

**Evaluation of Demand Reduction Projects DARIUS AD/IRA/99/E52  
and PERSEPOLIS AD/IRA/99/E54**

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## **Content**

### **1. - INTRODUCTION**

- 1.1. - What is Demand Reduction?**
- 1.2. - Prevalence of drug use and related problems in Iran**
- 1.3. - Demand reduction in Iran: Brief historical background and present situation**
  - 1.3.1. - Prevention**
  - 1.3.2. - Treatment**
  - 1.3.3. - Harm Reduction**
  - 1.3.4. - Community awareness and advocacy**
  - 1.3.5. - Main institutions and organizations**

### **2. - DEMAND REDUCTION WITHIN THE NOROUZ PROGRAM**

- 2.1. - Presentation of Darius: objectives and expected outputs**
- 2.2. - Presentation of Persepolis: objectives and expected outputs**

### **3. - EVALUATION QUESTIONS**

### **4. - METHODOLOGY**

### **5. - MAJOR FINDINGS**

- 5.1. - Programmes and Projects: planning, managing, implementing.**
- 5.2. - Outputs.**
  - 5.2.1. - DARIUS: Training and Research**
  - 5.2.2. - DARIUS: Pilot treatment**
  - 5.2.3. - DARIUS: DDR initiatives at local and regional levels**
  - 5.2.4. - DARIUS: Monitoring and reduction of drug abuse in the penitentiary system**
  - 5.2.5. - DARIUS: National five-year DDR strategy**
  - 5.2.6. - PERSEPOLIS; cultural and sport events**
  - 5.2.7. - PERSEPOLIS; community planning methodologies at central and local levels**
- 5.3. - Areas of demand reduction**
  - 5.3.1. - Prevention**
  - 5.3.2. - Treatment and Rehabilitation**
  - 5.3.3. - Harm Reduction**
  - 5.3.4. - Community awareness and advocacy**

### **6. - LESSONS LEARNED**

- 6.1. - Best Practices**
- 6.2. - Constraints**

### **7. - CONCLUSIONS**

### **8. - RECOMMENDATIONS**

- 8.1. - Program and Projects: planning, managing, implementing**
- 8.2. - Areas of demand reduction**
  - 8.2.1. - Prevention**
  - 8.2.2. - Treatment and Rehabilitation**
  - 8.2.3. - Harm reduction**
  - 8.2.4. - Community awareness and advocacy**

**References**

**Annex**

## INTRODUCTION

### 1.1. What is Demand Reduction?

According to international drug control conventions and protocols, “drug demand reduction” is used to describe policies and/or programmes directed towards reducing the consumer demand for narcotic drugs and psychotropic substances.

The following principles shall guide the formulation of the demand reduction component of national and international drug control strategies, in accordance with the principles of the Charter of the United Nations and international law, in particular, respect for the sovereignty and territorial integrity of States; human rights and fundamental freedoms and the principles of the Universal Declaration of Human Rights; and the principle of shared responsibility:

(a) There shall be a balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach to solving the drug problem;

(b) Demand reduction policies shall:

(i) Aim at preventing the use of drugs and at reducing the adverse consequences of drug abuse;

(ii) Provide for and encourage active and coordinated participation of individuals at the community level, both generally and in situations of particular risk, by virtue of, for example, their geographical location, economic conditions or relatively large addict populations;

(iii) Be sensitive to both culture and gender;

(iv) Contribute to developing and sustaining supportive environments

The areas concerned by drug demand reduction strategies are:

- Prevention
- Treatment and Rehabilitation
- Harm Reduction
- Community Awareness and Advocacy

Main settings for prevention are: schools, youth centres, local communities, prisons, drop-in centres, triangular clinics

Main settings for treatment are residential in-patient clinics, ambulatory outpatient structures, prisons, and triangular clinics

Main settings for harm reduction are streets and at risk areas, drop-in centres, prisons, triangular clinics.

Community awareness and advocacy is obtained through information, education and communication strategies (IEC) close to preventive interventions but using instruments like the media and cultural/sport events.

Prevention and advocacy interventions are more difficult to evaluate than harm reduction strategies and treatment. The former can be based on the measurement of attitude change; participation and involvement .The impact of harm reduction strategies can be based on the

amount of the reached population, behavioral changes and epidemiological indicators. Treatment results can be assessed by strict experimental methods.

Though each of these sectors should be distinct as they call for different interventions, demand reduction efforts should be comprehensive, coordinated, and integrated into broader social policy efforts.

## **1.2. Prevalence of drug use and related problems in Iran**

Establishing reliable epidemiological data on illegal and hidden activities in no place of the world is an easy task. In Iran, it is even more difficult due to strict legislation and societal pressure to deny any drug use. Data based on an already dated rapid situation assessment (RSA) of drug abuse in Iran are still widely quoted while much newer surveys are expected to be published. The most consensual figure is the 2'000'000 individuals dependent on some form of drug. However, for many professionals this figure under represents that population which has, according to many indices, increased over the years.

It is roughly since 1995 that the authorities have accepted to recognize the magnitude of their domestic drug abuse problem.

As the RSA showed, the average Iranian addict is a male aged about 30, married employed and literate. It shows that, for many, important resources exist and can help rehabilitation efforts. Nevertheless, unemployment is an important risk factor for drug abuse, and according to many informed observers, there has been an increasing number of women, youths, homeless, unmarried persons who have become drug addicts.

The main drug of abuse is opium (73%) followed by heroin (39%) and cannabis (13%). About a quarter of addicts have injected an opioid, mainly heroin.

Concerning the HIV/Aids situation, there are some inaccurate beliefs in the general population in thinking that only drug addicts are afflicted with aids.

A very recent study investigated the knowledge and attitudes toward HIV/Aids in 4641, 15-17 year old students. 94% of them expressed the need to have more information. Quoted as their main source of information were the media. Teachers and schools were only mentioned by 6%. Many misconceptions related to the epidemic exist. 93% believed that aids could be a threat to the Iranian population. Students with less knowledge had the most negative and intolerant attitudes toward HIV positive patients.

As for HIV/Aids prevalence, 2721 of positive cases were declared in June 2001. In 2003, the official number of Iranians living with HIV/Aids released was 5086. Later estimations state 20'000 carriers. The majority of them (60%-70%) are/have been Intravenous Drug Users (IDU's) and have been infected that way.

There are very scarce data on sexual behavior; optional items in the RSA gave some indications (73% of respondents).

Concerning condom use, around 60% of married drug users, 42% of single drug users, and 67% of divorced drug users had ever used a condom. Condom use during last time sex was 32% for single and 20% for the divorced respondents.

These data indicate that there is a strong need for information and knowledge dissemination on these topics.

### **1.3. Demand reduction in Iran: Brief historical background and present situation**

The Iranian legal system is in a reform process to better address the problem of addiction, but there is a public commitment of decision-makers, based on pragmatic considerations, to put much more human and financial resources into demand reduction efforts. The new policy aims at re-establishing a balance between supply reduction and demand reduction.

#### **1.3.1. Prevention**

The school has always been the most natural setting for preventive activities. It can reach a captive population of children/adolescents who can be positively informed on hazards of drug use. While 70% of the Iranian population is under 30 years, a third (over 17 million) are students. The teaching staffs amounts to 1.2 million people.

Students are in a learning process, reaching puberty while still in school and in need of sexual and reproductive health information and sex education. There has been a big gap in availability until now and there is a long way until pupils and students of Iran will benefit from a comprehensive school health education program (with a gender-sensitive health promotion approach) dealing with sensitive matters in an open and constructive way.

Nevertheless, the ministry of education has recently accepted (2004) the inclusion of education material on sexually transmitted diseases as well as HIV in the national curriculum and started preventive education. Such information is also provided to soldiers.

Comprehensive community based prevention programs have been implemented since 1996 in six Iranian provinces. Schoolteachers, parents, and governmental and private managers were targeted.

Prevention approaches have not yet been systematized in large scale throughout the country.

#### **1.3.2. Treatment**

After the Islamic revolution in 1979, drug treatment centres were totally banned. Formal and explicit treatment of drug abusers started only 10 years ago, in 1994. Addicts seeking treatment could then do so without fearing prosecution thanks to an amendment in the legislative system. However, in practice, people concerned would still have to fear losing their jobs if their addiction became public or at least face a form of stigmatization.

A number of outpatient centres started to be opened throughout the country. A 14 days detoxification where drug users were given clonidine and other psycho-active products was usually accompanied and/or followed by counseling and psychotherapy; but relapse rates were very high. Naltrexone treatment for relapse prevention was first introduced in 1999. Results were encouraging and led to extensive research. However, opioid agonists were not officially available until 2001 in Iran, and then only for detoxification and not maintenance. More recently detoxification with buprenorphine was started. Methadone maintenance was introduced in 2002 in a private clinic in Shiraz; now it is used in 8 Iranian cities.

Diverse psychotherapies have been used involving families of addicts; self-help groups have spread. NGO's have been very active in providing addicts vocational, material, emotional and financial support.

### **1.3.3. Harm Reduction**

The mainstream policy of drug treatment is total abstinence. Thus the place for harm reduction approach is not yet completely accepted and legitimized. Harm reduction practices aim to limit the bio-psycho-sociological consequences of drug use without necessarily limiting the consumption of drugs.

The main settings for harm reduction activities are integrated drop-in centres doing also outreach work accessing a hidden, highly vulnerable population of poor, deprived, homeless long-term addicts, and prisons where the problem of drug addiction HIV, Hepatitis B and C infections had sky-rocked.

In the mid-nineties, a survey showed that a quarter of inmates in a regional prison tested HIV+. The sharing of infected needles was quite common. Other ways of infection were the handling of used blades, tattooing etc. HIV positive inmates were infecting their spouses. Additionally, there is relatively easy access to drugs in prison (Assessment of the prevalence of Drug Abuse in selected prisons in I.R. of Iran, DARIUS project, UNODC- Iran).

There are currently 140,000 prisoners (according to the website of the Iranian Prison organization there are currently 135,000 - 165,000) with a considerable prevalence of IDU's. By definition, inmates are a captive population easy to reach. On the other hand the problems are often more severe in prison and prisoners are very reluctant to behavioral changes. (Patterns of drug use, unsafe risky behavior, trafficking etc.)

The menace of HIV has allowed a significant break-through in the approach to the drug abuse problem thanks to the fear that the epidemic would spread to the general population.

Totally unknown in Iran since very recently, there are now in a few places needle exchange programs, but not yet in prisons. The overall aim is to reduce the number of injectors (IDU's) and the risk of infection, overdoses, and physical harm.

In the context of the dual epidemics of drug addiction and HIV/Aids, a totally original blend of care was proposed to HIV patients, patients with sexually transmitted disease, and injecting drug abusers. This innovative concept was initiated at the regional level in 1999 and is known as a Triangular Clinic. It offers a range of treatments comprising counseling, social support, lab tests, antiretroviral treatment, management of STI's, methadone treatment and needle exchange. Confidentiality and consideration are guaranteed. Visits to triangular clinics in or out of the penitentiary system are voluntary. Tuberculosis prophylaxis is provided. There is also screening for Hepatitis B and C. Families and women are specially targeted as a particular vulnerable population and offered information, education, communication, risk reduction counseling and overall social support.

This setting actually encompasses all areas of demand reduction, integrating prevention, care, harm reduction and community awareness rising.

Since the fall of 2000, 21 such clinics have been established within medical universities and 24 have been launched in prisons with the strong support of the Health department of the Prison Organization.

By now there are 28 triangular clinics in Iran that are mainly funded by the HIV office of the Ministry of Health.

### **1.3.4. Community awareness and advocacy**

The level of stigma associated with drug use and HIV/Aids infection is very high. Like many bearers of "social harm" there is still a great amount of ignorance about this population. The

legislative labeling of drug users as criminals has largely contributed to that state of affairs. Mainly based on an abstinence model, the media convey to the public very limited information about drug issues. Parallel to the establishment of the first triangular clinic, advocacy has been a special concern. Religious leaders were approached and informed about the problems and the interventions. By patient process of persuasion, their support could be gained which has proven of great value for general community acceptance.

### **1.3.5. Main institutions and organizations**

This is a non-exhaustive presentation of some of the main institutions and organizations active in the field of drug addiction.

#### **Drug Control Headquarters (DCHQ).**

This is the closest to the political power of the country, as the President is at its head. The agency comprises the main concerned ministries in the areas of demand reduction, supply reduction, legislation: interior, intelligence and security, health, Islamic culture and guidance, education. The judiciary, army, police, media, prison administration, customs, welfare organizations are also represented. Its function is to centralize drug control policies. There are DCHQ offices in all the 28 provinces of Iran.

#### **State Welfare Organization**

This has established outpatient treatment centres covering the whole country (in all 28 provinces).

It runs 12 treatment and rehabilitation centres as well as 39 outpatient treatment programs in all major cities of Iran.

#### **Ministry of Health and Medical Education**

Among several departments, the most concerned by drug issues is SAPTO (Substance Abuse Prevention and Treatment), which is charged with improving the quality and availability of prevention, treatment, and rehabilitation services in order to reduce illness, death, disability, and cost to society resulting from substance abuse.

#### **Ministry of Education**

Is mainly concerned by primary prevention through several projects. Media campaigns and piloting projects have been implemented.

#### **Iran Prison Organization**

There are 220 prisons throughout the country of 3 types:

- General
- Juvenile, correctional and rehabilitation centres
- Special camps for drug crimes and drug users

The total prison population is about 165,000 with an annual turnover of 650,000 inmates (Dr. Parviz Afshar, presentation in the XIV Harm Reduction Conference Chiang Mai, Thailand).

The Prison Organization has an active health section. Also, there are very active international connections. Field visits are frequent and affiliations in the most active bodies in the domain of harm reduction have been set up.

### **Universities and Research Institutions**

The National Drug Abuse Research and Training Institute (Darius Institute, cf. below) is closely tied to the Welfare Organization and the University of Welfare & Rehabilitation under the umbrella of the Ministry of Social Welfare and Security. Through this affiliation, they are well implanted in the regions of the country. The focus of their work is on epidemiology and the development of the social sciences in approaching drug issues.

The Iranian National Centre for Addiction Studies (INCAS) is independent, with strong ties to Tehran University, focuses on training, research, treatment and harm reduction. The institute has developed solid international collaborations with other academic centres (St. George Hospital and Yale) as well as renowned funding agencies like NIDA. According to The World Health Organization (WHO), INCAS is a centre of excellence in methadone treatment.

There is a very loose cooperation between the two institutes. It would be highly desirable if this could be improved as their work can be seen as very complementary.

### **Media**

Channels of communication have a wide coverage in Iran. More than 90% of the country has access to national and provincial television networks. Radio coverage is nation-wide and printed media include over 700 newspapers and periodicals.

### **Non-governmental organizations (NGO's).**

One can find very different entities under this unifying label. There seems to be a continuum between governmental and non-governmental entities. The closer to governmental instances draw part of their funding from them; some others insist strongly on being independent from any official governmental institution in order to guarantee the widest range of flexible activities in the field.

## **2. DEMAND REDUCTION WITHIN THE NOROUZ PROGRAM**

The NOROUZ program (NarcOtics ReductiOn UnitiZed Programme) is the umbrella of several projects each belonging to a specific area in drug control: drug supply reduction, legal assistance and demand reduction. It was designed in a participatory approach with the Iranian counterparts.

As described by UNODC *“the programme will enhance Iran’s capacity to deal with the drug consumption issue by operating at national/central levels and in the different provinces. Through this framework, the programme will strengthen the capability of the prevention department of the Social Welfare Organization to analyze and address the domestic drug*

abuse problem, as well as spread its specialized knowledge throughout the country. The empowering of local welfare institutions, research centres, NGOs and voluntary groups by the prevention department of the Welfare Organization will create the basis for sustainable and community-based drug abuse control initiatives.

Regarding primary prevention, the programme will aim at raising awareness among the population on drugs and drug abuse issues through combined long- and short-term actions lead and coordinated by the prevention department of the Social Welfare Organization and the Public relations and Cultural Affairs Office of the Secretariat of DCHQ.

## 2.1. Presentation of Darius: objectives and expected outputs

DARIUS stands for **D**rug Abuse **R**esearch and **I**ntervention **U**nified **S**trategy

The national coordinating institution is the secretariat of DCHQ and the main national counterpart besides the above mentioned prevention department of the Social Welfare Organization is the Ministry of Health, Treatment, and Medical Training.

It stresses both the consolidation of these two governmental bodies and decentralized local drug abuse control initiatives.

Drug Control Objective <b>By the end of the project, a network of drug demand reduction institutional and Non Governmental Organizations will cooperate in addressing the drug consumption phenomenon at national and local levels.</b>		Objectively verifiable indicators (OVI)	Beneficiaries of assistance	Estimated Budget (USD)	Assumptions
OUTPUT DARIUS 1	An in-country pool of highly trained and experienced DDR specialists (in prevention, treatment, rehabilitation, data collection and analysis)	Specialists available; training curricula and modules developed and produced; training undertaken	Prevention Dept. of Welfare Org.; Secretariat of DCHQ : Min. of Education	300,000	Necessary human resources will be made available for training
OUTPUT DARIUS 2	The National Drug Abuse Research and Training Institute is operational	The National Drug Abuse Research and Training Institute provides assistance to DDR in Iran	Prevention Dept. of Welfare Org.; Secretariat of DCHQ; Min. of Education	330,000	Government will take the primary responsibility for the establishment of the Institute
OUTPUT DARIUS 3	Universities, research centres, NGOs are actively involved in DDR	Training programmes developed and implemented, information and other materials developed and distributed	Universities, NGOs, research centres	240,000	Universities, research centres, NGOs will be interested and staff made available for training
OUTPUT DARIUS 4*	Wider capacity for monitoring and analyzing drug abuse trends and patterns at local and regional level	Trained manpower created, data analysis and dissemination infrastructure	Universities, NGOs, Research centres,	410,000	Universities, research institutes will be interested and staff made available

		established			
OUTPUT DARIUS 5	Innovative pilot treatment (after care, relapse prevention) and rehabilitation projects are tested in Iran	Pilot projects formulated and implemented	Prevention Dept. of Welfare Org.; NGOs, T&R centres	530,000	National institutes will be interested in pilot projects
OUTPUT DARIUS 6**	National demand reduction initiatives are designed, launched and implemented at the local and community level	Community based programmes are implemented by NGOs, community based organizations	Prevention Dept. of Welfare Org.; Local Drug Coordination Councils, NGOs,	400,000	NGOs will be established, organized and interested in community based drug demand reduction
OUTPUT DARIUS 7	Monitoring and reduction of the drug abuse phenomenon in penitentiary system	Data and reports on drug abuse in prison (including T&R initiatives)	Org. of Prisons and Penitentiary. M.H. Prevention Dept. Welfare Org NGOs	330,000	An agreement is signed between the competent authorities for implementing DDR activities in selected prisons
OUTPUT DARIUS 8	Maximization of the assistance delivered through monitoring, evaluation, development of new strategies related to the national five-year DDR strategy	Achievement of outputs and objective; Delivery rate	National Counterparts, Donors, UNDCP	310,000	

The focus lies in training and research efforts. Demand reduction projects at regional level are encouraged. Pilot treatment and rehabilitation will be supported. The specific problems arising within the penitentiary system will be addressed. It has to be noted that there is no explicit mention of harm reduction interventions.

## 2.2. Presentation of Persepolis: objectives and expected outputs

PERSEPOLIS stands for **P**articipatory **Ex**pe**R**ience**S** for **Em**PO**W**ering **L**ocal **I**nitiatives**S**

The national coordinating institution is the secretariat of DCHQ and the main national counterparts besides the above mentioned prevention department of the Social Welfare Organization is the Ministry of Health, Treatment and Medical Training and the Cultural Affairs and Public Relations Office of DCHQ.

The overall goal is to raise the national anti-drug and anti-crime culture. Cultural and ethical aspects of the fight -individual and institutional- against drugs are stressing its social costs. The mass media, arts, intellectuals, and cultural events will serve to implement that project. The mobilization of society in anti-drug efforts wants to be obtained through strengthening the capabilities of national drug control institutions in planning community-based strategies and interventions based on participatory methodologies.

Drug Control Objective <b>By the end of the project, opinion leaders, intellectuals, mass media, and the general public will actively participate into the anti drug effort launched by the Government of Iran at central level</b>		Objectively verifiable indicators (OVI)	Beneficiaries of assistance	Estimated Budget (USD)
OUTPUT PERSEPOLIS 1	Opinion makers, intellectuals, mass media and the general public understand the impact of drug and criminality in modern societies	Feed back from participants to events organized and implemented throughout the country	Cult. Aff.s Pub. Rel. Of.of DCHQ. Prevention Dep.Soc. Welfare Org. MH M. Foreign Affairs M. Education	400,000
OUTPUT PERSEPOLIS 2	The senior management of national and drug control policy institutions are endowed with the basic principles of community oriented project/programme planning methodologies	Support granted to participatory planning exercise as well as to the implementation of their recommendations	Senior management of DCHQ (and its Secretariat) M. Foreign Affairs.	14,000
OUTPUT PERSEPOLIS 3	A national pool of moderators on participatory planning /OOPP is at the disposal of DCQSs and provincial Drug Coordination Council for designing community oriented drug control plans of actions	Specialized OOPP moderators available for drug control participatory planning and training material in Persian and produced in the country	Institutions of DCHQ and its Secretariat,	74,000
OUTPUT PERSEPOLIS 4	At least 15 Provincial drug control plans of actions are drafted by the use of community participatory planning exercises	Involvement of local communities in planning drug control plans of action	Secretariat of DCHQ Dep.Soc. Welfare Org. MH Provincial Drug Co-ord. Coun.s NGOs	150,000
OUTPUT PERSEPOLIS 5	EVALUATION A throughout evaluation of the entire programme set the path for future interventions on drug control	Evaluation of the impact of the programme	The Gov. of I.R. of Iran UNDCP Donors	52,000

### 3. EVALUATION QUESTIONS

Are the general objectives of the programs relevant?

Have the expected accomplishments (outputs) been achieved? What have been the successes and difficulties?

What has been the impact of the programs? What were the changes produced in a situation as the result of an activity that has been undertaken.

The aim of the evaluation is to make all stakeholders aware of the way the program and projects were assessed in their positive and negative aspects by all partners and actors. It is thus conceived as part of the collective learning process undertaken during the last 5 years.

Financial aspects of the programs were not analyzed in this evaluation report thus the efficiency question has not been addressed.

#### **4. METHODOLOGY**

This cluster evaluation examines a set of related activities within two programs. Data have been collected from the following sources:

- Briefings and interviews with key responsible UNODC staff at the regional bureau of UNODC in Tehran;
- Literature search and study of relevant documents (project reports; mid-term reports; reports produced by outside experts; statistics, national press etc.);
- Interviews with governmental officials (DCHQ, Ministry of Foreign Affairs, Ministry of Health, Ministry of Education, Prison Organization), heads and members of the two Project Review Committees, University chancellor, directors of NGOs, researchers, experts and other knowledgeable parties;
- Field observations and rapid appraisal by the evaluators during field visits: triangular clinics, camp, prison, treatment centres, drop-in centres.

#### **5. MAJOR FINDINGS**

This section provides for an overall performance assessment (appropriateness, relevance, effectiveness,) and the attainment of objectives.

The achievements of programme/project results and outputs implementation (operational plan, monitoring) are considered.

##### **5.1. Programmes and Projects: planning, managing, implementing.**

Darius and Persepolis have been two separate programs, which are not justified by their respective aims. If the former covers the classic pillars of demand reduction, raising public awareness and advocacy should not be treated separately but included in a unique strategy.

The appropriateness and relevance of the objectives are not optimal. The project documents are quite vague. The different expected outputs of the two programmes are very scattered and not well structured. Often one finds very different activities listed under the same output.

There is a blend, for Darius, of very general aims (overall training of DDR specialists, establishment of new institutions, network building, local dissemination of national projects), and specific aims (epidemiological studies and research in new treatments) as well as focusing a special setting, i.e. the prison system. For a better understanding of the program, set goals should have been formulated in each area of the demand reduction approach.

Also, there were neither guidelines nor priorities. The program document lacked, according to many stakeholders, a clear strategy and direction.

Initially it was mainly treatment and epidemiological projects that have been satisfied. This has both the advantages of a straightforward implementation and a strong academic backing in all stages of the project. The harm reduction initiatives were later supported as a new field in Iran. Prevention projects in the beginning were given less attention. NGO's claim that their demands were paid less attention than governmental projects.

As for Persepolis, there are two main aims: increased public awareness through a wide offer of events (theatre, cinema, music, sport) and training professionals in devising plans of action in drug control programs. The former activities were given more weight than the latter.

The attainment of the general objectives of the DARIUS project as a whole seems to have been achieved, the objective of the Persepolis project was partially fulfilled.

**DARIUS:** The building up of a network of institutional and non-governmental organizations at national and local levels to unite their efforts in drug demand reduction strategies has been achieved. National (and international) actors in the field of drug addiction have gained knowledge of their common and different approaches and can build future collaborations on it.

**PERSEPOLIS:** The active participation of highly visible figures of the country, the mass media and the public in the anti-drug efforts cannot be demonstrated. Many activities undertaken within the Persepolis program should have been merged into overall primary prevention efforts. Important aspects such as correcting public's misperceptions on drug issues and helping to lift the burden of legal and societal stigmatization borne by addicts, specially IDU's have not been addressed by the program.

The process of reviewing, selecting and funding the different projects within the programs has clearly improved over time although standard quality criteria and protocols do not yet exist. Many informants have noted too many delays in the decision-making of the two Program Review Committees (PRC). An auxiliary group of experts has been selected to assist the PRC with project evaluation. This certainly has helped the procedures but also bears the possibilities of conflicts of interest. Some of the experts have also submitted their own projects to the PRC. Apart from this issue, which should get some attention, organizations have had the tendency to fight for resources on principle without justifying them with concrete proposals. It was suggested that some sort of quota system for projects to be funded should operate in order to guarantee a fair distribution within the different areas of drug demand reduction.

The monitoring of the different projects due to the lack of definition of given milestones has not been satisfactory and must be improved. Modalities of funding (re-negotiating larger projects each year) have made planning difficult for some of the larger projects.

It seems that the criterion of sustainability of a number of projects including funding after the granted sum by the program has not been considered.

## **5.2. Outputs**

### **5.2.1. DARIUS: Training and Research**

Plenty of activities have taken place in this area.

Many professionals have benefited from courses; field visits abroad as well as visits from foreign scholars and experts. A number of positive results have come from this very active process of exchange. In addition, a significant number of workshops have taken place. It is to be regretted that outcomes of such events have not always been thoroughly documented.

According to output two of the Darius program, the National Drug Abuse Research and Training Institute (Darius Institute) was officially opened in August 2002. The focus of this institute is on social sciences. The DARIUS institute has conducted a number of studies under the DARIUS project on characteristics of substance abusers, health situation and suitable treatment modalities, attitude of health care workers, rapid situation assessment of drug abuse in Iran in 2004, analysis and evaluation of drug demand reduction experiences and also the composition of training packages on public drug education and for drug demand reduction specialists. Endowed by educational materials (computers, books, video etc.) they have engaged so far in 33 projects that have received funding. Thirteen are educational, 8 behavioral, 6 on health system research, 4 in the social area and 2 in the biological field. Right now, there is 80% of applied research and 20% of basic research done. A better distribution is necessary.

Some current problems and obstacles:

They are not yet recognized officially by the Ministry of Health by receiving a proper accreditation.; they are installed in temporary facilities and will probably have to move again. Year reports and other printed material describing activities are scarce. There are no projects for an active website. There are also funding problems. An overall research plan should indicate the main objectives to be pursued. International collaborations and a sustained policy of publication have yet to be developed. Darius Institute should concentrate on building up an excellence and visibility around the psychosocial aspects of drug abuse.

Research at the Ministry of Health: epidemiological studies, close collaboration with field organizations like Persepolis NGO is conducted. They helped to establish a methadone maintenance project within this Drop-in centre.

They are backing a Buprenorphine project with the Pasteur Institute.

Overall, there are too few resources for research and harm reduction initiatives.

The Iranian National centre for Addiction Studies (INCAS) has built up a very active network of international collaboration both overseas and regional. This marks this Institute as a leader in educational and clinical approaches to drug abuse. It is also are a supervising, counseling initiator for community fieldwork. Located within a district with much drug abuse it follows a cohort of about 700 people within a radius of 2 km.

INCAS has been able to maintain a certain distance from official institutions that is felt as a condition for neutrality and necessary objectivity in their work.

Research on newer drugs like ecstasy should be encouraged and supported in order to produce prompt and adequate responses to new drug use patterns, which are very different from opium and heroin.

### **5.2.2. DARIUS: Pilot treatment**

Work in this area has been active and successful. The introduction of naltrexone in to the Iranian pharmacopoeia occurred after a successful study on its effectiveness by the welfare organization under the DARIUS project. INCAS has received important funds for projects on Methadone, which was introduced through the DARIUS project in the country. Other remarkable work is conducted, at the Pasteur Institute on a Buprenorphine Synthesis Project; the MOH is closely following on this activity.

For bio-medical research, there exists a need for scientific instrumentation. This should be publicized by the researchers and brought to the knowledge of donor countries and respective Research Institutes in developed countries. In the time of Internet such information could be adequately disseminated with some managerial and organizations skills.

### **5.2.3. DARIUS: DDR initiatives at local and regional levels**

This output aims rightly to benefit bottom-up processes and empower NGO's close to the field. Several centralized NGO's have a good local network with operational capacities but these do not appear to be fully utilized.

Some of the NGO's think that prevention activities and treatment should be their responsibility.

In addition, the Welfare Organization and DCHQ are present in the 28 Iranian provinces, which is an interesting infrastructure for research and sentinel functions.

The DARIUS project has provided support in the process of involving initiatives on the national and local level through the identification of NGO's active in DDR, preparation of guidelines and training on drug prevention issues for NGO's active in DDR, journalists, mass media directors, junior high school students, and for workplaces as well as for mothers of school children beside life skills training in schools. On the treatment segment of DDR training has been provided on, drug treatment and HIV/AIDS prevention, motivational interviewing, biological and psychological aspects of drug treatment in order to empower the governmental and the non governmental organizational bodies active in DDR. On monitoring and evaluation training has been provided on good policy and practice to NGO's, sustainable treatment methodologies and evaluation of drug treatment.

It seems that the efficiency of innovative initiatives in the provinces should be studied in the context of future projects.

Deprived provinces have not been specially targeted for better coverage in drug demand strategies.

All epidemiological studies on trends of drug use already carried out in the country were funded through the DARIUS project: the epidemiology of drug abuse, causes of drug related deaths referred to the forensic medicine organization, and economic costs of drug use and cost effectiveness of drug demand reduction initiatives, a rapid situation assessment on the drug abuse 1999 and the above mentioned RSA 2004. The only study on the ATS use was also carried out under the DARIUS project. Likewise the only website on prevention and treatment of substance use was established under the DARIUS project.

### **5.2.4. DARIUS: Monitoring and reduction of drug abuse in the penitentiary system**

Results in this area have been impressive.

Like the overall drug policy, the approach to Iranian inmates has changed drastically in the last years. From repression, it has moved towards an educational approach aiming at facilitating rehabilitation and social reintegration. Somewhat it has opted for a prisoner-centered approach, devising interventions geared to personal problems duly assessed. This approach is a sort of correction to the existing repressive laws that criminalize people instead of offering the necessary care.

The first activity, in collaboration with MOH was HIV prevention in prison and methadone maintenance to get people off needles. These efforts are recent but made possible by the Darius programme. Naltrexone maintenance has also taken hold within the penitentiary system.

The acute problem within the penitentiary system has been contained thanks to a comprehensive preventive, treatment, rehabilitation, and harm reduction approach. Significant health improvement and drug abuse reduction has been obtained.

Triangular clinics have been particularly useful and efficient by targeting HIV/Aids patients, STI patients, and drug abusers. 39 triangle clinics exist now within prisons in the country.

Through intense counseling, vocational training (certificate without mentioning its origin is delivered to avoid stigmatization) and after-release care a remarkable rehabilitation work has taken place. Peer group training and services have become operational. Private rooms for spouse's visits are available: inmates receive safe sex counseling and condoms. Preventive interventions and counseling within families have been initiated.

Rates of re-incarceration are linked to the intensity of training; with a full course it is very low: 1-2%.

Some problems remain to be addressed.

There are gaps in the chain of care from prison to the outside world. The access to methadone for inmates in such programs is not easy and threatens the success of treatment. In some places, corrective mechanisms have been put into place. Substitution maintenance is not yet offered in each prison. Mental health problems may be neglected. There seems to be a need not covered by current offers for inmates to have a space to question experts on substances, treatment, and their experiences. Progress has to be made in preventing supply of drugs to prisoners. The most common way to smuggle drugs into prison is swallowing the product wrapped in plastic. Imports by the family are the exception.

Overall, this output has been the most successful within the Darius programme.

#### **5.2.5. DARIUS: National five-year DDR strategy**

The eighth output of the Darius programme is not even mentioned in the Darius Committee Progress Report. It was probably far too ambitious to aim to have a national DDR strategy within this framework. Necessary conditions were not existent. Based on the past years' work a necessary consensus could now be constructed.

#### **5.2.6. PERSEPOLIS; cultural and sport events**

NGO's have become quite active in this domain. Concerts, photo exhibitions in public spaces in order to sensitize the public to the drug issue were organized. However, there is no information about the impact of such initiatives.

An interesting approach has been to investigate the way drug issues are dealt with in the press and keep a dialogue with journalists and their views. Audiences should be studied. Messages to parents for instance should be carefully considered.

Some of these outputs have been judged too expensive considering their limited impact.

Methodological capacities were lacking and should have been built up.

There are restrictions on the media, in particular through the policy of not showing successful treatment. One can mention drugs and HIV/Aids but not mention condoms.

#### **5.2.7. PERSEPOLIS; community planning methodologies at central and local levels**

The aim of empowering NGO's and help them to find innovative ways for advocacy and raising awareness is not evident. According to some stakeholders, they do not feel that this goal was reached. Actually, due to fewer financial resources, many expectations had to be disappointed.

Objective oriented participatory planning sessions were organized in many regions, but there is no evidence for the impact and concrete translations of these meetings into plans of action. Unsubstantiated claims of success were made.

The Persepolis approach was too wide and not focused enough. The idea was to find new approaches and new initiatives. Also the task to change mindsets, culture and customs takes a long time and its measures of success might still have to be constructed.

### **5.3. Areas of demand reduction**

#### **5.3.1. Prevention**

All prevention efforts in schools are focused on the Life-skill approach of Botvin. It would be interesting to include other models of prevention based on updated state of the art reviews. Prevention efforts could be better integrated in the official curriculum. The program should be gender specific. There is a good acceptance among teachers, parents, and students.

Some of the success came from the feeling of privilege to be in special classes with special programs. Evaluations also showed that they were offered only to the best students. This is not the best target for preventing risky behavior. Also telling pupils that they are special and acting as role models should not be encouraged. The extension of the program to all students is recommended.

The Ministry of Education launched, in 2002, a national health promotion project. Its aim is primary prevention of addiction, tobacco use, violence, and HIV, involving teachers, parents and students. Program material should be completed by audio-visual support. One positive outcome on a general level was the active participation of students in these classes. They had to actively research, write down findings, and present it to peers.

Invited speakers from outside are well received by students.

HIV is treated in an annex of the official biology textbooks. This issue should be made more central within primary prevention efforts especially with adolescents at the onset of their sexual life.

Research on problem behavior, on risk factors in youth is part of these efforts.

There should be a more sustained effort in clarifying through meta-analyses what works best in primary prevention. What interventions have the best impact, delivered by who, targeting students of what age etc.

There are interesting grassroots prevention efforts in urban complexes with increasing drug problems. Young professionals living in this area decided to act. They do not directly cater for a population at risk, as they would not respond to primary prevention endeavors but train their public as potential peer educators. This embedded prevention work could be prolonged by outreach work based on the personal knowledge of the youths at risk and the neighborhood.

NGO's offer prevention workshops to managers of workplaces at risk.

General up-dated information on the specificities of drugs, side effects, and respective dangers should widely circulate among adolescents without exaggerated fear rising messages.

Positive results	Obstacles
<i>Schools</i>	
General participatory approach	There should be a diversification of preventive programs (not just Life Skills Prevention).
Peer education	Critical assessments of such programs are lacking; a thorough state-of-the art on what works in prevention is missing.
Parents-teachers-students are involved	Absence or insufficient communication on sensitive topics (HIV, sexual education).
<i>Community</i>	
Implication in districts at risk	Only abstinence messages
Perfect knowledge of local problems	Targeted population: potential peer educators but not youth at risk
Credible, open interactive communication	
<i>Families</i>	
Accessed by outreach work, triangular clinics, penitentiary system	Lack of systematized primary prevention
	Media messages targeting families are scarce or non existent
<i>Workplace</i>	
Acknowledgment of the problem	Work sites are confined and inaccessible to experts and health professionals
<i>Prison</i>	
Harm reduction information through pamphlets, posters and films	Denial discourses on drug use

### 5.3.2. Treatment and Rehabilitation

Positive results	Obstacles
<i>Prison</i>	
Primary medical care, anti retro-viral therapy, medication against withdrawal symptoms	Lack of extended methadone maintenance treatment
After release care (triangular clinics outside prisons)	Gaps in the chain of treatment
Vocational training, referral system, loans, certificates	
<i>Public sector</i>	
Research projects	Improvement of clinical guidelines, regulations, quality assessment
Introduction of new innovative treatments	Better regional coverage
	Better diversification of substitute treatments
	Low media and public information and acceptance

### 5.3.3. Harm Reduction

Drop-in Centres have built up integrated approaches with safe sex, drug use kits within low threshold structures offering methadone maintenance and syringe exchange.

With the help of different sources of funding, a unique combination of harm reduction efforts was made possible. Harm reduction approaches have expanded rapidly in a more complete demand reduction effort.

Flexibility and adaptability are necessary requirements of this type of work.

As a priority in addition to the services of harm reduction, social support must be provided to a vulnerable, poor, and deprived population.

The training of ex drug users as peer educators in the field of harm reduction has been a new approach. Outreach work is weakened by some police interventions against outreach workers. A continuous program of work with the police forces giving explanation and familiarization with the population of DIC's and the type of services offered is essential in order to assure a fruitful collaboration and complete a general community support. In addition, the police can become a useful reference system for the neediest. This is excellent advocacy work embedded in problematic settings.

The dual approach of outwork reach and a fixed drop-in centre is complementary.

A methadone offer with a DIC has also been a new initiative. The coverage is exceptionally high: about 85% of drug users are accessed through one of the services.

In parallel a very precious data bank has been built up and is currently analyzed by MOH researchers. Such structures have become a setting of life not just health care. Music, dance, celebrations, human relations, and interactions are part of ongoing activities.

There are some serious obstacles to this work. The dialogue with the police has been difficult. Women need specific assistance; they are multiple stigma bearers: Some responses to that issue are the presence of female staff; outreach workers go into homes and meet women;

There is an acute need for more space. Improvements have to be made in planning and management skills. A better dissemination of DIC's throughout the country is highly desirable. There is urgency because of the HIV problem. They should have had an early evaluation.

Even in low threshold structures with very little bureaucracy it remains very important to document as thoroughly as possible, types of interventions, user's profiles, patterns of use, new problems arising etc. The closeness and acceptance of DIC gives it the best access and reach out not only to the right population but also to precious valid data, which could not be obtained via more classical ways.

Positive results	Obstacles
<i>Drop-in centre</i>	
Integrated social approach	Difficult dialogue with the police
High rate of access to a vulnerable (and hidden) population	Lack of a specific women centre
Peer workers	Lack of planning and managerial skills
Community acceptance	
Collaboration with the academic world	
<i>Prison</i>	
Reduction of adverse health consequences of IDU	No syringe exchange programs

### 5.3.4. Community Awareness and Advocacy

This area is mainly based on advocacy and Information-Education-Communication (IEC) strategies. In a targeted effort, different sectors of the population and on a common basis the general population should be accurately informed on the main issues of the drug addiction problem in the country.

The dissemination of positive outcomes and development of number of projects in terms of information would greatly benefit raising community awareness and show the public that positive steps can be taken to respond to the important drug problems facing the nation.

Positive results	Obstacles
Acknowledgment of the seriousness of the problem of drug abuse	Differentiated targeting of different publics is lacking
	Not enough focus on stigmatisation issues of drug users
	Constraints on the media

## 6. LESSONS LEARNED

### 6.1. Best Practices

Projects, which have shown the best impact, are based on comprehensive demand reduction initiatives that integrate prevention, treatment, rehabilitation, harm reduction, community awareness and advocacy. Close to the field and able to best reach vulnerable populations, such projects have been able to change drastically very difficult sanitary and social situations in pragmatic and flexible ways.

Outreach work, drop-in centres, triangular clinics, prison-based initiatives have shown remarkable results. The common denominator of these projects is clear public health preoccupation as well as developing humanely tolerant views on drug users and use.

Successful projects are closely tied to research efforts in a very fruitful and ongoing collaboration. Thus empirical questions can be directly based on field observations and analyses may be fed back to inform practices.

In sum, integrated and comprehensive approaches adapting to changing situations are best suited for situations in need of action. Respects, tolerance, confidentiality are guaranteed and are decisive ingredients to help drug users. Bottom-up strategies are best able to elaborate proactive rather than reactive measures to the problems. Close field-research collaborations are fruitful for both sides.

### 6.2. Constraints

As in most countries, drug control strategies have two incompatible principles. One aims to obtain the patients' total abstinence as the ultimate long-term objective and thus plan actions in this sense. The other starts from the user's status and tries to ameliorate the situation stabilize it or limit the risks and harm resulting from drug use. The objectives are thus both short and mid-term. Both approaches are more often opposed than seen in different timeframes.

Drug use and related problems like HIV/Aids are social taboos that challenge strong values. They still produce denial.

The actual law sanctioning drug users as criminals contradicts ongoing successful efforts treating them as patients. One even faces blatant contradictions where access to excellent care is easier in prison than outside.

The media still bear oriented messages that leave out for instance, accounts of successful treatment and rehabilitation.

Changes on the macro-level of mentalities of a nation are slow and do not depend on single projects. However unthinkable, break-through in demand reduction policies has been possible in the last 5 years. This trend should be able to be kept up.

## **7. CONCLUSIONS**

The two evaluated demand reduction programs, Darius and Persepolis have proven to be good impulses for introducing and testing new models for drug policies. It has been an overall learning process, which has allowed definition of procedures, priorities and action plans that were not within the Project documents. The course of action became firmer after the first years.

Both programs have established strong foundations on which to build a comprehensive new program. In a second phase, it will be necessary to strengthen successful projects –research and interventions- and extend and disseminate them.

During the last five years, different actors and stakeholders have been able to learn about institutional specificities existing in Iran, this previously was lacking. To know of one another's priorities can help better planning. On this basis, a consensus for a national drug abuse program should be constructed with greater chances of success.

In general, the role of demand reduction was strengthened concerning the former predominant role of supply reduction within a more balanced policy.

With the background of serious socio-political constraints in this country, the two programs have permitted very innovative approaches regarding harm reduction and treatment. Radical changes of strategies in settings like prisons have proven to be very successful.

The way advocacy was organized was a weak point in the program. It should not be separated from demand reduction efforts.

## **8. RECOMMENDATIONS**

### **8.1. Program and Projects: planning, managing, implementing**

In general basic and applied research projects should be differentiated but closely linked.

Ideas are to inform practices and vice versa.

There should be common standards of quality and expertise regarding:

- Program and Project management
- Research methodology
- Monitoring
- Evaluation

Program and project management should comprise formative evaluation, a time frame, monitoring of activities that is a systematic collection of data or specified indicators to provide management and the main stakeholders of an ongoing development intervention with indicating of progress and achievement of objectives and progress in the use of allocated

funds. Strategic and operative responsibilities should be determined. Standards for interventions should be established to ensure a continuation in quality overtime.

Program design and preparation need the active involvement of the different stakeholders; milestones and intermediate objectives should be defined. All relevant sectors of society should be involved in designing and implementing new projects: communities, families, schools, parents, women, youth etc. A common strategy should be decided and widely disseminated. Partnerships and networks between governmental, academic and NGO's, representatives of private sectors at the national and regional level should be built with regular meetings.

The role of a Program Review Committee should be rethought in order to improve its functioning. It should not be affected by a turnover of personnel but be a stable and efficient body with a clear strategy for the second phase of a drug control program. A fair representation of the main organizations should be in this committee. Conflicts of interest should be minimized or eliminated. Reviewing Committees should not have potential fund beneficiaries on their board.

Clear links should be made to address a dual epidemic: drug abuse and HIV/Aids. Prevention programs concerning both are vital with the widest coverage.

Sustainability of projects should be a criterion for funding; proven post-funding possibilities based on straightforward commitments should be demonstrated. Funding should not to be negotiated annually.

Targeting populations at risk based on epidemiological and needs assessment data is a priority in future planned actions. Disadvantaged groups, street children, dropouts, sex workers, HIV positive, refugees, ethnic minorities etc. should be specifically taken care of.

The need for technical research equipment in bio-medical research should be advertised to potential donors from developed countries.

A special effort should be aimed at creating a sustainable network of NGO's. Competition for funds should be avoided as well as duplication of uncoordinated projects.

Clarification of the relations between GO's and NGO's.

## **8.2. Areas of demand reduction**

### **8.2.1. Prevention**

Primary prevention should endorse sensitive but necessary topics like HIV/Aids that is a rising menace in this country and closely tied to drug issues. Research of the literature should identify evidence-based prevention programs for a more diverse approach besides Life Skills programs.

Secondary prevention should specifically target populations like youth at risk: dropouts, young people with general behavior problems and/or school, women and families.

Comprehensive approaches to general health education including sensitive themes should be stressed: drug use, HIV, hepatitis and other sexually transmitted diseases.

A special research effort should investigate through large-scale surveys general adolescent health in order to adjust interventions according to needs and priorities.

### **8.2.2. Therapy and Rehabilitation**

International networking should be facilitated and promoted. The scientific community should have access to the latest up-dated developments.

A diversification in pharmacological maintenance should be made possible. Efforts in substitution detoxification and ultimately in maintenance therapy should be widely supported and expanded as it has shown evidence-based useful treatment. There should be a consolidation and maximum coverage of addicts by methadone maintenance facilities.

Flexible guidelines and protocols should be established for currently used therapeutic interventions.

Rehabilitation efforts should comprise vocational training, self-esteem counseling; issues like housing and hygiene should be taken into account.

### **8.2.3. Harm reduction**

Methadone maintenance has proven to be effective. There is little relapse. It allows for a good rehabilitation and social integration. However, it should be complemented with other measures like vocational training and intensive family counseling.

The chain of methadone supply should be closely watched and completed: temporary released prisoners cannot easily find their doses of methadone. Some agreements about this exist but the situation should be consolidated.

The role of NGO's should be further strengthened, as they are closest to the field, adaptable and able to mobilize and coordinate community efforts.

Good practices and models should be extended at the local level for best coverage.

Too many people continue to be infected through needle sharing. Controlled distribution of syringes should be made available in difficult districts as well as in prisons. Projects aiming at training personnel in pharmacies on adequate prevention messages and safe-use counseling for needle sales should be launched.

### **8.2.4. Community awareness and advocacy**

All relevant actors (media, opinion leaders, intellectuals and the general public) should aim to systematically correct misperceptions about addicts (and people living with HIV) and help to de-stigmatize this population. Resistance from sections of the population should not be frontally approached but through careful peer-work and patient advocacy. Actors in society like religious leaders should be specifically targeted to help in this endeavor.

There should be better public information about treatment in particular successful methadone maintenance.

An independent observatory of the media could be an interesting tool in order to understand what mainstream information and analyses are fed to the public as well as potential misinformation and gaps.

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## NOROUZ PROGRAMME EVALUATION

### TERMS OF REFERENCE

**PROGRAMME TITLE:** Narcotics Reduction United (NOROUZ) Programme Comprehensive Drug Control Programme for The Islamic Republic of Iran

**Programme's Module  
Number and Title:**

- AD/IRA/99/E51 CIRUS - Combined Interdiction Unified Strategy for Iran
- AD/IRA/99/E52 DARIUS - Drug Abuse Reduction Unified Strategy for Iran
- AD/IRA/99/E53 Legal Assistance for Iran
- AD/IRA/99/E54 PERSEPOLIS - Participatory Experiences Empowering Local Initiatives for Iran
- AD/IRA/02/G46 AFGANIAI - Actions for Generating Awareness on the Narcotics Issue among Afghans in Iran

### Background

The Islamic Republic of Iran (Jomhuri-ye Eslami-ye Iran) is bordered to the north by the states of Armenia, Azerbaijan and Turkmenistan and the Caspian Sea; to the east by Afghanistan and Pakistan; to the south by the Persian Gulf and the Sea of Oman. The geographical location of the region make Iran vulnerable to drug trafficking. Although illicit drug cultivation was totally eradicated in Iran by the end of 1980, in some other countries of the region, in particular Afghanistan, opium poppy has been transformed into a major cash crop since 1970's.

Iran has thus become one of the main conduits for these illegal substances destined for the western markets. Despite of the growing importance of trafficking routes passing through the Central Asian Republics, Iran indeed remains the main conduit for narcotics produced in Afghanistan and destined for both European and Middle Eastern illicit markets.

Illicit shipments of both opiates and hashish enter the Iranian territory from its eastern frontiers with Afghanistan and Pakistan. They are then carried overland to the country's western border with Turkey, and /or toward Turkmenistan. Hashish and to a much lesser extent opiates are also trafficked through the Iranian southern seacoast for shipment to the Persian Gulf States. In addition, new trends indicate the increased use of international airports and the international mail services.

Iran is not only a transit country for illicit drugs but also a large consumer market. The Government's estimates based on case enumeration using secondary data indicate that about 1.2 million people are regular drug users or are dependent on drugs, mostly opiates.

A 1998-99 UNDCP contracted drug abuse Rapid Situation Assessment study has been carried out in the country in an effort to better assess the nature and extent of the situation. The final results of RSA, undertaken in ten major urban sites of the country, corroborate a high prevalence of drug abuse in the country, indicating that 1-2% of the population have serious health/social problems provoked by the use of drugs (mainly opiates).

The most commonly used drugs are opium, opium residue and cannabis. The opiates described were traditionally smoked in opium pipes in old Persia for recreational purposes, as well as self-prescribed as treatment to several health related problems. In more recent time, however, the traditional use of opium given place to the consumption of heroin, where users sniff, smoke and inject. Sharing of injection equipment among drug users is the main cause for HIV/AIDS spreading (67% of recorded HIV cases) and consequently a major source of concern for national health authorities.

All aspects of drug control are covered by the 1988 Anti - Narcotics Drug Law of the Islamic Republic of Iran which addresses the issues of cultivation, production, import, export, possession, consumption, distribution, sale and running premises for the use of drugs. The Revolutionary Courts deals with all drug cases.

The emergence of petty crime related to drug addiction in the major Iranian towns is an additional reason for concern for national authorities. No provision is made in the Iranian legislation for money laundering. There is an acceptance at Ministerial level that Iran needs to modernize its anti-drugs legislation.

The I.R. of Iran is a party to the Single Convention on Narcotic Drugs, 1961, as amended by 1972 Protocol, the Convention on Psychotropic Substances, 1971, and the Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, 1988.

In January 1999, the Government of the I.R. of Iran and the United Nations International Drug Control Programme – UNDCP – signed a Memorandum of Understanding regarding the establishment of a UNDCP Office in Iran.

### **The immediate objectives of the NOROUZ Programme**

The purpose of the Programme is to reduce the impact of the drug issue in the I.R. of Iran by implementing a multi disciplinary programme of action embracing supply reduction, demand reduction and legal assistance. In particular the Programme aims at:

- **Enhancing the national capability in reducing illicit trafficking of narcotic drugs;** By the end of the project Iranian law enforcement authorities in charge of anti drug trafficking operations will have increased their capability of intercepting and seizing

illicit consignments of narcotic drugs transiting the country from Afghanistan and Pakistan, as well as leaving the country through the mail system, international airports and seaports.

- **Reducing the impact of the national drug abuse and consumption problem;** By the end of the project, a network of drug demand reduction institutional and Non Governmental Organizations will co-operate in addressing the drug consumption phenomenon at national and local levels.

- **Organizing and improving its judicial responses to the phenomena of illicit drug trafficking and international crime;** By the end of the project, Iranian judges and magistrates will have at their disposal the needed legislative and investigative tools for responding to the challenges posed by drug trafficking and international organized crime.

- **Mobilizing its civic society against the illicit drug culture and forging new strategic alliances with national and international partners in the fight against drugs;** By the end of the project, opinion leaders, intellectuals, mass media and the general public will actively participate in the anti drug effort launched by the Government of Iran at central level. The mentioned objective will be achieved by first mobilizing national decision makers, opinion leaders and the general public to play an active role in the fight against drugs and criminality. Second, by empowering the community with the required instruments for designing, planning, and implementing, local drug control action plans.

**During the implementation of NOROUZ Programme, the following outputs were reportedly achieved**

A Project Review Committee was officially launched for each of the four components of the NOROUZ Programme. Membership of each PRC composed of Drug Control HQs of Iran, UNODC Iran, as well as relevant agencies of the project concerned. The mandate of the PRCs includes drafting and approval of the work plan and related annual budgets.

**Project CIRUS** has improved the capacities of Iranian law enforcement agencies, in particular the Anti-Narcotics Police of I. R. of Iran, in the eastern provinces bordering Afghanistan and Pakistan. The agencies in question, have been provided with training, vehicles, motorcycles, heavy duty construction equipment, night vision devices communication equipment, equipment for dog training center, and illicit drugs test kits.

Taking into account the increased production of drugs in neighboring countries, the abovementioned assistance has resulted in:

- Reduced smuggling of narcotic drugs at the eastern and south-eastern borders of Iran;
- Increased capability of the IRI Police in preventing and reacting to drug smuggling;

- Reduced flow of narcotic drugs through Iran by increasing the interdiction capability of Customs and IRI Police at the major exit points
- Effectiveness of drug scenting dogs

**Project DARIUS** has facilitated creation of a network of drug demand reduction institutional and non governmental organizations which shall co-operate in addressing the drug consumption phenomenon at national and local levels. As a result of assistance under this project:

- A group of Iranian drug demand reduction specialists (in prevention, treatment, rehabilitation, data collection and analysis) have been trained;
- The National Drug Abuse Research and Training Institute became operational;
- Universities, research centres and NGOs have been involved in demand reduction
- Training programmes have been developed and implemented and the information and other materials developed and distributed;
- Capacity for monitoring and analyzing drug abuse trends and patterns at local and regional level has been widened;
- Innovative pilot treatment (after care, relapse prevention) and rehabilitation projects have been tested in Iran
- National demand reduction initiatives are designed, launched and implemented at the local and community level
- Drug abuse phenomenon in prisons and penitentiary systems has been monitored and analysed.

In order to harmonize Iranian legislation with legislative standards of drug crimes and ensure that the national legislation on drug related crimes addresses the challenges posed by drug crimes, **LAS Project** implemented the following activities:

- Research studies on “Alternatives to Imprisonment”, “Controlled Delivery”, “Mutual Assistance and Extradition” and “Money Laundering”. The reports of some of these studies have been printed and published for distribution among judges, universities and other interested authorities;
- A need assessment study for training components of LAS project was implemented and preparation of training materials is currently underway;
- Two workshops for Iranian judges and law enforcement officials were organized in 2001;
- Due to the developments regarding ratification of a money laundering bill, a Seminar on this subject was organized in Shiraz, 7-8 May 2003;
- An inter-institutional sub-committee was established in 2002 aimed at assisting Iranian prosecutors and investigators from law enforcement agencies to become familiarized with modern technical tools and methodologies required for dealing with international drug crimes.

Through implementation of the **PERSEPOLIS project**, mass media, policy makers and general public have been sensitised to the different aspects of the drug issue through community based drug prevention and advocacy programmes. Support provided to NGOs has resulted in their empowerment and consequently their involvement in drug demand

reduction activities, e.g. innovative drug prevention activities targeting young people has proved to be very effective

Introduction of participatory planning exercises to drug control policy makers and experts has led to drafting of provincial plans of actions involving all stakeholders from both governmental and non-governmental organizations.

**Project AFGANIAI** has resulted in greater awareness of the Afghan refugees enrolled in the Afghan Transitional Government – I.R.of Iran – UNHCR voluntary repatriation programme about the consequences of getting involved in any drug related activity (cultivation, production, trafficking, and consumption). An added value of the project has been the generation of awareness on the narcotic issue among the officers of the national and international agencies responsible for the implementation voluntary repatriation programme in the field, viz. the Bureau for Aliens and Foreign Immigrants' Affairs of the Ministry of the Interior (BAFIA) and UNHCR field Offices in Iran .

### **Purpose of Evaluation**

The evaluation is being undertaken to assess the impact of the assistance provided in relation to the objectives, outputs **and the outcomes** set out in the project document. **The purpose of the evaluation is to assess and measure the results and the impact created by the project in reducing illicit drugs supplies, reducing demand for illicit drugs and provision of legal assistance to the Government of IRAN. The evaluation also aims at determining if the project enhanced national capacity to reduce illicit trafficking of narcotic drugs, reducing the impact of drug abuse, improving judicial response to drug trafficking as well as mobilising civic society against the illicit drug culture. Further the evaluation findings are also intended to contribute to the strengthening of the monitoring and evaluation system so as to support results-based management of the project.** The inclusion in the evaluation process of a number of stakeholders is designed to reinforce the partnership among UNODC, recipient and donor governments, and civil society to achieve common goals.

### **Scope of the Evaluation**

**The evaluation will cover and analyse the following key components and processes:**

1. The effectiveness of the project design, strategy and approach applied to attain the project objectives **as well as the appropriateness of such a strategy and approach as vehicles for anti-corruption;**
2. The scope and strategy of the project in relation to the magnitude of the problem;
3. **The attainment/achievement of the project objectives as outlined in the project document**
4. The results achieved by the project, in particular the outputs, outcomes and impact, in relation to the explicit or implicit objectives of the project;

5. The extent to which the project has contributed to the improvement of interdiction capacities to combat illicit drug trafficking in Iran;
6. The complementarity and synergies of NOROUZ Programme with other projects implemented by UNODC in the country and region;
7. The inter-relation and complementarity of the project with other activities of the Governments, as well as with assistance from bilateral donors;
8. The relevance of the main objectives of the project when considering developments of the drug problem in the country, including the impact determined by developments in Afghanistan.
9. The sustainability of project results;
10. Unintended impacts of the project, both positive and negative.
11. The **appropriateness of institutional arrangements** and effectiveness of programme management, as well as quality and timeliness of monitoring and backstopping of the project by all parties concerned.
12. The roles and responsibilities of the various parties: relevant government authorities; donor countries; UNODC; UNOPS; other parties.
13. The identification of specific areas of good practice.
14. **The evaluation should identify lessons learnt both of a technical and substantive nature that can be applicable to other projects and which are of importance to international drug control.**
15. **Finally, the evaluation will make recommendations as appropriate and these must be based on the findings.**

### **Evaluation Methodology**

The evaluation of the project is being conducted as part of a cluster evaluation and will be based on the following:

1. The study of relevant documents (project reports; reports of missions by UNODC; reports produced by outside experts; statistics on drug seizures, etc.);
2. Initial briefing **and interviews with key** responsible UNODC staff in Vienna, in the UNODC Iran;
3. Interviews with national officials, the Secretary General of Drug Control HQs of Iran, Heads of relevant Project Review Committees, experts and other knowledgeable parties;
4. One or more round-table discussions with project staff, national officials and other concerned parties, including relevant UN agency

representatives;

5. A strategic analysis of the effects and impact of the Governments activities in the field of drug control and of UNODC assistance;
6. An assessment of the Governments achievements in terms of investigative and operational capacities through focused interviews and analysis of data and trends activities.
7. **Field observations and rapid appraisal by the evaluators during field visits.**

Upon completion of the fact-finding and analysis phase, a draft evaluation report will be prepared. The draft should be circulated among the parties for comments. The evaluator **will incorporate comments as appropriate when** producing the final report, for which he/she will be **solely** responsible **for**.

### **Composition Of The Evaluation Mission**

A team of four independent experts shall conduct the evaluation. The experts shall act independently in their individual capacities, and not as representatives of the government or organization, which appointed them. UNODC and the Secretary of Drug Control Headquarters shall appoint one of the four experts as leader of the evaluation team. Interested donors to the project may provide experts to participate in the evaluation exercise. All costs for experts appointed by donors will be borne by the donor government directly. The report will be prepared by the team, under the leadership of the evaluation team leader **and under the guidance of the Evaluation Section**.

The team of evaluators would be formed by experts endowed with the following qualifications:

- International drug law enforcement experience at a senior level (one expert);
- International drug demand reduction expert at a senior level (one expert);
- International legal experience in narcotic matter at a senior level (one expert);
- Experience in conducting independent evaluations (one expert) **Team Leader;**
- Familiarity with the drug control situation in the South West Asia in general and Iran in particular (possibly all experts);
- Knowledge of bilateral/multilateral technical cooperation, particularly in illicit drug supply and demand reduction, border control (possibly all experts).

### **Briefing, Consultations And Administrative Support**

The evaluation team **will** be briefed and debriefed on the project by UNODC HQs and the field office in Tehran. UNODC Iran elaborate and make available to the evaluation team an up-to-date status of the project. The UNODC Representative for Iran

**and** his staff will also provide necessary substantive and administrative support.

Although the evaluation team should be free to discuss all matters relevant to its assignment with the authorities concerned, it is not authorized to make any commitment on behalf of UNODC or the Government.

### **Evaluation Report And Follow-Up**

The evaluation team will submit to and discuss its report with UNODC Headquarters, the Secretariat of Drug Control Headquarters and UNODC Iran. The report will contain the findings, conclusions and recommendations of the evaluation team as well as a recording of the lessons learned during project implementation.

The evaluation team, while considering the comments provided on the draft, **will** use its independent judgment in preparing the final report.

The final report should be submitted to UNODC no later than four weeks after completion of the mission. The report should be no longer than 25 pages, excluding annexes and the executive summary. The report will be distributed by UNODC as required to the governmental authorities and respective donors.

### **Timetable**

The timetable of the evaluation mission is as follows:

- 15 working days in the field (including 2 working day briefing session in UNODC Vienna HQS);
- 5 working days for the preparation to the field mission
- 10 working days for the drafting writing of the final evaluation report .