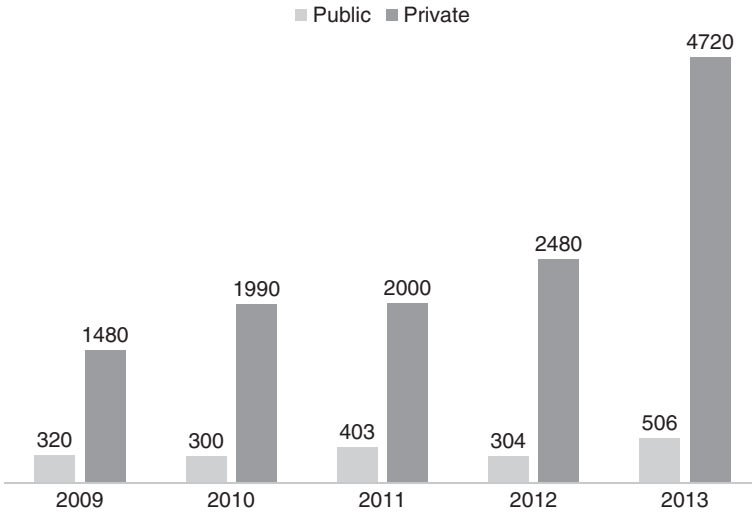


Figure 8.1 Methadone Clinics (2009–13)
DCHQ, ‘Drug control in 2013’.

of the total value of transfers of state enterprise in the post-war period took place, a fact that is revelatory of the extent to which his government sought the lightening of state governmental duties, while promising to bring the oil money to the dining table of the populace.¹² This trend applied even more drastically to those areas of governmental action reputed burdensome and socially problematic, such as drug consumption and drug (ab)use. With the approval of harm reduction policies, the state authorised the creation of private methadone clinics (MMT), where people seeking treatment could initiate a treatment process. Methadone clinics soon became a vibrant phenomenon in the market of medical services, providing a steady source of revenue for medical practitioners, often GPs with no specialisation in addiction recovery (Figure 8.1).¹³

In 2009, there were about 160,000 people registered in private clinics for methadone; in 2014, the number had gone up to almost 570,000 people.¹⁴ This astonishing increase in just a matter of five years explained the high demand for methadone among the population, but spoke also of

¹² ‘Justice share’ (*sabm-e edalat*) is a case.

¹³ GPs had to undergo a training session at INCAS.

¹⁴ DCHQ, ‘Drug Control in 2009’; and DCHQ, ‘Drug Control in 2014’.

a fundamental medicalisation of drug use among the users themselves.¹⁵ Of the country's 5,300 clinics, around 4,900 (95.3 per cent) belong to the private sector (Figures 8.1 and 8.2). More interestingly, while the number of public clinics has remained stable, that of private clinics has multiplied constantly up to 2014, when they allegedly reached saturation level.¹⁶ By 2014, almost 800,000 people were registered under MMT, a figure that ranks among the highest worldwide. Drug (ab)users unable to register in private clinics, were supported through a network of state-run clinics, where the cost of methadone was heavily subsidised. These were usually connected to state-run compulsory camps under the management of the therapeutic police.

The post-reformist state admitted that it needed the private sector to fulfil its governmental duties. In an interview, the deputy director of the DCHQ, Tah Taheri, stated that 'because the government is unable to treat all the people, we rely also on the private sector. In the case of addicts who do not have enough money, we [the state] provide subsidies for them, but if their family, as usual, intervenes, the family pays for the treatment'.¹⁷ The statement confirms that the reliance on the private sector for medical provision in the field of addiction recovery was (and is) a deliberate strategy of the state, complemented by the development of domestic methadone production. Today, Iran is self-sufficient in methadone production (Figures 8.2 and 8.3).¹⁸

The government's reluctance to expand public treatment was a question of economic calculation. The diatribe about 'addiction insurance' (*bimeh-ye e'tiyad*) elucidates this aspect well. Following approval of harm reduction, public pressure mounted on the provision of insurance on addiction recovery. Often recovering in psychiatric hospitals and clinics, drug (ab)users seeking addiction recovery could not benefit from insurance coverage. Families paid the fees for those patients recovering in mental service centres, despite 'addiction' being acknowledged as a medical condition, 'a pathology', a 'disease'. In response of this situation, the DCHQ director for treatment and social support explained

¹⁵ Mohammad Keyvan Ara, Mas'ud Kianush and Mehdi Jianpour, 'Addicts' Experiences about the Medicalisation of Addiction [*Tajarob-e mo'tadan az pezesbki shodan-e'tiyad*]', *Rafah-e Ejtema'i*, 29 (2010).

¹⁶ Interview with Hamid Reza Tahernokhost, March 2013.

¹⁷ *Jam-e Jam*, May 16, 2011.

¹⁸ *Jam-e Jam*, June 30, 2010, retrieved from www1.jamejamonline.ir/newstext2.aspx?newsnum=100942401191.

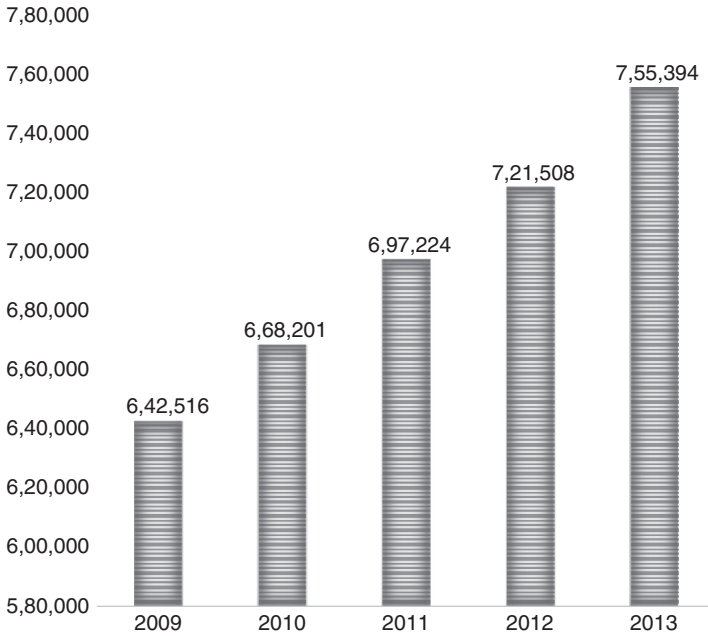


Figure 8.2 Methadone Maintenance Treatment Patients (2009–13) DCHQ, ‘Drug control in 2013’.

that medical insurance did not cover addiction, as it involved consumption of illicit substances, and therefore fees could not be covered by public funds. Addiction remained an ambiguous pathology in the state vision; tactically, this implied that the state was not responsible for the financial coverage of costly psychiatric treatment. Given the rising numbers of *shishbeh* users, drug policy officials scrupulously considered the likelihood of future ‘epidemics’ of mental disorder and the rising demand for psychiatric assistance. By 2015, approximately 400,000 people were known to consume methamphetamine, with polydrug use – the combination of different illicit substances – being on the rise.¹⁹ Were the state to insure all drug (ab)users, the real number of Iranian people on drugs would be publicly visible and politically legible. This legibility risked

¹⁹ *Jam-e Jam*, May 12, 2013. Again, one has also to bear in mind that the data are not transparent. Despite the *shishbeh* ‘epidemics’, the total number of drug users in Iran remained unchanged according to the government. See *Serat News*, April 20, 2015, retrieved from www.seratnews.ir/fa/news/238533/.

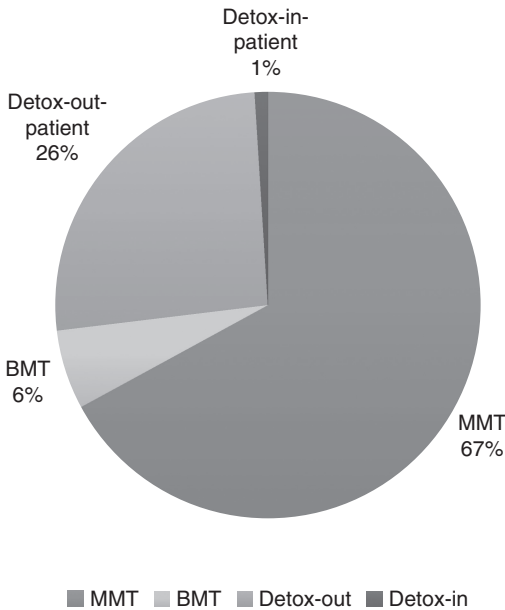


Figure 8.3 Patients in Medical Facilities for 'Drug Abuse' (2013) DCHQ, 'Drug control in 2013'.

undermining the political order and its decade-long attempt at moralising to the public. Covering the data by a thick veil of ambiguity guaranteed economic saving and political gains (Figure 8.4).²⁰

One could sum up the post-reformist approach to the issue of drug (ab)use with the words of an Iranian parliament member – and staunch Ahmadinejad supporter – who said, 'the fight against drugs and addiction is not a governmental duty, but a national question [*matalebeh melli*]'.²¹ To be successful in the treatment of drug (ab)users, Iran needed 'a social movement [*harekat-e ejtemai*, sic!]', with the government having a 'supervisory duty [*nezarati*]'.²² The national question regarded *all*: public as well as private, civil society as well as institutions and agents of the state. This was a prelude, it might be argued, to the outsourcing of governmental duties to the private, or pseudo-private, sector. I shall now introduce how the machine of government reacted and what techniques of government unfolded in response to the fluid drug phenomena of the 2010s.

²⁰ *Aftab-e Yazd*, June 13, 2010. ²¹ *Aftab-e Yazd*, June 29, 2010.

²² *Aftab-e Yazd*, August 13, 2008.

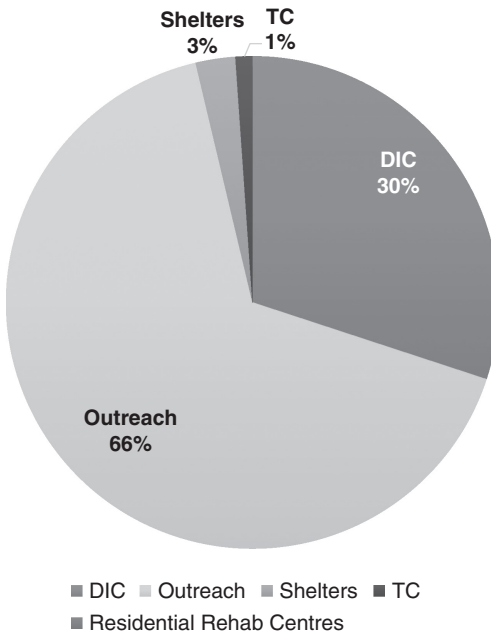


Figure 8.4 Number of People Admitted to Rehab Centres DCHQ, 'Drug control in 2014'.

Harm Reduction Revisited

With the political backing for reform fading away, the new government moved towards a securitisation of social activism, especially those groups supporting reforms on civic issues. In a matter of a few years, most of the key social agents that had supported harm reduction were defused of their reformist clout. In June 2008, Iranian authorities arrested Kamiar and Arash Alaei, the two brothers who piloted the successful Triangular Clinics, on charges against the security of the state. They were accused of cooperating with foreign government to destabilise the Islamic Republic. Bijan Nasirimanesh, who operated the first DICs in Shiraz and Tehran, left the country in early 2009, while the NGO he founded continued to provide services inside Iran. In 2011, Said Madani, author of one of the first books about drug addiction in Iran, was arrested and sentenced to six years in prison and ten years of exile in Bandar Abbas for his political activities related to the Nationalist-Religious

Movement.²³ Thus, the personalities and networks behind the reform were prevented from carrying on their reformist-minded plan in the field of drug policy. Besides, the post-reformist government targeted, systematically, reform-oriented academics and members of the scientific community, when in 2006 it reportedly forced numerous scientists and professors to resign from their post or to accept early retirement. By weakening the academic profile which had been behind the push for innovation and change, the government enhanced its political control and centralisation over drug policy institutions. This did not mean a setback for civil society participation in addiction recovery and drug policy. Although observers considered the coming to power of Ahmadinejad as a direct threat to the progressive harm reduction system, practices of support to drug (ab)users continued and effectively widened their quantitative scope following his election in 2005. By 2007, there were 51 government facilities, 457 private outpatient centres and an additional 26 transition centres.²⁴ By 2009, there were already 1,569 treatment centres, 337 government centres and 1,232 non-government centres, which have been operational throughout the country, providing services to 642,516 persons.²⁵ The fact that harm reduction and addiction recovery had been included in the 2010 text of the General Policies of the Islamic Republic of Iran [*siyasat-ha-ye kolli-ye nezam*], emanated by the Expediency Council and approved directly by the Supreme Leader, surely contributed to this process.²⁶

Drugs politics pursued a discontinuous, unsettled path. During his eight years of government, Ahmadinejad appointed three different directors to the highest post at the DCHQ. First, he selected Fada Hossein Maleki (2005–7), who then moved to occupy the post of special ambassador to Afghanistan, a key anti-narcotics role.²⁷ From 2007 to 2010, the caretaker of the DCHQ was the Commander-in-Chief of the National Police Esma'il Ahmadi-Moghaddam, who also maintained his post as head of the police. After 2010 and up to the end of Ahmadinejad's second mandate, the president appointed his Defence and then Interior Minister Mostafa Najjar (2010–13), who also remained in charge of the ministry during his

²³ *BBC Persian*, February 19, 2014, retrieved from www.bbc.co.uk/persian/iran/2014/02/140219_157_saeed_madani.

²⁴ Calabrese, 'Iran's War on Drugs'. ²⁵ DCHQ, 'Drug Control in 2009'.

²⁶ The text of the General Policies is retrieved from <http://maslahat.ir/DocLib2/Approved%20Policies/Offered%20General%20Policies.aspx>.

²⁷ Fada Hossein Maleki's official website, retrieved from <http://fh-maleki.ir/fa/2015-01-16-17-08-19.html?showall=1&limitstart>.

mandate at the DCHQ. Apart from the change in the directorship of the organisation, this period was characterised by a lack of direct political management in the DCHQ. The overlapping duties – as ministers and head of anti-narcotics – of the DCHQ directors meant that the DCHQ suffered from the lack of an independent strategy and scrupulous management. Internal sources to the DCHQ confirm that both the president and DCHQ directors rarely participated in the weekly meetings, leaving the organisation mostly in a state of disarray and decisional confusion.²⁸ Different officials brought forth conflicting policies, often resulting in an inconsistent puzzle. Loosely speaking, however, Ahmadinejad designed the post-reformist priorities in countering drug and drug (ab)use. Maleki was the exception, but both Ahmadi-Moghaddam and Najjar represented the security-oriented and policing side of drug policy. The former was Mohammad Baqer Qalibaf's successor as NAJA commander; logically, he followed a 'tough on crime' line. Once appointed, Ahmadi-Moghaddam went on reassuring that the entry of the police at the head of the DCHQ did not imply that all prevention programmes will be stopped. His compromise with the medical side of the problem was taken into account, in his view, by appointing as a caretaker of the DCHQ his deputy in the NAJA, who had a previous career as a medical professional.²⁹

Another aspect that characterised this period is the attempt at centralisation and de-bureaucratisation of drug policy. With the involvement of the police in the daily affairs (and, hence business) of treatment, the DCHQ tended also to centralise both budget and strategic decision-making in Tehran. The charging of NAJA as supervisor of the DCHQ precluded to a process of centralisation, which was meant to quicken state response to changing drug consumption patterns, while also ensuring implementation of agreed policies. At the same time, there was a general call among state cadres to 'de-bureaucratise' drug policy, as institutional obstacles were considered detrimental to effective policymaking. This approach was positively attuned with Ahmadinejad's management of governmental affairs, exemplifying a political oxymoron. Centralisation meant that the government had the authority to change direction in drug policy – as much as in other fields of interest. It helped the rise of groups and agents aligned with the vision of the ruling cadres. That also enabled

²⁸ *Fars*, August 21, 2013, retrieved from www.farsnews.com/newstext.php?nn=13920529000532.

²⁹ *Etemad-e Melli*, May 6, 2007.

a faster and controlled privatisation of welfare and social services, outsourcing them to groups that reproduced the ideology of those in power, or those holding political capital. The oxymoron of centralisation and de-bureaucratisation fine-tuned this game.

Soon after his election, the president issued the order to dismantle the highly efficient and reputable Planning and Management Organisation (MPO), and to transfer its duty to the president's office. The move was allegedly justified by the president's call for new thinking about the economy and the budget, a reckless inspiration that left deep traces in the economy and that established a paradigm for other sectors of public policymaking. This was Ahmadinejad's 'revolution in government' moment. Similarly, the DCHQ made clear that 'the fight against drugs, at a regional and provincial level, must proceed regardless of bureaucratic administration'.³⁰ This statement occurred on May 2007, while Ahmadinejad's decision to dismantle the MPO was finalised in October of that same year, a coincidence implying that centralisation and de-bureaucratisation were two mutual processes during this era. Victims of this trend were scientific and expert groups in matters of drug policy (as well as economic policymaking). The government gained greater room for manoeuvre in budgetary allocation and management, much to the advantage of the NAJA and the DCHQ. The targeting of the scientific community and the 'experts' was part and parcel of Ahmadinejad's government overall anti-intellectualism and mistrust towards transnational academic networks. It also suggests that the politics of drugs went hand in hand with wider political confrontations, usually categorised under the register of *factionalism*.³¹ While the reformist government encountered lines of opposition in its push for policy change, the Ahmadinejad government did not face serious institutional challenges, as the Parliament, the Guardian Council and the Supreme Leader's Office expressed sympathy and alignment with the ideology and political persuasion of the new government. Instead, it was intergovernmental infighting that characterised policy implementation during this period. This is evidenced by a set of different issues, such as the contrasting statistics and data that different ministries provided on the number of drug users, the existence, or not, of drug (ab)use among students, the

³⁰ Iran, May 12, 2007.

³¹ See Mehdi Moslem, *Factional Politics in Post-Khomeini Iran* (Syracuse University Press, 2002).

supervisory authority with regard to rehab camps and, most problematically, the allocation of the budget.³² With oil prices at unprecedented heights, the budget of the DCHQ had benefitted from state largesse. In 2008, the budget allocated to the DCHQ by the Majles totalled 77,386,200 USD – with a 40 per cent increase compared to 2007 – 45 per cent of which was allocated to supply reduction activities (i.e. policing, intelligence and anti-trafficking).³³ By 2013, the budget had shrunk to 6,768,000,000 tuman (ca. 4.5 million USD) due to a combination of low oil prices and the fall of the Iranian currency.³⁴ With lower budgetary allocation, internecine criticism surfaced as a trait of the post-reformist period, with NGOs lamenting the lack of governmental funds for their activities.³⁵

During the bountiful years, the DCHQ expanded its activities to such different fields as filmmaking, cultural events, sport training and musicotherapy, without much supervision and control, despite the reiterated calls for centralisation. In line with the short-termism of Ahmadinejad's policymaking, the budget was used to renew infrastructures, buy new cars, refurbish the buildings and invest in any sort of social activity, without coherence and objectives. Part of it was dedicated to research projects and the creation of doctoral degrees focused on drug phenomena. While research and scientific investigation were sought to support policy interventions, the content of a considerable number of these academic programmes was limited in scope and methodology, and bounded to a framing of drug issues as exclusively epidemiological or, for that matter, moralising. Abundance of research into aspects of religious exegesis and drug use is one evidence of this; endless epidemiological publications is the other side of the coin.³⁶ Most of it is listed under the budget of the Ministry of Education that sponsors PhD grants and other types of university research programmes (Table 8.1). By 2014, however, only 3 per cent of all research on drugs and addiction could be said to belong to the social sciences, *sensu lato*, most of which lacked fieldwork engagement and critical analysis.³⁷ No serious historical,

³² *Aftab-e Yazd*, August 20, 2011; *Etemad-e Melli*, October 2, 2009.

³³ DCHQ, 'Drug Control in 2009'. ³⁴ DCHQ, 'Drug Control in 2014'.

³⁵ The account is a recurrent theme of my interviews with managers of therapeutic communities and rehab camps.

³⁶ *Jam-e Jam*, January 5, 2009.

³⁷ Fieldwork notes 'ASCongress', September 10, 2014. Declaration by head of the DCHQ.

Table 8.1 Budgetary Allocation (2014)

INSTITUTIONS	BUDGET (IN MILLION RIALS)
MIN OF HEALTH, TREATMENT, MEDICAL EDUCATION	7,000
WELFARE ORGANISATION	45,000
PRISON ORG	5,000
MIN OF EDUCATION	70,000
MIN OF SCIENCE, AND RESEARCH AND TECH	25,000
MIN OF CULTURE	5,000
BASIJ ORG	13,000
OTHERS	22,000

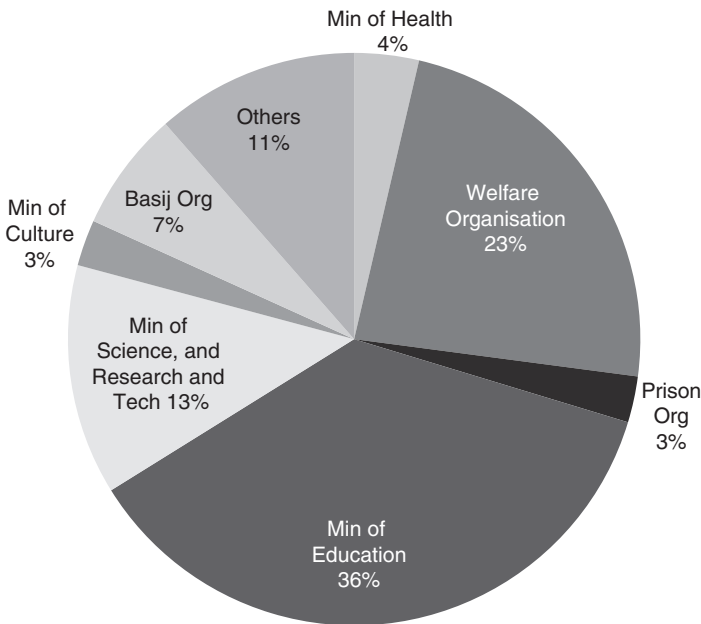


Figure 8.5 Percentage of Drug Control Budget in 2014 (in millions of rials)

sociological and anthropological approach was encouraged over these years.

A case in point about the lack of practical results from investments in research is given by the murky and secretive nature of drug statistics (Figure 8.5). Reiterated calls for transparent numbers about drug use

led to the creation of a national committee on addiction data in 2006.³⁸ Although the authorities had regularly published data on drug confiscation, arrests, people under treatment and numbers of clinics, other categories have been vaguely referred to or left ambiguous. Notably, statistics with regard to drug use among students have been systematically denied by the Ministry of Physical Education and Training, while researchers have referred to this phenomenon on several occasions, prompting a journalist to publish an editorial asking, 'In the end, are there or not addicted students?'³⁹ Ultimately, the DCHQ clarified that the government had data on youth addiction, but that these data were secret (*mahramane*) and were only available to high-ranking officials. This prompted other officials to argue that up to 30 per cent of the 3.3 million students in Iran were addicted (where 'addicted' meant, vaguely, hard-drug consumption).⁴⁰ *Ipsa facto*, the creation of research units and statistics taskforces did not lead to significant development of legibility and of in-depth knowledge of the phenomenon. One reason for this is provided by the fact that the DCHQ has only disclosed fragmentary information about its epidemiological studies of drug abuse, allegedly, due to the weak methodology of the study.⁴¹

When not spent in research, DCHQ money was often mismanaged. In the words of a public official, 'in previous years, in some cases, the money for researches in the field of drugs was even spent for aviculture and fish farming'.⁴² Another official explains that 'the Prison Organisation and the Welfare Organisation ... used the money to build services which were not for addicts, but, for example, were used to build other prisons and centres of support, so we decided this time to take control of this budget'.⁴³ Public criticism and accusation of mismanagement and corruption were in tune with those against the rest of the post-reformist government. New cars, expensive mobile phones, unnecessary gadgets and travels, compelled the director of the DCHQ, in 2007, to make a disclaimer, refuting the idea that many had established about the DCHQ as a 'generous charity organisation'.⁴⁴

³⁸ *Hamsbahri*, June 24, 2006. ³⁹ *Jam-e Jam*, June 5, 2008.

⁴⁰ *Etemad*, August 16, 2009.

⁴¹ Interview with public official in the field of drugs policy, September 2015.

⁴² *Mardomsalari*, December 21, 2009. ⁴³ *Jam-e Jam*, May 16, 2011.

⁴⁴ *Aftab-e Yazd*, May 12, 2007.

The Plateau of Ten Thousands NGOs

The lack of a supervisory budgetary system and the negligence of bureaucratic procedures made governmental action in the field of drugs, to say the least, adventurous and haphazard. This does not signify, however, that a strategy did not exist during this period. On the contrary, the strategy for intervention occurred, even systematically, through indirect channels, intermediaries of the state and outsourcing mechanisms. Within few years into Ahmadinejad's presidency, Iranian civil society counted more than ten thousand different NGOs/charities in the field of drug abuse and harm reduction alone.⁴⁵ Evidently, the number needs to be anatomised, as its quantitative and face value does not often match its qualitative contribution in practical terms.

The mushrooming of NGOs during this period stemmed from the same logics that determined the privatisation of addiction recovery, notably the methadone clinics. In the same way as medical practitioners opted to run methadone clinics, often with only rudimentary knowledge of drug abuse problems, charities and support groups for addiction recovery were being registered by former drug users and laypeople out of philanthropic, personal or familiar interest in the field of rehabilitation. Many also realised, perspicaciously, that the field of addiction treatment was lucrative. In Iran, most NGOs operating in the field of addiction benefit from some kind of governmental support, however limited it may be. Especially during the first years of the post-reformist government, NGOs benefited from the largesse of the DCHQ; once the generous financial support came to an end following the drop in oil prices in the early 2010s, there were considerable recriminations against the paucity of support and consequent budgetary tightening.⁴⁶ Ahmadinejad himself referred to the question of non-state organisations, pledging the government's plan to strengthening the role of NGOs working on addiction recovery, by providing specialised public support.⁴⁷ The range of organisations covered anything from public awareness initiatives to needle exchange programmes, family support, post-incarceration assistance and other activities. The methods and philosophy of action among these NGOs differed

⁴⁵ *BBC Persian*, October 1, 2010, retrieved from www.bbc.co.uk/persian/iran/2010/10/100923_107_iran89_drugs_addiction.shtml.

⁴⁶ *Jam-e Jam*, April 10, 2010. ⁴⁷ *Hamshabri*, June 26, 2006.



Figure 8.6 *Congress 60* weekly gathering in Park-e Taleqani

significantly and, in some cases, rivalry between different organisations reached the point of conflict. A rather hilarious case was represented by the banner exposed by a leading NGO, *Congress 60* (Figure 8.6). Out of one of the windows in its central building, which overlooked on the court of a detoxification centre of another NGO, the banner said, ‘the addict was not beaten by a snake, so you don’t need to detoxify him [‘de-poison’, *samzodai*].’⁴⁸

As the number of these organisations does not allow adequate and thoughtful consideration of all, or even some, of them, I shall pay heed to those more paradigmatic (Table 8.2). A unique case is represented by *Narcotics Anonymous* (*Mo’tadan-e Gomnam*, aka *NA*), whose appearance and spectacular expansion encapsulates the multifaceted trends of post-reformist civil society and governance of addiction.

Narcotics Anonymous: Recovering Spirituality

Based on the frame of its mother organisation in the United States, *Narcotics Anonymous* is an Iranian NGO with numerous centres across all cities and villages of the country, which operates as

⁴⁸ Interview with Mohsenifar, September 2014.

Table 8.2 Comparison of Drug Addiction NGOs

NGO	Activity	Type of Organisation	Main location
<i>Tavalod-e Dobareh</i> (Rebirth)	Detoxification based on 12-steps (NA); prevention; management of treatment facilities; outreach programmes; research publication.	Hierarchical; centralised; pressure group; umbrella organisation.	HQ in Tehran, nationwide.
<i>Congress 60</i>	Drug cessation: based on founder's philosophy. Special process of progressively decreasing drug intake. Cultural, artistic activities and methods.	Centralised; spiritual programmes.	Tehran and main provincial towns.
Narcotics Anonymous	Detoxification; spiritual methods; gatherings; information dissemination.	Grassroots; decentralised; spiritual programmes.	Countrywide; international.
<i>Khaneh-ye Khorshid</i> (The House of Sun)	Women's treatment and harm reduction; support for sex workers, runaway girls, women with drug (ab)use.	Grassroots; first-aid; workshop and capacity building.	Darvaz-e Ghar, South of Tehran.
Aftab Society	Detoxification; information dissemination.	n/a.	Tehran.
Iran Life Quality Improvement Association (ILQIA)	Prevention and education.	n/a.	Tehran, Shahr-e Rey.
Jami'at Hamyaran-e Salamat-e Ravan-e Ejtemaii	Prevention and mental health awareness.	n/a.	Tehran

a self-help group following the philosophy of the twelve-step programme (common also to *Alcoholics Anonymous*). These are accompanied by '12 Traditions', which provide general guideline for the management of NA as a whole and its self-care groups. With its emphasis on God's ultimate power over the individual and its spiritualising commitment to sincerity and mutual support, the group soon found sympathetic minds among the population. By the early 2010s, arguably, every city and many villages had at least one NA group within their districts. Although it is problematic to quantify the membership, NA followers exceeded half a million, and its self-help groups regularly met in prisons, treatment and rehab camps, and often within the meetings and spaces of other NGOs. In 2014, there were about 18,195 weekly NA meetings in Iran, with the capital Tehran also offering English-language meetings.⁴⁹ If Iranian society had among the highest numbers of drug (ab)users worldwide, it also had the highest ratio of NA members.⁵⁰

The sheer size of *Narcotics Anonymous* during the post-reformist period endowed it with an especial status *vis-à-vis* the state. At the time of its first appearance in 1994, many regarded the organisation with suspicion. Its founder Foruhar Tashvigi had come in contact with the NA system while living in the USA and, once back in Tehran, faced with friends and family members seeking support for their drug (ab) use, decided to start self-help groups in the capital.⁵¹ These meetings soon developed into larger networks of people and became publicly prominent throughout the country. Despite NA's adamantly non-political nature, the organisation faced backlash from the state. The conservative clergy soon prompted ideological opposition to the rituals and activities of these groups, because of the reference, typical of NA gatherings, to unorthodox spirituality, which was inconsistent with traditional Shi'a theology and eschatology. The accusation of proselytising and staging confessions – a practice which is alien to Islamic practices and may be a derivation of Catholic rituality – were moved against the NGO, which stopped its activities for the public in

⁴⁹ 'The Needle and the Crescent: The remarkable rise of NA in Iran', *The Fix*, retrieved from www.thefix.com/content/Iran-Narcotics-Anonymous-phonemoneon-Lavitt2099.

⁵⁰ This phenomenon alone would deserve ample space, which falls beyond the study presented here. One wonders to what extent NA is part of what, in the Chapter 6, I defined as Iran's 'anthropological mutation'.

⁵¹ Christensen, *Drugs, Deviancy*, 189.

1995. During the early 2000s, *NA* meetings were again permitted; Christensen holds that they ‘were modified and were Iranized’ to make them more acceptable to the authorities.⁵² With its persuasion for pluralistic interpretations of religion, the reformist government facilitated the expansion of *NA* activities, acknowledging their humanistic contribution for those seeking support. The meetings were also a steady relief for recovered drug users to whom the state could hardly provide help.

The Ahmadinejad government did not hamper *NA* activities either. With its priority on prayer, responsibility and aggregation, *Narcotics Anonymous* chartered in friendly waters with the populist, yet highly spiritualising, religiosity of the post-reformist president. Although Ahmadinejad’s rhetoric was imbued with Shi’a messianic ecstasy, it was also deliberately folkloric and anti-intellectual in its spontaneity. Alike the prayers of *NA* meetings and the devotion of its members, it defied, ambiguously, the schemes of religious orthodoxy and the clergy. The accusation of proselytising, the use of Catholic-inspired confessions and admissions of guilt – all of which are alien to Islamic doctrine – did not prevent popular and traditional strata of society from joining *NA* meetings, much as Ahmadinejad’s religious heterodoxy was not perceived as alien or misplaced by the urban poor and the plebeian masses.⁵³ All of this had the potential to challenge the clerical authority over divine mediation and spiritual healing.

Personal encounters with *NA* members confirmed the consonance of this organisation with the broader post-reformist (govern)mentality. On several occasions, *NA* members asked me *what I believed in*. To my scepticism and temporising, one member, a fifty-year-old taxi driver, anxiously told me, ‘I believe in this *one entity*, which is God [*khoda*], no matter what God; it is *energy* [in English], light and it gives me the strength to be responsible of my work [*mas’ul be karam*].’⁵⁴ Another

⁵² Ibid.

⁵³ The most paradigmatic example of this period’s religious heterodoxy is represented by Ahmadinejad’s cult of the ‘Jamkaran well’, where allegedly the ‘Hidden Imam’, Mahdi – the Shi’ite Messiah who will appear at the end of times – had fallen. After the president’s example, people had gathered in Jamkaran and dropped their letters inside the well as a way to communicate with the ‘Hidden Imam’, in disrespect of clerical authority (including Khomeini who never visited the site), which had traditionally been opposed to this cult. Today the site is also popular with Afghan *hazara* visiting or residing in Iran.

⁵⁴ A taxi driver, *NA* member, while heading to Tehran Imam Khomeini Airport, September 2014.

explained to a journalist about the steps of his recovery: 'the second step was when I found hope [*omid*] in the only and superior force of the Universe that could help me, which is God . . . for the third step, now, I need to be ready to entrust my will to live to this compassionate God'.⁵⁵ One element that recurred during my meetings with NA members – whose milieux included working class people such as business holders, women and men alike – was typified by the reference to the philosophy of NA as a comparative advantage in the job market. A rehab camp manager, proud of his NA membership, lamented that 'unlike in the US, where employers prefer AA or NA members, because they are more reliable and disciplined', Iranian employers 'think that if you are an addict you are helpless'.⁵⁶ Self-discipline and group membership were two distinctive traits of NA to which members referred to legitimise their reliability as workers, employees and, ultimately, citizens. There are also episodes in which the NA system, through the personal network that it establishes, facilitates the life of its members, for instance, in finding a job, an accommodation or even a partner. The application of the twelve-step philosophy in the context of the Islamic Republic has given birth to a *melange* of universalising spiritualism with Islamic reference. By teaching, in NA words, 'the spiritual ways [*osul-e ma'navi*] of sincerity [*sedaqat*], optimism [*roushan-bini*], faith [*iman*], positive tendency [*tamayol*] and humility [*forutani*]', it also propagated the proper ethical lines of the post-reformist presidency, in which optimism, faith and humility have been key traits.⁵⁷ By the early 2010s, NA meetings were held in sporting centres, *hosseiniyeh* and locations often used for official religious gatherings.⁵⁸ None of these has precedents in Iran's history and the language of NA spirituality is highly globalised, with its references bypassing Iran's traditional syncretism. Is NA nothing but a secular expression of a religious sentiment? Or is it a spiritual profession of Iranian

⁵⁵ *Hamshabri*, June 25, 2006.

⁵⁶ In a rehab camp belonging to *Tavalod-e Dobareh*, Shahr-e Rey, August 2012.

⁵⁷ *Hamshabri*, June 23, 2009.

⁵⁸ *Hosseiniyeh* is a traditional gathering site for collective prayers, usually in memory of martyrdom of the third Shi'a Imam, Hossein. An example can be found in the advertisement by the West Azerbaijan regional office of the Prison Organisation, retrieved from www.west-azarprisons.ir/index.php?Module=SMMNewsAgency&SMMOp=View&SMM_CMD=&PageId=2273.

secularity after the demise of the modernist dream, embodied in its fight against addiction?

When the *Narcotics Anonymous* world service in the United States was invited to visit the Iranian branch of *NA*, the amalgam of religious enthusiasm with mass participation astonished the US visitors. During a visit in Qom, Iran's religious capital, a man approached the representative from the US branch and, looking into his eyes, said 'you are my belief!'⁵⁹ The fact that this vignette occurred in Qom and during a period of high tension in US–Iran relations makes this all the more significant and illustrates the dimension and intensity of the *NA* phenomenon in Iran, one that truly deserves research, the scope of which bypasses this book.

From a governmental perspective, *NA* amalgamated, spontaneously, with the post-reformist push for entrusting social and health programmes to the drug (ab)users themselves, minimising, in one move, both financial expenditure and moral involvement in the pernicious affair of addiction. As a senior member of *NA* recalls, '[since 2005] with the spiritual help of the government, we have been active also outside rehab centres, through our meetings' in parks, buildings, theatres and town halls. The organisation benefited from the reformist government's *spiritual support*, but, based on the *NA* constitution, it could not accept financial aid from outside entities. The entire organisation runs with money from the members and donations from those who benefit from its meetings, a principal reason it is considered less politicised. *NA* distributed 1.7 million information pamphlets about drugs and addiction yearly,⁶⁰ a datum that explains the governmental role with which this NGO has been progressively entrusted. In 2013, *Narcotics Anonymous* was voted the top NGO by the government. Based on its status as a non-governmental entity, the prize was received by its sister NGO, *Rebirth (Tavalod-e Dobareh)*. *NA* representatives take part in meetings of the DCHQ and other policy circles, but not as members of *Narcotics Anonymous*. Their policy branch within the civil society world is *Tavalod-e Dobareh*, 'Rebirth'.

⁵⁹ *NA Today*, 'Special edition: The Iranian updates' [aka *The Iran Diaries*], February 2007, retrieved from www.na.org.au/content/natoday/2007/natoday200702.pdf.

⁶⁰ *Ibid.*

Rebirth: Grassroots Authoritarianism and Twilight Institutions

In order to strengthen therapeutic support for drug users, the founder of NA Iran created *Tavalod-e Dobareh* in 1999. Since then, *Tavalod-e Dobareh* has provided support to drug (ab)users in the guise of rehab centres, shelters for homeless drug users and counselling services. *Tavalod-e Dobareh* was initially conceived as a sister organisation of NA, which followed the twelve-steps philosophy. It did not seek external support and operated through a strictly non-profit vision.⁶¹ With the approval of the harm reduction policy and its scaling up during the post-reformist period, *Tavalod-e Dobareh* progressively established itself as a ‘super-NGO’, with broad governmental duties and an active presence in the policymaking debate. It became a major beneficiary of public funds in the field of addiction recovery and, for that matter, drug policy. As an NGO, *Tavalod-e Dobareh* has a permanent seat in the Civic Participation Programme of the DCHQ, often providing on-the-ground knowledge about the state of addiction in the country, while also cooperating (and criticising), very much off-the-records, with the NAJA in its programmes of ‘therapeutic policing’ and ‘collection of dangerous addicts’ (*tarh-e jam’avari*). Recently, it has also started a vast, long-term programme on addiction studies, which is meant to establish the NGO as a research hub on drug abuse in the MENA region.⁶²

In his own words ‘a former drug addict with seventeen years of cleanness’, Abbas Deylamizadeh is the outspoken and charismatic director of *Tavalod-e Dobareh*, whose appearances on the national TV and interviews with local and foreign newspapers have gained him notoriety in the field and a reputation in policy circles.⁶³ Abbas, as most colleagues call him, stresses the importance that he gave to ‘the organisation’s academic output’, ‘collaboration with joint researches with

⁶¹ Christensen, *Drugs, Deviancy*, 189.

⁶² *ISNA*, April 27, 2014, retrieved from <http://isna.ir/fa/news/93020704452/>. *Tavalod-e Dobareh* participated actively in the 8th and 9th International Conference on Addiction Studies in Tehran, presenting several poster studies and research material.

⁶³ *Sharq*, June 28, 2012 and *Etemad-e Melli*, August 9, 2009. Deylamizadeh was elected Executive Director of the Asian Regional Network on Harm Reduction, retrieved from www.menahra.org/en/menahra-resources/external-publications/437-asian-regional-network-elected-its-chairperson-and-executive-committee-members.

national and foreign academic institutions’, ‘publishing in reputable and well-known journals’.⁶⁴ In one of our meetings, I had the impression, for once, of being in front of a career service panel, or a demanding supervisor, drafting the strategic vision of a research institution. Yet, this drive towards academic production does not simply concern an attempt to build public awareness or to integrate the world of policy with that of research – a mirage called also evidence-based policymaking. Infatuation with the academic world – the director read for a PhD degree in Economic Management in the island of Kish – is a common trait of policy circles where status is buttressed by titles and degrees. Research prestige goes hand in hand with the imperative of securing funding for the NGO and being competitive against other organisations. An academic profile would secure *Tavalod-e Dobareh* a competitive edge over other organisations, given Iran’s PhD-obsessed mentality.⁶⁵

What distinguishes this NGO from the multitude of other organisations is not its research drive, but its nationwide structure of intervention with regard to addiction recovery and its complementarity with the post-reformist governmental strategy. With this in mind, *Tavalod-e Dobareh* provides insight into the post-reformist management of the drug phenomenon, highlighting its ‘twilight’ nature: not a state institution, *Tavalod-e Dobareh* exercises both public authority and governmental duties.⁶⁶ The twilight nature of the NGO, however, does not hint at an inherent weakness of the state, as it does for twilight institutions discussed in other regional contexts (e.g. Africa by Christian Lund or the Middle East by Nora Stel). Instead, the twilight nature of *Tavalod-e Dobareh* unfolds how the state retreats from those spaces and situations posing a threat or challenge, or where its interference is unproductive and cumbersome.

‘With regard to the economic side of the problem of addiction’, Deylamizadeh claimed during a public speech, ‘we have to remind one point. Unfortunately our approach is that in order to deal with addiction

⁶⁴ Interview with Abbas Deylamizadeh, Tehran, March 2014.

⁶⁵ *The Guardian*, November 5, 2008, retrieved from www.theguardian.com/world/2008/nov/05/ali-kordan-fake-oxford-degree.

⁶⁶ Cf. Christian Lund, ‘Twilight Institutions: An Introduction’. *Development and Change* 37, no. 4 (2006); Stel, Nora, ‘Languages of Stateness in South Lebanon’s Palestinian Gatherings: The PLO’s Popular Committees as Twilight Institutions’. *Development and Change* 47, no. 3 (2016): 446–71.

we spend [*hazineh*], while we should invest [*sarmayegozari*].⁶⁷ His call for investment into treatment was a timely one. *Tavalod-e Dobareh* manages a large number of rehab camps and has been charged by the government with the provision of services, through DICs and shelters for homeless people. The fact that the director of this organisation speaks a language that policymakers understand – notably the language of numbers and of capital [*sarmaye* in Persian] – has helped *Tavalod-e Dobareh* gain further legitimacy. As quantitative, econometric analysis had helped the acceptance of harm reduction, the use of numbers is instrumental to justify funding requests or to point out an emerging crisis:

We have a 43% rate of success; it means that during these years, 43% of those who came to our [rehab] camps at the time of dismissal, and after, have preserved their ‘cleanness’, between two months and six months ... Today 1,825,000 tuman [ca. USD 2400] is spent for one addict per year, and we don’t know if this bears results.⁶⁸

Through a mathematical calculation, the director of the NGO attempts to demonstrate that he can provide a successful method to cure a large number of people, while spending less. Where these numbers came from, I must admit, remained vague. Moreover, *Tavalod-e Dobareh* follows the NA philosophy and therefore its treatment facilities do not provide pharmaceutical cures, like methadone, which alone require higher expenditure. In addition, the organisation maniacally keeps track of the number of syringes that it distributes and collects, of condoms it provides during outreach programmes, of leaflets and brochures and meetings.⁶⁹ The effect is startling and enables the NGO to present itself as a highly reliable, technically sound and professionally engaged entity. Another key aspect of the rehab centres managed by the NGO is that these services, per se, function as employment venues for many former drug users. Given the difficulty for many recovering addicts to find a job in Iran’s already problematic market, the NGO plays an important part in involving former service-seekers into the management of the facilities, basically ‘keeping them busy’.⁷⁰ The creation of employment has been a long overdue task for the

⁶⁷ *Hamsbahri*, May 20, 2007. ⁶⁸ *Ibid.*

⁶⁹ Outreach interventions in Farahzad and Dowlatabad *patoqs*, March and April 2013, September and October 2014, September 2015.

⁷⁰ *Hamsbahri*, January 4, 2009.

government, which is conscious of the fact that, without the complex network of NGO centres, many former drug users would remain unemployed, which potentially increases the risk of relapse. Yet, this form of occupation is not faultless. While visiting different centres of *Tavalod-e Dobareh* in Tehran, several lower-ranking members expressed their disaffection with the management as well as payment of stipends. A thirty-year-old female social worker, graduate and mother of two, who was in charge of psychological counselling, criticised the central office, pointing out that NGOs – including *Tavalod-e Dobareh* – have become a mechanism ‘for money making [*pulsazi*]’. She also added, ‘I am paid 400,000 Tuman [ca. 140\$] per month and they don’t even want to cover my medical insurance . . . After I leave work here, I go and work in a [private] methadone clinic in another part of town, because I need to survive in this city’.⁷¹ Another employee in charge of the kitchen of a DIC in southern Tehran confessed, ‘I earn 170,000 tuman [ca. 60\$] per month and I spend every single day of the week here in the DIC. I like my kitchen and I like cooking for people, even though I can prepare only *adasi* [lentil soup] with the few things that are left in the cupboard’.⁷²

Because resources and support from the central office of *Tavalod-e Dobareh* are limited, the local DICs and rehab camps demand support from the community or from the families of the service-seekers, an endeavour which is made more difficult given the marginal location of these centres and the lack of family relationships among most of the people frequenting them. Indeed, few of the people who help running these centres stay longer than a few months, because the stipends they receive are too meagre. The organisation counts on the fact that many recovered addicts want to take part in the management of the activities and tend to accept little or no pay. Among the three volunteers that I met during a week spent in the Farahzad Shelter, none of them received financial support from the NGO. The shelter, located in one of the so-called risky zones of Tehran, hosted up to fifty homeless drug users every night, most of whom hung out in the nearby *patoq* (‘drug den’) (Figures 8.7 and 8.8). The three-man team would fulfil multiple duties, including that of outreach team providing clean needles and condoms, collecting used needles, nursing infections and scars and

⁷¹ Interview, Southern Tehran, April 2014.

⁷² Interview with the cook of a DIC in Southern Tehran, April 2014.



Figure 8.7 Gathering of Drug Users, Farahzad's 'Chehel Pelleh'

referring drug users to rehab and clinics.⁷³ Apart from physiological cigarette breaks, their work required high alert and great motivation and temper all day long, plus a set of skills in medical intervention that was beyond rudimentary (Figure 8.9).

Working with no money was probably a consequence of the *NA* ecosystem to which *Tavalod-e Dobareh* belonged initially. Having said that, the volunteers' uneasiness with this system was profound, especially when faced with the sophisticated status of the *Tavalod-e Dobareh*'s central office. There, the personnel, most of whom had a history of drug abuse and went through the *NA* path, were given relatively good stipends, vouchers for lunch and transportation, and could benefit from other amenities that are part of the NGO assets.⁷⁴ By creating this model of recovery through the work of the NGO itself, *Tavalod-e Dobareh* promotes a vision of life in society aligned with the idea of a careerist individual, who is responsible and, hence, can ascend to professional success. This spirit was very much at the heart of the

⁷³ In Farahzad *patoq*, March 2014.

⁷⁴ Discussions with *Tavalod-e Dobareh* employees in Tehran, March 2014.



Figure 8.8 Sanitary Intervention by Outreach Programme

director's solidarity to drug abusers *and* his desire for academic output. But it also unwrapped the ways in which the marketization of drug treatment (even when charitable and non-profit) had materialised during post-reformism. Once again, the drug market engendered a pathological marketization.

The vision behind the expansion of *Tavalod-e Dobareh* is that 'every addict, regardless of his history of use and type of drugs, should enter a camp [*ordugah*] for addiction. Then, we call him/her a path-seeker [*rahju*] ... But if he uses drugs while there, he is immediately sent



Figure 8.9 Outreach Team in Farahzad's 'Chehel Pelleh'

out!⁷⁵ This vision overlapped with the strategy that the post-reformist government had envisioned about harm reduction. In a way, the rehab camps that this NGO operated complemented the state-run camps, supplementing their organisational and logistical incapacity to address the multitude of drug (ab)users. In order to implement this strategy, *Tavalod-e Dobareh* had formulated a system based on 'half-way houses' (*khane-ha-ye nime-rah*).⁷⁶ In these 'houses', the 'path-seekers' find a place to stay after the twenty-eight days of mandatory recovery in the camp; they stay there for up to one year, with other people, making it 'very similar to a student house'. The main objective of these 'houses' is 'to preserve the public space from the recovering addict', who 'cannot get out of the house for the first three months'.⁷⁷

These plans have received support from the government of Mahmud Ahmadinejad, who identified in *Tavalod-e Dobareh*, a model of civil society responsive to (un)civil phenomena. Already in 2004, Ayatollah Khaz'ali, a top cleric sitting in the Assembly of Experts, met with the

⁷⁵ *Hamshabri*, May 20, 2007.

⁷⁶ Its vision is in tune with North American *halfway houses*.

⁷⁷ *Hamshabri*, May 20, 2007.

founder of *Tavalod-e Dobareh* to congratulate his efforts, echoing the Khomeinist proverb, 'saving one addict is saving a generation'. In the years that followed, the organisation met and lobbied among a number of prominent clerics, including Khomeini's grandson Hasan, with the intent to gain legitimacy and support within the implementing machinery of drug policy.⁷⁸ The creation of a news agency, managed by *Tavalod-e Dobareh*, focused on drugs and addiction also came to play an instrumental role in the public pressure campaign of the NGO. From the late 2013 onwards, the *Addiction News Agency* (ADNA) became the centre of gravity of most information related to public statements and debates around drug policy reform and, although it presented conflicted opinions and different policy perspectives, it operated in order to put pressure on policymakers. In ADNA, the drug policy community displays its public face and struggle.⁷⁹

With its nationwide network of centres and a multitude of people willing to engage in its activities, *Tavalod-e Dobareh* had the infrastructure and means to complement the state in an area of intervention which had become troublesome ethically (e.g. harm reduction during post-reformism), and cumbersome economically (e.g. the cost of 'free treatment' for a multitude of people). The NGO covers also harm reduction practices across Tehran and other major cities, providing shelter facilities, mobile clinic centres in Southern Tehran, DICs as well as in-patient and detox venues of all kinds, including for younger people. It operates twelve major centres (both DICs and rehab centres) in Tehran, ten in the province of Shiraz and a dozen more across other regions. Some minor NGOs, which operate at local levels, associate themselves with this umbrella NGO, often with the purpose of increasing their chance to acquire funding, visibility and legitimacy.

But the contribution of *Tavalod-e Dobareh* has gone beyond these calculations. By proposing a vision based on hierarchy, self-management, quantitative results and individual responsibility, without tackling deep-seated political shortcomings, the NGO embodies an authoritarian model at a grassroots level. This model does not necessarily require adherence to 'law and order'. Indeed, this has been opposed by *Tavalod-e Dobareh* rather vehemently. Instead, this model enacts strict rules of inclusion in the community – which is the NGO itself – for

⁷⁸ Website of *Rebirth*, see www.rebirth.ir.

⁷⁹ *Addiction News Agency*, see <http://adna.ir/>.

those individuals who wish to recover, by redeploying former drug (ab) users as working elements in the daily operations of the NGO. Without providing a path to 'return to normal life', recovered addicts become a self-perpetuating machine in the management of the drug crisis, by supervising rehab camps, participating in outreach programmes, taking care of administrative affairs or cooking meals in a DIC. As a confirmation of this mechanism, the director explained in a letter to the state authorities, that the weakening of harm reduction services in the DICs is problematic because these centres provide employment to the recovered addicts and involve them in social activities.⁸⁰

That *Tavalod-e Dobareh* acquired a governmental role within drugs politics is also confirmed by its collaboration, on a regular basis, with law enforcement units. The 'drug addicts' collection plans' had been a sphere of action in which the expertise and knowledge of the NGO proved critical for the NAJA. *Tavalod-e Dobareh's* access to the *patoq* (hotspots) gained the NGO the status of especial interlocutor. In fact, one could argue that with its involvement in arrests and referrals to compulsory camps, the NGO has defied the fundamental ethics of harm reduction, which is rooted in the absence of judgement on drug use and opposition to policing methods. Instead, it has operated as a mechanism of grassroots control, with the task of legibility, management of critical phenomenon and facilitator of state intervention. The NGO operates as a rhizome (from the Greek, *mass of roots*) of the state, which, instead of reproducing vertical lines of control and power relations, becomes diffused and horizontal – similar to the roots (rhizomes) of a plant. When societal control is practiced, this is cropped out through the rhizomes that stem from the horizontal roots of the state itself, camouflaged as other forms of intervention, i.e. civil society. For those arguing that post-reformist Iran witnessed increased top-down security, the metaphor of the rhizome is a reminder that power and authority operate through diffused and grassroots lines of production. This form of governance is what I define as the *art of managing disorder* (Figure 8.10).

Among the instances of *Tavalod-e Dobareh's* collaboration with LEAs, one in particular had resonance among street drug users and the public. In the wake of the important Non-Aligned Movement

⁸⁰ *Hamshahri*, January 4, 2009.

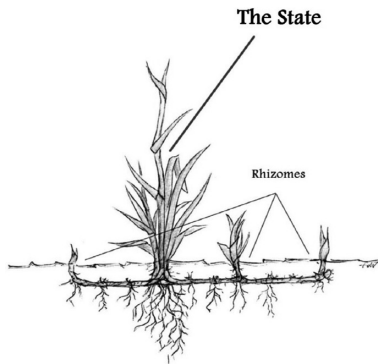


Figure 8.10 Rhizomes and Grassroots Authoritarianism
Drawing courtesy of Italian artist, Federica di Violante, aka *Fruk*.

Summit (NAM) of Tehran in August 2012, the authorities requested those NGOs operating in the *patoqs* and having knowledge about ‘street addicts’, to facilitate their collection – i.e. arrests – for the period of the meeting. A week ahead of the event thousands of street drug users, as well as large numbers of homeless vagrants, were gathered and sent to state-run rehab camps to, allegedly, be treated for addiction.⁸¹ The obvious rationale was the cleansing of the city in view of the international meeting, which was expected to rejuvenate the NAM in the post-Arab Spring context, and show the spotless beauty of the capital.

The collaboration with the police goes beyond material support. *Tavalod-e Dobareh* has been discussing the possibility of taking over the management of compulsory camps – currently under the supervision of the NAJA. The NGO pledged to rehabilitate around 60 per cent of the drug abusers if given the chance to operate the facilities, a numerical data which is exponentially higher than the current official ‘rate of success’.⁸² In this regard, too, the NGO is reminiscent of Ahmadinejad’s style of government, both bombastic, fictional and retracing a fundamentally populist governmentality with authoritarian overtones. One can interpret the nature of this super-NGO, through the ambiguous combination of welfare activities with a securitising persuasion. The outcome, it seems, blurs and contaminates the confines and boundaries of what is normatively regarded as the

⁸¹ Summer 2012; discussions with drug users in several *patoqs*; confirmed also by *Aftab-e Yazd*, September 19, 2012.

⁸² Interview with Deylamizadeh, Tehran, March 2014.

Iranian state, described as a top-down project with grassroots participation, and what is numbered under the constellation of civil society, which is hereby re-enacted as a grassroots model of authoritarianism, and not a panacea enabling democratic transition.

Conclusions

'If we make our drug policy based only on one approach', a state official confessed, 'it is as if we had an economy based only on one product, which means there is a high risk of failing and ending up badly, for which there is no cure or treatment. From this point of view, the duty of the government is to support indirectly the self-help groups and the NGOs'.⁸³ The post-reformist language of the state has tendentially emphasised national commitment, as opposed to governmental duty, to fight drugs and to prevent addiction – not in line with the Islamist motto: '*amr bil-ma'ruf wa nahi 'an-il monker*, 'commanding good and forbidding evil'. What materialised, instead, in the field of state intervention was more consonant with practices of neoliberal governance in times of crisis. The coexistence of a moralising rhetoric and securitising gaze, with a push for privatisation and outsourcing, went hand in hand as the post-reformist government sought to ease the burden of a publicly visible and financially cumbersome drug phenomenon. The field of addiction, over this period, increasingly became the turf of private clinics and, along its margins and more problematic populations, of NGOs. In this, it produced a rupture with the past.

The maintenance of a security-oriented approach was deemed necessary but not prevalent in countering drug (ab)use. The security approach (*nezami*), in the words of a prominent drug policy official, was required because 'otherwise addicts are not pressured to give up'. This method, added the official, 'has the objective of building the will [*raghebsazi*] of the addict . . . through targeted pressures'.⁸⁴ With policing methods overlapping with treatment imperatives and, as in the case of *Tavalod-e Dobareh*, harm reduction practices, the state pressured the marginal groups of drug (ab)users, with the prospect of institutional rehabilitation, or incarceration. While adopting a language of quantification of social phenomena, cost-and-benefit analysis and epidemiological surveys – neglecting societal and political introspection – the state and prominent NGOs, such as NA and

⁸³ *Qods*, May 4, 2011. ⁸⁴ *Ibid.*

Tavalod-e Dobareh, worked along compatible, intertwining lines. These differed substantially from the ways civil society had engaged with the state – and vice versa – during the reformist period. At that time, mentioning critical phenomena, such as HIV epidemics, played a constructive role in formulating new approaches to drugs and drug (ab)use. Later, in the post-reformist era, the lines of enquiry insisted, on the one hand, on the return to religious-revolutionary orthodoxy as a solution to the multiple, oft-denied, crises. On the other hand, this zeal denoted a variant of neoliberalism, *à la iranienne*, with marketization of private treatment, governmentalisation of (un)civil society and policing of disorderly margins. The contours of state imperatives were drawn, consequently but unsystematically, by the economisation of political interventions, through a combination of medicalisation (through methadone) and harm reduction securitisation, one via clinics, the other via NGOs and charities, managing addiction recovery in the camps.

This art of governing crisis and managing disorder was distinctive to the post-reformist state, whose mechanisms of power did not arise from either strict ideological rules, nor monolith interest groups, but evolved from the confluence of multiple lines of interventions, which had the ultimate objective of containing, dispersing (also topographically) the crises. The performance of this strategy was diffused and propelled through grassroots elements, via rhizomes of authority, which operated in the twilight zone of state/society. In this example, one can find new empirical material for understanding governance under post-reformism. Thus, populism managed the crisis.

