Review and Prioritization of the Effectiveness of Harm Reduction and Drug Demand Reduction Strategies in Iran

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Abstract

Substance dependence, as a factor causing disruption in individual and social health, imposes countless damages on societies across various dimensions, including individual, familial, health-related, cultural, social, and economic aspects. In response to the consumption of narcotics and psychoactive substances, countermeasures must be taken to combat this issue. Society, as a dynamic, vibrant, and active system, possesses numerous capacities and potentials that can be utilized to prevent substance dependence. Therefore, the objective of this study is to examine and identify the criteria and methods used for harm and demand reduction of narcotics in Iran, and to rank these criteria and methods. In this study, the selected methods were evaluated through a questionnaire based on their level of importance. The questionnaire items included control strategies, abstinence strategies, family-based prevention, education-based, and community-based strategies aimed at reducing harm and drug demand, among others. The sample size was calculated using Cochran's formula, and based on this, the questionnaires were distributed among experts in the field of design and construction. Furthermore, the AHP (Analytic Hierarchy Process) approach was employed for the evaluation and ranking of the methods. The findings of this study also indicate that criminal policy and repressive actions are among the key measures for preventing drug and psychoactive substance-related crimes in Iran. As indicated by the assigned weights, the two methods of employing control strategies and education-based prevention are considered more significant than other methods for reducing drug-related harm and demand in Iran.

Keywords: harm reduction strategies, narcotics, Iran

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1.   Introduction

In the complex modern century and the era of globalization, all societies are rapidly transforming (Rahimi Pour, 2016). On one hand, "with the expansion and ease of communication, there has been an increase in the emergence of insecurity and the feeling of lack of security at the national level," and on the other hand, due to "structural vulnerability and the combination of factors such as instability and inefficiency of economic structures, insufficient coverage of health services, lack of education

and skills, declining life expectancy, expansion of poverty, increasing social inequalities, deprivation, unemployment, discrimination, violence, weakness, sensitivity and poor policymaking, and declining accountability of governance institutions to the demands and needs of the public, weakening of social bonds and foundations of social life, isolation—individual loneliness—egocentrism and desocialization, excessive hedonism, cultural plurality, changing life models and lifestyles, excessive consumerism, weakening of religious foundations, diminishing social trust, fading civic ethics, and crisis within the family institution," we are witnessing a growing trend in crimes and social harms such as addiction to narcotics and psychoactive substances in today's world. According to the latest announcement by the United Nations Office on Drugs and Crime (UNODC), the prevalence rate of drug use in the global population aged 15 to 64 reached 5.6 percent in 2016. In other words, there was an increase in prevalence in 2016 compared to 2015 (Ehterami, 2013).

Substance use is one of the most serious human challenges in recent years that weakens the foundations of human society, and preventing it requires the application of multiple theories across various scientific disciplines, as well as diverse methods and techniques (Ehterami & Vatanparast, 2014). According to the UNODC report, Iran has the highest number of opioid users relative to population in the world, with the highest prevalence of misuse at 2.8 percent among individuals in Iran (Sarami & Baghaei Sarabi, 2018).

One of the issues currently under discussion and analysis in all human societies, recognized as a highly dangerous and harmful social problem, is the issue of addiction. Unfortunately, this problem is prevalent across social strata in all societies, and individuals often pursue it without awareness of its end consequences. Moreover, global statistics indicate that addiction is increasing day by day. Taking serious and firm steps to investigate the root causes of this issue is of fundamental importance (Rahmanian et al., 2006). Drug addiction is considered one of the most important and prevalent social harms in contemporary societies (Rahimi Pour, 2016). In recent years, significant progress has been made in substance misuse at various levels of etiology, diagnosis, and treatment, employing multidisciplinary approaches and biopsychosocial and spiritual models (Azkia & Ghaffari, 2015). A look at Iran's criminal laws shows that the trend toward increased criminalization of drug offenses accelerated after the Islamic Revolution. Although in recent years, due to the negative consequences of substance misuse, laws and regulations—alongside criminal background—have also taken on a more supportive aspect, this shift in perspective has not resulted in a reduction in drug use. Accordingly, due to the lack of success of criminal sanctions and supportive programs, a new policy called the harm reduction approach has emerged in the past decade, indicating that reactions to substance misuse have not led to prevention or control of use. Existing experiences suggest the superiority of focusing on reducing the consequences and harms instead of emphasizing abstinence (Martin, 2011).

Prevention is one of the most important pillars in the fight against drug use and dependence. In other words, prioritizing prevention is always more effective than treatment. Prevention can be carried out in various societal hubs. Promoting a preventive approach across society and greater participation from different social groups plays a crucial role in combating drug use. The social approach to preventing substance dependence is, in essence, "local development" based on "participation." Theoretical and empirical evidence regarding the role of social participation in preventing drug dependence is scarce, indicating a critical need for enhanced knowledge and research in this area. Existing research also highlights the importance of social participation in preventing various social harms, particularly substance dependence. In summary, it can be said that "social participation" plays a very important role in "socializing the fight against substance use," and by applying a social approach that emphasizes social participation, it is possible to prevent substance dependence and its consequences.

Although complete cessation of addiction seems to be a suitable approach for individuals with low daily usage and high motivation, findings from studies over the past decade reveal that addiction treatment programs have not been effective for a significant portion of users. Therefore, in the harm reduction approach, cessation of drug use is not considered a necessary part of treatment. Rather, the goal is to reduce or eliminate the negative consequences of substance use (Babapour Kheiraldin et al., 2016). More than a decade has passed since the emergence of the harm reduction policy in Iran. Limited aspects of this approach have been incorporated into Iranian regulations, and several studies have assessed the effectiveness of these policies. However, no research has yet evaluated the relevant Iranian regulations in this area. This strategic threat, which is multifaceted, complex, and polycausal, is continuously seeking to attract new consumers and increase profits. Therefore, countermeasures are required against the intelligent drug system.

Treating substance dependence entails high costs and requires an approach that includes psychotherapy, pharmacotherapy, rehabilitation, and reintegration. Nonetheless, it has now been proven that even the most effective treatments may result in relapse, particularly in environments where drugs are readily accessible to individuals.

A review of Iran's criminal justice system reveals that the first approach taken over the past half-century has not achieved significant success. The second approach—adopted in countries such as Switzerland, Sweden, and Denmark—focuses on decriminalization of use and the free provision of narcotics, aiming to reduce drug-related harms. Currently, the transfer of this policy to Iran's criminal justice system seems unreasonable, as the cultural and legal foundations are not in place. However, the third approach, an intermediary policy involving dejudicialization of drug-related behaviors and operationalizing harm reduction interventions, has been adopted by countries like Portugal and shows greater adaptability to Iran's social context.

Thirdly, another major issue faced by Iran's criminal justice system in adopting harm reduction policies is resistance from institutions such as schools, which, under pressure from public opinion, have not included harm reduction education in their curricula. In contrast, Canada, despite facing similar public pressure in indigenous regions, has implemented harm reduction policies in schools according to societal needs (Ehterami & Vatanparast, 2014).

As mentioned, the harms caused by substance use are social, health-related, economic, ethical, and religious. Therefore, harm reduction programs must not be limited to health-related harms. As David Stroh defines harm reduction: "Harm reduction encompasses all behavioral changes, sexual relations, and the amount and type of drug used. It refers to any measure that reduces the damage caused by addiction for individuals who cannot or do not want to stop their risky behavior." Although the term harm reduction often evokes measures related to health and hygiene in the minds of some drug policy stakeholders, it must be emphasized that practical harm reduction programs should also address social, economic, religious, and moral harms caused by drugs. The aforementioned definitions of harm reduction also reflect this comprehensive concept.

2. Literature Review

2.1. Beliefs and Attitudes Toward Substance Use

There are at least three types of beliefs associated with substance use: expectational, relief-oriented, and permissive or facilitative beliefs. Expectational beliefs involve anticipation of reward, such as: "Tonight's party will be amazing. I can't wait to go..." Relief-oriented beliefs assume that drug use will eliminate an unpleasant state. For example: "I can't handle withdrawal; I need to use." Finally, permissive or facilitative beliefs are those that deem drug use acceptable despite its potential consequences, for instance: "Only weak people have problems with drugs; that doesn't apply to me." Permissive beliefs also significantly overlap with rationalizations. Patients often hold thoughts that seem to justify their drug use, such as: "I have to use crack or I won't be able to concentrate at work." This type of thinking is a form of self-deception (Ehterami & Vatanparast, 2014).

Two key types of metacognitive beliefs contribute to the persistence of the Cognitive-Attentional Syndrome (CAS): (1) positive metacognitive beliefs, and (2) negative metacognitive beliefs. Positive metacognitive beliefs relate to the perceived utility of worry, rumination, threat monitoring, and other similar strategies (e.g., substance dependence, thought suppression, etc.).

The second domain of negative metacognitive beliefs pertains to the negative significance and interpretation of internal cognitive events, such as common thoughts and beliefs. Two subcategories of negative metacognitive beliefs include: those related to the uncontrollability of thoughts, and those related to the perceived danger, importance, and meaning of thoughts. These beliefs contribute to the maintenance of CAS because they lead to failed thought control and distorted, negative interpretations of mental events. These metacognitions can also trigger emotional experiences or affective states. The first investigations into the role of metacognitive beliefs in substance dependence were conducted by Wells and colleagues, whose findings indicated a relationship between metacognitive beliefs and substance dependence (Somaini & Grob, 2012).

2.2. Irrational Beliefs and Addiction

Irrational beliefs have two main characteristics: (1) they are rigid, dogmatic demands typically expressed with words like "must" and "should"; (2) they are self-disturbing philosophies that often result from these demands, producing highly

unreasonable and overgeneralized attributions. Various classifications exist for irrational beliefs, one of which identifies ten types: demands on others, excessive expectations of self, blaming, helplessness in the face of failure, emotional irresponsibility, excessive worry with anxiety, avoidance of problems, irrational dependency, helplessness in change, and perfectionism.

Bernard considers irrational beliefs to be desires and goals that have been elevated to absolute priorities—so that failure to meet them leads to emotional disturbance. According to Ellis, the individual, by not accepting reality and becoming absorbed in irrational thoughts, suffers from relatively severe disturbances, often referred to as emotional disorders. He believes adherence to such beliefs results in anxiety, emotional disorders, and psychological distress. Thus, as long as irrational thinking persists, emotional disturbances will remain strong.

An individual who becomes trapped in their own irrational thoughts is likely to experience emotions such as anger, defensiveness, hostility, guilt, anxiety, lethargy, loss of control, and helplessness. In summary, completely false and incorrect perceptions of daily events lead to irrational and unrealistic beliefs. People who emphasize irrational beliefs are more likely to face challenges in life and have difficulty achieving satisfaction. Moreover, if an individual lacks the capacity to recognize healthy coping strategies when facing life events, they may struggle to respond actively to life's challenges and may turn to deviant behaviors such as addiction to cope.

It appears that irrational beliefs and impaired volition result from cognitive dysfunction, which increases the inability to choose appropriate actions and magnifies the negative consequences of addicts' behaviors. Addicted individuals, due to impulsivity and high-risk behaviors, psychological disorders, low self-confidence, poor assertiveness, inability to say "no" to peer pressure, indecisiveness, isolation, lack of responsibility, intolerance of insecurity and failure, weak religious commitment, and misconceptions about drug use, are more susceptible to irrational beliefs compared to the general population and are more likely to gravitate toward addiction. Therefore, based on the aforementioned studies, it is possible to help individuals replace their unhealthy and irrational beliefs with healthy, logical, and flexible ones through educational workshops, thereby preventing tendencies toward addiction.

2.3. *Evidence on the Future Status of Addiction and Narcotics and Psychoactive Substances*

Migration, the growth of urbanization and marginalization, feelings of discrimination, population growth trends, and lack of favorable economic conditions; the emergence of new models of social relations, lack of skills for enriching leisure time, pursuit of excessive hedonism, transformation of traditional values, emergence of subcultures, weakening of moral and religious beliefs, intensification of psychological disorders stemming from the postmodern era, weakening of parental roles in protecting children due to reduced presence at home, and poor individual and social skills among the younger generation all point to an increase in drug use and trafficking across the globe. It is predicted that by 2050, societies will face a 25 percent increase in drug consumption among problem users.

The emergence of new psychoactive substances (NPS) with legal status and ease of production, expansion in the varieties of marijuana, stimulants, and cocaine, and the prevalence of inhalants, will change consumption patterns and promote simultaneous use of multiple substances (Poulin, 2006).

The decreasing age of users due to adoption of Western lifestyles and new substances, young people's failure to achieve economic goals and subsequent drift toward drug use or illicit income from street-level dealing and trafficking, increased involvement of women—due to their participation in the labor market and associated vulnerabilities, pregnant women using drugs, educated individuals, employees, and children of divorced families turning to drugs to escape psychological issues, increased mortality—especially from opioid use due to impurities and overdoses, declining motivation for treatment among addicts and frequent relapses, increased rates of AIDS due to unprotected sexual activity under the influence of psychoactive drugs, growing public concern and reduced societal trust are among the projected outcomes of future drug consumption trends.

The use of cyber networks, the dark web, online drug markets, and secure havens for buyers and sellers—coupled with difficulty in identifying owners and users—as well as satellite channels promoting false beliefs and cultural deception, will increase new consumer bases in drug use. These are among the serious concerns regarding the future of addiction.

The influx of chemical precursors into the industrial drug production chain and illicit pharmaceuticals will both increase drug production and facilitate money laundering and the infiltration of illicit funds into the national economy (Greenwald, 2009).

The population growth trend in Afghanistan, with over three million individuals reportedly addicted to heavy substances, its entrenched role in producing opium derivatives, the growing drug market in neighboring countries, and increased drug trafficking through Iranian territory are additional concerns regarding the future of narcotics and psychoactive substances (Riley et al., 1999).

Drug traffickers are attempting to access new markets due to stabilized consumption trends in developed countries and are shifting from land-based to sea-based trafficking routes, thereby facilitating easier access to substances within Iran (Azkia & Ghaffari, 2015).

Currently, countries like the United Kingdom are experiencing a surge in domestic cultivation and production of cannabis with various THC concentrations. Undoubtedly, this trend will accelerate in other countries in the near future, contributing to increased use of cannabis.

Due to the dynamic nature of the drug and psychoactive substance system, the absence of up-to-date and effective laws, and the lack of specialized criminal procedures for drug offenses, the rate of successful asset seizures from traffickers is decreasing, emboldening criminals. Additionally, the rising relapse rates in addiction due to ineffective treatment and harm-reduction protocols, along with unidimensional and sometimes ineffective measures, have resulted in anti-addiction efforts falling behind the evolving drug system, rendering enforcement agencies increasingly passive.

2.4.   Iran's Policy on the Production of Narcotics and Psychoactive Substances

What has emerged today as a major concern across human societies—creating confusion among all sectors, including the government, the judiciary, and families—is a phenomenon that can rightly be called the crisis of the 21st century: addiction and the cultivation of narcotic substances. Direct criminal confrontation cannot be the sole method of addressing this issue. If such a method were effective, the widespread use of narcotics and psychoactive substances over the past centuries should have declined; yet, not only has it not diminished, but the variety of these substances has continually increased. At present, more than 400 types of psychoactive substances are being produced. This raises a critical question: what strategies can be employed to prevent the cultivation and production of psychoactive substances, in a way that both curbs production and avoids the social disruptions associated with modern punitive criminal approaches?

Today, a solely punitive approach to criminal phenomena is regarded as both undesirable and ineffective. Accordingly, criminal policy has given way to criminal justice policy. However, this does not imply the abandonment of criminal law in addressing criminal phenomena, since criminal law remains a key component of criminal justice policy—and, more accurately, its core element (Zarghami, 2015). Iran has a long-standing history of opiate production and consumption, which has created a historical and cultural predisposition for the spread of this phenomenon within the country. In recent decades, rapid socio-economic changes have introduced numerous vulnerabilities as well (Greenwald, 2009).

It appears that two decades of efforts to prevent the entry of narcotics into the country have not succeeded in halting the upward trend of drug consumption. This is despite the fact that the main slogan of the supply control paradigm is the eradication of the entry of these dangerous substances into society (Poulin, 2006).

One of the primary responsibilities of every state and social system is to preserve and ensure the psychological and social health of its citizens. The issue of narcotics has long become a major social problem in Iranian society, and combating it has been a priority for the Islamic Republic of Iran. Addressing this issue requires an accurate understanding of its dimensions. In the realm of combatting substance use, only those programs that are based on a realistic assessment of the scope and nature of consumption and distribution patterns will be effective. This implies that research on the drug issue must be considered an inseparable part of any effective strategy and a prerequisite for successful intervention. Such research should assist in the timely and realistic evaluation of the drug problem and its developments at both national and local levels. Continuous evaluation of anti-drug programs in the domains of supply and demand must also be prioritized (Azkia & Ghaffari, 2015).

The publication of 12 strategic reports by the Expediency Discernment Council on general anti-narcotics policies is among the most significant efforts to consolidate Iran's drug policy. Additional topics examined by this committee include: evaluating drug reduction models in Iran, analyzing the roles, influence, and resources of key institutions in drug control, developing methodologies for monitoring reports, initiating scientific studies on addiction in the country, assessing public attitudes toward

substance abuse, exploring the sociology of criminal economies (drug economies), and studying social anomie and drug addiction.

In this context, Zakariaei (2009) outlined five main policy strategies of Iran over the past two decades and detailed the key features of each.

Internationally, the study by Ritter and Cameron is noteworthy. They analyzed different types of interventions and strategies related to drug policy across European countries on five levels:

Table 1. Comparative Analysis of Drug Control Policies and Strategies

Strategy Type	Description
1. Preventive Programs	Designed to delay or prevent initiation or progression from experimental to regular drug use. These typically include information-based methods, incentives, extracurricular activities (such as school-based drug education, family and social programs, and public media campaigns).
2. Service Provision to Users	Targeted at experienced users to reduce drug use and its consequences. These include addiction counseling, methadone maintenance, medical care, social services, and needle exchange programs.
3. Supply Control Approaches	Encompass law enforcement and developmental programs targeting cocaine and opium poppy cultivators. Most measures focus on enforcement, divided into two broad categories: programs aimed at producers, traffickers, and dealers (to reduce physical and economic availability by limiting supply and raising prices); and programs targeting users and small-scale dealers (to increase transaction costs for buyers).
4. Prescription Drug Regulations	Specify which substances are legal or illegal for which individuals under what conditions.
5. Deterrent Criminal Sanctions	Seek to deter drug use through the threat of punishment or by removing users from society; this constitutes the final policy option in European drug strategies.

In general, anti-drug efforts can be summarized into two main dimensions: supply control and demand reduction. According to findings, relying solely on supply-side strategies has not yielded sufficient success, thus balanced attention and prioritization of demand reduction strategies is essential.

But what justifies this prioritization of demand reduction strategies? There are both theoretical and empirical responses to this question. Empirically, all developed countries that have successfully curbed the accelerating trends of drug use in the 1970s and 1980s attribute their success to demand reduction strategies.

At the Twentieth Special Session of the United Nations General Assembly on the World Drug Problem, member states acknowledged that without reducing drug demand, the drug problem could not be resolved. They committed to defining strategies and programs for demand reduction—with support from health and social welfare authorities and law enforcement agencies—by 2003, and to achieving significant results in this area by 2008. Member states also pledged to incorporate the principles of the *Guiding Declaration on Drug Demand Reduction*, adopted during this special session, into their national strategies and programs.

Demand reduction programs are community-oriented. In this strategy, non-governmental organizations play a pivotal role, embedding the culture of anti-drug advocacy within the lived realities of the public. Thus, the strategy moves beyond the traditional duality of police–criminal (i.e., drug trafficker) interactions and shifts its focus to the collaboration between social workers and indirect stakeholders with the general public. These programs are also designed to address the broader needs of the population, especially the needs of specific groups such as youth.

2.5. The Imperative of Governmental Policies and the Necessity of Emphasizing Demand Reduction Strategies

The necessity of adopting a systemic approach and acknowledging social realities in society justifies the focus on demand reduction strategies and avoidance of a purely militarized model in controlling narcotic substances. The central premise here is that a set of ongoing societal conditions forms the primary environment for the emergence of social harms such as addiction (Canadian Centre on Substance Abuse, 2005). The explanation of these initial conditions requires an analysis of institutional dysfunction in families, schools, and governmental systems on the one hand, and psychological vulnerabilities of the individual on the other.

It is theoretically important to note that, based on a systemic approach, substance abuse is the product of interactions with conditions, factors, and variables that demand reduction strategies aim to modify, intervene in, or redirect. The goal is to change the structural interactions and thus reduce the escalating rate of substance abuse. Family breakdown, weak family ties, parental

substance use and criminal behavior, inconsistencies in regulation and enforcement, and poor supervision have been identified as critical factors that contribute to later problems (Office of National Drug Control Policy, 2008).

Social factors such as poverty, environmental influences (especially the availability of drugs), the nature of social norms and regulations, lack of recreational programs for youth and adolescents during after-school hours and holidays, and individual factors among users—such as low self-esteem (shyness), poor self-control, aggression, impulsivity, limited social communication skills, emotional issues, depression, high-pressure lifestyles—are significant contributing variables in school and family settings that influence the emergence and spread of drug abuse in society.

Listing these risk factors does not imply that institutions like families, schools, or the broader social environment are inherently dangerous, but rather emphasizes the need to recognize the constant presence of such risks. Through the adoption of demand reduction strategies, these high-risk environments can be transformed into supportive spaces where risk factors are replaced by protective or resilience-building factors. Thus, the pathology of the family and school institutions constitutes two fundamental pillars of demand reduction (Rahmanian et al., 2006; Sarami & Baghaei Sarabi, 2018).

It appears that demand reduction must necessarily focus on structural reforms in the relationships between the government, family, educational institutions, and social environment on the one hand, and the individual on the other. All drug control strategies must ultimately return to the agency of the individual. Since the complete eradication of narcotics and psychoactive substances from society is an unrealistic ideal, the agency of the individual becomes a vital consideration. Why does the individual, with access to a range of recreational and leisure options, still choose to use a substance despite being relatively aware of its consequences? This question represents a missing link in current anti-drug strategies.

Answering this question leads us to examine the four-way interactive relationship between the individual and the state, family, school, and social environment. Our assertion is that the present condition is such that these four variables promote risk factors more than protective ones. Society is currently experiencing a blossoming of social potential. The family and the state play key roles in facilitating—or failing to facilitate—the realization of this potential. It seems that these institutions, which should assist the individual in achieving a stable life, must make greater efforts to understand the modern individual and their needs.

Thus, demand reduction policies and strategies are essential. These strategies, based on the three principles of prevention, treatment, and harm reduction, target the institutions of the family, school, government, and social environment (7). The necessary condition for controlling substance abuse is the adoption of demand reduction strategies. These programs are focused on civil society institutions. In this model, non-governmental organizations (NGOs) play a significant role, embedding a culture of anti-drug engagement in everyday life.

An analysis of recent international developments in drug policy reveals that the discourse among international actors is changing. For example, source countries such as Colombia and Afghanistan now exhibit more lenient approaches compared to destination countries like Mexico and the United States (Azkia & Ghaffari, 2015). A shift appears to be occurring from extremely punitive regimes toward more lenient ones in national drug policy frameworks. This change in perspective may lead to substantial savings in the costs of drug control.

Consequently, international drug control organizations have begun reforming existing prohibitionist regimes. Evidence of this can be seen in the 2016 UNGASS (United Nations General Assembly Special Session), which emphasized shared governmental responsibilities, included the voices of NGOs, raised critiques about alternative development and indigenous livelihoods, and ultimately called for reform of international drug control treaties (Babapour Kheiraldin et al., 2016).

2.6.   *Preventive and Therapeutic Criminal Policy in the Prevention of Narcotic and Psychoactive Substance Offenses*

In Iran's criminal policy regarding drug offenses—especially within the framework of punitive policy—official state responses play a central and pivotal role. In the area of non-punitive criminal policy, especially within the prevention and treatment system, despite the existence of multiple legal provisions, responses from civic institutions are modest yet discernible.

It is worth noting that given the transnational and organized nature of drug trafficking and the influence of international and regional conventions—especially the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances—and based on the general anti-narcotics policy approved in 2006, one of the notable achievements of the 2010 amendment to Iran's Anti-Narcotics Law is its emphasis on the cooperation and partnerships between the Iranian

government and other countries for tracking and prosecuting drug offenders and their shipments, as well as facilitating NGO participation in treatment and rehabilitation under government supervision (Poulin, 2006).

Despite the existence of numerous legal frameworks and heavy financial investments in prevention and treatment of addiction and drug-related crimes, the non-punitive prevention system in the country remains weak, and due to various reasons, has not achieved the expected outcomes. These include: lack of a proper prevention structure among relevant institutions, multiplicity of responsible agencies and poor interagency coordination, weak monitoring systems for drug use trends and influencing factors, lack of support or presence of barriers to the establishment and functioning of NGOs in prevention and treatment, inadequate control and evaluation of preventive measures and actions, insufficient budget allocations for prevention among relevant agencies, and lack of coordination between government and non-governmental actors in the field of prevention.

The punitive policy of the legislator in Iran's Anti-Narcotics Law has consistently relied on suppression, harsh penalties, and disproportionate sanctions, with insufficient consideration of factors such as the social gravity of the offense, offender personality, human dignity, offense type, and human rights principles that should inform proportionate sentencing. This over-reliance on severe punishments, including the death penalty and long-term imprisonment, not only fails to achieve desirable deterrence but is also unjust and contrary to human dignity. The reluctance of judges to issue such sentences, their frequent use of legal loopholes (and sometimes illegal means), and the widespread overturning or non-enforcement of such rulings provide clear evidence that extreme punitive sanctions are not favored in judicial criminal policy.

Moreover, judges' reluctance to issue harsh sentences—especially capital punishment—along with the excessive use of pardons and sentence reductions, and the frequent annulment of death sentences by the Chief Justice or the Prosecutor General, have significantly undermined the principle of certainty in sentencing. Regarding long-term imprisonment, a study by the Research Center of the Iranian Prisons Organization in recent years (on file at the Center) found a meaningful relationship between conditional release and non-recidivism, while no such relationship was observed in cases of pardon.

Therefore, for individuals incarcerated for drug offenses, the use of conditional release as a tool of sentence individualization appears justifiable and beneficial, whereas the application of private pardons does not seem to offer the same utility.

In conclusion, while state-led responses dominate Iran's criminal drug policy—particularly in its punitive dimension—community and NGO-based responses in prevention and treatment remain limited. Despite the transnational, organized nature of drug trafficking and the influence of international treaties such as the 1988 UN Convention, and despite the advancements made in the 2010 amendment to Iran's Anti-Narcotics Law regarding international and civil society cooperation, the non-punitive prevention system in Iran continues to be underdeveloped and has yet to meet the expectations due to the following persistent issues: absence of a structured prevention model within relevant agencies, overlapping responsibilities and poor coordination among institutions, weak monitoring systems, lack of NGO support, ineffective implementation and evaluation of preventive efforts, budgetary constraints, and lack of integration among key governmental and non-governmental actors in the field of prevention.

2.7. *Preventive and Therapeutic Perspectives in the Amended Law*

In most countries of the world, experiences from repressive measures in combating addiction have led to policy shifts toward preventive and therapeutic approaches. Fortunately, this shift was also considered in Iran's 2010 legislative amendment. The term "reform" entails a meaning beyond personal moral or spiritual transformation and is more accurately understood as *rehabilitation* or *social reintegration*—that is, the implementation of measures to restore an offender to appropriate and improved social behavior. Rehabilitation refers to the reintegration of a convicted prisoner into society through various forms of vocational, educational, or therapeutic training (Somaini & Grob, 2012).

Thus, if reintegration into society also requires medical and psychiatric interventions beyond education, the term *correction and treatment* is used. This concept is grounded in the idea that "criminal law, for the purposes of resocialization, offender reform, crime prevention, and control, has tools such as punishment and coercion at its disposal, which it employs as levers for punishing offenders, deterring others, and instilling fear in society to prevent criminal acts" (20). However, when the main issue is addiction to psychoactive substances, the focus shifts toward prevention based on correction and treatment, ultimately aiming at the rehabilitation of the addicted individual.

In the context of addiction, criminal policy takes on a protective role. Because of its humanitarian dimension, the focus is shifted from repression to treatment and support. In this domain, both *primary prevention*—which takes place before the offense and employs persuasive means such as education through universities, families, and society—and *tertiary prevention*—which is criminal prevention utilizing coercive tools like sentencing and compulsory hospitalization—are relevant.

Consequently, both *coercive* and *persuasive tools*, though different, are used to achieve a shared goal: reducing the demand for drugs. In Iranian law, attention to prevention, correction, and treatment is explicitly designated as one of the duties of the Judiciary in Clause 5 of Article 156 of the Constitution. However, Clause 4 of the same article, where constitutional experts emphasized "appropriate measures for prevention and offender correction," reaffirms this responsibility.

That said, the article also states that the Judiciary is tasked with "detecting crimes, prosecuting, punishing, and chastising criminals, and implementing the Hudud (Islamic punishments) and codified penal regulations." It indicates that the core function of the Judiciary remains the punishment of offenders (Martin, 2011).

In this context, *victimology* has emerged as a novel branch of criminology, focusing on *victimogenic* factors (victimization) alongside *criminogenic* ones (offending). Victimology examines the causes of victimization because studies of certain crimes have revealed that the victim's behavior may create a pre-criminal condition that predisposes them to victimization. Accordingly, this field excludes harms not originating from crime and categorizes victims as *direct* and *indirect*. A direct victim is one who is personally harmed by a crime, such as a murder victim. An indirect victim may be the victim's immediate family or someone harmed while aiding the victim or preventing victimization (Rahimi Pour, 2016).

Regarding crimes associated with psychoactive substance addiction, it may be said that "addiction to psychoactive substances, without actual dependency, generally does not result in specific criminal behavior and thus lacks the significance to warrant independent criminological study" (Somaini & Grob, 2012). However, "in cases of actual addiction—where the individual's psychological and physical dependence leads to behavioral and character disruptions—criminologists identify such individuals as being predisposed to certain crimes."

2.8. Research Background

Rahimipour (2016) examined harm reduction policy in the context of drug use through a comparative study of the criminal justice systems in Iran, Portugal, and Canada. Using a descriptive-analytical method and drawing on the successful experiences of Portugal and Canada—countries with similar levels of consumption and youth vulnerability as Iran—the study proposed that the legislative body adopt a decriminalization bill and revise the current drug law. The goals were: first, to decriminalize the use of low-risk narcotics to allow authorities greater flexibility in implementing harm reduction policies; second, to depenalize all drug users to improve access; and third, to include adolescents in harm reduction programs due to the declining age of drug initiation (Rahimi Pour, 2016).

Sarami and Beghaei Sarabi (2018), in their article, examined a social approach to reducing the demand for narcotics and psychoactive substances and preventing substance dependency, emphasizing the role of social participation. Their findings suggest that enhancing social participation, improving social connections, and engaging in group activities are factors that, when aligned with this approach, contribute to improved public health (Sarami & Baghaei Sarabi, 2018).

3. Methodology

This study is applied in nature and seeks to identify and prioritize harm reduction and demand reduction strategies for narcotics in Iran using statistical analysis. It begins with a literature review on the future outlook of addiction and drug use, Iran's policy on drug production, the imperative of state policies, the importance of demand reduction strategies, and preventive and therapeutic criminal policies.

Next, through interviews and questionnaires, a list of harm reduction strategies is generated and assessed. These strategies are then evaluated for their applicability in preventing drug-related crimes. Subsequently, a method is used to assess these options based on established design criteria.

The statistical population of this research includes all employees of organizations and institutions involved in drug prevention and treatment in Tehran. Data collection was conducted through field research using a structured questionnaire. The

instrument used is a 5-point Likert-scale questionnaire aligned with the study variables. Validity was established through expert consultation, and reliability was tested using Cronbach's alpha in SPSS.

Since collecting data from the entire population was not feasible, Cochran's formula was applied to determine the sample size. The evaluation method employed in this study is **Analytic Hierarchy Process (AHP)**. AHP emphasizes decision-making as a fundamental human characteristic. Individuals make numerous decisions daily, some trivial and others highly significant. The more responsibility and authority a person holds, the more critical their decisions become. Since making accurate and timely decisions can significantly impact individuals' personal and social lives, a powerful technique like AHP is necessary to support human decision-making.

4. Findings

In this study, descriptive statistics were first used to obtain a general understanding of the status and demographic characteristics of the respondents. Subsequently, inferential statistics were applied to examine the causal relationships among the research variables.
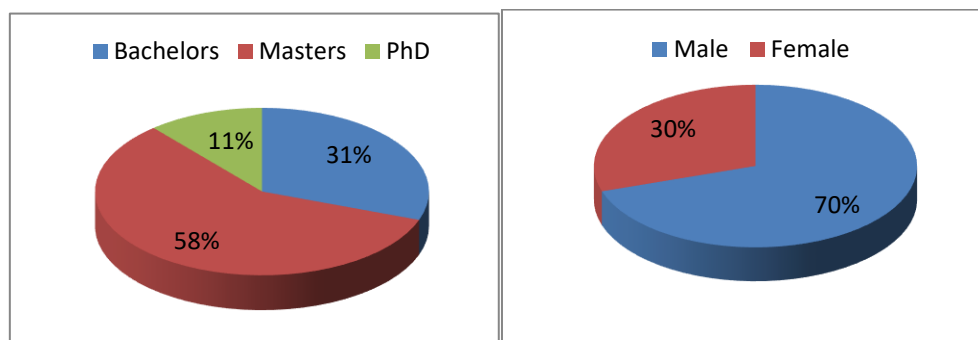

Figure 1. Demographic Characteristics

Some of the questionnaire items were not designed on a Likert scale and were instead posed as direct questions. The results of these questions are presented below:
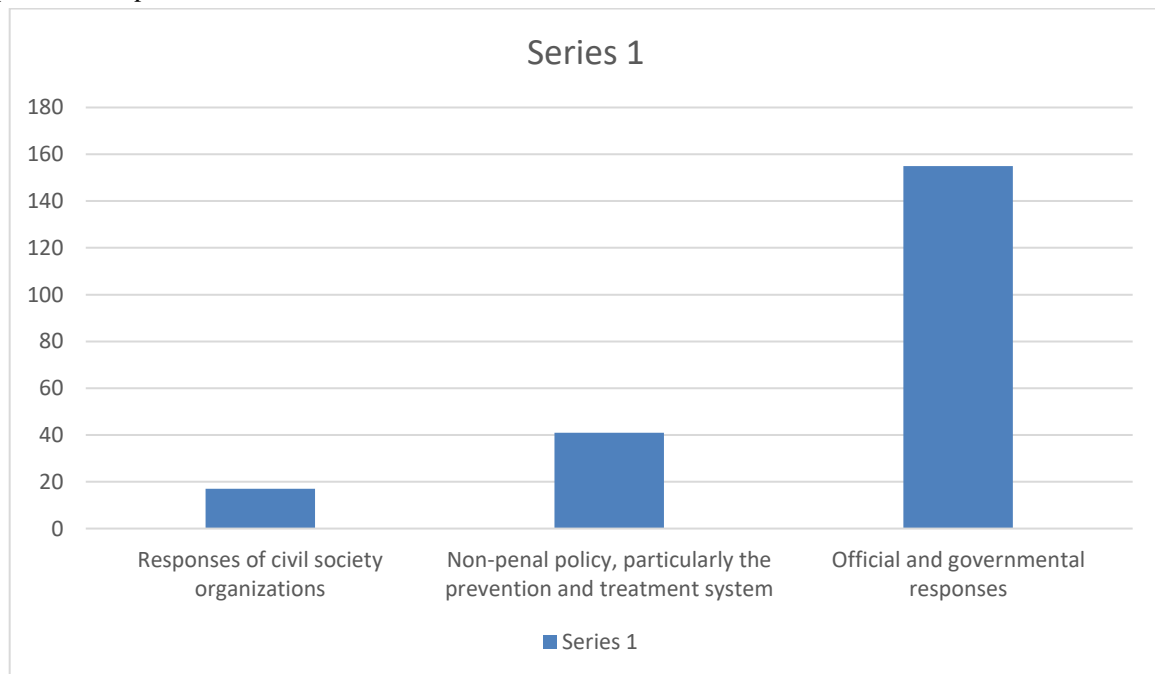

Figure 2. Which type of preventive and therapeutic criminal policy is more effective in preventing narcotic and psychotropic substance crimes?
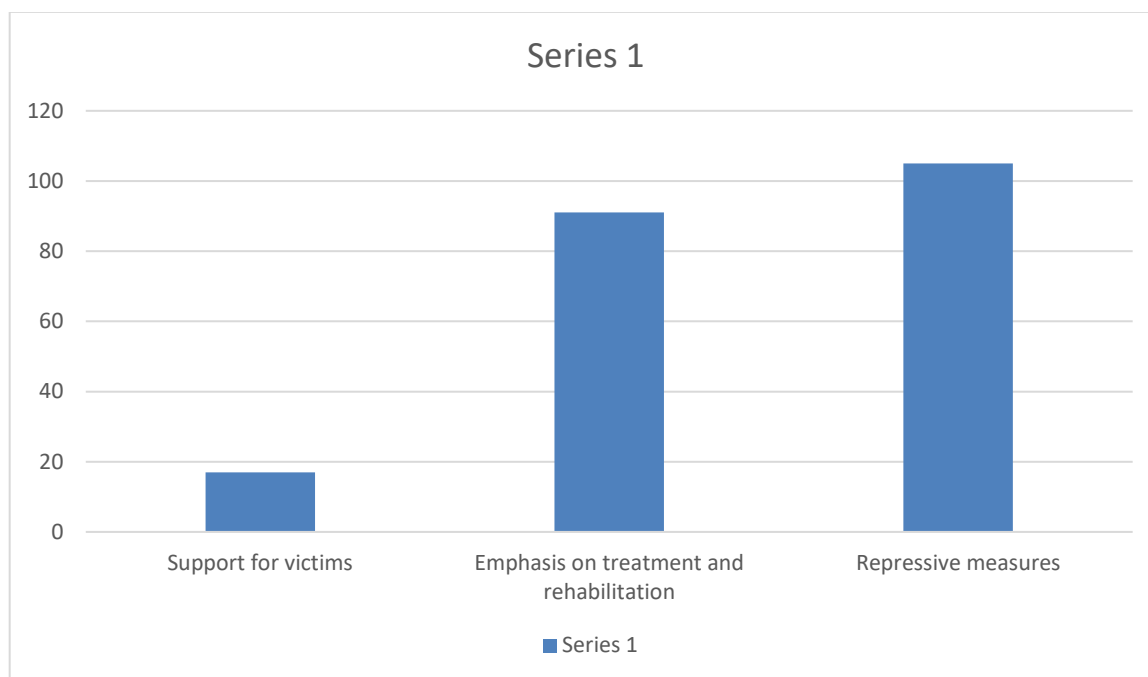
Figure 3. Which aspect of the preventive and therapeutic approach in the amended law is more important?
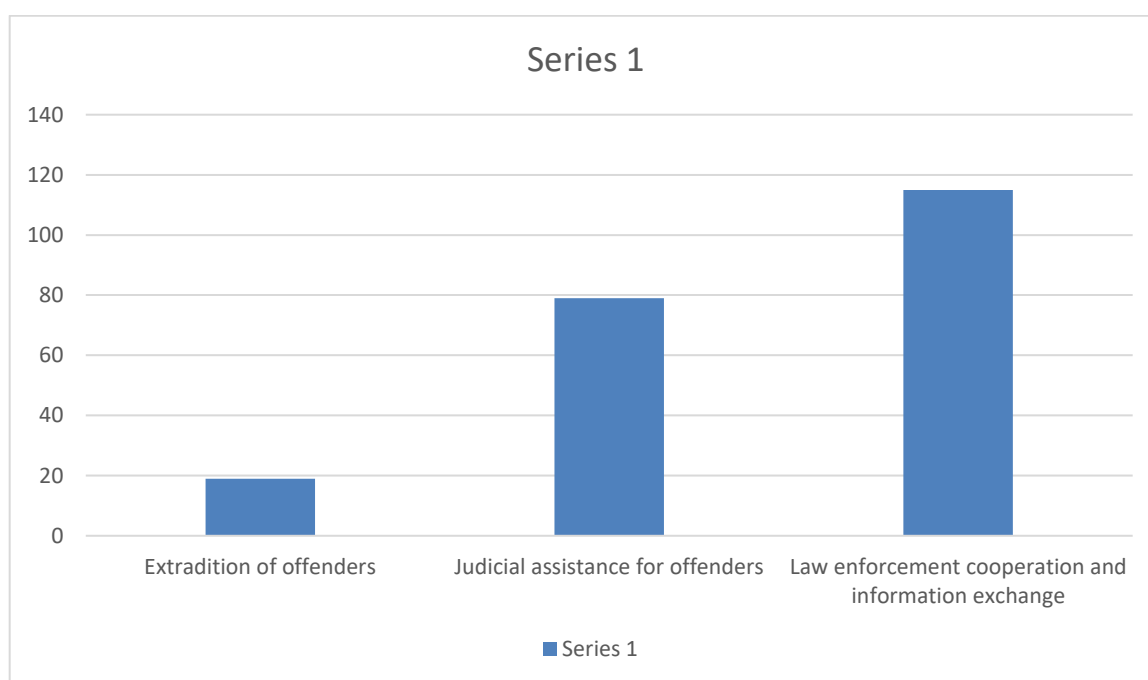
Figure 4. Which of the criminal policy measures in Iran has had the greatest impact on inter-agency cooperation?

In this section, the items are analyzed. For this purpose, descriptive statistics were employed. To achieve this goal, the questionnaire items were evaluated using SPSS software, and the results are presented in Tables 2 through 11.

Table 2. Frequency of Item 1

Options	Frequency	Percent	Valid Percent	Cumulative Percent
2	4	1.9	1.9	1.9
3	36	16.9	16.9	18.8
4	82	38.5	38.5	57.3
5	91	42.7	42.7	100.0
Total	213	100.0	100.0	

Table 3. Frequency of Item 2

Options	Frequency	Percent	Valid Percent	Cumulative Percent
3	30	14.1	14.1	14.1
4	96	45.1	45.1	59.2
5	87	40.8	40.8	100.0
Total	213	100.0	100.0	

Table 4. Frequency of Item 3

Options	Frequency	Percent	Valid Percent	Cumulative Percent
2	3	1.4	1.4	1.4
3	48	22.5	22.5	23.9
4	87	40.8	40.8	64.8
5	75	35.2	35.2	100.0
Total	213	100.0	100.0	

Table 5. Frequency of Item 4

Options	Frequency	Percent	Valid Percent	Cumulative Percent
2	3	1.4	1.4	1.4
3	45	21.1	21.1	22.5
4	69	32.4	32.4	54.9
5	96	45.1	45.1	100.0
Total	213	100.0	100.0	

Table 6. Frequency of Item 5

Options	Frequency	Percent	Valid Percent	Cumulative Percent
2	9	4.2	4.2	4.2
3	54	25.4	25.4	29.6
4	87	40.8	40.8	70.4
5	63	29.6	29.6	100.0
Total	213	100.0	100.0	

Table 7. Frequency of Item 6

Options	Frequency	Percent	Valid Percent	Cumulative Percent
2	3	1.4	1.4	1.4
3	51	23.9	23.9	25.4
4	96	45.1	45.1	70.4
5	63	29.6	29.6	100.0
Total	213	100.0	100.0	

Table 8. Frequency of Item 7

Options	Frequency	Percent	Valid Percent	Cumulative Percent
1	3	1.4	1.4	1.4
2	6	2.8	2.8	4.2
3	48	22.5	22.5	26.8
4	81	38.0	38.0	64.8
5	75	35.2	35.2	100.0
Total	213	100.0	100.0	

Table 9. Frequency of Item 8

Options	Frequency	Percent	Valid Percent	Cumulative Percent
1	6	2.8	2.8	2.8
2	6	2.8	2.8	5.6
3	36	16.9	16.9	22.5
4	60	28.2	28.2	50.7
5	105	49.3	49.3	100.0

Total	213	100.0	100.0	

Table 10. Frequency of Item 9

Options	Frequency	Percent	Valid Percent	Cumulative Percent
1	3	1.4	1.4	1.4
2	6	2.8	2.8	4.2
3	48	22.5	22.5	26.8
4	90	42.3	42.3	69.0
5	66	31.0	31.0	100.0
Total	213	100.0	100.0	

Table 11. Frequency of Item 10

Options	Frequency	Percent	Valid Percent	Cumulative Percent
1	3	1.4	1.4	1.4
2	6	2.8	2.8	4.2
3	36	16.9	16.9	21.1
4	102	47.9	47.9	69.0
5	66	31.0	31.0	100.0
Total	213	100.0	100.0	

Following the analysis conducted on the questionnaire items, key and effective value engineering criteria were identified. In this regard, the items with the highest means in the previous evaluations were selected as the top methods, and the continuation of the research proceeds based on these criteria. These criteria represent the most important strategies from the perspective of experts and can be used for comparing policy alternatives.

In this section, five items with the highest means are selected as decision-making methods.

The criteria with the highest means are as follows:

The use of control-based strategies reduces harm and demand for narcotics in Iran. (m1)

Education-based prevention reduces harm and demand for narcotics. (m2)

Family-based prevention reduces harm and demand for narcotics. (m3)

The use of abstinence-based strategies reduces harm and demand for narcotics in Iran. (m4)

Community-based prevention reduces harm and demand for narcotics. (m5)

At this stage, the weights of the criteria must be determined. For this purpose, the eigenvector method was employed using a pairwise comparison matrix.

The results of this model, based on the outputs from the Expert Choice software, are presented below. The pairwise comparisons were derived from the average opinions of the CEO, technical managers, and experts with more than 10 years of experience in high-rise construction companies in Tehran. The pairwise comparison matrix for the criteria is as follows:

Table 12. Pairwise Comparison Matrix for Criteria

	m5	m4	m3	m2	m1
m1	1/4	1/3	1/7	1/3	1
m2	2	5	1	1	3
m3	3	5	1	1	7
m4	1/5	1	1/5	1/5	3
m5	1	5	1/3	1/2	4

By calculating the weights using the eigenvector method, the weights of the criteria are obtained as follows:
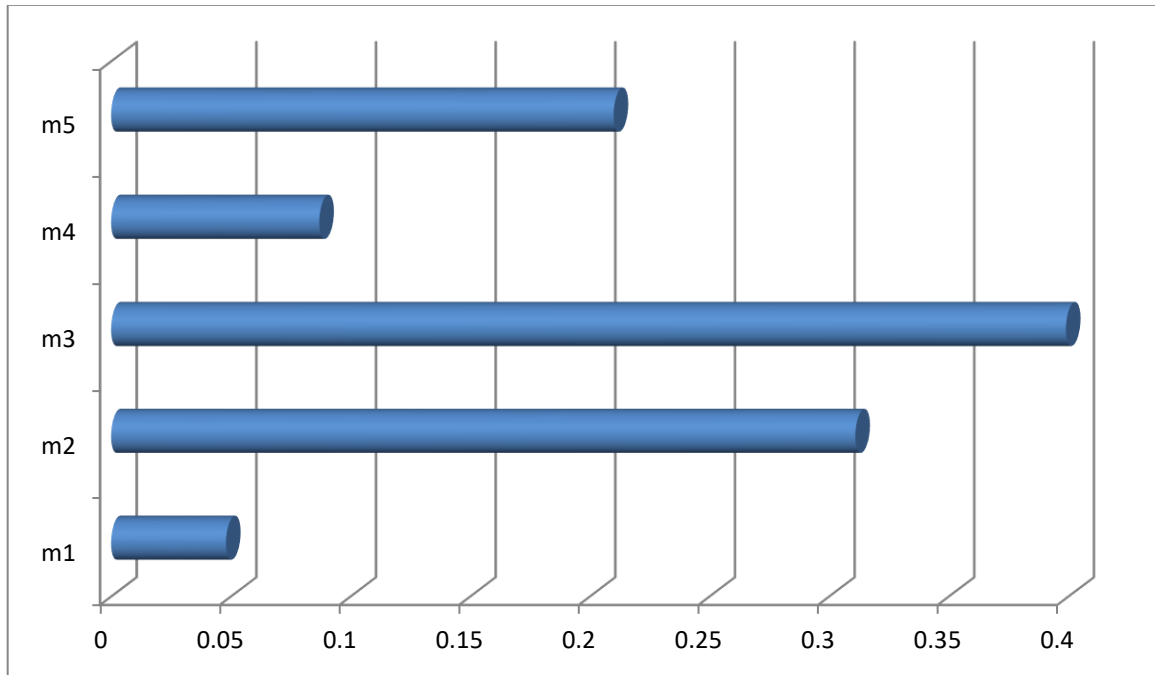
Figure 5. Weight Values of the Means

As shown by these determined weights, two criteria—implementation of control-based strategies and education-based prevention—are more important than the others, with respective relative weights of 0.390 and 0.311, having the greatest impact on reducing harm and demand for narcotics in Iran.

5. Conclusion

Addiction, narcotics, and psychotropic substances—tools of modern slavery—have caused most countries around the world to face serious challenges in health, social, cultural, economic, and political dimensions. This issue has become a global crisis, affecting individuals, families, educational environments (schools and universities), and workplaces (administrative, industrial, and military settings). Among the key elements in managing and controlling this destructive phenomenon is the implementation of evidence-based interventions.

Since the Islamic Revolution, Iran's criminal justice system has employed various reactions to counter narcotic abuse, yet none has resulted in a reduction in substance use. Thus, in recent years, the government has shifted toward a harm reduction approach to mitigate the damage inflicted upon both users and society. However, a review of Iranian regulations reveals a lack of a comprehensive policy framework in this area.

Currently, the position of harm reduction policy within Iran's anti-narcotic regulations remains marginal. After the Revolution, the Expediency Discernment Council became the decision-making body regarding penalties for substance users. Yet in recent years, none of the legislative authorities has developed or enacted harm reduction and treatment programs. Regulation in this domain has been delegated to ministries and organizations, reflecting the lack of attention to this policy both socially and politically. The prevailing perspective still emphasizes retributivism and abstinence enforcement.

Comparative studies indicate that a government can only succeed in implementing harm reduction when it places such a policy at the forefront of its efforts. According to the findings of this study, the implementation of control-based strategies, abstinence strategies, family-based, education-based, and community-based prevention can reduce harm and demand for narcotics. Among these, the most influential at the national level are family-based, education-based, and control-based strategies.

One of the main obstacles to implementing harm reduction in Iran is the tendency of policymakers to favor abstinence-only programs, largely due to concerns over potential legal liabilities. Moreover, public attitudes significantly impact the acceptance of harm reduction education at both societal and familial levels, underscoring the necessity of widespread public education.

Another serious barrier is the lack of sufficient legal regulations supporting harm reduction programs. Therefore, expecting the enactment of formal regulations to support harm reduction is entirely justified.

To deliver a decisive blow to the narcotic and psychotropic substance system, an intelligent and proactive strategy must replace routine administrative procedures. Achieving this objective requires serious attention to research in order to strengthen addiction science, deepen cooperation between academic institutions, religious seminaries, and scientific centers with the Drug Control Headquarters, and improve programmatic knowledge through the analysis of techniques and tactics. Priority must be given to effective programs, aiming to strip traffickers of their initiative, and to promote concern, mobilization, and active engagement from decision-makers at all levels.

This also requires the continuous evaluation of institutional performance, broader civil society involvement, and a strategic shift from top-down governmental policies to participatory approaches.

Ethical Considerations

All procedures performed in this study were under the ethical standards.

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Conflict of Interest

The authors report no conflict of interest.

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References

Azkia, M., & Ghaffari, G. (2015). Investigating the Relationship Between Trust and Social Participation in Rural Areas of Kashan. *Journal Of Social Sciences*, *28*(3).

Babapour Kheiraldin, J., Ezzati, D., Sadeghi, B., Hakimi, M., Vatandoost, M., Mohammad Alizadeh Rafi, S., & Hashemi Nosrat Abad, T. (2016). *Investigating the Relationship Between Social Participation and Improvement in Psycho-Social Behavior and Rehabilitation of Addicted Patients*. Research and Training Office, Drug Control Headquarters.

Canadian Centre on Substance Abuse. (2005). *National Framework for Action to Reduce the Harms Associated with Alcohol and other Drugs and Substances in Canada*.

Ehterami, M. (2013). *Primary Prevention of Addiction with a Focus on Neighborhoods*. Cultural and Prevention Department, Drug Control Headquarters.

Ehterami, M., & Vatanparast, A. (2014). Challenges and Solutions for Neighborhood-Based Addiction Prevention. *Journal of Social Health and Addiction*, *12*(3).

Greenwald, G. (2009). *Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies*. Cato Institute. https://doi.org/10.2139/ssrn.1543991

Martin, J. (2011). *The Development of international drugs control: lessons learned and strategic challenges for future*. Falcon Press.

Office of National Drug Control Policy. (2008). *The National Drug Control Strategy: 1998, A Ten Year Plan*.

Poulin, C. (2006). *Harm reduction policies and programs for youth*. Canadian Center on Substance Abuse.

Rahimi Pour, I. (2016). Harm Reduction Policy Toward Drug Use (A Comparative Study in the Criminal Justice Systems of Iran, Portugal, and Canada). *Comparative Law Policy Journal*, *20*(3).

Rahmanian, M., Mirjafari, S., & Hasani, J. (2006). The Relationship Between Drug Craving and Attentional Bias: A Comparison of Individuals Dependent on Opioids, Those in Relapse, and Those in Recovery. *Iranian Journal of Clinical Psychiatry and Psychology*, *3*(12), 216-222.

Riley, D., Sawka, E., Conley, P., Hewitt, D., Mitic, W., Poulin, C., Room, R., Single, E., & Topp, J. (1999). *Harm reduction: concepts and practice, A policy discussion paper*. Canadian Centre on Substance Abuse National Policy Working Group. https://doi.org/10.3109/10826089909035632

Sarami, H., & Baghaei Sarabi, A. (2018). A Social Approach to Reducing the Demand for Narcotic and Psychotropic Substances and Preventing Addiction with Emphasis on the Role of Social Participation. *Journal of Social Health and Addiction*, *5*(2).

Somaini, B., & Grob, P. (2012). Commentary: How and why AIDS changed drug policy in Switzerland. *Journal of Public Health Policy*, *33*(3). https://doi.org/10.1057/jphp.2012.20

Zarghami, M. (2015). Iranian Attitude toward Opium Consumption. *Iran Journal Psychiatry Behavior Science*, *9*(2). https://doi.org/10.5812/ijpbs.2074v3