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Südwind is an Austrian non-governmental organization, founded in 1979, and has been in consultative status with the Economic and Social Council since 2009. Since 2010 Südwind has participated in the Human Rights Council, delivering statements and organising parallel events amongst others on human rights in Iran.

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I Background

Drug production and use
The problem of illicit drug use is a serious challenge in Iran. According to official government statistics, Iran currently has 1.3 million dependent people who use drugs, however, unofficial statistics estimate a much higher number of 2.4 million.\(^1\) With a population of almost 80 million, it is one of the highest per-capita opiate consumption worldwide.\(^2\) Applying statistics of marriage and children, more than 6 million are affected by drug use in Iran. Nearly two-thirds of the country’s HIV cases are the result of injecting drug use and around 80 per cent of all executions in Iran are related to drug offences.\(^3\)

The UNODC World Drug Report states that there were around 183,000 drug-related deaths in 2012 globally, primarily through overdose of opioids (heroin and the non-medical use of prescription opioids), corresponding to a mortality rate of 40 deaths per million persons aged 15-64. Because of poor data available, drug-related deaths in Asia are tentative, however, it is estimated that there were between 11,400 and 99,600 deaths in 2012 in Asia alone.\(^4\) This has a devastating effect on Iran. According to the Iran Drug Control Headquarters, drug use and addiction is the second highest cause of death in the country after traffic accidents, with at least eight people who die each day due to drug abuse. The majority of those are between 25 and 30 years old.\(^5\)

The reasons for this phenomena are multifaceted and complex.

First of all there is the direct geographical proximity to the world’s largest opium producer Afghanistan, generating around 80 per cent of the world supply. According to the most recent UNODC World Drug Report, the main increase in opium poppy cultivation was observed in Afghanistan, with an increase of 36 per cent, from 154,000 ha in 2012 to 209,000 ha in 2013.\(^6\) Therefore, Iran faces a huge challenge in dealing with the large flows of Afghan opiates to feed their domestic heroin markets and, as major transit point, to supply European markets and other regions of the worlds, via the Balkan (Turkey) or Southern routes (Indian Ocean, Africa or via the Gulf).\(^7\)

The majority of opium seized worldwide is intercepted in Iran, which largely mirror the country’s general pattern of heroin seizures. As source country for methamphetamines, Iran also records one of the highest number in seizures world wide, topping all other countries in the region.\(^8\)

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UNODC World Drug Report 2014 – Facts on Iran

The prevalence of opiate use in Iran, together with Afghanistan and Pakistan is among the highest globally, with an average of 1.5 per cent of the adult population in the three countries. (UNODC WDR, 2014:16)

The main increase in opium poppy cultivation was observed in Afghanistan, with an increase of 36 per cent, from 154,000 ha in 2012 to 209,000 ha in 2013. Therefore, Afghanistan

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6 UNODC (2014), World Drug Report, p.21
remains the world’s largest opium producer, generating around 80 per cent of the world supply. (UNODC WDR, 2014:21)

With reference to the period 21 March 2011 – 19 March 2012, experts in the Islamic Republic of Iran, a country with relatively high rates of opium use, perceived an increase in both opium and heroin use. (UNODC WDR, 2014:28)

Together with Mexico, the United States, China and Thailand, Iran continues to report the highest amounts of methamphetamine seized worldwide while the global trend of trafficking methamphetamine is increasing. (UNODC WDR, 2014:46)

According to reports made to INCB, in the region there have also been increases in seizures of ephedrine, a precursor of methamphetamine. In 2011, Iran reported 3.8 tons of ephedrine seizures. (UNODC WDR, 2014:49)

Countries close to Afghanistan are at a particular risk of being targeted to obtain and traffic acetic anhydride into Afghanistan. A recent example was a shipment of 17.8 tons of acetic anhydride from China via the Islamic Republic of Iran to Afghanistan, which was seized by the Iranian authorities in June 2013, and which shows that Iran continues to be used as transit country for such shipments. (International Narcotics Control Board, Precursors Report, 2013, para. 111) (UNODC WDR, 2014:72)

Free trade and economic sanctions

Illicit drugs globally constitute the largest income source for transnational crime, accounting for about half of transnational crime proceeds. It is reported that in Iran the rapid expansion of bilateral trade with Turkey leveraged through the free trade agreement, combined with border porosity and unchecked movement of people, enables transnational organized crime groups to more easily traffic drugs to Turkey and further to Middle East and Asia-Pacific markets, gaining a high revenue.

In addition, economic sanctions have aggravated a high youth unemployment rate of 26 per cent and led to an inflation soaring up to 16 per cent over the last months, which pushed Iranians to drug abuse and trade as a better income source.

The UN Special Rapporteur on the Situation of Human Rights in Iran stated in his recent reports that despite “humanitarian exemptions“, sanctions have also led to drug shortages used in the treatment of illnesses such as cancer, heart disease, hemophilia, and multiple sclerosis and that the country has experienced shortages from 78 to 172 drugs (both domestically produced and imported) every month between mid-2012 and September 2013, partly caused by difficulties in facilitating payments for imports through credible channels. This allegedly has also resulted in an influx of counterfeit or substandard medication.

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11 URL: http://www.tradingeconomics.com/iran/unemployment-rate, update 1 July 2015
12 URL: http://economics.com/iran-inflation-rate-forecast, update 1 July 2015
People who use drugs

The main drug used in Iran is opium, mainly heroin and its cheaper derivates of Afghan origin. Opium usage still holds a legitimizing cultural acceptance, specifically in conservative rural areas, providing the very basis of heroin and injecting drug use. Although opium usage has been present in Iran for centuries, it has only recently turned into a common social phenomenon associated with widespread physiological, familial, and economic issues.16

Over the last decade, amphetamine-type stimulants, notably methamphetamine or shishe (meaning "glass" in Farsi), have rapidly risen to become the second most used group of drug in Iran with about 345,000 addicts.17 18 Research carried out by the State Welfare Organisation reveal that over half a million Tehranis between the ages of 15 and 45 have used shishe at least once.19

The profile of people who use drugs in Iran generally spans across all levels of society, from the poor to the rich, young and old. However, through more complex and faster-paced life styles, shishe made inroads mainly in the urban young middle-class, leaving opium consumption more to the poor and elderly. According to a Teherani drug dealer, as shishe costs more than heroin, it even became a “fashionable" thing to do with a false belief that it makes one less addictive than heroin. Circumventing Afghanistan it is an easy drug to make, which is said to give a better ‘high’ than heroin and with less risks to overdose.20 University students and office workers use the drug to enhance performance and it is even sold in beauty salons to women who try to lose weight, with fatal consequences.21 Shishe has fast and severe short and long term effects, which range from increased respiration and rapid heart beat, to addiction, psychosis and structural and functional changes in the brain, which can take many years of treatment until stable recovery.22

Anti narcotics law, death penalty and reform

The death penalty was first introduced for drug trafficking in Iran in 1959, with hundreds of people

19 Reuters, 8 December 2014, URL: http://www.reuters.com/article/2014/12/08/us-iran-drugs-idUSKBN80DJ0C20141208, accessed on 1 July 2015
executed under the former Shah, according to Amnesty International’s estimates. The number of executions generally and for drugs offences specifically rose sharply after the Islamic Revolution of 1979, and then again after the ceasefire of the Iran-Iraq war in July 1988 followed by mass-execution under a harsh new Anti-Narcotics Law which entered into force on 16 January 1989. A new amended law came into effect in January 2011, which introduced the death penalty for 17 offences.

The law requires the death penalty on the fourth conviction for drug-related offences in several instances including: planting opium poppies, coca plants or cannabis seeds with the intent to produce drugs; smuggling more than 5 kilograms of opium or cannabis into Iran; buying, possessing, carrying or hiding more than 5 kilograms of opium and the other aforementioned drugs (punishable on third conviction); smuggling into Iran, dealing, producing, distributing and exporting more than 30 grams of heroin, morphine, cocaine or their derivatives. It also provides for a mandatory death sentence for the “head of the gangs or networks”, although there is no definition given of a gang or network.

Based on this law, despite some hope for more openness under the newly elected president Hassan Rouhani in June 2013, the executions again have increased. In 2014, 753 people were executed (25 women), the highest annual number since the past 10 and possibly 25 years. This number also includes the highest number of juvenile executions (at least 14), and despite a slight decrease, Iran, together with Saudi Arabia, remains on the top of the list of countries that implement public executions, with at least 53 cases in 2014. During the past five years, drug-related charges have counted for the majority of executions in Iran with at least 2,052 people who have been executed since 2010 for such charges. In 2014, nearly half of all executions, at least 362, were for drug related crimes. Only 123 of these executions were announced by the official sources. As of 26 June 2015, 651 persons were executed with two third on drug-related charges.

However, the official rhetoric has changed. During the last months of 2014, Dr. Mohammad Javad Larijani, head of the High Council for Human Rights in Iran, reiterated calls to amend the Anti-Narcotics Law, underlining that “no one is happy to see the high number of executions” and “if the law passes, 80 per cent of the executions will go away”. Ayatollah Sadegh Larijani, Javad Larijani’s brother and the head of Iran’s Judiciary, also addressed the need to change the country’s drug laws. During a meeting of judiciary officials on 2 December, he said, “On the issue of drugs and trafficking, it seems necessary that we need a change in the legislation because the ultimate goal of the law should be implementing justice, while in reality, this goal is often not realized”.

Iran now openly realizes that by focusing on harsh punishment only, the country’s drug problem in general and social ills of drug abuse in particular will not be solved and continue to inhibit development and social welfare. It will be seen whether this rhetoric is followed by political action. One important indicator would be Iran’s response to the UN Member State driven Universal Periodic Review (UPR) recommendations regarding drug-related executions.

25 Amnesty International (2011) Addicted to Death, Executions for Drugs Offences in Iran, 2011, p.15
II Human rights issues

Death penalty

*Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.* (ICCPR, Art. 6(1))

Iran remains the second highest executioner in the world. The new Islamic Penal Code that entered into force in 2013 continuous to maintain death penalty including for juveniles, and for crimes such as possessing and selling of illicit drugs, adultery, sodomy, apostasy and vaguely worded crimes such as “corruption on earth” (ifsad fil-arz) and “enmity against God” (moharebeh).

The International Covenant on Civil and Political Rights (ICCPR) specifies that in countries, which have not abolished the death penalty, the sentence of death may be imposed only for the ‘most serious crimes’. The phrase ‘most serious crimes’ has been interpreted by UN bodies as meaning ‘intentional crimes with lethal or other extremely grave consequences’ and should only be ‘read restrictively to mean that the death penalty should be quite an exceptional measure’. In 2012, the UN Special Rapporteur on extrajudicial, summary or arbitrary executions interpreted the ‘most serious crimes’ threshold as ‘only intentional killing’.

Various UN bodies have continuously underlined that drug offences do not meet this threshold and cannot be considered as ‘most serious crimes’. Therefore, applying the death penalty for such offences clearly stands in violation of international human rights law.

Unofficial and juvenile executions

*No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age.* (CRC, Art 37(a))

In 2014, the highest charge of unofficial executions were related to drug related offences (53 per cent). According to the 2014 annual report on the death penalty in Iran by Iran Human Rights:

- At least 462 (61 per cent) executions were not announced by the official Iranian sources
- Charges for 18 per cent of the unofficial executions were unknown
- Executions of women and foreign citizens (mainly Afghans) were mainly not announced
- Most of the juvenile executions were not announced

At least 33 individuals were reportedly executed in the Kerman Prison between 26 August and 14 November 2014, all but one were convicted of drug-related crimes. However, during this period, authorities made no public announcement of executions at the Kerman Prison, raising alarm about possible underreporting.

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31 International Covenant on Civil and Political Rights (ICCPR), Article 6(2)
32 UN Safeguards Guaranteeing Protection of the Rights of Those Facing the Death Penalty, Safeguard 1, UN ECOSOC resolution 1984/50, 25 May 1984
33 General Comment No. 6, Article 6 of the ICCPR, 27 July 1982, para. 7
34 Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions, A/67/275, 9 August 2012, para. 50
Iran ranks first in the world for the juvenile execution, with the highest number of execution in 2014 since 10 years. In recent years, minors charged with murder are held in prison and are usually executed as soon as they turn 18 years. There is no special court dealing with the crimes committed by children, which breaches Article 32 of the Convention on the Rights of the Child (CRC) and leads to unjust sentences.

There are also reports of juveniles being executed on drug related offences in the absence of fair trial standards. Jannat Mir, a 15-year-old Afghan boy, was executed for drug-related offences along with five other Afghans for similar offences in the prison of Isfahan, in April 2014. He reportedly had no access to a lawyer or consular services.  

**Unfair trial**

> No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law. (ICCPR; Art. 9(1))

Arbitrary arrest and detention are prohibited under international law. Anyone deprived of his/her liberty has the right to challenge before a court the lawfulness of his/her detention. Article 9 of the International Covenant on Civil and Political Rights (ICCPR) to which Iran is a State Party provides:

“Anyone arrested or detained on a criminal charge shall be brought promptly before a judge or other officer authorized by law to exercise judicial power and shall be entitled to trial within a reasonable time or to release. It shall not be the general rule that persons awaiting trial shall be detained in custody, but release may be subject to guarantees to appear for trial, at any other stage of the judicial proceedings, and, should occasion arise, for execution of the judgement.” It also specifies that “anyone who is arrested shall be informed, at the time of arrest, of the reasons for his arrest and shall be promptly informed of any charges against him.”

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According to numerous reports, a large number of those sentenced to death were convicted by the Revolutionary Courts behind closed doors, in the absence of fair trial standards, including forced confessions under torture. One example is Mr. Saeed Sedighi who was executed with nine others on drug-trafficking charges, despite calls on 12 October 2012 by three Special Procedures mandate holders to halt the executions. The Government has yet to respond to due process-related queries, including to allegations that Mr. Sedighi was not permitted adequate access to a lawyer or allowed to defend himself during his trial. The judicial system in Iran generally lacks transparency, including access of detainees to a lawyer from the moment of arrest. Article 48 of the revised Code of Criminal Procedures (effective in June 2015) provides defendants the right to request “the presence of a lawyer at the onset of detention”. However, a restrictive note to this Article allows for exceptions, e.g. if the accused is detained on suspicion of committing offences, such as organized crime, crimes against national security, theft and drug-related offences, they may be prohibited from accessing a lawyer for up to a week after arrest. It should be noted that most violations of fair trial standards reportedly occur during the investigation phase. This clearly stands in violation of Article 14 of the ICCPR, as well as articles 32 and 34-39 of the Iranian Constitution and by the country’s Law of Respecting Legitimate Freedoms and Citizenship Rights (2004), which determines criminal procedure and defines fair trial standards.

Under Article 32, all death sentences passed under the Anti-Narcotics Law are subject to confirmation by either the Head of the Supreme Court, or the Prosecutor General. Information received by Amnesty International, however, reveal that those convicted under the law are not permitted to lodge appeals, despite the requirement in the Code of Criminal Procedures and other laws that all death sentences should be the subject of an appeal.

Article 37 states that those suspected of drugs offences may be held in temporary detention for up to four months, after which the authority that issued the order has a duty to terminate or decline the detention unless there are “legal or justified reasons for the continuation” of the detention order. In practice, this means that individuals can be kept in detention without charge or trial for an indefinite period.

**Discrimination and suppression**

All persons shall be equal before the courts and tribunals. In the determination of any criminal charge against him, or of his rights and obligations in a suit at law, everyone shall be entitled to a fair and public hearing by a competent, independent and impartial tribunal established by law. (ICCPR; Art. 14(1))

Article 14 of the ICCPR sets out a general guarantee of equality before courts and tribunals that applies regardless of the nature of proceedings before such bodies. In its General Comment 32 (2007), The UN Human Rights Committee states:

The right of access to courts and tribunals and equality before them is not limited to citizens of States parties, but must also be available to all individuals, regardless of nationality or statelessness, or whatever their status, whether asylum seekers, refugees, migrant workers, unaccompanied children or other persons, who may find themselves in the territory or subject to the jurisdiction of the State party.

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44 Amnesty International (2011) Addicted to Death, Executions for Drugs Offences in Iran, 2011, pgs. 16, 32
Many of those charged for drug related crimes belong to the most vulnerable in Iran, specifically minority groups and political opponents. There is an obvious discriminatory practice against Afghan nationals. In recent years hundreds of Afghans have been shot, wounded and detained while attempting to cross the border to Iran, due to strong border control measures of the government to prevent drug smuggling and irregular migration. At least 4,000 Afghans are currently on death row for drug smuggling. Reports reveal that some foreign nationals sentenced to death for drugs offences are never even brought to trial, and most are denied any kind of legal or consular assistance.

The Special Rapporteur on the human rights situation in Iran further reports that the Sistan-Balochistan province experiences a high rate of executions for drug-related offenses or crimes deemed to constitute “enmity against god” in the absence of fair trials. Baloch activists have been subject to arbitrary arrests and torture. Women and children’s rights activist, Mohammad Ghaznavian, reported that he was arrested in February 2010, in the city of Qazvin, by 10 plainclothes security force agents, who reportedly told onlookers that he was a drug trafficker.

Drug use and the right to health

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.  
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:  
(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;  
(b) The improvement of all aspects of environmental and industrial hygiene;  
(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;  
(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness. (ICESCR; Art. 12)

Health and human rights act in synergy, which means they complement and mutually reinforce each other in any context. The enjoyment of health is necessary for exercising human rights and exercising human rights positively contributes to the enjoyment of health. A human rights-based approach to drug policy is one that takes human rights as a starting point, reframing the aims of drug control in line with human rights obligations.

The 2011 amended Anti-Narcotics Law continues to provide measures for the rehabilitation and reform of drug addicts, rather than criminalizing them. Under Articles 15 and 16, drug addicts are required to seek treatment in authorized rehabilitation and harm reduction centres. Those with a certificate of treatment in a rehabilitation centre are exempted from punishment for offences under the law. Any addict not in possession of such a certificate will be sent to such a centre by a judicial order for six months. This period can be extended only once for another three months. During this time, prosecution of the individual will be suspended. If the centre reports that the individual has undergone successful rehabilitation, prosecution will be dropped. However, unlike the previous law, prosecution is envisaged for addicts who fail to be rehabilitated. Penalties include imprisonment, fines or flogging.

46 Amnesty International (2011) Addicted to Death, Executions for Drugs Offences in Iran, 2011, pgs. 6, 32, 34
50 Amnesty International (2011) Addicted to Death, Executions for Drugs Offences in Iran, 2011, p. 15
This law, however, ignores the fact that drug dependence is a complex health disorder and a result of multi-factorial interaction between repeated drug exposure, biological and environmental factors. Relapse is part of the treatment process, like of any other chronic and remitting illness, such as diabetes, hypertension, and asthma. Relapse of patients with chronic diseases occurs during or after treatment and merely serves as a trigger for a renewed intervention. Full recovery, which means protracted abstinence and restored functioning, is often a long-term process requiring repeated episodes of treatment over at least 3 years to reach stability. In regards to methamphetamine abuse, recovery can even take longer because some of the drug’s behavioral effects do not completely return to normal.\textsuperscript{51} Therefore, attempts to prevent or treat drug use including relapse through tough punishment are doomed to fail, as they do not take into account the neurological changes the disease has on motivation pathways in the brain.

As with other chronic diseases, addiction requires a scientific-based, systematic, ongoing and long-lasting disease management approach to prevent relapse and to ensure most effective treatment. For this the government must ensure that the duration of treatment interventions is determined by individual needs, without pre-determined time frames, also during detention periods in prison. Drug dependence treatment services should always comply with human rights obligations, which include the right to enjoy the highest attainable standard of health and well-being, and ensuring non-discrimination.\textsuperscript{52}

**Injecting drug use and HIV**

Drug use, especially injecting drug use is closely linked to HIV transmission through the sharing of needles and increasing high-risk sexual behaviors. Iranian authorities estimate that the number of Iranians living with HIV is at 71,000 (range: 53,000-100,000), of whom approximately 68 per cent have acquired the virus through unsafe drug injecting practices.\textsuperscript{53} The 2014 Global State of Harm Reduction report reveals that Iran currently has 185,000 people who inject drugs.\textsuperscript{54} Among this population, there is a 15.07 per cent HIV prevalence, which poses a serious potential source of HIV infection for their sexual partners. With such a high prevalence rate among people who inject drugs, Iran encounters a concentrated HIV epidemic, which, left without effective responses for its control, may turn into a generalized epidemic.

According to Iran’s 2014 AIDS Progress Report, there is already evidence indicating the spread of the HIV epidemic among other population groups. Sexual intercourse is not uncommon among people who inject drugs and is frequently unprotected. Evidence of high-risk sexual practices has also been observed among young people, notably in connection with the use of amphetamine-type stimulants, which has grown alarmingly in the past few years. Therefore, the provision of clean needles and interventions to reduce the prevalence of high-risk sexual practices in order to control the epidemic remains of high importance.\textsuperscript{55}

**Imprisonment instead of treatment**

\textbf{All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.} (ICCPR; Art. 10)

Since Iran’s drug policy mainly focuses on repression and punishment as a means to reduce use and supply, this has lead to high rates of imprisonment. About half of those incarcerated are due to drug-related offences and half the inmates have used drugs prior to imprisonment. However, years

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\textsuperscript{53} UNAIDS (2013) \textit{Global Report}, pgs. 30, A11

\textsuperscript{54} Harm Reduction International (2014) \textit{The Global State of Harm Reduction Report}, p. 110

\textsuperscript{55} National AIDS Committee Secretariat, Ministry of Health and Medical Education (2014) \textit{Islamic Republic of Iran AIDS Progress Report}, pgs. 7-8,
of experience have shown that incarceration, punishment and repression have little or no impact upon levels of drug use or supply.\textsuperscript{56} Drug usage continues in prisons, including injecting drug use, and given their enhanced vulnerability, people deprived of their liberty are at greater risk of drug related health issues such as HIV, hepatitis, tuberculosis and overdose.\textsuperscript{57}

The state as guarantor has the duty to adopt all necessary measures under international law and standards to respect, protect and fulfill the fundamental rights of persons deprived of liberty and to ensure humane treatment.\textsuperscript{58} Therefore, those imprisoned retain the right to the highest attainable standard of health, which includes access to evidence-based harm reduction and drug treatment services, including needle and syringe programmes and opioid substitution therapy.\textsuperscript{59}

Instead of punishment and sanctioning people who use drugs, the International Drug Control Conventions aim at protecting public health. The Conventions’ intention is to make essential medications available for the relief of pain and the alleviation of suffering, while protecting the people, particularly the most vulnerable, from the potentially dangerous effects of these controlled drugs.\textsuperscript{60}

History and experience shows that deterrence through law enforcement and harsh legislation is quite powerless against the complex intertwined social, cultural and economic factors that drive drug use. There is no reliable way to measure the impact of executions when it comes to assessing deterrence in relation to drug related crime.\textsuperscript{61} Furthermore, there is an overwhelming consensus among criminologists that death penalty does not add any significant deterrent effect above that of long-term imprisonment.\textsuperscript{62} Iran is a perfect proof: Despite some of the toughest drug laws in the world including the death penalty, Iran continues to encounter high and further increasing drug problems. A fact that was also recently spelled out by the prominent Iranian lawyer Nemat Ahmadi.\textsuperscript{63}

**Harm reduction**

Human rights apply to everyone. People who use drugs have the same rights as other citizens, including the right to the highest attainable standard of health, to social services, to benefit from scientific progress, to freedom from arbitrary detention, and to freedom from cruel, inhuman, or degrading treatment. The aim of harm reduction is primarily to reduce the adverse health, social, and economic consequences of the use of legal and illegal psychoactive drugs and to promote responses to drug use that respect and protect fundamental human rights.\textsuperscript{64} Therefore, the provision of harm reduction, endorsed by the UN and the International Narcotics Control Board, should be seen as a core obligation of States to meet their international legal and human rights obligations.

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\textsuperscript{58} See i.a.: UN Standard Minimum Rules for the Treatment of Prisoners; Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment; International Covenant on Civil and Political Rights (ICCPR), Arts.7 & 10.

\textsuperscript{59} See e.g.: Harm Reduction International, URL: http://www.hria.net/what-is-harm-reduction, accessed on 15 July 2015


In the past 15 years, the Islamic Republic of Iran has established a number of programmes for addressing the problems of drugs and HIV in the areas of prevention, treatment, and care in communities and prisons. Moreover, Iran is a pioneer country in the fields of opium substitution therapies, HIV prevention, and treatment of AIDS and is the only country in the region that provides OST in prisons and that has a NSP service available.\(^65\)

Notwithstanding these noteworthy efforts, there is still an urgent need for the quantitative and qualitative expansion of existing programmes as well as introduction of new programmes for a proper response to the problem of drug use and HIV in the country.\(^66\)

Various studies globally and in Iran prove that intervention policies such as harm reduction programmes in communities and prisons decrease the rate of drug use, HIV infections and other harms.\(^67\) According to a study published in the Iranian Journal of Public Health, which measured effectiveness of harm reduction programs in seven prisons of Iran, intervention policies of this kind resulted in reduction of drug consumption from 57 per cent of the newly admitted inmates to 10 per cent after two months of incarceration.\(^68\)

In Iran, people who inject drugs are only reached through post-rehabilitation or prison programmes, which may not be representative of the total number of people who inject drugs. Methadone is only available in rehabilitation facilities. OST is offered to people who inject drugs in 4,275 centres, 4,038 of which are privately operated. 40,000 prisoners receiving access to OST. However, since an estimated 120,000 need OST, paired with a 15.07 per cent rate of HIV prevalence among people who inject drugs in Iran, such service is absolutely vital and an expansion is required in Iranian communities and prisons to meet the increasing demand across the country.\(^69\)

Outreach workers in South Tehran say that the area’s most vulnerable and severe addicts have little access to services, specifically for women and sex workers and are unaware of public campaigns. In addition, sanctions have also halted funding for their rehabilitation programmes.\(^70\) Barriers to accessing OST services remain throughout the country, with stigma and discrimination surrounding people who use drugs, enhanced by the government’s criminalization policy.

Concerning Iran’s northern province Golestan, northeast of Tehran, the Deputy Secretary General of Iran’s Drug Control Headquarters stated that only 20 per cent of people who are addicted to drugs have any significant chance of undergoing successful treatment. He also pointed out that 1,530 unofficial drug abuse treatment centres have been identified in the Province. Some of them do not employ the official standard of treatment methods and in some cases patients were treated inhumanely with cases of death.\(^71\)

Another hurdle is the steady increase in the use of amphetamine-type stimulants (ATS) in Iran, which is also negatively affecting the use of methadone for treatment among people who inject drugs (specifically heroin) by ameliorating some of the side effects such as psychological energy, sexual functioning and cognitive performance. In a study of prisoners in Iran undertaken in


\(^{70}\) Alireza Jazini, Deputy Secretary General of Iran’s Drug Control Headquarters, 18 February 2015, published in Iran Wire, URL: http://en.iranwire.com/features/6351/
2012/2013, it was found that 11.6 per cent of prisoners had used ATS within the last month and 27.98 per cent of those had injected.72

United Nations human rights bodies and the European Court of Human Rights are increasingly finding that issues relating to infectious diseases in detention can contribute to, or even constitute, conditions that meet the threshold of ill treatment, which include the denial of harm reduction services.73 It has been recognized that “an inadequate level of health care can lead rapidly to situations falling within the scope of the term ‘inhuman and degrading treatment’.”74

An urgent solution needs to be found for the shortage of financial and human resources for harm reduction provision and to fight related stigma, specifically towards women.

Social impact of drug use

Drug dependence and illicit drug use are not only associated with public health problems and healthcare costs. They are closely linked to broader social problems including unemployment, divorce, poverty, violence, criminal behavior to finance addiction, stigma and social exclusion, which result in high economic and human costs.

According to Iran’s interior minister, 55 per cent of all divorces have some link to drug addiction and other reports indicate that 63 per cent of addicts are married. There are many documented cases in Iran of broken families due to drug abuse, including loss of family income and violence against their own children. Various cases show that unemployment divorce can cause depression, which again can lead to or further increase substance abuse to ease feelings of sadness or guilt. However, since the effects caused by drugs are only temporary and symptoms of depression return quickly, affected people easily find themselves trapped in a vicious cycle leading to addiction.

A study conducted by the University of Queensland in Australia discovered that Iran and Afghanistan have one of the highest rate of clinically diagnosed depressed people, costing many years of life. Another study in Iran verifies the relationship between drug smuggling and unemployment and related social and economic costs. The US National Institute of Drug Abuse reveals that intimate partner violence among drug-involved women in Iran is high and associated with increased risky sexual behaviour.

Vulnerable and high-risk groups

People who use drugs in Iran do not follow a clear typology or profile. Not only poorer sections of the Iranian society are turning to drugs. There are multiple characteristics, incl. various individual, familial and socio-cultural factors.

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75 See: Iran Wire, 12 February 2015, URL: http://en.iranwire.com/features/6300/
76 See: Iran Wire, 6 March 2014, URL: http://en.iranwire.com/features/5376/
There are several subgroups within the overall population affected by drug use disorders that require specialized care. These groups with specific needs include adolescents, women, pregnant women, people with medical and psychiatric co-morbidities, prisoners, sex workers, migrant workers, ethnic or religious minorities, individuals who live with drug abusing family members, and socially marginalized individuals. A person may belong to more than one of these groups and has multiple needs. These patients often require targeted and differentiated service delivery and treatment approaches. 80

Over the last years, the drug use problem has been expanding among youth and women, who had traditionally comprised the minority among subgroups that use drugs in Iran. 81

Women

The addiction of women may not be as high as men’s. But if fathers are like ceilings who give protection to the family, mothers are like columns who keep the family together. If columns collapsed, the ceiling would fall down too, and there would be no home to live in. (Zahra Bonianian, adviser to the Drug Control Headquarters in Iran) 82

There is no reliable or accurate number of women who use drugs in Iran, hence the extent of treatment coverage is unknown. According to the Deputy Secretary General of the Headquarters for Combating Drugs, around 10 per cent of people who use drugs are women. 83 Recent statistics reveal a rapid increase of women who use drugs. According to Iran’s drug control agency, the use of narcotics among women had grown by 33 per cent over the last year, at times twice as much as of men. For half of female drug addicts the starting age was between 15 and 19 years. 84

In general, however, women are almost invisible in statistics. Very little is known about the injection drug behaviors and HIV prevalence among women. There is no consensus on the number of female sex workers or homeless women in Tehran and overlaps with drug use. Also there is no information on the effectiveness of any types of treatment targeting women. All of which adds to the complexity to accurately address the needs of women who use drugs. 85

Fact is though that women who use drugs in Iran are particularly vulnerable to gender based violence, both from law enforcement and due to intimate partner violence, and face by far more stigma than men who use drugs. 86

It is clear that sustainable responses to the world drug problem require a gender perspective at all levels. 87

According to a UNODC study on the need for gender-responsive programs, harm reduction programs in Iran are mostly designed for men and drug treatment rarely focuses on the problems of women who use drugs holistically. Health sector initiatives are only implemented at the individual

82 Financial Times, “Rise in young women drug addicts triggers alarm in Iran”, 2 January 2015
83 See i.a.: URL: http://www.tanhaevan.com/details/283455/Society/vulnerabilities; http://www.ft.com/intl/cms/s/0/bcfb34ea-3e81-11e4-a620-00144feabc0.html#axzz3QwSOMsW
85 Financial Times, “Rise in young women drug addicts triggers alarm in Iran”, 2 January 2015
86 See i.a.: URL: http://www.hamshahrionline.ir/details/283455/Society/vulnerabilities; http://www.ft.com/intl/cms/s/0/bcfb34ea-3e81-11e4-a620-00144feabc0.html#axzz3QwSOMsW
89 See i.a.: Women and Harm Reduction International Network (WHRIN), OHCHR submission to the 30th session of the Human Rights Council (Resolution A/HRC/28/L.22), 15 May 2015
level, isolated from the broader social and economic context and do not meet their specific needs in regards to housing, employment and health. Specifically pregnant women who use drugs require a multi-professional approach, including prenatal care. Given their financial dependency along with negative attitudes towards women who use drugs, they find it difficult to enter and remain in treatment. Extreme stigma leads to the fear of humiliation and can result in family and society rejection. There is a widespread consensus among doctors and service providers that the majority of women who use drugs have personality and psychological problems, which require long-term psychological support.\textsuperscript{88}

To combat some of the stigma that women who inject drugs may encounter, five pilot centres were established in Iran in 2007 offering the management of sexually transmitted infections (STIs), psychological counseling and harm reduction services, provided by female staff.\textsuperscript{89} A follow-up study six months later found that those using the service had responded well and showed a reduction in HIV risk behaviour. Although it was reported that the female-specific programmes had been expanded to 27 sites in 2012, it is not known whether they are still in existence.\textsuperscript{90}

Therefore, even though women who use drugs face greater societal and familial obstacles than their male counterparts, they receive less support and are marginalised from harm reduction services. With limited education, employment and without social support and mental health services, reintegration into the community and living independently is challenging. Studies show that younger generations of affected families are ultimately facing the same problems.\textsuperscript{91}


\textsuperscript{90} Harm Reduction International (2014) \textit{The Global State of Harm Reduction Report}, p. 114

The incarceration of women also has devastating consequences not only on themselves but also on their children and families overall, as they commonly constitute the main pillars of family togetherness. Clearly, most female drug offenders could be dealt with more effectively by alternatives to imprisonment to improve social, health and economic circumstances. The United Nations Standards for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (“The Bangkok Rules”) promote alternatives to prison sentences for women and emphasize the importance of appropriate health care, protection from violence and provisions for children of incarcerated women. In this context, the introduction of harm reduction services and drug treatment in both prison settings and the community is only one step towards countering the harms of harsh drug policies and their impact on women.

Children

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. (CRC; Art. 3(1))

According to Iran’s Interior Minister, more than half of the country’s 1.3 million addicts are married. Applying statistics on the average number of children per family in Iran, it can be estimated that up to 1.4 million children are affected by drug addiction in Iran today. A number of studies show that children raised by parents who use drugs are prone to earlier, more frequent or more problematic drug use or become addicts themselves. Prenatal substance abuse poses high risks for the developing fetus. The baby can become addicted alongside the mother, which becomes evident through neonatal abstinence symptoms. According to an Iranian psychologist at Sadughi Hospital in Yazd, who has studied mental disorders among the children of addicts, children of addicts are at risk of depression and anxiety and can develop antisocial behaviour difficult to cope with.

Many street children in Iran suffer from physical and mental health problems, and are involved in delinquency and drug abuse. A meta-analysis of the findings of seven research studies on the disadvantages of being a street child in Iran reveals that 55.8 per cent of street children have a family member with a drug abuse issue.

Article 6 of the Convention on the Rights of the Child emphasizes that States Parties must “ensure to the maximum extent possible the survival and development of the child”. Unfortunately, there are many reported cases in Iran of babies born on the streets by addicted parents and that were rejected by hospitals and cases of babies who die on overdose. If a child dies on overdose, due to inaction of the government, the child’s right to life clearly has been violated.


Cases can be found i.a. via URL: http://www.sosapoverty.org and related facebook page: https://www.facebook.com/child.addiction
Published in an article of the independent online journal Rooz, Iran has only one centre for the treatment of drug addicted children and it operates on an experimental basis. Statistics released during a seminar on addiction among children and youth indicates that the problem among children is growing at a very alarming pace. Of all the children studied (27 per cent girls), only 7 per cent were in contact with the social welfare organization and the rest did not. 36 per cent of the children were engaged in the narcotics trade while 64 per cent had no involvement with the traffickers. Only 13 per cent were enrolled in school and over half of the children had not gone to school or dropped out of school. Merely 10 per cent of these children had taken an AIDS test.99

Given the high and increasing number of street children and school children who use drugs in Iran, the government urgently needs to revise its drug law and policies in line with all articles of the Convention on the Rights of the Child, placing the best interest of the child at its center. Article 33 of the Convention (the only core UN human rights treaty that explicitly refers to drug use) requires that State Parties take all appropriate measures to protect children from the use of drugs, and to “prevent the use of children in the illicit production and trafficking of such substances”. This article needs to be read in conjunction with article 24 in which States Parties “recognize the right of the child to the highest attainable standard of health and to facilitate for the treatment of illness and rehabilitation of health”. In terms of ‘appropriate measures’, applying the four interrelated elements of the UN CESCR General Comment on the right to health100, treatment and rehabilitation services for children who use drugs must be available in specialized forms based on the child’s needs (including harm reduction services), accessible without criminalizing laws, acceptable in ensuring that programmes allow for participation of the child in their treatment in line with their evolving capacities, as well as good in quality which means evidence based and effective for young people’s needs. For a child rights based approach, policies and interventions should be holistic and address specific vulnerabilities, including those of the girl child and marginalized groups such as Afghan children and children in conflict with the law.101

100 UN Committee on Economic, Social and Cultural Rights, General Comment on The right to the highest attainable standard of health, E/C.12/2000/4, 11 August 2000, para 12.
III Recommendations

Südwind urgently recommends the Islamic Republic of Iran to:

**Death penalty - Unofficial and juvenile executions**
- Remove the death penalty for drug-related offences in line with Article 6(2) of the ICCPR according to which states that have not yet abolished the death penalty, this sentence may be imposed only for the ‘most serious crimes’;
- Fully abolish the death penalty for juveniles, in accordance with ICCPR Art. 6 and CRC Art. 37, and commute all capital sentences against them.

**Unfair trial - Discrimination and suppression**
- Ensure that all trials are conducted according to international standards for fair trial without discrimination of any kind, including by allowing anyone who is arrested access to a lawyer from the moment of arrest;
- Ensure that anyone convicted and sentenced to death for drugs offences has a right of appeal to a higher tribunal, in line with ICCPR Article 14;
- Abolish pre-trial detention for drug offences in line with the requirements of an individual assessment of necessity and proportionality enshrined the ICCPR Article 9.

**Drug use and the right to health**
- Review and ground all criminal laws relating to drug possession and use on human rights and scientific evidence that drug use constitutes a public health rather than a criminal justice problem;
- Reform drug policies and laws through evidence and scientific-based alternative development, prevention, treatment and rehabilitation programmes to reduce human costs and fulfill obligations under international human rights law.

**Injecting drug use and HIV**
- Improve and further expand comprehensive and quality healthcare packages including harm reduction programmes in prisons and communities for the prevention, care and treatment of drug use related diseases such as HIV and hepatitis C, and other sexually transmitted infections (STIs);
- Ensure gender equality in access to such programmes as well as gender-responsiveness in line with Rules 14 and 15 of the UN Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders (the ‘Bangkok Rules’).

**Treatment instead of imprisonment**
- Review and revise drug policies and laws with a view to ensure more differentiated and proportional sanctions for drug-related offences by placing the health and well-being of the people concerned into the center;
- End the criminalization of the personal use of drugs and the possession of drugs for personal use and rely on effective and efficient non-penal regulatory and public health approaches that do not violate human rights;
- Comply with its obligations under International law, specifically the Standard Minimum Rules for Treatment of Prisoners and ICCPR Arts. 7 and 10.

**Harm reduction**
- Integrate harm reduction programmes in the mainstream of public health to protect and promote the right to health and prevent ill treatment;
- Broaden and expand the scale of existing harm reduction programmes such as needle exchanges, opioid substitution, rehabilitation centres, and drastically improve accessibility for
women and children including separate women institutions and adequate children and youth centres.

**Social impact of drug use - Vulnerable and high-risk groups**
- Support civil society and non-governmental organisations to strengthen and scale-up out-reach services to communities, treatment referrals, harm reduction interventions and rehabilitation programmes to ensure an integrated and community based approach that is needed to decrease the multifaceted threats to the country posed by drug consumption.

**Women**
- Ratify as a matter of urgency the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) to join the global approach for gender equality in all public, private, economic, political, social and legal spheres and to put an end to current on-going and wide-ranging discriminatory practices;
- Address the gender disparities in policies and laws, and provide for gender-sensitive non-custodial alternatives in the community in line with Rule 62 of the UN Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders (the 'Bangkok Rules');
- Invest in women’s empowerment at family and community levels and establish sufficient integrative programs that benefit women to reduce stigma and mitigate the negative impacts of drug use and policies;
- Collect accurate data on women who use drugs, including homeless women and who inject drugs and sex worker to create accurate baselines essential for improving and expanding targeted and relevant service delivery and social supports system.

**Children**
- Withdraw the current reservation to the CRC as it defeats the Conventions object and purpose (See e.g. Concluding Observations of the Committee on the Rights of the Child: Iran (Islamic Republic of), UNO Doc. CRC/C15/Add.123, 28 June 2000);
- Budget and establish adequate and accessible health infrastructure for children and youth who use drugs, focusing on voluntary, evidence and community-based treatment services and taking into account specific vulnerabilities of children in a non-discriminatory matter, including gender-responsive programmes;
- Review and revise drug policies and laws with a view to ensure that no child who uses drugs is criminalized and punished by law but offered appropriate treatment including harm reduction services that responds to the child’s needs and capacities;
- Collect accurate data on children who use drugs and street children, aggregated by age, sex, and ethnicity to create accurate baselines essential for establishing and improving targeted and relevant service delivery and social supports system for children.