

Africa and the Middle East

Iran

I. Summary

The Islamic Republic of Iran is a major transit route for opiates smuggled from Afghanistan and through Pakistan to the Persian Gulf, Turkey, Russia, and Europe. There is no evidence that narcotics transiting Iran reach the United States in an amount sufficient to have a significant effect on the United States. Iran is no longer a major drug producing country. An extensive 1998 U.S. survey, and a follow-up survey in 1999, concluded that the amount of opium poppy cultivation in Iran was negligible. An office of the UNODC in Iran has also repeatedly assured the international community that poppies are not cultivated in Iran. Iran remains an important transit country especially for opiates and hashish, although trafficking routes for opiates from Afghanistan to Russia and beyond, by way of Central Asia, have grown in importance.

There is overwhelming evidence of Iran's strong commitment to keep drugs moving out of Afghanistan from reaching its citizens. As Iran strives to achieve this goal, it certainly also prevents drugs from reaching markets in the West.

Opium addiction in Iran has long historical roots, and it is a major social and health problem for the Islamic Republic's Government. The Iranian Government (GOI) estimates that about two percent of Iran's 67.7 million citizens (that is, about 1,354,000 people) are regular drug abusers (drug-dependent addicts), but many respected observers of drug abuse worldwide view this estimate as low. Other sources (including informed observers working on drug abuse in NGOs in Iran) would add perhaps 500,000-600,000 "casual" (i.e., non-dependent) users, for a total of perhaps two million Iranians who abuse drugs. UNODC estimates that 2.8 percent of the Iranian population over age 15 used opiates in 2001. This figure is more than five times the estimate (0.5 percent) for the U.S. Only Laos and Russia come close to Iran's estimated drug abuse, with 2 percent of Laos's over-15 population estimated to have used opiates in the last year, and 1.8 percent of Russia's. The GOI seems particularly concerned over the sharp increase in intravenous drug abuse. Revised figures show that in 2002, the number of deaths from drug abuse increased by 370 percent to 2989 individuals from just 632 deaths in 2000, reflecting a shift in Iran to abuse of heroin, especially intravenous abuse. Inmates in prison and the homeless are the most likely to take drugs by intravenous injection and to contract HIV through sharing needles. Sixty-seven percent of all recorded HIV cases are associated with drug abuse.

Iran has been in the forefront of efforts by the international community to combat the Afghan drug trade. Three thousand two hundred Iranian law enforcement personnel have died in clashes with heavily armed drug traffickers over the last two decades. Iran spends a significant amount on drug-related expenses, with estimates ranging from \$250-\$300 million to as much as \$800 million each year, depending on whether treatment and other social costs are included. Opiate drug seizures during 2002 in Iran, the last year for which complete-year statistics are available, were almost 208 metric tons of opium equivalent (Opium Equivalent = Opium +(heroin x 10)+(morphine base x 10), making Iran number one

in the world in opiate seizures. Projected drug seizures for 2003, based on nine month figures, were even higher, at 243.6 metric tons of opium equivalent. Drug trafficking from Afghanistan under the Taliban became a serious security concern in Iran, with significant killing, kidnapping, and intimidation of villagers along Iran's border with Afghanistan. Traffickers from Afghanistan continue to cause major disruption along Iran's eastern border, but Iranian security forces seem to be having increased success by concentrating their interdiction efforts in the eastern provinces.

Iran has ratified the 1988 UN Drug Convention, but its laws do not bring it completely into compliance with the Convention. The UNODC is working with Iran to modify its laws, train the judiciary, and improve the court system.

II. Status of Country

Land routes across Iran constitute the single most important conduit for Southwest Asian opiates en route to European markets. Entering from Afghanistan and Pakistan into eastern Iran, heroin, opium, and morphine are smuggled overland, usually to Turkey. Another route to Europe and Turkey passes by way of Turkmenistan, Armenia, and Azerbaijan. Drugs are also smuggled by sea across the Persian Gulf.

Iranians have clearly been using more heroin during the past several years. Heroin has not replaced opium, the traditional drug of choice in Iran, but lower street prices for heroin, and temporary shortages of opium, after the Taliban successfully prohibited opium production in Afghanistan for one year (2000/01), plus higher prices for opium, have encouraged some addicts to switch from opium to heroin. Some heroin is smoked or sniffed, but a growing share is injected.

Iranian seizures in the first nine months of 2003 display some surprising trends. In contrast to recent years, the quantity of heroin seized in Iran, expressed as a share of all opiates seized (i.e., heroin, morphine and opium), has fallen sharply from 19 percent of all opiates seized in 2002 to just 10.4 percent in the nine month statistics available for 2003. The absolute quantity of opium seized is also down even more sharply, by about 70 percent. It is hard to account for this shift analytically, as expectations were for a continuing increase in heroin seizures, as heroin consumption in Iran continues to grow. The share of heroin in all opiates seized in Iran had been rising since 1996 (3.1 percent), but it seems to have peaked in 2001 and 2002 at about 19 percent, then declined this year by almost half.

Interestingly, as the quantity of heroin seized in Iran fell sharply (-64 percent) in 2003, the quantity of morphine base seized increased sharply (+47 percent). Morphine base is destined for shipment across Iran, ultimately to Turkey, where the refining process into heroin is completed. One might speculate that the sharp increase in morphine base seizures in Iran may forecast increased heroin availability at higher purity and lower prices in Western Europe during 2004. But it is risky business to draw conclusions about illicit drug availability from seizure statistics alone. Perhaps Iranian security forces are stationed along Iran's borders in such a way that their share of morphine seized has risen sharply relative to heroin.

While the Central Asian trafficking routes are growing in importance, carrying up to one-third of the total volume of Afghan opiates, the several trans-Iranian trafficking routes continue to carry the lion's share. While a number of factors contribute to the emergence of Central Asia as an important trafficking route for opiates from Afghanistan, it is not

unreasonable to speculate that avoiding Iran's tough enforcement effort along its eastern border is part of the story. That said, 17 percent more opiate seizures in Iran during the first nine months of 2003 indicate that trafficking in opiates continues to grow from depressed levels following the Taliban poppy cultivation ban in 2000. There are simply enough opiates flowing out of Afghanistan now to keep all trafficking routes active, traditional and emerging alike.

III. Country Actions Against Drugs in 2003

Policy Initiatives. Iran is spending roughly 50 percent of its budgeted counter drug expenditures on demand reduction activities, a significant shift from recent expenditure patterns where most funds went for enforcement-related supply reduction. The shift seems to be a clear response to the growing social and health impact of more dangerous drug abuse (e.g., heroin vice opium) and the trend towards more intravenous heroin abuse, with certain addict populations sharing needles.

Law Enforcement Efforts. The Drug Control Headquarters coordinates the drug-related activities of the police, the Islamic Revolutionary Guard Corps, and the Ministries of Intelligence and Security, Health, and Islamic Guidance and Education.

Iran pursues an aggressive border interdiction effort. A senior Iranian official told the UNODC that Iran had invested as much as \$800 million in a system of berms, moats, concrete dams, sentry points, and observation towers, as well as a road along its entire eastern border with Pakistan and Afghanistan. According to an official GOI Internet site, Iran has installed 212 border posts, 205 observation posts, 22 concrete barriers, 290 km of canals (depth-4m, width-5m), 659 km of soil embankments, a 78 km barbed wire fence, and 2,645 km of asphalt and gravel roads. It also has relocated numerous border villages to newly constructed sites, so that their inhabitants are less subject to harassment by narcotics traffickers.

Thirty thousand law enforcement personnel are regularly deployed along the border, and Iran reports that more than 3,200 law enforcement officials have been killed in clashes with heavily-armed smugglers during the last two decades. Interdiction efforts by the police and the Revolutionary Guards have resulted in numerous drug seizures. Iranian officials seized 208 metric tons (corrected figures from last year's report) of opiates (opium equivalent) in 2002, and 165 metric tons of opiates (opium equivalent) in the first nine months of 2003. During the same nine-month period of 2002, 150 metric tons of opiates (opium equivalent) were seized. Thus, opiate seizures rose by about 10 percent in the first 9 months of 2003 in comparison with the same period of 2002. The rise in opiate seizures in 2003 suggests a continuing return to larger shipments of opiates from Afghanistan. These increases are likely to continue as one of Afghanistan's largest opium harvests ever moves towards markets in Iran itself, and in the West.

Drug offenses are under the jurisdiction of the Revolutionary Courts. Punishment for narcotics offenses is severe, with death sentences possible for possession of more than 30 grams of heroin or five kilograms of opium. Those convicted of lesser offenses may be punished with imprisonment, fines, or lashings, although it is believed that lashings have been used less frequently in recent years. Offenders between the ages of 16 and 18 are afforded some leniency. More than 60 percent of the inmates in Iranian prisons are incarcerated for drug offenses, ranging from use to trafficking. Narcotics-related arrests in Iran during 2002 remained high at 118,819 persons, but are down sharply from a peak

reached in 2001. Iran has executed more than 10,000 narcotics traffickers in the last decade; executions continue, but the UNODC reports that many in the Iranian judiciary are questioning the deterrent effect of executions.

Corruption. Although there is no indication that senior government officials aid or abet narcotics traffickers, there are periodic reports of corruption among lower-level law enforcement, which is consistent with the transit of multiple-ton drug shipments across Iran. Punishment of corruption appears to be harsh, and the evidence of Iran's commitment to keep drugs from its people is compelling. Iran points to its drug interdiction efforts as benefiting countries in Western Europe and beyond. In fact, given the large quantity of drugs seized in Iran, and the expenditure in life and treasure necessary to make those seizures, this claim would seem to have considerable validity.

Agreements and Treaties. Iran is a party to the 1988 UN Drug Convention. Its legislation does not bring it completely into compliance with the Convention, particularly in the areas of money laundering and controlled deliveries. The bill governing money laundering countermeasures, which was submitted to the Iranian Parliament (Majlis) in October 2002 by the Minister of Economic Affairs and Finance, passed the Majlis and has become law. The bill provides for confiscation of property of those involved with money laundering. A special council of applicable ministers and the Governor of the Central Bank has also been formed to consider necessary powers for the Government to fight other economic crimes. The UNODC is working with Iran through the NOROUZ Program to modify its laws, train the judiciary, and improve the court system.

Iran is also a party to the 1971 UN Convention on Psychotropic Substance, the 1961 UN Single Convention on Narcotic Drugs, and it signed and ratified the 1972 Protocol amending the Single Convention in 2001. Iran has shown an increasing desire to cooperate with the international community on counternarcotics matters. Iran is a member of the ten-nation Economic Cooperation Organization (ECO), which established a counternarcotics center as part of its secretariat. Iran signed the UN Convention against Transnational Organized Crime on December 12, 2000, but has not yet ratified it.

Cultivation/Production. A 1998 U.S. survey of opium poppy cultivation in Iran and a detailed multi-agency assessment concluded that the amount of poppy being grown in Iran was negligible. The survey studied more than 1.25 million acres in Iran's traditional poppy-growing areas, and found no poppy crops growing there, although the survey could not rule out the possibility of some cultivation in remote areas. A follow-up survey in 1999 reached the same conclusion. The UNODC office located in Tehran has repeatedly assured the international community since then that poppies are not cultivated in Iran.

Iran is generally viewed as a transit country for drugs produced elsewhere, but there are some reports of opium refining near the Turkish/Iranian border. Most refining of the opiates moving through Iran is done elsewhere, either in Afghanistan or in Turkey.

Drug Flow/Transit. Shipments of opiates enter Iran overland from Pakistan and Afghanistan by camel, donkey, or truck caravans, often organized and protected by heavily armed ethnic Baluch tribesmen from either side of the frontier. Once inside Iran, large shipments are either concealed within ordinary commercial truck cargoes or broken down into smaller sub-shipments. Foreign embassy observers report that Iranian interdiction efforts have disrupted smuggling convoys sufficiently to force smugglers to change tactics and emphasize concealment. The use of human "mules" is on the rise. Individuals and small

groups also attempt to cross the border with two to ten kilograms of drugs, in many cases ingested for concealment. Trafficking through Iran's airports also appears to be on the rise.

Most of the opiates smuggled into Iran from Afghanistan are smuggled to neighboring countries for further processing and transportation to Europe. Turkey is the main processing destination for these opiates, most of which are bound for consumption in Russia and Europe. Essentially all of the morphine base, which shot up to 57.6 percent of opiates seized thus far this year in Iran, is likely moving towards Turkey, as is some share of the much diminished 10 percent or so of opiates moving as heroin. Significant quantities of opium are consumed in Iran itself, but some share also moves on to the west to be refined and consumed as heroin in Europe and elsewhere. There is a northern smuggling route through Iran's Khorasan Province, to Turkmenistan, to Tehran, and then on to Turkey. The mountainous, desert, sparsely settled characteristics of this route makes it hard to police. Traffickers are frequently well armed and dangerous.

The southern route also passes through sparsely settled desert terrain on its way to Tehran en route to Turkey; some opiates moving along the southern route detour to Bandar Abbas and move by sea to the Persian Gulf states. Bandar Abbas also appears to be an entry point for precursor chemicals moving to refineries in Afghanistan. Iran does not specifically control precursor chemicals used for producing illicit drugs, but has made a number of important seizures, mostly at Bandar, of acetic anhydride, used in the refining of heroin. All precursor chemicals seized were consigned to Afghanistan. Trafficking through Iran is facilitated by wide spread smuggling to provide necessities, and to escape high taxation. There are reports that enforcement authorities accept bribes to pass shipments, and not to enforce laws against street sales inside of Iran.

Azerbaijan and Armenia provide alternative routes to Russia and Europe that bypass Turkish interdiction efforts. Additionally, despite the risk of severe punishment, marine transport is used through the Persian Gulf to the nations of the Arabian Peninsula, taking advantage of modern transportation and communication facilities and a laissez-faire commercial attitude in that area. Hashish moves extensively along this route. Oman and Dubai appear to be important destinations, but some Iranian hashish even finds its way to Iraq. Iranian enforcement officials have estimated that as much as 50 percent of the opium produced in Afghanistan in past years entered Iran, with as much as 700-800 metric tons of opium consumed in Iran itself by its 1.8 to 2 million users. Hashish seizures in Iran in the first nine months of 2003 were on track to maintain the high level they reached in 2002. At slightly more than 51 metric tons in the first nine months of 2003, only raw, unrefined opium seizures at 60 metric tons exceed them in volume.

The amount of drugs moving to all destinations by mail and courier service in 2002 declined, with seizures of 32.5 kilograms of drugs in 75 cases. The share of total drugs moving in this channel remains miniscule, and seizures of some of these shipments before they leave Iran provide the only evidence of this smuggling method.

Domestic Programs (Demand Reduction). Most observers place the number of drug users in Iran at about 2 million individuals, the great majority males. Smoked opium is the traditional drug of abuse in Iran, but opium is also drunk, dissolved in tea. Opium and its residue are also injected, dissolved in water, by a small number of addicts. Heroin is sniffed, smoked, and injected. Ninety-three percent of opiate addicts are male, with a mean age of 33.6 years (plus or minus 10.5 years), and 1.4 percent (about 21,000) are HIV positive. In the past, the Islamic Republic attacked illegal alcohol use with more fervor than drug abuse,

and was reluctant to discuss drug problems openly. Since 1995, public awareness campaigns and attention by two successive Iranian presidents as well as cabinet ministers and the Parliament have given demand reduction a significant boost. Under the UNODC's NOROUZ narcotics assistance project, the GOI spent more than \$68 million dollars in the first year for demand reduction and community awareness. The Prevention Department of Iran's Social Welfare Association runs 12 treatment and rehabilitation centers, as well as 39 out-patient treatment programs in all major cities. Eighty-eight out-patient treatment centers are now operational. Some 30,000 people are treated per year, and some programs have three-month waiting lists. **Narcotics Anonymous** and other self-help programs can be found in almost all districts as well, and several NGOs focus on drug demand reduction. There are no methadone treatment or HIV prevention programs, although HIV infection in the prison population is a serious concern.

IV. U.S. Policy Initiatives and Programs

Policy Initiatives. In the absence of direct diplomatic relations with Iran, the United States has no narcotics initiatives in Iran. The U.S. government continues to encourage regional cooperation against narcotics trafficking. Iran and the United States have expressed similar viewpoints on illicit drugs and the regional impact of the Afghan drug trade. In the context of multilateral settings such as the UN's Six Plus Two group, the United States and Iran have worked together productively. Iran nominated the United States to be coordinator of the Six Plus Two counternarcotics initiative.

The Road Ahead. The GOI has demonstrated sustained national political will and taken strong measures against illicit narcotics, including cooperation with the international community. Iran's actions support the global effort against international drug trafficking. Iran stands to be one of the major benefactors of any long-term reduction in drug production/trafficking from Afghanistan, as it is one of the biggest victims of the short term increase in opium/heroin production there now. The United States anticipates that Iran will continue to pursue policies and actions in support of efforts to combat drug production and trafficking.

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