

DILEMMAS OF IRAN'S OPIUM MAINTENANCE PROGRAM
AN ACTION RESEARCH FOR EVALUATING GOAL CONFLICTS
AND POLICY CHANGES

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Introduction

Much of evaluative research in the drug abuse field to date has centered on the outcome comparison of different treatment and rehabilitation modalities. Consequently, despite avowed interest in policy research by the students of drug abuse, to a great extent and, in part, due to lack of research opportunities, there have not been many action-oriented evaluative policy researches even in the industrially advanced countries.

On the other hand, the piecemeal accumulation of information through numerous ad hoc drug related research activities has signaled the need for more integrated research activities on a comprehensive scale, embracing both the demand and supply dimensions of drug abuse. In the absence of substantive inputs from drug policy research, there is a real danger that the call for comprehensive approaches may once again, by default, neglect the crucial dimension of micro policy. This paper presents the findings of an action research design for evaluation of Iran's opium maintenance program. As such, the paper's primary focus is on the impact of unintended and unanticipated consequences of Iran's opium maintenance program upon treatment and rehabilitation efforts for the drug addicts. The findings here are based on a two-wave study. The first wave was carried out in the early summer of 1976. The major conclusions of the first wave suggested the need for fundamental revisions in both the eligibility requirements for and the distribution system of opium coupons to those who legally received opium, the registered addicts. The findings of this study convinced the government to initiate a number of changes in the eligibility requirements. In addition, the authors were given the responsibility to design a new system of opium distribution for registered addicts (Fozouni and

and Stassi 1977). The second wave of the study was conducted in the spring of 1977, some 6 months after the policy reversions, in order to monitor their effects.

Back round

In the spring of 1968, the Government of Iran embarked on a seemingly innovative program for the control and treatment of drug addiction. The basic philosophy behind this program was to provide limited opium maintenance for addicts over 60 years of age who were judged "too old" to undergo detoxification and rehabilitation.^{*} Consequently, after nearly 14 years of total prohibition, a limited cultivation of poppy and legal distribution of opium was instituted for supplying the domestic needs of registered addicts. The raw opium was to be bought by the government for processing. The processed opium would then be sold by the government to selected agents for the subsequent sale at a nominal price (25 cents per gram) to coupon holders.

One of the primary objectives of the maintenance program was to concentrate treatment and rehabilitation efforts on the younger addicts who were thought to have a greater chance for rehabilitation. Officially, there were a number of other reasons cited by the government for the re-cultivation of poppy and resumption of opium production.

Among these reasons were (1) the apparent reluctance of some of the neighbouring countries (Turkey, Afghanistan and Pakistan) to curb production of opium and to enforce laws against drug trafficking, (2) the failure of the responsible international organizations effectively to act through diplomatic and other channels to curb the flow of opium to Iran; (3) the conviction that government controlled local opium production would diminish drug trafficking and therefore, in effect, would help to curb expansion of heroin import, production and abuse, and finally (4) the economic impact of reducing the outflow of currency stemming from illicit drug purchases.

^{*}For a favorably disposed review of the philosophy of opium maintenance in Iran and its innovative potential as a paradigm for other countries with similar drug problems, see McLaughlin and Quinn (1971) and McLaughlin (1976).

The guidelines called for coupons to be issued only to those addicts who were in the 60 and over age-group. However, an additional eligibility qualification about severe or chronic illness was also appended, which circumvented age limit. The latter qualification later proved to be the most important loophole in the control of the maintenance program. As a direct result of this loophole, coupons were also being issued to people between 20 and 59 years of age under the guise of various medical and socio-psychological reasons. By 1976, out of the estimated 188,000 registered addicts, close to 90,000 were between 20 and 59 years of age. This background information is illustrated in Table 1, which presents the annual number of registered addicts; the quantity of opium supplied to distributing agents, as well as the average daily opium consumption per individual from the Iranian calendar year 1971-72 to May 21, 1977.

- - - - - Inset Table 1 here - - - - -

As Table 1 reveals, in the five year period of steady increase in both the number of registered addicts and quantity of annually distributed opium (1971-72 to 1975-76), the number of registered addicts increased by about 75%, the quantity of opium distributed to agents increased by some 98%, while the estimated average daily opium ration of addicts increased by nearly 81%. As can be seen, not only there was an absolute increase in the number of registered addicts but also increases in the addicts' daily rations of opium. For example, during the year covered by 1971-72 to 1972-73 alone, the estimated daily individual opium consumption increased nearly 70% compared to only a 16% increase in registered addicts' population.

In 1976, fundamental changes in government opium maintenance policy were initiated which led to decreases in both the number as well as opium rations of the registered addicts in subsequent years. This will be discussed shortly. Projection of number of addicts for 1976-77 -- if there were no policy changes -- based on past trends using the least-square linear regression technique provides the estimate

of 214,298 registered addicts. (See Fig. 1)

- - - - - Place Figure 1 here - - - - -

By July 21, 1977, the number of registered addicts had drastically declined to an estimated 153,000.

In the sections which follow, we shall first discuss the results of an action research design used in evaluating the pre-1976 opium maintenance policy which led to a number of policy changes. Next, the paper discusses the "second wave" of the research intended to evaluate the effects of these policy changes in the opium maintenance program. Finally, the paper discusses some of the major conclusions which can be drawn from Iran's 9 years of experience with opium maintenance.

The First Wave of Research

In the summer of 1976, a study was carried out by the research team of National Iranian Society for Rehabilitation of the Disabled (NISRD)** at two of the government detoxification and rehabilitation centres - Vanak and Yaftebad - both located in Tehran. The study involved 144 illicit male addicts who were interviewed within a two week period. The sampling procedure was a total census, including all new admissions during the research period who compensated for those discharged prior to interviewing.

Table 2 presents a breakdown of addicts according to the primary drug to which they were addicted. As can be gathered from the table, incidence of opium and dross*** addiction, by themselves or in combination with other drugs (mix), constitute

* The least-square regression of Y_t on X_t yields the following estimates of parameters

$$Y_t = 21077.4 X_t + 87831$$

where: Y_t = Number of registered addicts at period t

X_t = Period t (1,2 5)

Since there are only five observation points, the standard error of estimate $S_{Y.X}$ is quite large for 1 standard deviation (1σ) $S_{Y.X} = 48,783$. Thus at 95% confidential interval (2σ) the projected number of registered addicts in 1976, in the absence of policy changes, would have been $214,298 \pm 97566$.

** NISRD is directly responsible for the treatment and rehabilitation of addicts in Iran.

*** Dross is a by-product of opium smoking. It consists of a mixture of opium, water and the burnt opium which is left in an opium pipe after smoking. Dross is nearly twice as potent as opium and is usually smoked, but sometimes taken orally. Each gram of opium when smoked, yields 0.3 gram of dross.

nearly half (47.2%), while heroin addiction accounts for slightly more than half (52.7%) of the sample population.

- - - - - Place Table 2 here - - - - -

Table 3 provides the distribution of the addicts according to whether they were issued opium coupons. The table indicates that in the same population of addicts undergoing detoxification, none had opium coupons at the time of the study; and only 9.7% previously had been issued coupons.

- - - - - Place Table 3 here - - - - -

Table 4 is most revealing in that it presents the supply sources of opium and dross for all addicts who use these substances. In the sample population, a total of 68 individuals (47%) admitted to using opium or dross as the only drug, as the primary drug or, as a substitute for the drug to which they were addicted. Among this group, more than 76% (52 persons) admitted that they received directly or indirectly all or at least 50% of their supply of opium or dross from the opium rations distributed to the registered addicts.

- - - - - Place Table 4 here - - - - -

Based on the findings from the first wave of the research and information from other sources, by 1976 it had become finally established that a great number of illicit addicts received all or most of their opium and/or dross from the opium supplied by Government to the registered addicts and further that, for many of the registered addicts, the opium coupons had become a lucrative source of income. In fact, separate investigations by the authors on a nationwide clustered sample of registered addicts throughout the country (N=929) have revealed numerous irregularities in both the coupon issuance procedures and distribution of opium by the licenced agents (Siassi 1978)

In short, one dimension of the unintended and unanticipated consequences of the maintenance program has been to convert some of the official "addicts" into "pushers" spreading addiction throughout the country.

The exposure of these major defects in the maintenance program prompted the government in the fall of 1976, to initiate several policy changes.

First, no new coupons were to be issued to new applicants under 60 years of age. Second, there was an immediate ban on the renewal of coupons of all the registered addicts under 50 years of age. Third, the opium ration of those between 50 to 59 years of age was substantially reduced to amounts not exceeding 2½ grams per day. In addition, plans were also made to computerize registration and opium distribution processes in order to further improve check and control measures.

The Second Wave of Research

In spring of 1977, the second wave of this research was undertaken. The aims here were twofold: 1.) to supplement our social and demographic information including the major sources of drug supply for the addicts in treatment and; 2.) to monitor the impacts of policy changes in the maintenance program. As before, the study involved a total census sample of addicts in treatment at Vanak and Yaftabad Centres. During the three week period of research, a total of 237 addicts were interviewed.

The sample consisted of all male subjects, since the females because of their small numbers are admitted only twice a year, each time for about a month.

Table 5 provides the distribution of the addicts according to the primary drug to which they were addicted.

- - - - - Place Table 5 here - - - - -

Comparison of Tables 2 and 5 reveals nearly identical distributions: in both Tables, heroin addiction constitutes slightly over 50% of the population and the combined opium, dross and mix account for nearly the other half of the sample population.

Table 6 presents the distribution of addicts according to whether they were ever issued opium coupons.

- - - - - Place Table 6 here - - - - -

Comparison of Tables 3 and 6 shows that while in the First Wave Sample, 9.7%

of the population previously had coupons, in the Second Wave the percentage was only 4.6% (N=237). Therefore, the number of those who "previously held coupons" was not affected by the policy changes instituted after Wave I. ($X^2=3.81, d.f.=1$, not significant at $P < 0.05$).

Table 7 presents the main (more than 50%) sources of supply for opium and/or dross for those addicts who use, as primary or substitute drug, opium, dross or both.

- - - - - Place Table 7 here - - - - -

Comparison of Tables 4 and 7 reveals that while 76.5% (52 out of 68) of male addicts in the first wave were obtaining directly or indirectly all or more than 50% of their opium and/or dross from the opium rations of registered addicts, in the second wave this figure was reduced to 53.4% (47 out of 88). This constitutes a statistically significant reduction ($X^2=10.58, d.f.=1$ significant at $P < 0.005$).

In contrast to findings of Wave I where 19% (18 cases out of 94) of heroin and mix drug male addicts directly or indirectly identified the opium rations of the registered addicts as the major source of their substitute drug (opium and/or dross), in Wave II, no heroin addicts and only a single case in the mix category identified the opium ration of registered addicts as his main source of substitute drug supply.

Summary and Discussion:

An important aspect of the action research approach is to reduce incompatibilities between action and research by revealing how varieties of valid and useful data can help in designing organizational alternatives and monitoring their performance. It was with these aims in mind that the present action research was initiated.

The administrative dilemmas posed by a gargantuan maintenance program as that of Iran are of such a scale that their significance supersedes the misapplication of the intended aims of the program by mere loopholes. As was expected, the policy changes intended to eliminate some of these loopholes led to a reduction in the

supply of legal opium and a decline in the number of those illicit drug users whose main source of supply was the legal opium distributed to the registered addicts.

The data, however, if scrutinized from a broader and central perspective of the impact of policy changes on the prevailing addiction practices and drug problems in Iran, reveals a different picture: it becomes obvious that these measures have been ineffective. Other illicit sources of supply have at once replaced the illicit sale from the "legal" sources. What is of significance is that over a short period of time, both the number of registered addicts and the amount of opium distributed to them could be drastically curtailed without any noticeable inconvenience to those excluded from the program.

Several lessons can be learned from Iran's experience with opium maintenance program and the subsequent policy changes -- lessons which have relevance to drug policies and programs of both industrially advanced as well as less developed countries.

First, at a macro-policy level, for years now the students of and professionals in drug abuse have pleaded the need for the "balanced approach" to drug policy -- a policy which takes into account the interdependence of demand and supply sides of the drug problem. While such contentions have enjoyed a firm rational appeal, the case of Iran lends it ample empirical support: failure to adequately consider the dynamics of demand and supply as a major policy parameter was the real reason for the untoward negative consequences of Iran's opium maintenance program as well as the apparent impotency of the corrective policy changes which were subsequently implemented.

Second, at the level of communities, much discussions on drug policies center on the lack of coordination between policy makers at the national level who set guidelines and standards and allocate funds and, local communities who engage in programming and meeting demands for services. As a facet of this broader issue of coordination, the danger exists that the local communities in planning services

often may misinterpret macro drug policies and thereby over (under) -react to such policies. In the case of Iran, several communities with large shares of registered addicts hastily implemented contingency plans for the nearly 30 thousand registered addicts under 50 years of age who were to be cut from the maintenance program. These communities' failure to engage in realistic assessment of the actual impact of such policy changes on demand for services results in costly contingency plans which proved superfluous.

Third, many professionals in drug abuse field appear ambivalent when faced with the choice of strict controls over maintenance programs of any type versus a more or less unhampered access to drug supply. For example, some professionals in United States object to strict medical supervision and control of methadon maintenance programs. Their underlying rational is respect for individual's freedom, i.e. the individual's right to do what he pleases with his own mind and body. Others go even a step beyond. They contend that presently many chronic addicts avoid methadon maintenance programs because of these programs' confining regulations. As a result, they must act as pushers to pay for their habit. If they were to have access to an easily available and legitimate source, they would no longer be forced to engage in spreading addiction and this would eventually lead to a more stabilized addict population. Iran's experience shows that in the absence of strict controls in a maintenance program, it is impossible to confine the distributed drug to the desired population alone; the spillover spread to the rest of the society, especially the young, appears unavoidable and inevitable. Moreover, the removal of strict controls leads to expansion rather than the stabilization of addict population because of the addition of an easily accessible and more legitimate source to the illegal drug market.

Finally, among the problems our professionals encountered with young drug users was an unprecedented amount of legitimacy which surrounded drug taking behavior. On the one hand, drugs had become available not solely from the criminal "pusher"

but the registered or "legal" addict leading to the establishment of an elaborate trade network between the older and chronic drug addicts and the younger drug neophytes. On the other hand, the hypocrisy of the government providing the older population with a legal and inexpensive drug while trying to enforce strict prohibition for the young placed government employed professionals working with the latter group in an almost indefensible position.

In sum, Iran's experience makes it abundantly clear that an unrestricted and particularly a non-medical maintenance program not only makes control of drug supply nearly impossible but can also create major obstacles in prevention and treatment efforts.

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Table 1

Annual Number of Registered Addicts and the Quantity
of Opium Distributed.

| Year ^a | Total number of registered addicts | Quantity of opium distributed to agents | | Average daily ^c consumption of opium per registered addict |
|--------------------------------|--|---|-------|--|
| | | Kilos | Grams | |
| 1971-72 ^b | 107,684 | 69,625.668 | | 2.66 |
| 1972-73 | 125,195 (16% increase over previous year) | 136,251.327 (96% increase over previous year) | | 4.50 (69% increase over previous year) |
| 1973-74 | 159,214 (27% increase) | 178,604.885 (31% increase) | | 6.64 (3% increase) |
| 1974-75 | 175,134 (10% increase) | 189,819.613 (6% increase) | | 4.48 (-3% decrease) |
| 1975-76 | 188,102 (7% increase) | 206,682.733 (9% increase) | | 4.54 (1% increase) |
| 1976-77 | 173,917 (-8% decrease) | 184,861.077 (-11% decrease) | | 4.39 (-3% decrease) |
| 1977 (March 21 - May 21) | 170,870 (-2% decrease) | 13,387.781 | | 2.53 (-48% decrease) |

Source: Ministry of Rural Affairs and Cooperatives.

^aThe figures are reported for the Iranian calendar year which commences on March 21.

^bCovers a period of 8 months from July 22, 1971 to March 20, 1972.

^cAverage individual opium consumption was calculated by the authors. Two assumptions were made for this calculation: 1.) All the opium given to the distributing agents will be distributed only to registered addicts, and; 2.) these addicts will consume their entire ration themselves.

As this study will reveal, both of these assumptions, especially the second one are not valid.

Projection of the Number of Registered Voters (1976-77)

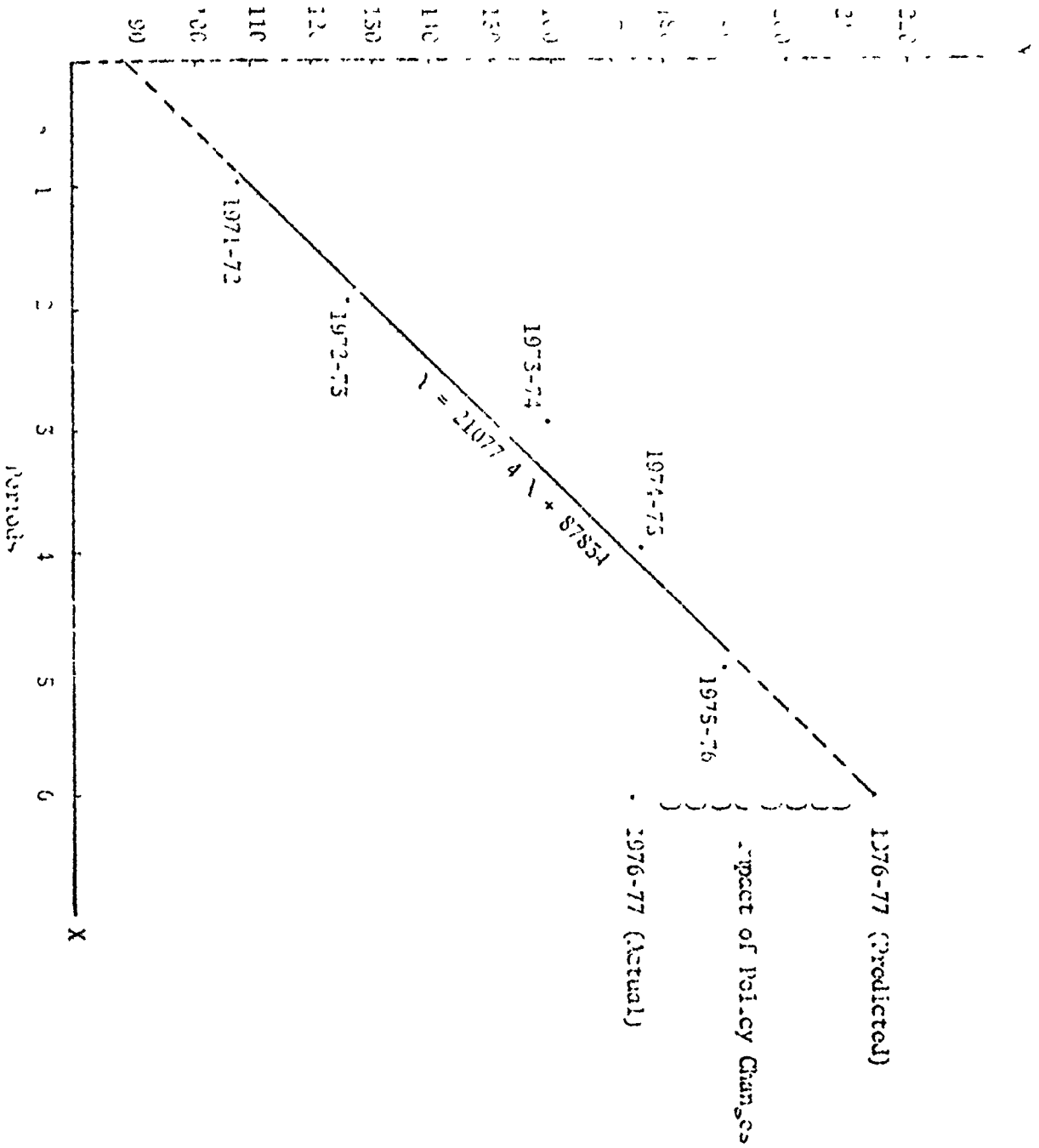


Fig 1: Projection of the Number of Registered Voters in 1975-76 Using Least Square Linear Regression on Past Data.

Table 2

Distribution of Addicts in Treatment by Drug Type (Wave I)

| <u>Drug Type</u> | <u>Frequency</u> | <u>Percent</u> |
|------------------|------------------|----------------|
| 1.) Opium | 38 | 26.4% |
| 2.) Dross | 12 | 8.4% |
| 3.) Heroin | 76 | 52.7% |
| 4.) Mix | 18 | 12.5% |
| ----- | ----- | ----- |
| <u>Total:</u> | <u>144</u> | <u>100%</u> |

Table 3

Distribution of Coupon Holders among Addicts in Treatment
(page 1)

| <u>Coupon Status</u> | <u>Frequency</u> | <u>Percent</u> |
|---|------------------|----------------|
| At present have coupons | 0 | 0.0% |
| Previously had coupons (but not at present) | 14 | 9.7% |
| Never had coupons | 130 | 90.3% |
| <u>Total:</u> | <u>144</u> | <u>100%</u> |

Table 4
Main Sources of Opium and Dross (Wave I)^a

| Source | <u>Addicts who use opium</u> | | <u>Addicts who use dross derived from opium</u> | | <u>Total</u> | |
|--|------------------------------|----------------------|---|---------|--------------|---------|
| | Frequency | Percent ^b | Frequency | Percent | Frequency | Percent |
| 1. Direct purchases of opium or dross from registered addicts. | 27 | (39.7%) | 6 | (8.8%) | 33 | (48.5%) |
| 2. Indirect purchases of opium rations of registered addicts through intermediaries. | 15 | (22.1%) | 4 | (5.9%) | 19 | (28.0%) |
| 3. Direct purchases of non-government opium from drug dealers. | 8 | (11.8%) | 6 | (8.8%) | 14 | (20.6%) |
| 4. No answers. | 2 | (2.9%) | - | - | 2 | (2.9%) |
| Total: | 52 | (76.5%) | 16 | (23.5%) | 68 | (100%) |

^aA total of 76 cases in the "heroin" and "mix" categories were excluded since these individuals claimed they do not use opium or dross with their primary drug. The above figures, therefore, pertain to the 68 remaining addicts in all drug-use categories, who use opium and or dross as the only drug, primary drug, or a substitute drug.

^bAll percentages are calculated on the basis of N=68.

Table 5

Distribution of Addicts by Drug Type (Wave II)

| <u>Drug Type</u> | <u>Frequency</u> | <u>Percent</u> |
|----------------------|------------------|----------------|
| 1.) Opium | 56 | 23.6% |
| 2.) Dross | 25 | 10.6% |
| 3.) Heroin | 125 | 52.7% |
| 4.) Mix ^a | 31 | 13.1% |
| <hr/> | <hr/> | <hr/> |
| Total: | 237 | 100% |
| <hr/> | <hr/> | <hr/> |

^aMix category includes heroin and barbiturates; opium and dross, heroin and alcohol, heroin and minor tranquilizers and other drugs.

Table 6

Distribution of Coupon Holders among Addicts (Wave II)

| <u>Coupon Status</u> | <u>Frequency</u> | <u>Percent</u> |
|---|------------------|------------------|
| At present have coupons | 0 | 0% |
| Previously had coupons (but not at present) | 11 | 4.6% |
| Never had coupons | 226 | 95.4% |
| <hr/> Total: <hr/> | <hr/> 237 <hr/> | <hr/> 100% <hr/> |

Table 7

Main Sources of Opium and Dross (Wave II)

| Source | Opium addicts | | Dross addicts | | Opium & Dross Addicts | | Total | |
|--|---------------|----------------|---------------|----------------|-----------------------|---------------|-----------|---------------|
| | Frequency | Percent | Frequency | Percent | Frequency | Percent | Frequency | Percent |
| 1. Direct purchases of opium or dross from registered addicts. | 29 | (33.0%) | 0 | (4.5%) | 0 | (0.0%) | 33 | (37.5%) |
| 2. Indirect purchases of opium rations of registered addicts through intermediaries. | 13 | (14.8%) | 0 | (0.0%) | 1 | (1.1%) | 14 | (15.9%) |
| 3. Direct purchases of non-government opium from drug dealers. | 14 | (15.9%) | 21 | (23.9%) | 6 | (6.8%) | 41 | (46.6%) |
| Total: | 56 | (63.7%) | 25 | (28.4%) | 7 | (7.9%) | 88 | (100%) |