

Lessons on the Drug War from an Enemy

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“**W**e’re wasting our time if we don’t get tough with drug dealers, and that toughness includes the death penalty,” said US President Donald Trump on March 18, 2018, in a speech in New Hampshire outlining his administration’s response to the opioid epidemic. By “drug dealers,” the president evidently did not mean to refer to the pharmaceutical corporations, such as Purdue Pharma, involved in the production and marketing of opioid painkillers like OxyContin, responsible for more than 200,000 deaths in the United States to date.

Trump has been more concerned with traditional criminal justice approaches targeting illicit drug dealers, while rejecting the growing cannabis legalization movement. His speech was later fleshed out by then–Attorney General Jeff Sessions, who urged federal prosecutors to seek the death penalty for large-scale drug traffickers. Hypothetically, that policy could end up sending legal cannabis growers to death row, because US federal law still classifies cannabis as an illegal substance, though a number of states have legalized it.

Nothing new on the Western front, we might say: Trump’s approach to illicit drugs is reminiscent of his closest ideological predecessors, Ronald Reagan and Richard Nixon. Their Republican administrations erected the global infrastructure of the War on Drugs, an expression first coined by Nixon in a now-historic speech in 1971.

This ideological approach had little to do with Americans’ health and well-being. In a 1994 interview, Nixon’s Watergate co-conspirator and domestic policy adviser John Ehrlichman said, “The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. . . . We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities.”

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Drugs embodied the public’s anxieties amid social transformation—but more than that, they were instrumental in the game of distraction and destruction of social groups challenging state interests. From the 1980s onward, the US government enforced a more powerful form of drug criminalization, undertaking a systemic crackdown on drug users, especially precarious minorities, which resulted in mass incarceration: about half of all prisoners are drug offenders, including disproportionate numbers of blacks and Latinos. This crackdown was also a major impetus for the militarization of policing, which broadened the scope of intervention by heavily armed police forces against minor instances of petty drug dealing.

The list of side effects of these policies is endless, from the crack and methamphetamine epidemics to the opioid crisis. By now, it is a near-impossible task to find commentators willing to argue that the War on Drugs has been a success. Except for Trump, who demands ever-tougher measures.

THE RELIGION OF PROHIBITION

Religion plays an underlying role in many campaigns against drugs. Condemnation of drugs as “evil” has been recurrent throughout the world, from the Philippines, where President Rodrigo Duterte’s violent crackdown has left thousands of people dead (though he has acknowledged having personally been treated with fentanyl, a powerful opioid), to China and Russia. One could look at the War on Drugs as America’s most potent ideological export (together with capitalism’s chronic consumerism): it has had a powerful homogenizing effect on many countries’ domestic policies and has shaped people’s lives across the globe.

This rhetoric about the evil nature of drugs has also been embraced by the Holy See, even during the current progressive tenure of Pope Francis. In 2014, the Vatican released a communiqué criticizing the trend toward regulation and legalization of drugs (including cannabis), insisting that “drugs are an evil and with evil there can be neither surrender nor compromise.”

The policy of prohibition gained influence even among America's archenemies, like the Islamic Republic of Iran. In 1979, anticipating the fight against crack cocaine and Nancy Reagan's "Just Say No" campaign, Iran's revolutionary leadership under Ayatollah Ruhollah Khomeini banned all drugs, including alcohol. (Trump, being a teetotaler, might have agreed with the ayatollah.) The Islamist cadres in Iran denounced drug traffickers as "merchants of death" whose "evils" would be punished with severe sentences, including the death penalty, under the republic's new criminal code. But prohibition backfired: in the 1990s, Iran faced a surge in heroin consumption, paralleling the US crack epidemic.

It seems that prohibition is the universal religion of our era, the opium of power. Yet while countries with secular forms of government such as the United States, Russia, and China have adopted religiously observant policies of drug prohibition and repression, Iran changed its mind following its initial infatuation with prohibition in the 1980s.

UNLIKELY REFORMER

In 2017, the Islamic Republic's parliament approved a drug law amendment suspending the application of the death penalty for drug offenders, sparing the lives of at least 5,000 people awaiting execution. (Up to then, Iran was the world's top issuer of death sentences—aside from China, for which reliable counts are lacking—and 80 percent of those sentences were imposed on drug traffickers.) This change was part of a longer-term shift in Iran's approach to criminal justice and public health.

With neighboring Afghanistan producing enormous amounts of opiates, especially since the US-led invasion in 2001, Iran has been at the front line of antinarcotics operations, winning the praise of the United Nations Office on Drugs and Crime. But law enforcement strategies did not prove effective. By the early 2000s, Iranian officials—including the supreme leader, Ayatollah Ali Khomeini, the country's highest religious and political authority—realized that the drug war was causing more harm than benefit.

Drug offenders filled the prisons, and up to 70 percent of them were users. A severe HIV/AIDS epidemic in the prison population, caused by unsafe practices like sharing needles, posed a risk of

spreading to the general population. Public officials, in tandem with numerous grassroots organizations, agreed that in order to tackle the health risks of an uncontrollable drug market, public institutions had to introduce so-called harm reduction policies.

By the end of the 2000s, after a few years of underground initiatives to counter the HIV/AIDS epidemic, Iran had scaled up programs for distributing needles to drug users (initially also in prisons), decreasing the risk of disease spreading through shared paraphernalia; it allowed private methadone clinics to provide substitution treatment for opiate users; and it supported addiction recovery groups, establishing a multi-layered system of rehabilitation. The government is now debating whether to roll out an overdose-prevention program that will provide naloxone, a life-saving drug, to opiate users.

This harm reduction mentality spilled over to other areas of drug policy. Authorities in Tehran have discussed the possibility of decriminalizing

and regulating the sale of drugs such as cannabis and opium. Both substances are part of a medicalization trend in Iran. State clinics already distribute opium tincture (which was widely used as a medicine in the first half of the twentieth

century) to elderly opium smokers unable to give up their habit. As for cannabis, clerical authorities have not indicated that they would veto its medical use if scientific evidence confirms its utility for treating health problems.

State policy on illicit drugs has progressively adopted a tolerant approach to consumption, while combating trafficking organizations. In particular, cannabis use is widely tolerated, while policing is diverted to what Iranian officials define as "more dangerous substances," such as heroin and crystal meth. But the police do not automatically arrest users, even those caught with drugs in their possession; they are usually sent to state-run treatment centers. These centers, however, are compulsory rather than voluntary, and often have degrading conditions and a lack of medical supervision.

Thus it appears that a theocracy, as commentators often call the Islamic Republic, finds it easier than the United States to evolve its approach to drugs. That should not be too surprising, since the Islamic Republic has a history of experimentation on health questions, including state support for

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sex-reassignment surgery, stem-cell research, and birth control. Religious authorities in Iran have upheld the principle of public utility. Rather than presenting an impediment to legal reform, they legitimized a drug policy that had little or no public support.

UNCLENCHING THE FIST

As Iran's experience shows, adopting harm reduction policies allows the state to achieve a truce in the War on Drugs. In Iran, this new approach has enabled nationwide health interventions reducing the rate of HIV/AIDS contagion and facilitating the creation of an addiction recovery system. But what happens when a state refuses to accept a truce in order to reduce harm and violence?

In 2003, under a pro-US conservative president, Francisco Flores, the government of El Salvador introduced its *mano dura* (iron fist) plan for cracking down on criminal gangs. Its effects won Flores a dubious place in history. The prison population doubled, and overcrowding reached 320 percent. Prisons turned into headquarters for competing gang leaders. Homicide rates increased by almost two-thirds, and El Salvador topped the list of the world's most violent countries.

A small group of mediators worked to negotiate a truce among rival gangs as well as the state, with the principal objective of reducing the violence. The resulting truce, though effective in bringing down homicide rates, proved unpopular, just as harm reduction had been contentious elsewhere.

Violence continues to plague El Salvador and other Central American countries, leading to humanitarian emergencies and emigration to the United States. The migrants Trump calls criminals and drug dealers are actually fleeing from the violence generated by US-sponsored *mano dura* policies.

Proponents of drug policy reform face formidable challenges in most countries. Politicians

like Trump and much of the right, eager to create an easy consensus, promise a tough-on-crime approach with more severe penalties and ever-larger law enforcement budgets. Their policies tend to intensify the violence, but rhetorically they have the upper hand against those attempting to tackle the complexity of health problems caused by drug use, violence, and crime with more holistic approaches. Progressives risk looking complacent about illegal behavior and criminals, and few would dare to do so in an election campaign.

In order to reduce violence and harm, the hot air of tough-on-drugs-and-crime political rhetoric must be confronted with bold, innovative arguments. A truly radical change in drug policy would mean going beyond cannabis legalization, which remains a calculated concession to the white middle class. It has to address the racist rationales behind policing that overwhelmingly punishes minority communities. It is not enough to reject the War on Drugs; we must also reject the moral panics at the heart of these policies.

The solution is not to be found in what the late Mark Kleiman, an eminent criminal justice scholar and advocate of cannabis legalization, defined as a drug policy informed by a "grudging toleration." Toleration maintains the legal ambiguity that always comes at the expense of those sectors of society prioritized by law enforcement—the working class, the poor, minorities, and other marginal groups. Nor does the solution lie in market liberalization, whose effects are all too visible in the pharmaceutical opioid crisis.

In fact, drug policy reform is not ultimately about solutions. Confronting the social and political costs of addiction, incarceration, and violence, we can only try to find ways of failing better, failing more humanly. This means not shying away from the radical implications of changing paradigms, embracing examples from across the globe, and—why not?—being ready to take a lesson from the enemy. ■