7 *The Art of Managing Disorder*

I call the camp if someone calls me!

Police Officer in Arak, September 2014.

Introduction

One hot morning of early September 2014, Tehran's University of Medical Sciences hosted the Eighth International Congress on Addiction Science. The venue was that of important scholarly events – the Razi (Rhazes) Conference Hall – located near the symbol of modern Tehran, the Milad Tower. A lively movement of people, mostly young students, male and female, animated the premises of the building, where the registration procedures and distribution of materials of various kinds, including breakfast, was taking place. One could tell, *prima facie*, that the schedule was expected to be dictated by some high-ranking, prominent participation, particularly among government officials.

The conference, an attendant involved in the organisation revealed to me, was meant to be 'a new start' for Iran's drug policy and the academic community, especially in its engagement with its Western counterparts. The conference panels narrated the underlying dynamics within the policy community, in the wake of the eclipse of the post-reformist government. As such, the conference was a telling vignette of the features and apparent paradoxes of post-reformist drug policy.

At 8AM, I had successfully snuck into a panel on 'Women and Addiction', which occurred behind closed doors; if truth be told, I had to use my network in the UNODC to get access to the room where a female ministerial advisor did not want her statements to be reported publicly. The audience was almost entirely composed of women whose stricter type of *hijab* was telling of their employment

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post in state institutions. Despite the novelty of the issues debated in the panel, with off-the-records data being revealed, after the second presentation my attention drifted to a concomitant panel in Hall 3, titled 'Harm Reduction among Drug Users'.

Since this panel included influential officials in the policy community and well-known advocates of harm reduction, it seemed a (political) manifestation not to be missed. I left the panel on Women and Addiction and moved to the opposite room where the panel on Harm Reduction was taking place. On this panel were prominent members of the policy community from different ministries and the DCHQ, plus a number of high-ranking officials in the audience. The presenters were Dr Ahmad Hajebi, Director of Mental Health Office at the Ministry of Health; Dr Mehdi Guya, Director of the Centre of Infectious Diseases at the Ministry of Health; and Farid Barrati-Sadeh, Director of Treatment at the DCHQ.

Despite the friendly tone of the exchanges, one could sense the latent animosity between the participants. As the panel contemplated a Q&A session, the comments remained mostly cursory, provocative and colourful. But the last speaker, Farid Barrati-Sadeh, an outspoken official with regular presence in the media, opted to use the time allocated for his presentation in order to, as he said, 'clarify and point out some of the contradictions in the exposition of our friends'. From the very outset of his presentation, the speaker remarked that the current implementation of drug laws was not only haphazard and fragmentary, but also contradictory in itself. This, he argued, was due to the lack of interest of his 'friends' in the Ministry of Health, who were 'unwilling to engage with harm reduction and keep on criticising the *setad* [i.e. DCHQ] for every problem in this country'. Raising the tone of his voice, he accused the other speakers who preceded him, Dr Mehdi Guya and Dr Ahmad Hajebi, 'of refusing to adopt new protocols for the new treatment camps under the 2010 law', a law approved by the 'organs of the Islamic Republic and has the authoritative support of the Leader of the Revolution', that is to say Ayatollah Khamenei. Comments of disapproval could be heard from the front line of the conference hall, where the other speakers sat. The presentation of the DCHQ official extended in a *quid pro quo* with the other speakers, with mutual accusations of incoherence, hypocrisy and managerial unwillingness/incapacity. It then terminated when Minoo Mohraz, Iran's internationally prominent HIV/AIDS scholar, intervened on the

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panel floor, taking the microphone away from one of the speakers and, with severity, reprimanding all the panellists about their rowdy behaviour and 'their inconclusive messiness'.[1] She then remarked that

> as a person who is not *ejrai* [executive, i.e. a public official] – I am a scientist [*adam-e 'elmi*] – I have duties towards the people, whatever you want to say and discuss about, I ask you to sit together and discuss. People cannot bear this anymore . . . I ask you to solve this and to support harm reduction; . . . use the budget to promote useful programmes, not to establish compulsory treatment camps [*kamp-e darman-e ejbari*].

For an external viewer, the contest might appear one centred around budgetary allocations between different state institutions entrusted with harm-reduction duties. It soon became explicit, however, that budgetary discussions were only a side note on the more equivocal and vexed page of 'compulsory treatment' and the 'camps' in general.

The 2010 Drug Law Reform

The roots of the diatribe among the panellists went back to the text of the 2010 drug law reform. This reform, approved after long and complex negotiations within the Expediency Council, emblematised the developments with regard to drug (ab)use under the presidency of Mahmud Ahmadinejad. The conference debates, although taking place after the demise of Ahmadinejad, actually concentrated on the experiences of the last government. In a way, the debate itself was taking place so overtly – and loudly – because of the political change represented by the election of Hassan Rouhani in 2014, which had resulted in a lost grip on the institutional line of command within the policymaking institutions. Criticism was accordingly welcomed as a sign of renewal, even when the people in charge at a bureaucratic level remained, largely, the same.

The 2010 law reform materialised the inherent idiosyncrasies of the politics of drugs in the twenty-first century. The law itself provides a localised example of the paradigm of government with regard to the crises that the post-reformist governments had faced. Post-reformism reflects the scenario left by the demise of governmental reformism following Khatami's last presidential term and its unsuccessful efforts

[1] For a brief biography, see under Dramatis Personae in the Bibliography.

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at triggering political reform. Under the umbrella of post-reformism, I indicate those attempts at governance which fall short of calling overt reforms, but which produce diffused changes within political practice. It encompasses ideologically strong administrations calling for a revolution in government while instilling a grassroots form of management of social and political conflicts (i.e. Ahmadinejad); as well as centrist, business-oriented administrations pledging moderate, slow and timidly progressive civic change (i.e. Rouhani).

The year 2010 was momentous in formulating a new approach, called post-reformism, regarding illicit drugs. Discussions of the new anti-narcotic laws were ongoing and, as the country had already built the infrastructure for large-scale interventions, the new political formula had the potential to be ground-breaking. Instead, the text of the 2010 reform of the anti-narcotic law reproduced the multiple ambiguities of harm reduction (and public policy generally) in Iran, the law itself becoming the contested ground between different governmentalities towards what was defined 'addiction', as partly manifested in the diatribe reported at the beginning of this Chapter. It was an oxymoronic law producing oxymoronic governance.

Apart from updating the list of narcotic drugs with the insertion of new synthetic, industrial drugs, notably *shisheh*, the key changes in the new texts concerned Article 15 and Article 16.

Abstract from the 2010 Drug Law Reform

Article 15 – The addict is required to refer to legitimate state [*dowlati*], non-state [*gheyr-e dowlati*], or private [*khosusi*] centres, or to treatment and harm reduction grassroots organisations [*sazman-ha-ye mardom-nahad*], so to apply to addiction recovery. The addict who enrols in one of the above-mentioned centres for his/her treatment and has obtained an identification [*gavahi*] of treatment and harm reduction, as long as he/she does not publicly manifest addiction [*tajahor be e'tyad*], is *suspended* [*mo'af*] from criminal sanctions. The addict, who does not seek treatment of addiction, is a criminal.

Note 2 – The Ministry of Welfare and Social Security is responsible … to cover the entire expenses of addiction treatment of destitute [*bi-beza'at*] addicts. The government is required to include this in the yearly sections of the budget, and to secure the necessary financial credits.

Article 16 – Addicts to narcotic drugs and psychoactive substances, included in Articles 4 and 8, who do not have the identification mentioned in Article

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15 and who are overtly addicted, must be maintained, according to the decision of the judicial authority, for a period of one to three months in a state centre licenced with treatment and harm reduction. The extension of the maintenance period is permitted for a further three months. According to the report of the mentioned centre and based on the opinion of the judicial authority, if the addict is ready to continue treatment according to Article 15, he/she is permitted to do so according to the aforementioned article.

Note 2 – The judicial authority, for one time, can suspend the sanction against the addict for a six-month period, given appropriate guarantees and the allocation of an identification document mentioned in Article 15, and can refer the addict to a centre as enunciated in this aforementioned article. The aforementioned centres are responsible to send a monthly report on the trend of treatment of the addict to the judicial authority, or to his representative . . .

Note 3 – Those contravening the duties enunciated in Note 2 of this article can be condemned to incarceration from one day to six months.[2]

Several issues emerge from analysing these two articles. First, the 2010 reformed law legitimised harm-reduction practices applied since the early 2000s, including them in an institutional legal order. The law explicitly mentions the legitimacy of 'harm reduction', although it does not specify what falls under this label. Second, the law institutes centres for the implementation of harm reduction; these centres, it is spelled out, include both state centres and private clinics, as well as charitable and grassroots organisations. In other words, Article 15 of the 2010 law legitimises those agents already active in the field of drug (ab)use, explicating their social role with regard to addiction. It enshrines their function according to what I define in the Chapter 8, the governmentalisation of addiction. More crucially, the 2010 law establishes a distinction between those drug (ab)users who are willing to seek treatment and refer to a recognised institution (e.g. clinic, camp), as contemplated in Article 15, and those who do not seek treatment, who therefore become subject to Article 16. This has two main effects: on the one hand, the new law protects registered addicts since it provides them an identification card, allowing them to carry limited quantities of methadone with them – in the case of MMT patients – or to seek harm reduction treatment – in the guise of clean syringes and

[2] 'Text of the 2010 drug law reform', retrieved from www.1vakil.com/component/content/article/29–1389-05–29-12–10-49/104–89.html. Emphasis added.

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needles – without the risk of police arrest. On the other hand, those addicts who do not register for treatment in a recognised institution, are still liable of a crime – the everlasting crime of addiction – and could be forcibly sent to state-run compulsory camps (*kamp-e maddeh-ye 16*). Their crime is that of being intoxicated in a visible manner, publicly (*tajahor*).

Concomitant to the new law, governance of drug consumers adopted new analytical frames, which follow the logic of what I define oxymoronic governance. Drug (ab)users were now described and treated as 'patient criminal [*mojrem-e bimar*]' who, if not under treatment, 'will be object a court ruling on compulsory treatment, to which the police will enforce a police-based treatment [*darman-e polis-madar*]'.[3] What was formerly a criminal – and perhaps the emblem of a criminal – the 'addict', is now a patient whose crime resides in his condition, his dependency to an illegal substance. This new subjectivity is the object of institutional care, not through the expertise of medical professionals alone, as would be for other patient types, and not through the whip of policemen, as would occur for simple criminals. Dealing with the drug (ab)user produces a new figure within state law and order, that of the therapeutic police, a force which treats disorder of an ambivalent kind. This enmeshment of criminalisation and medicalisation provides a cursory glance at the new governmentality under post-reformism. By adopting a medical lens, through a law-and-order approach, the therapeutic police is where policing encounters addiction. Its means are, from a practical point of view, in continuity with orthodox policing. 'Quarantine', used during the 1980s, came back into vogue when officials addressed the need to isolate risky groups, such as IDUs and HIV-positive individuals.[4] Quarantine, a quintessential medical practice with mandatory enforcement, was not a metaphorical hint, but an actual practical disposition. Police and medicine needed cooperation, at close range, on the matter of drugs. This new mode of intervention was rooted in the framing of the addict as a *mojrem-e bimar*, a 'patient-criminal', who needed to be countered by a 'therapeutic police'.

In line with the post-reformist vision based on the 'therapeutic police' and governmentalisation of addiction, the new law contemplated direct intervention in tackling addiction, by forcing into

[3] *Iran*, May 12, 2007. Emphasis added. [4] *Hamshahri*, May 1, 2007.

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treatment those who were reluctant, or unable, to do so. If, at the level of political discourse, the new drug law was characterised by the concomitance of insoluble traits (i.e. assistance and punishment), it did not mean that its practical effects were totally unintended. While addiction was publicly recognised as a 'disease' and medical interventions were legitimated nationwide through public and private clinics, the figure of the drug (ab)user remained inherently deviant and stigmatised among the official state cadre, especially when connoted with the disorderly – and dysfunctional – features of poverty and social marginalisation. The law intended to *manage disorder* instead of bring about order; to *govern crisis* instead of re-establishing normalcy, whatever the content of the latter proved to be.

The provisions of the law seem to respond, among other things, to the necessities dictated by the expanding crisis of *shisheh* in the public space as described in Chapter 6. Public officials during the late 2000s seemed to agree that people abusing methamphetamines could not be cured, or that a cure for them was either unavailable or too expensive to be provided on a large scale.[5] This persuaded cadres of the state to seek mechanisms of intervention that were not necessarily coherent with each other, but which, from a public authority perspective, responded to the imperatives of public order. In other words, they adopted an oxymoronic form of politics, the adoption of otherwise incompatible means.

The text of Article 16 stresses the need to intervene against 'those addicted publicly'. It envisions public intervention *vis-à-vis* the manifest effects of drug use, materialised by disorderly presence in the streets, noisy gatherings of drug users, vagrancy and mendicancy.[6] This interpretation of the *shisheh* 'crisis' was rooted on a law enforcement model, updated with a new medical persuasion – that of the incurability of *shisheh* addiction.[7] Since methadone substitution programmes and classical harm-reduction practices (i.e. needle exchange) were inadequate to respond to the treatment of *shisheh* users, the state resorted to a practice of isolation and confinement, this time, however, not through incarceration in state prisons. Instead, it gave birth to a new model, that of the compulsory state-run camps, a paradigm of

[5] Interview with Tahernokhost, September 2012; and Razzaghi, September 2012.
[6] Based on my ethnographic observations, it is usually recycling of garbage and informal economic exchanges, *sensu lato*. See Ghiabi, 'Under the Bridge'.
[7] Interview with Razzaghi, Tehran, September 2012.

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government of the drug crisis that exemplified, *in nuce*, the post-reformist govern*mentality* on crisis.

Therapeutic Police: Compulsory Treatment Camps

Part of the diatribe portrayed in the conference vignette opening this chapter reflected the opposing views existing on the role of the therapeutic police and the status of compulsory treatment camps. Since the implementation of the 2010 reform – but to a minor degree since Ahmadinejad's election in 2005 – the state regularly intervened to collect homeless drug users and confine them to compulsory camps, much to the astonishment of those who had worked towards the legitimation of harm reduction.[8] In reality, part of the medical community and NGO sector – notably the NGO *Rebirth* (*Tavalod-e Dobareh*) – had supported the text of the 2010 law on the basis that it recognised the legitimacy of treatment and harm reduction, as a prelude towards decriminalisation of addiction. Compulsory treatment camps, supporters of the 2010 law argued, were the necessary venue to medicalise addiction among those who could not be persuaded to seek treatment. It would be, they added, *the safest and fastest way to introduce the addict into the cycle of treatment*, facilitating recovery.[9] Yet, therapeutic policing relied on a system which paid little attention to recovery. Centres managed by law enforcers often unveiled situations of degradation and abuse, which prompted several officials to publicly express their opposition to this model, on the grounds that it neither brought results, nor offered humanitarian support.[10]

Operating since the late 2000s, compulsory treatment camps have been active in sixteen regions. Although the media and officials refer to them as 'camps', the official name for them, hitherto, has been *ordugah*, which translates in English as 'military camp'. One official lambasted the use of this term as 'unappreciative' of the government's effort to treat drug addicts.[11] The origins of this institutional model can be

[8] These operations are usually called *nejat*, 'salvation' and, prior to 2010, they contemplated incarceration for short periods and physical punishment for the arrested (lashes).

[9] *Mehr*, September 26, 2012, retrieved from www.mehrnews.com/news/1608510/.

[10] The reason for this degradation of standards in state-run camps can putatively be identified in the mismanagement of funds and the lack of interest in establishing well-functioning infrastructures.

[11] *IRNA*, July 21, 2011.

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traced back to the early years of the Ahmadinejad government.[12] Their purpose, however, became antithetical to the original idea. In 2007, the new head of the DCHQ, C-in-C Ahmadi-Moghaddam, already announced that 'the addict must be considered a patient-criminal [*mo'tad-e mojrem*] who, if he is not under treatment, the court will rule for him compulsory treatment [*darman-e ejbari*] and the police will be the executor of a police-based treatment'. He then added, 'we have to build maintenance camps [*ordugah-e negahdari*]; the NAJA has already built camps for the homeless and vagrants, which in the opinion of treatment officials can be used as maintenance camps for addicts for a certain period'.[13] This announcement is an *ante tempore* elucidation of the 2010 law model. It coincided with the appointment of the head of the police as director of the DCHQ. The fact that, genealogically, the compulsory treatment camps were formerly camps for the internment of vagrants and homeless people, unveiled the primary concern of the state regarding the management of public order.[14]

Much like the 1980s, the officials adopted a language that underlined the need to 'quarantine' problematic drug (ab)users.[15] Yet, this rhetoric did not prelude to a return to past forms of intervention; the post-reformist 'quarantine' envisaged the presence and 'supervision of doctors, psychologists, psychiatrists and infection experts as well as social workers' and the referral, after the period of mandatory treatment, to 'the non-state sector, NGOs and treatment camps'.[16] The rationale, it was argued, was to introduce so-called dangerous addicts and risky groups into the cycle of treatment, the first of which was managed by the state, through the therapeutic police, while afterwards it was outsourced to non-state agents, through charities, NGOs and civil society organisations.

The government made large budgetary allocations to the NAJA in furtherance of the construction of compulsory camps. In 2011, 81 billion *tuman* (equivalent to ca. USD 8 million), were allocated to

[12] Their genealogical root, beyond Iran's borders, is the therapeutic model envisaged by Italian psychiatrist Franco Basaglia in the 1960s and 70s for the closure of mental asylums. John Foot, *La 'Republica dei matti': Franco Basaglia e la psichiatria radicale in Italia 1961–1978* (Feltrinelli, 2015), chapter 7.

[13] *Iran*, May 12, 2007.

[14] A similarity that is reminiscent of the 1980s approach; see Ghiabi, 'Drugs and Revolution'.

[15] *Hamshahri*, April 30, 2008. [16] Ibid.

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the Ministry of Interior, to build a major compulsory treatment camp in Fashapuyieh, in the southern area of the capital.[17] This first camp was designed to inter around 4,000 addicts in the first phase (with no clear criteria of inclusion), with the number going up to 40,000 once the entire camp had been completed.[18] Other camps were expected to be operating in major regions, including Khorasan, Markazi, Fars and Mazandaran.[19] A gargantuan project resulted from the implementation of Article 16 of the 2010 law. The deputy director of the DCHQ, Tah Taheri, announced that 'about 250,000 people needed to be sent to the compulsory treatment camps by the end of the year' as part of the governmental effort to curb the new dynamics of addiction.[20] The ambitious plan had the objective of unburdening the prison organisation from the mounting number of drug offenders, a move likely to also benefit the finances of the Judiciary and the NAJA, always overwhelmed by drug dossiers and structurally incapable of proceeding with the drug files.

The nature of the compulsory treatment camps resembled more that of the prison than anything else. Legislation on illicit drugs mandated the separation of drug-related criminals from the rest of the prison population. Authorities failed to implement the plan on a large scale, leaving the prisons filled with drug offenders.[21] Up to 2010, the prison population had increased to 250,000 inmates, a number that, given the state's commitment *not to incarcerate drug addicts*, was symptomatic of an underlying duplicity, or ambivalence, in state intervention.[22] Mostafa Purmohammadi, a prominent prosecutor, identified 'addicted prisoners' as one of the main concerns of the prisons and he advised the implementation of mandatory treatment camps to alleviate the dangers and troubles of the prison system.[23] Consequently, for the first time in many decades, the prison population decreased by some 40,000 people in 2012, reaching the still cumbersome number of 210,000 inmates. This datum, heralded as evidence of success by the post-reformist

[17] After 2009, incidentally, the head of the DCHQ was Mostafa Najjar, then Ministry of Interior.

[18] *Jam-e Jam*, February 28, 2011, retrieved from www1.jamejamonline.ir/paper text.aspx?newsnum=100836959206.

[19] Ibid. [20] *Jam-e Jam*, May 16, 2011. [21] *Salamat News*, May 8, 2012.

[22] *Tabnak*, February 8, 2013, retrieved from www.tabnak.ir/fa/news/301709.

[23] Purmohammadi was Minister of Interior between 2005 and 2008, as well as Minister of Justice in Rouhani's first government since 2013. *Ruzegar-e Ma*, August 27, 2011.

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government, could be actually traced back to the introduction, on a massive scale, of the compulsory camps for drug (ab)users, managed by the therapeutic police. The actual population confined in state institutions for charges of criminal behaviour (including public addiction), had actually mounted to almost double the size of prisons prior to the 2010s.

Since the establishment of the Islamic Republic, the overall number of prisoners had increased by six times, and the number of those incarcerated for drug-related charges by fourteen times, with one in three court cases allegedly being drug-related in 2009.[24] If, during the reformist period, the introduction of harm reduction had been prompted, among other things, by the HIV epidemic in prisons, the post-reformist government under Ahmadinejad reacted with outrage against the waste of money that the incarceration of drug offenders represented. An official from the Prison Organisation in 2010 outlined that 'the maintenance of every prisoner costs 3,000 *tuman* per day ... which is equivalent to a waste of public capital of around 450,000,000 *tuman* per day'.[25] Researchers from state institutions demonstrated that treating drug (ab)users would cost an average of fifteen times less than incarcerating them. In view of the ratio of drug (ab)users in prison – an astonishing 70 per cent – the creation of the compulsory treatment camps provided an alternative device for the management of a costly population.[26] The head of the Judiciary, Ayatollah Sadeq Ardeshir Amoli Larijani, leading member of the conservative faction and brother to the Parliament speaker Ali Larijani, echoed these results, asking for a swift re-settling of 'addicted prisoners' in the compulsory camps for the sake of treatment. Compulsory camps, rather than being under the supervision of the Prison Organisation, are managed by the DCHQ.[27]

Out of the conviction that the drug (ab)user population would be relegated to the camps, the Ahmadinejad government suspended the needle exchange programmes in prisons, affirming that 'the situation [of HIV/AIDS] was under control'.[28] The assumption among officials

[24] *Hamshahri*, January 22, 2009.
[25] *Jam-e Jam*, April 11, 2010. The equivalent of ca. USD 150,000 per day.
[26] *Hamshahri*, April 30, 2009. *Sharq*, August 8, 2010.
[27] *Aftab News*, June 16, 2011, retrieved from http://aftabnews.ir/prtb89b8wrh b5fp.uiur.html.
[28] *Hamshahri*, November 1, 2009.

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became that since drug (ab)users are now referred to compulsory camps, needle exchange has become irrelevant in prisons. At the same time, the government proceeded towards a significant expansion of methadone treatment, bringing more than 40,000 prisoners under treatment by 2014. Methadone, in this regard, represented an acceptable solution, as it was produced domestically, it was readily available through private and public clinics and, last but not least, facilitated greatly – by virtue of its pharmacological effects – the management of unruly subjects, such as drug users, in the problematic contexts of prisons.[29] In the account of several former drug offenders in prison, the authorities tended to encourage methadone treatment with high doses, without much scrutiny of either the side effects of excessive methadone use, or the internal economy of methadone within the prison.[30]

Inspired by the relative success of its methadone programmes (in prisons, as much as outside), the DCHQ agreed to pilot methadone treatment programmes inside some of the compulsory treatment camps supervised by the NAJA. This, it seems, was identified as a productive way to introduce the highest number of drug addicts into the cycle of treatment, via less harmful drugs such as methadone. By familiarising arrested drug (ab)users to methadone, the authorities sought to maintain them off, allegedly more dangerous drugs, such as heroin. But because the number of methamphetamine users had increased significantly, methadone proved ineffective, and the authorities sought alternatives in the model of the compulsory camps. Based on forced detoxification, these camps treated all drug (ab)use without distinction. Shafaq camp embodied the new model of treatment of drug (ab)use.

In 2010, the government inaugurated the mandatory treatment camp of Shafaq in the village of Shurabad, south of Tehran. The location of this centre sounded familiar to those acquainted with Iran's history of drugs: during the 1980s, Shurabad had been one of the major collective rehabilitation centres for drug (ab)users, one that was often given focus in media reports. In the 1990s, it was transformed into a female prison, before eventually being abandoned. Its revivification synchronised well

[29] In the context of the prison, an addict in need of heroin, crack or opium would reasonably accept the distribution of methadone in order to avoid withdrawal symptoms. *Naloxone*, the 'anti-overdose' medication is legal but not distributed in prison as part of the harm reduction programmes.

[30] Ethnographic notes in Arak with drug (ab)users in a camp, April 2014.

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with the post-reformist government's call to bring back the revolutionary principles of the Islamic Revolution, in the spirit of Sadegh Khalkhali and his onslaught against drugs. However, the Shafaq centre did not resemble the old, obsolete structure of the 1980s. It was rebuilt with the objective of instituting a model for other compulsory camps as well as for other non-state rehab camps.

The target population of this camp consisted of marginal drug (ab) users, a fluid category made of poor or pauperised homeless or with instable housing, people visiting or living around the *patoqs* in Tehran. Shafaq's management was initially entrusted to retired Colonel Khalil Hariri, a leading commander of Anti-Narcotic Police who had been stationed in the Sistan and Baluchistan region for nine years with the primary duty of fighting drug traffickers.[31] His appointment revealed the government's priorities on treatment: a top security official in anti-narcotics acting as director of an addiction treatment centre. In Shafaq, the government allocated ca. 100,000 tuman (ca. USD 8) per treated addict, which officials said would cover the employment of medical and social cadres to supervise recovery, which they expected to last for a three-month period.[32]

The camp of Shafaq operated from early 2010 to late 2012, when a huge scandal broke out bringing its closure. Fifty-three people, rounded up by the police because of their status as 'public addicts', had died of chronic dysentery after having spent a few weeks in the camp. Media reported the deaths and several journalists managed to contact people who had previously been inside the camp, unearthing dramatic accounts. The picture that emerged from the reports was gruesome: a single silo with no windows, composed of fourteen rooms on two lines, each occupying fifty beds, with no heating system installed, inadequate sanitary services and insufficient alimentary provisions, the centre soon became the symbol of the state's inhumane treatment of drug (ab)users.[33]

Overcrowded rooms and the lack of medical personnel added to the ordinary accounts of beatings, mistreatment and abuse by the personnel, including physical violence against elderly individuals.[34] The use of

[31] *Hamshahri*, April 5, 2010, retrieved from http://hamshahrionline.ir/details/104358/Society/vulnerabilities.
[32] *Keyhan*, June 13, 2011. Heavy currency fluctuation over this period.
[33] Interviews with drug users who were confined in the camp or had friends confined there; Tehran, September 2013 and March 2014.
[34] *Tabnak*, December 25, 2013, retrieved from www.tabnak.ir/fa/news/366881.

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cages, bars and handcuffs, constant police surveillance, disciplining rules and physical violence exposed, on the one hand, the contrast with the humanitarian and medicalised precepts of harm reduction (Article 15) and, on the other hand, embodied a coercive and securitising strategy based on the management of the margins, perceived as disorderly and chaotic. Dozens of people I encountered in the drug-using hotspots – the *patoq* – mentioned their experience, or that of their cohorts, in the camp, remarking, not without some pride, the fact they were still alive despite what they had gone through.[35] Whether their accounts were effectively experienced or empathically imagined, scarcely mattered. In fact, the narratives of Shafaq established a shocking precedent among the population of homeless, pauperised drug (ab)users, which delegitimised governmental interventions on the *problematique* of addiction, while unwrapping the inconsistencies behind the state's framing of 'addiction' as a medical problem.

Even the work of harm reduction organisations, which had stepped up in supporting the needs of homeless drug users, was negatively affected by the public outcry against Shafaq. Social workers operating in the *patoq*s had to reassure the drug-user community of their non-involvement in 'compulsory camps'. In several *patoqs*, the outreach programmes had to be stopped because of the threat of violence by the *patoq*'s thugs [*gardan-koloft*, literally 'thick-necks'], who feared that strategic information was gathered by the NGOs and sent to the police (an allegation that had some factual evidence, in fact). One man from the Farahzad *Chehel pelleh* (literally '40-steps') *patoq* explained me that 'Shafaq is a place that even the bottom line people [*tah-e khatti-ha*] cannot bear! And these guys [indicating the outreach team], we don't trust them, one day they give us syringes, the other day they stare at us when the police comes and brings us to hell!' Anathema of the homeless drug-using community in Tehran, a young interlocutor of mine would use the metaphor of *barzakh* to describe Shafaq: the Islamic purgatory, or limbo, whereby one could spend the eternity before the judgement at the end of times.[36] Intellectually, this image connected with the theological, eschatological meaning of 'crisis' as

[35] Ethnographic notes in the Farahzad *patoq*, Tehran, March–April 2014.
[36] Interview with Hamid, former street addict now active in an NGO, Tehran, April 2014.

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the moment of the ultimate judgment, the moment that decisions take shape regardless of established conventions.

Beside Shafaq, the compulsory treatment camps became sites of risk themselves, with the spread of HIV and other venereal diseases being reported on a number of occasions. For instance, Majid Rezazadeh, the Welfare Organisation's head of prevention, recounted that 'a budget for harm reduction is allocated to the compulsory camps, but these [camps] are not only unsuccessful in decreasing the rate of addiction, but they have become actual locations for the spread of the virus of AIDS in the country'.[37] Indeed, the debate about the status of these camps proceeded up to the post-Ahmadinejad period. One of the conference presenters mentioned earlier in this chapter, Ahmad Hajebi, invited the DCHQ, to pledge publicly to the definitive closure of the compulsory treatment camps, because 'they are not places for human beings'.[38]

Nonetheless, compulsory camps have been part of the political economy of addiction in the Islamic Republic: the police identified this model as an easy source of governmental funds, based on a regulation that ensured state bonuses to the NAJA for every drug offender referred to state-run camps. By collecting homeless drug users from across the cities' hotspots on a regular basis, the police benefit from a substantial financial flow, justified by the expenses that it putatively incurs managing the camps. Given that most of the state-run camps are known for their Spartan and down-to-earth conditions, it is implied that considerable amounts of money are filling the coffers of the NAJA through addiction recovery subsidies. This also implies that the NAJA has a stake in the continuation *and* proliferation of the activities of the compulsory camps.[39] Although incidental to the case of compulsory camps, the rumours and accusations about the expensive cars and unchecked revenues of police officials might be a collateral effect of the compulsory camp model.[40] According to a member of the DCHQ, the municipality of Tehran spends around 400 million *tuman* per month on taking care of the city's addicts, or rather for the provision

[37] *Jam-e Jam*, December 1, 2011. [38] *Qatreh*, December 20, 2013.
[39] *Mardomsalari*, September 22, 2012.
[40] A number of interviewees referred to the fact that these camps are becoming a steady source of personal revenue for people, a fact, they all claimed, demonstrated by the luxury cars, watches, suits and other amenities that police officials, even lower-ranking ones, possessed. I could not verify these claims.

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of services to them.[41] Thus, the police becomes the ultimate power-broker in drug (ab)use, especially when higher numbers of arrests contribute to a boost in budgetary allocation.

The existence of the compulsory camp model testifies to the endurance of a securitisation approach, based on law enforcement techniques, which coexists with a medicalised and managerial approach to drug (ab)use.[42] But the camps, paradigmatically, embody a new mode of law enforcement – one that, instead of contesting harm reduction, uses its rhetoric for a new purpose. Security rather than humanitarian concerns govern this model foregrounded in a management of disorderly population – one could name them the 'downtrodden' to use Iran's revolutionary lexicology – through coercive mechanisms, while leaving drug (ab)users, from middle class backgrounds, unmolested.[43] While reports about Shafaq in the newspapers prompted a political reaction, bringing about the closure of the camp (and its reopening under a new management in 2014), other centres have continued to operate with similar modalities, even though with less outrageous conditions. In 2014, the director of *Rebirth* provocatively asked the authorities, 'to take the addicts to prisons' instead of the treatment camps, because at least as a prisoner the addict would have minimal support from medical and social workers.[44]

Private Recovery Camps

Private rehabilitation centres have been operating legally or informally since the mid 1980s, although their veritably extra-ordinary expansion can be traced back to the early 2000s and the new politico-medical atmosphere brought in by the reformists. In particular, the coming of

[41] *Tabnak*, December 30, 2013, retrieved from www.tabnak.ir/fa/news/366881. For the first time in decades, Rouhani's Minister of Interior, Abdol-Reza Rahmani-Fazli, acknowledged that drug money could have potentially affected political trends in Iran, including during elections and in the police forces; see *IRNA*, February 21, 2015, retrieved from www.irna.ir/fa/News/81514008/.

[42] Interview with Razzaghi, Tehran, September 2012.

[43] In the Islamist Koranic lexicon 'downtrodden', *mosta'zafin*, refers to the poorest section of society, antithesis of the arrogant, *mostakbarin*. The term was in vogue in the years preceding the 1979 Revolution, among Islamist Marxists and the Left, and then it was adopted in the official state ideology under Khomeini. By early 2010s, it was de facto abandoned in the state rhetoric.

[44] *Khabaronline*, May 11, 2015, retrieved from www.khabaronline.ir/detail/415509.

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age of the NGO *Rebirth* laid the ground for a mushrooming of charitable, private rehab centres, popularly known as *camps*. The word *camp* in Persian, rather than recalling the heinous reference to the Nazi concentration camps, hints at the *camp-e tabestani*, 'summer camps', 'holiday camps' that had become very much *à la mode* among middle-class Iranians in the 1990s.[45]

Born of the philosophy of *Narcotics Anonymous*, the equivalent of *Alcoholics Anonymous* for illicit drugs, and the idea of communitarian recovery, the camps are based on a detoxification process, usually based on twenty-one- to twenty-eight-day sessions, and on the self-management of daily duties by those interned.[46] As charitable institutions, they are under the supervision of the Welfare Organisation, but their most immediate relationship with the state is with the police. Regularly contacted by the police in order 'to accommodate' arrested drug users for rehab programmes whenever the state-run compulsory camps are overwhelmed, the camps operate on the frontier between public order and private service.[47] While people referred by the police to the compulsory camps are treated free of charge, those referred to the rehab camps are expected to pay the fees, at least partially. The camp owners admit that only in rare cases, they demand full amount and that they accept any monetary contribution the drug (ab)user, or his family, is capable of making. Most of the time, however, people referred to the private camps by the police refuse to pay and, *par consequence*, as a camp owner explained, 'addicts are arrested by the police on Monday, and released by us [the camp owners] on Tuesday, because they don't have money [to pay the fees]'.[48] This has triggered criticism of the police, especially in view of the 2010 law reform that puts emphasis on 'the judicial supervision of the arrest, treatment and release process', which would require a judicial dossier to be opened for every referral. The conservative newspaper *Keyhan* reminded the NAJA that 'the [private] camps have no right to maintain the addicts without a ruling of the Judiciary; similarly they cannot let the addict

[45] I am grateful to Fariba Adelkhah for pointing out this aspect.
[46] The average length of presence in these camps is hard to infer, but referrals generally tend to spend at least two sessions in the camps.
[47] Interview with camp managers, including in the village of Hasanabad (Arak) April 2014; Fatemiyyeh (Arak) July 2014, Shahr-e Ray, February 2014; Tehran, September 2015.
[48] Interview with camp manager, Hasanabad (Arak).

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leave the camp without approval of the judicial authorities'.[49] Both practices, as blatantly obvious from fieldwork observation, are the rule rather than the exception.

Despite the promise of monetary subsidies from the state, most of the camps exist within an economy of subsistence based on donations from local communities, recovered addicts, the mosques and a few governmental vouchers. However, the landscape of treatment camps includes also sophisticated examples, such as *Rebirth's* camps of Verdij and Lavisan. Both located geographically at the north-east and north-west of Tehran, these camps are a different model of recovery, one that drastically differs from that of Shafaq and other camps.[50] In reference to these camps, several interlocutors pointed out that these places are not *mardomi*, popular, in the sense that ordinary, working class citizens cannot access them. They have gained credit among wealthier strata of the populace seeking recovery. In 2014, the monthly fee for a twenty-one-day period of rehab in the centre was 6,875,000 *tuman* [ca. USD 170], an amount the popular classes can hardly afford, although demand for access to the centres has been steady. Media reports have called these camps – somehow advertising them – as 'a golden exile'.[51] Inside Verdij, in particular, there is a trendy coffeeshop, with a thrilling view of the forest; the people residing there can be identified as typical northern Tehranis. Some of them, it is reported by the NGO, spend up to a year in the centre, trying to find psychological tranquillity before going back to their lives.

With crippling sanctions hitting the economy in the early 2010s, however, popular classes have been unable to devote resources to sophisticated forms of treatment. Ordinary people opt for less costly options that promise better results than a twenty-one-day session in a camp. So, the panorama of private treatment camps is vast, with services that respond to middle class expectations as well as to the necessities of the popular classes. Accordingly, the conditions of the camps vary along with the costs of treatment, as for other health services.

[49] *Keyhan*, June 10, 2012.
[50] Northern Tehran is known for its cleaner and fresh air – as opposed to the polluted and arid villages of southern Tehran.
[51] *Iran*, February 21, 2009, retrieved from www.aftabir.com/news/view/2009/feb/21/c4c1235195499_social_psychopathology_addiction.php.

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Women in the Private Camps

Official statistics reported in newspapers in the last decade reveal that one in ten drug (ab)users in Iran is female.[52] Yet, there are also strong indications that a growing number of women are using *shisheh*, which would logically imply that the percentage of female users has increased in the last decade. Women represent only 5 per cent of all referrals to state institutions providing service for drug dependency, but a much higher presence is unveiled in formal and informal treatment camps.[53] The stigma for women is also more resilient and, in several cases, female treatment camps have been set on fire because they deemed these camps as immoral and a 'nest of sexual vice', the equivalent of a brothel in public parlance.[54]

In 2011, the government approved the construction of one compulsory treatment camp for female addicts, to be located in the Persian Gulf region of Hormozgan. The site would host a multifarious category whose common feature could be identified in relation to the street (and the moral order): runaway girls trapped in drug (ab)use, streetwalkers, sex workers, female mendicants and petty drug dealers and users. All these categories blur into each other, at least if one *sees like a state*.[55] The location itself indicated that the site of this camp had to be peripheral; south along the coast of Hormozgan, the camp would work half as an exile and half as a refuge from the public gaze. Hormozgan itself, however, had historically been characterised by heavy drug (ab)use, including among women, a fact that perhaps further justified the location of the camp there. The particularity of this project was also its joint-venture nature between the state and a private organisation expected to manage the centre, an exception both to the 2010 law and to the practice in other camps.[56] Given the sensitivity of a female treatment camp, the authorities partly disengaged from its routine administration and partly took advantage of the existing expertise and activism of NGOs dedicated to subaltern women's affairs. But a single female camp, located at the very periphery of Iran, could not comply with the necessities dictated by the expanding

[52] In a decade, the number of female drug 'addicts' has almost doubled, according to the DCHQ; see *Fararu*, August 2, 2016, retrieved from http://fararu.com/fa/news/283802/.

[53] *Hamshahri*, June 24, 2009. [54] *Sharq*, July 24, 2012.

[55] Scott, *Seeing like a State*.

[56] *Khabaronline*, June 10, 2011, retrieved from www.khabaronline.ir/print/156388/.

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shisheh use among women. This void had been already filled by the establishment of female treatment camps, managed by private individuals or charities. I shall refer to one of them to which I was given repeated access over the course of my fieldwork in 2014. The women's camp, situated in the city of Arak, operated under the charity organisation *Wings of Freedom*.[57]

Operating as a sister branch of a male treatment camp, the female camp could hardly be described as a camp. It was an apartment inside a four-storey building in a formerly middle-class area (mostly inhabited by public employees), today referred generally as *payin-shahr*, 'downtown' (in Persian, it indicates 'a popular periphery'). As I entered the gate of the apartment, I was greeted by a young woman in her twenties, who immediately mocked me because – in the scholarly enthusiasm of accessing a place otherwise forbidden to men and, even more, to male researchers – I had forgotten to take off my shoes, a gaffe which is indefensible in Iranian culture. The woman, Samira from Khorramabad, said, 'You people go abroad for two weeks and this is the result'; I nodded, as privately I agreed with her, and I proceeded inside, not without awkwardness.

The apartment had three rooms and a small kitchen, with a long corridor used by the women as a lounge to watch satellite TV (which is formally banned according to national laws). The room where I met the director, a woman in her late thirties, was imbued with a powerful smell of cigarettes, an indication that the women, while recovering, smoked heavily. I took out my *Bahman Kucik* (a popular brand of cigarettes) and offered them to my interlocutors, a move that instigated another amused reaction by everyone in the room. 'They do not smoke', glossed the director; as I stared at her, she realised that I had understood and elaborated, 'They cannot smoke *in front of you*, doctor!' I then lit my cigarette, apologised to my interlocutors and started the conversation.

The management of the camp can indeed be problematic. In the past, the director had been assaulted by an interned woman who had threatened her with a knife while trying to escape. After having regained control of the situation, the director reacted by beating the woman who had threatened her. The director was later condemned by a judge for her violent behaviour against the patient in the camp. The camp was

[57] The name has been changed to guarantee anonymity.

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shut down for few months, before obtaining another licence under her husband's organisation, which, I came to discover, is also a rehab camp for male drug (ab)users.[58] The director had access to several CCTV cameras in the apartment and she could watch the video on her laptop; she could also control the three rooms of 'the camp' from the desk of her office, or when she was at home, via an online application to which the CCTV camera were connected. 'In this way', she explained, 'I can check on the girls when I am not here'. She argued that the camp was self-managed by the women themselves, who cook, clean and take care of the daily management of the place. They have a friendly, intimate relationship, she held, and she would like the place to be as comfortable and welcoming as possible. The door at the entrance of the apartment, nonetheless, has to remain locked at all times when she is not in, 'otherwise the girls might run away and might go back to use drugs'. When I asked her what would happen if a person inside the apartment felt sick or needed urgent help, she justified it by saying that she could be reached at any time via mobile phone and that she checked on them regularly via the CCTV. She also relied on one of the women, Samira, who helped her doing the grocery shopping and kept an eye on the other women while she is away. Samira had been in the camp for one year and a half, since she was referred there by the women's Prison Organisation. She had spent time in prison on several occasions for *shisheh* possession, aggression, armed robbery and 'moral crimes' (euphemism for alleged sex work). Whether institutionalisation in this private camp had produced positive effects on her life is hard to say. Certainly, I and Samira herself had the perception that her existence was suspended and that, despite having stopped using drugs, addiction was still very much present in her life. In a way, nothing extraordinary: 'I do not smoke anymore' or 'I do not drink anymore' are part of the experience of people with a dependency, of the eternally 'recovering addict'.[59]

The fee for a twenty-one-day period is of 450,000 *tuman* (ca. USD 110). The people coming to the camp do not live in Arak, rather, they usually come from other cities, since they want to avoid being recognised by their communities. This small apartment had

[58] I later came to know that this story was also widely reported in the news. See *Sharq*, September 24, 2012.

[59] On this oxymoronic figure, see the 'detoxified addicted' in Deleuze, *Deux régimes*.

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two women from Khorramabad, a Kurdish woman from the Kermanshah region who did not speak Farsi, and another from northern Khuzestan. The police had sent three of the women as part of a compulsory treatment programme. Since there is just one compulsory camp for women – located approximately 120 km from Arak – the authorities rely on private camps to accommodate these women, in which case, they also pay the fees for their treatment. Generally, the director explains, the women referred by the police are more problematic, some manifesting serious health issues, while others have several criminal charges pending in their dossiers. It is not rare for these camps to refuse to take over people referred by the police, out of fear of health contagion or in order to preserve their reputation.

Most of the female treatment camps, naturally, operate at the margins of the city, or inside apartments in popular neighbourhoods, in order to pay lower rent and avoid being recognised as recovery camps. There is no overt indication outside as to the nature of the apartment and no explicit address is provided, and the referrals occur through the state line of enquiry – e.g. the police – or through informal connections. The female treatment camps operate along those margins in which state intervention is rendered more problematic by the sensibility of the gender issue, while popular resentment and stigma against them menaces their presence in public. The state, for that matter, is reticent to allocate sufficient licences for the female camps, out of concern that the mushrooming of these institutions – once they are formally recognised by the state – would stipulate a less ambiguous datum of female drug (ab)use, one which might refute the unchanging official version to which the government has hitherto pledged. In this way, it also secures flexibility in its cooperation with civil society.

This condition more evidently marks female drug (ab)users, but it does effect the phenomenon of treatment as a whole. It is no coincidence that, according to several surveys, 90 per cent of rehab camps, both male and female, are unlicensed, and operate in a starkly different environment than the examples of fancy treatment camps of Verdij and Lavisan in the North of Tehran. Indeed, to locate the political dimension of the camp, one has to investigate the phenomenon of the illicit treatment camps (*kamp-ha-ye gheyr-e mojaz*).

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Illegal Treatment: 'The Hand that Captures the Snake'

The phenomenon of camps suggests that these institutions, regardless of their public/private, legal/illegal status, exist on a continuum. It constitutes, *in toto*, a primary means of intervention – or mode of government – of addiction. It has become common knowledge – if not a joke! – that contemporary Iranian society offers a wide range of informal, illegal centres for the provision of services (e.g. retirement houses, pharmacies, education centres) and that, despite the government's repeated calls for their closure, these enterprises continue a lucrative existence.[60] But the sheer quantitative dimension of the illegal recovery camps – nine out ten rehab camps – signifies that this category effects more largely and, perhaps categorically, the phenomenon itself. Indeed, one could say that legal treatment camps are marginalia within the pages of addiction recovery and treatment.

Already in 2007, the government warned against the mushrooming of illegal treatment camps and gave an ultimatum of three months to all camp managers to register for a licence at the Welfare Organisation.[61] The DCHQ announced that 'by the end of the year, the problem of the camps will be solved', yet in 2014, the number of these institutions was higher than ever, with a veritable burgeoning across the country.[62] In Tehran alone, there were more than four hundred illegal camps, while in Isfahan, out of three hundred camps, only sixteen had a licence.[63] In the city of Arak, where I conducted part of the fieldwork, there were about fifty illegal camps, located in nearby villages, main routes or in private houses.[64] These camps, *prima facie*, provide treatment for underprivileged people, and their families. With the burden of economic sanctions trickling down to the popular strata, treatment in these institutions represented a more affordable and realistic solution. Given the rootedness of the illegal camps, officials in the DCHQ have started to change their approach, describing the camps as 'a positive sign, because it implies that many people in Iran seek treatment'.[65] The officials hold that, as the country's [official] treatment capacity

[60] See *Hamshahri*, May 4, 2008.
[61] *Hamshahri*, March 9, 2010. The Welfare Organisation has an ad hoc office for drug addiction, which issues these licences.
[62] Ibid. [63] Ibid. Interview with Tahernokhost, Tehran September 2012.
[64] Interview with Hasan Solhi, Arak, March 2014.
[65] *Jam-e Jam*, May 16, 2011.

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could not meet the demand for treatment, the camps are instrumental in this endeavour, even when they operate illegally.[66]

In the management of addiction, however, their role bypasses the logic of treatment and service provision. Hamid-Reza Tahernokhost, UNODC expert, defines the illegal camps as 'the hand that captures the snake [*dast-e mar-gir*]'.[67] In post-reformist governance, exclusively legal, bureaucratic or administrative means are insufficient and ineffective. To deal with crisis – and drug crisis – the state exploits the extra-legal function of the camps in areas from which the state itself had progressively disengaged, or has dissimulated its presence. In this regard, the illegal camps operate in a grey area, which qualify as Agamben's 'state of exception', as I elaborate later.

The workings of the illegal camps can be sketched thus: In a situation where someone acts violently and volatilely, usually under the influence of *shisheh*, the family of the subject usually opts for the intervention of the camps' personnel. This is regarded as a preferable option to the intervention of the police. By calling the illegal camp, the family avoids criminal charges, which could produce incarceration and time-consuming lawsuits, all of which cause greater economic burden to the family itself. Similarly, the intervention of the camp 'thugs' – the *gardan-koloft* – maintains a lower profile for the family than that of the police, which, especially in popular neighbourhoods, can cause rumours and *aberurizi* (reputation damage). Saving one's face remains a top priority for the family as much as for the individual drug user.[68]

The police, too, seems to support the illegal camp system and, at times, informs the personnel of the camps about the location of the complaint (*shekayat*). In this way, the camps take on the duties of the police (NAJA), with regard to drug (ab)use. A police officer confirms this informally during a conversation,

> I am really happy that these camps exist; if a family calls us, instead of sending a soldier or a policeman, we call one of the people from the camps. So, if someone gets beaten, that's the camp people, which also means that, if someone has to beat someone else, it's always the camp people [and not the police]. Instead of taking the addict here to the police station, where he might

[66] *Hamshahri*, January 25, 2010.

[67] *Dast-e margir*: a Persian expression indicating doing something dangerous – like capturing a snake – by using someone – a proxy.

[68] Ethnographic notes in popular, poor neighbourhoods of Shush, Dowlatabad in Tehran; and *Futbal, Cheshm-e Mushak* in Arak. See also *Jam-e Jam*, April 16, 2012.

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vomit, feel sick and make the entire place dirty, he goes to the camp. Instead of coming here to shout and beat up people, or to bring diseases, HIV, he goes there. I call the camp if someone calls me.[69]

The camps are an apparatus of management of social crises, in the guise of drugs addiction. De facto, most of the illegal treatment camps operate as compulsory treatment camps, because the people who are interned, for periods which vary between twenty-one days and one year, have been forced into the camps. They have not been forced by the police, but by their local communities, usually their family members. The police plays the part of the observer or the informant. It instructs the camps, in some occasions, of the location and situation of the complaint, but no formal undertaking is enacted. The camp operates in an economy of punishment and recovery of their own, autonomous but not independent from the state.

The illegal camps have become rapidly part of a mechanism of intervention, which goes beyond treatment, per se. Inside them – several personal stories disclose – the managers of the camps can adopt 'alternative techniques' for the treatment of addiction, the most infamous ones being *kotak-darmani* ('beating-treatment'), *ab-darmani* ('water-treatment'), *sag-darmani* ('dog-treatment') and *zan-gir-darmani* ('chain-treatment').[70] Each of these options suggest the use of an element – water, dogs, chains or punches – to inflict violence on the recovering drug (ab)user. It indicates the use of force and violence and constriction in preventing interned people from wanting to use drugs again. That occurs generally regardless of whether the person seeks to use drugs in the camp or not. It is a form of preventive measure of dissuasion and – how to say this? – a punishment for having used drugs in the first place. Although there is generally a propensity towards sensationalising these accounts – as most news-papers do on topics related to illicit drugs – the deaths of interned people are the public signature of the camps' practice in the collective narrative.

Conversely to the state-run camps, the liability of the crime remains exclusively with the camp managers, as noted in the statement of the

[69] Interview with a former police officer in Arak, September 2014. Similar accounts emerged with people active in the management of rehab camps.

[70] *Andisheh-ye Nou*, October 12, 2009; *Salamat* News, October 22, 2013, retrieved from www.salamatnews.com/news/85137/.

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police officer mentioned above. The authorities severely punish casualties within the illegal camps. According to Islamic law, the judge applies *qesas*, retributive justice ('an eye for an eye'). That implies the death penalty for those who are responsible for the camps where the death had occurred and was proven to be the result of the personnel's mismanagement. (More precisely, the capital sentence is meted in cases where the family of the victim refuses to accept the *diyeh*, the 'blood money'.) Although there are no clear data on the rate of deaths within the illegal camps, the reports in the newspapers suggest that the events are not sporadic.[71] Among impoverished drug (ab)users, the narratives of the camp gained solid ground and instil vivid fear, a sentiment that is somehow reminiscent of a persecution. In this way, the camps fulfil a double promise: they intervene along the problematic margins of society (its uncivil society), through the creation of extra-legal, unaccountable and, in view of their quantitative dimension, omnipresent institutions. They represent an apparatus in the management of disorderly groups and, more generally, the drug crisis. As such, they decrease the work of the police, while receiving nothing in exchange. At the same time, the camps are managed by former drug (ab)users, whose place within normative society remains unsettled. These individuals struggle to find employment in regular businesses, their housing status endures as uncertain, often relying on temporary family accommodation. The camp, hence, becomes the only stable unit in their life, functioning both as occupation and residence.[72] The heads or managers of the camps are usually also those who make the initial investment to pay the rent of the location, whether a house with garden, a flat, a silo or an abandoned compound. Two or more people, friends or family, set up the camp and employ a number of handymen who are often former 'patients' of the camps, now willing to help out for a small stipend or to pay their debt. In this regard, there is no substantial difference between legal and illegal camps. In this peculiar way, post-reformist governance of crisis succeeded in its quest 'to socialise the war on drugs' and 'to mobilise (*basij kardan*)', by other means, civil society for statist ends.[73]

[71] *Etemad-e Melli,* June 11, 2009. Death is often caused not by physical violence, but by medical inaccuracy (e.g. interruption of anti-depressant drugs).

[72] Ethnographic observation in six rehab camps in Tehran, Arak and Qom provinces, 2012–15.

[73] Comments on the need 'to socialise the war on drugs' were made at the 'ASCongress 2014', intervention by DCHQ official Hamid Sarrami.

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A public clinic manager, who also serves as a psychiatrist in a compulsory camp, explains that 'the [illegal] camp system has successfully managed to keep the antisocial elements of society within itself: a group of antisocial people is represented by the owners of the camps, and the other group is represented by the patients, those interned in the camps'.[74] Regardless of whether the camps are constituted by antisocial groups – whatever this category signifies – the camp system functions as 'safety valve' for recovered drug (ab)users, whose psychological and social status is in need of a stable occupation, which would otherwise be unachievable. With the camps providing motivation and an ecosystem in which to find their place within society, the camp owners practise a system in which the phenomenon of drug (ab) use dissolves into the machinery of treatment – under the rationale of harm reduction. This system seemingly replicates itself. Former patients are employed in addiction treatment and, whether willingly or involuntarily, mistreat other drug (ab)users, perpetuating previous securitising policies.[75]

This phenomenon unwraps a form of grassroots authoritarianism, whereby social elements belonging to diverse societal milieux, partake in mechanisms of control, discipline and treatment. Its relationship with the state remains, peremptorily, ambiguous, based on rhetorical condemnation, haphazard prosecution and clandestine connections, for instance, in the referral of complaints by the police to the illegal camps. Despite almost a decade of reiterated calls to close the doors of the illegal treatment camps, these institutions maintain solid roots and operate, *qua* rhizomes, across the margins of rural and urban Iran. Their ubiquity has given rise to the phenomenon of *kamp-gardi*, 'camp-touring', which refers to the unending journey of the drug (ab)users from camp to camp, a circumnavigation that rarely offers a way out and often leads to the individual becoming either destitute or incorporated into the activities of a particular camp.[76] Those whose experiences have been more telling are often called by the rest of the community as the 'Marco Polo', because they have visited as many

[74] Interview with Solhi. The camps, as such, qualify as the fourth sector of Iran's economy – the informal yet accepted. See Adelkhah, *Les Mille et Une*, 470.

[75] Iran is no exception in this regard; see Garcia, *The Pastoral Clinic*.

[76] Observation on the accounts of people's lives in/out the camps. See also *Jam-e Jam*, December 19, 2010.

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camps as the Venetian traveller had done during his travels of the *Milione*.[77]

An odyssey similar to that through camps, clinics and prisons goes also through other venues, such as public parks and the street where the state manages disorder differently.

A Site of Disorder: Harandi Park

In the southern district of Tehran's Bazaar, between Moulavi Street and Shoosh Street, there are four public gardens. The biggest and most popular of these is Harandi Park, which stands at the heart of the old neighbourhood of Darvazeh Ghar. Between 2014 and 2017, Harandi Park and, to a similar extent, the other parks as well, saw large groups of drug users who camped there with tents, sleeping bags, bonfires and piles of cardboard on the ground. Over the warm seasons – between March and November – the number of street drug users residing within the perimeter of the parks and the connecting alleys reached over three to four thousand, with additional visitors towards the evening.[78]

While on a stroll across the lawn in a late morning, I encountered waste collectors and gardeners working their way between groups of drug users, chatting or just passing through their circles. Every now and then, a police motorbike would ride on the main road circumscribing the park or in the middle of it, with neither the people or the police officers taking much notice. The entrance of a larger tent, close to a smelly empty pool that operated as an open-air loo, was animated by the bustling of a dozen of people. I was told later that the tent was where the main distribution of heroin (*gart*) and *shisheh* in the Harandi area takes place and that it is the centre of gravity of the park.

This is not an underground, hidden site of criminality and a marginal zone of crisis/disorder, as often described in the public imagery. The park stands in the middle of one of Tehran's working class and poorer neighbourhoods, with a symbiotic relation to its great bazaar, located close to the main metro line (Line 1) connecting the wealthy north with the city's southern poorer districts. In contrast to the everlasting declarations of the 'War on Drugs' and the ever-increasing

[77] Ethnographic notes in Shahr-e Rey, September 2012-2015.
[78] Accounts of Shush and Harandi Parks also appeared in newspapers. See *Iran*, October 5, 2015.

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number of drug arrests, the situation in Harandi casts light on a different approach based on limited tolerance of public drug use and the tacit acceptance of street hustling.

Activism among civil society groups and NGOs has attracted public attention to this place, which, by 2015, had become a leitmotif of debate around drug policy and harm reduction in Tehran. The city municipality and the mayor of the district denied their acceptance of the situation and reiterated that there is no plan to transform Harandi in a social experiment of de facto drug decriminalisation. In discussions with people in the drug policy community, the 'Harandi model' referred to an experience and experiment of alternative management of street drug use. An alternative to the collection plans of drug (ab)users, it refrained from incarceration or forced treatment in the compulsory camps. Instead, by having large gatherings of so-called 'risky' drug (ab)users concentrated in specific areas, such as Harandi Park, social workers and medical personnel could proceed to intervene with welfare services while familiarising local drug (ab)users to the options of recovery and the cycle of addiction treatment, notably methadone. The 'dispersion of risk' is reduced, according to public officials, who imply that, without Harandi, the whole of Tehran would be a scene of open-air drug use and drug hustling, with the spectre of HIV epidemics looming all-too-large over the populace. It would be *uncontrollable*.[79]

That is why the neighbourhoods of this area have been provided with automatic syringe distributors, located within the reach of support centres managed by NGOs (Figure 7.1). The presence of civil society groups had, in fact, become central in this area and public attention reached its azimuth when, in autumn 2015, several groups of volunteers, humanitarian associations and philanthropic citizens started to bring cooked meals and clothes to the park and distributed them among the drug (ab)users. The provision of food had been a matter of satire amid detractors of this tolerant approach, who hold that 'the drug addicts are no longer satisfied by bread and egg or bread and cheese, but they expect sophisticated food and are spoiled for choice'.[80] Others claimed that public attention is driven by a sentimental piety not grounded in a real understanding of

[79] From a historical angle, Harandi may be equivalent, in terms of drugs, to *Shahr-e Nou*, the pre-revolutionary red-light districts of Tehran. Ghiabi, 'Drogues Illégales'

[80] *Sharq*, November 16, 2015 retrieved from www.sharghdaily.ir/News/78788.

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Figure 7.1 Automatic Syringe, Condom Distributor, Harandi Park

the complex situation of drug addiction in this area. Philanthropic endeavours practiced, in the words reported by a piece on *Sharq*, 'addict-nurturing [*mo'tadparvari*]'.[81] A public official cynically suggested that

[81] Ibid.

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the provision of food might well be a stratagem used by providers of addiction treatment (e.g. Article 15 camps) to attract people towards their facilities and, incidentally, attract public funding towards their organisations.

Although complaints against insecurity and unsafety were rife among residents of this neighbourhood, Harandi Park had by then become a spotlight for national drug policy and a site of confrontation of competing governmentalities regarding illicit drugs. On October 9, 2015, I was invited to attend the 'First Marathon of Recovered Female Drug Addicts' organised by the House of Sun (*khaneh-ye khorshid*), an event which would take place, deliberately, across the four parks of Harandi, Razi, Baharan and Shush. On the edge of Harandi Park's southern corner, the House of Sun has been active for over two decades in providing free-of-charge services and support to female drug (ab) users and those women seeking refuge. A large crowd of women (and some men) attended the opening ceremony of the marathon and waited for the start of this seemingly sporting event. Two female players of the Iranian national football team led a collective session of gymnastic activities, a way to symbolically recover the body of the park from the sight of widespread drug consumption and destitution. Truth be told, the event revealed itself to be not a marathon – not even close – but rather a public demonstration that brought more than a thousand women and their sympathetic supporters to march inside the park and in the middle of the gathering of mostly male drug users (Figure 7.2). The term 'marathon', I thought, was probably used to get around the politicisation of the event in the eye of the municipality then led by Mohammad Baqer Qalibaf, which could have regarded a women-led march against drugs as too sensitive a topic (Figure 7.3).

Many of the women who took part in leading this manifestation had previous experience of life in the park and were acquaintanted with people who were still living and using there. 'Our Iran is paradise! Don't smoke, it's not nice! [*Iran-e ma beheshté, dud nakonid ke zeshté*]', was among the slogans that were chanted; prayers for the souls of the drug addicts were interludes between the chants and on the sides of the march, many of these women would approach people laying on the grass trying to connect with them and dissuade them from using drugs. A man, I witnessed, approached an older women and pathetically begged her to stop chanting against drug users, 'because

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Figure 7.2 'Every day 8 addict die in Iran'
A man says, 'I don't know why we have always to be near-extinction so that they decide to do something.' Received via Telegram App, 'The Challenges of Addiction.'

we are feeling ashamed and embarrassed in front of you'; others would cover their face or shout aggressively against the voyeuristic lens of the many photographers attending the event (Figures 7.4 and 7.5).

The event resonated loudly within the drug policy community, but it also manifested some of the profound changes that Iranian society had

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Figure 7.3 Members of the National Football Team

experienced over the course of the 2010s. Women who had a history of drug abuse openly participated in the event, without hiding their immoral past and marched in the parks where they once spent their drug habit. In doing so, they also addressed drug users in the park

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Figure 7.4 Marathon March, Tehran

directly and invited them to give up. The associations that participated in this manifestation were not the traditional anti-drug campaigners, but an array of harm reduction groups, users-led organisations and groups of people who had a history of drug use and were open about discussing addiction as a social dilemma. Some public officials attended the event, but, overall, it was mostly associations, grassroots groups, a few members of international organisations and social workers and activists. Leila Arshad (aka Lily), the main organiser of the event and

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Figure 7.5 'Give Me Your Hands, so We Can Walk in the Path of Purity'

director of the House of Sun, had long been working in this neighbourhood.[82] While those attending the marathon had gathered in the courtyard of the NGO, she held the microphone and said, 'one of our objectives is to catch the attention of the public officials and people towards your problems [recovered female drug abusers]: lack of employment, absent housing, insurance and treatment, respect and social inclusion'.[83] Some of the volunteers catering the event were employees and volunteers of *Doctor without Borders* (MSF), which runs, among other things, a mobile clinic with outreach services in the area.

A few weeks following the marathon, a group of thirty or forty men raided the informal camping in Harandi Park, set fire to several tents and attacked a number of street drug users with sticks and clubs. The municipality declared that the attack was perpetrated 'by the

[82] She has also worked with award-winning Iranian film director Rakhshan Bani Etemad.

[83] I recorded the speech, which was also retrieved from www.entekhab.ir/fa/news/229385.

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people', denying any state responsibility of the authorities. Others hinted at the lack of responsiveness of the police.[84] Harandi Park, for that matter, embodied a most explicit case of the art of managing disorder in the Islamic Republic. In 2018, the municipality opted to develop the camp into a sporting area and fenced all its surroundings.

Conclusions: The Art of Managing Disorder

There is no fundamental rupture, or watershed, between the state-run compulsory camps (*kamp-e maddeh-ye 16*) and the informal, illegal camps (*kamp-e gheyr-e mojar*), or the 'Harandi model'. Both fulfil an ultimately political prerogative in reaction to a phenomenon that has permanently been framed as a crisis. Because of that, the camps enter a field of interest to the state – one could say an expediency (*Interregum*) – in which the underlying rule is political management of risk, emergency, disorder and crisis. It is not, as one would expect in the Islamic Republic, a matter of moral evaluation, religious justification or variation in (post)Islamist change.

The art of managing disorder defines the governmental approach to the (drug) crisis. This art operates at the level of fabrication, make-believe and of practice, confuting the notional existence of law and the state, as seen in the case of the camps. In intervening on the phenomenon of drug (ab) use, the post-reformist state defined its *modus operandi* as one based on secular pillars of management. It did not thwart harm reduction practices, per se, or out of religious, moral opposition. It actually adopted the language of harm reduction, it scaled up its less contentious services (i.e. methadone and rehab camps) and, at the same time, it brought about institutionalisation of the agents under the umbrella of the state. While the state financed a significant bulk of harm reduction programmes, through the DHCQ, the police proceeded towards a securitisation of disorderly groups, based on a form of imprisonment, by other means. These means were constituted by the compulsory treatment camps, whose objective has been not to treat or reduce the harm of drug use as such, but of managing the disorderly presence of risky groups – i.e. homeless, vagrant, poorer drug users – in the public space. This process,

[84] See *Etemad-e Melli*, November 11, 2015, retrieved from http://etemadmelli.com/?p=2121.

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on the one hand, secured a key role for the state under the guise of the 'therapeutic police', while, on the other, allowed a drastic intervention on those categories perceived as disorderly and, indeed, pathological.

The multitude of illegal treatment camps hints, instead, at another statist rationale. The state provides licences for these camps through the Welfare Organisation, but in order to do so, the government needs to guarantee minimum financial support, which, given the large number of these centres, would drain the budget from other treatment programmes, notably the compulsory treatment camps. 'The closure of the illegal treatment camps is not part of the main policy of the state', declared a public official in a conference, adding that 'the existence of these camps is better than their non-existence, because their closure would mean disorder [*bi-samani*, also 'instability', 'chaos'] among the dangerous addicts'.[85] In view of their indirect connection to the police, which sees them as a useful complement *vis-à-vis* problematic drug users, these institutions are part of the state effect. Despite their private and unrecognised status, they perform a public, state-sanctioned role (Table 7.1).

In doing so, camp owners and managers do not benefit, at least in most cases, from a particularly lucrative business. As confirmed both by ethnographic data and by interviews, they do not display middle class lifestyles and they mostly belong to the working class, underprivileged strata of the populace. Their income, as their status, is unstable, insecure, and exposed to several risks, including that of being closed down abruptly, or facing criminal charges for mistreatment or torture. Hence, the camps operate in an 'in-between zone', where they neither have actual leverage on the political mechanism of drug policy, nor do they profit from economic returns. Instead, they parallel the market of drugs with a market – which is equally illegal, yet tolerated – of treatment and recovery.

'The condition of crime *is suspended* for the addicts who seek help from recognised institutions' reads Article 15 of the 2010 drug law. This sentence is ambiguous under many points. First, what does 'seeking help' mean? In the Iranian legislation, it seems to signify either detoxification ('cold turkey') in private camps or registration to a methadone programme. Seeking help in the form of clean syringes or medical and psychological assistance of various kinds does not guarantee the *suspension of the law*, even in sites of disorder like

[85] *Jam-e Jam*, December 19, 2010

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Table 7.1 *Public, Private and Illegal Camps*

	State-run	Private	Illegal
Legal status	Legislated under Article 16 of the 2010 drug law.	Legislated under Article 15 of the 2010 drug law.	Illegal.
Management	Managed by the NAJA, with support from Welfare Organisation, Ministry of Health.	Manage by private organisations, charities, associations, etc.	Managed by private individuals, or group of people.
Funding	Receive direct state funding, through DCHQ.	No direct funding from the state. Fees are applied for treatment periods of ca. 21 days. Donations from families. Subsidies from DCHQ per treated addict.	No subsidies or governmental funding. Fees apply per person, mostly in the form of donations and contributions.
Personnel	Social workers, policemen, medical professionals (e.g. psychologist, psychiatrist, epidemiologist). *De facto*, limited specialist support.	Former drug users; *NA* members; social workers and volunteers.	Former drug users and, allegedly, current users.
Methods	Detoxification; in some facilities, methadone substitution is provided. *NA* support is usually available.	Detoxification, mostly based on *NA* twelve steps; some organisations adopt specific therapies, e.g. music-therapy, meditation.	Detoxification Use of physical force and violence to deter people from using drugs is reported.

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Target group	Street drug users; homeless drug users; poor, marginal people. *Patoqs*. Polydrug users.	Depends on the organisation; mostly, lower-middle class drug users, both urban and rural. In specific cases, upper-class people. All drugs.	Poor drug users, young people, men under psychotic attacks; mostly *shisheh* and polydrug users.
Means of referral	Arrests. Police operations, drug addicts collection plans (*tarh-e jam'avari*). Coercive.	Voluntary referral, through advertisement and word of mouth.	Family referral, community referral; police referral. Mostly coercive.
Fees	Free.	Set fees, often negotiated.	Flexible fees, based on individual status, negotiation, need.

Harandi Park, where the suspension is aleatory. Therefore, drug users who do not want to substitute their drug of choice with a legal substitute, e.g. methadone, or do not agree – or cannot afford – to go through rehabilitation in a private camp, are not protected by the law. They are relegated, ultimately, to an institutionalised exception exemplified by a state-run compulsory camp, an illegal camp or the public space. This 'suspension' lands the addict in a zone of 'exception'. The exception is a paradigm of government of the drug crisis, which allows the coexistence of otherwise inconsistent and incompatible visions and interventions, as exemplified by the idiosyncrasies of Article 15 and Article 16 of the 2010 law. This cacophony within a single law and between the text of the law and its execution, lays, on the one hand, in the formal, *de jure*, insolubility of different *governmentality* within the state, while, on the other hand, it embodies an instrumental approach in the establishment of multiple, discontinuous responses under the art of governing crisis and managing disorder.

As in Giorgio Agamben's *State of Exception*, this condition produces a 'no-man's land between public law and political fact, and between juridical order and life' and it 'appears as the legal form of what cannot have legal form'.[86] It is, in other words, an oxymoronic form of politics. To corroborate this analysis, Agamben adds:

> the state of exception proceeds by establishing within the body of the law a series of caesurae and divisions whose ends do not quite meet, but which, by means of their articulation and opposition, allow the machine of law to function.[87]

While categorising as criminal the multitude of drug (ab)users who do not agree to intern in a camp or substitute their drug of choice with methadone, the governmental machine has preserved its ability to 'manage the disorder', or to politically employ the crisis posed by massive drug (ab) use. The result is a paradigm of government – *the art of managing disorder* – that deals with the crisis without solving it, and therefore reconfigures the *locus* of harm reduction, in this case, by incorporating it in a grey area of state control/repression. Thus, the 'caesurae' and 'divisions' of the 2010 law, instead of undermining the machinery of drug laws, make it actually function, as demonstrated in the coterminous

[86] Agamben, *State of Exception* (University of Chicago Press, 2005), 1.
[87] Ibid., 35.

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implementation of Article 15 and Article 16. This mixture of policies allows the machine of the Iranian state to function.

The role of the police is absolute in this frame; whereas one can locate the text of the law and the policies with regard to drug (ab)use, the function of the police is indeterminable and discretionary. The police is the governmental machine that enacts and reproduces the drug control in praxis and, because decisions on the political dimension of the 'problem' belong to the sphere of government and justice, the police acts only and exclusively on the effects of the drug problem, for instance, in the identification of temporary risky groups, or in the clearing of disorderly presences from the public space. This coexistence between insoluble, albeit instrumental to each other, ideological traits, justifies the praxis of the law – the political machinery operating on the ground. Being the administrative and enforcement tool of the politico-judicial machine, the police works on the contentious ground between what is formalised de jure and what materialises de facto. This ground is the grey zone where the rights of the drug (ab) user are at the same time enounced and violated, therefore entering the realm of an institutionalised exception, for instance, in the compulsory treatment camps, or that of a state of exception, in the illegal camps.

In this context, the status of the addict – the individual who can be object of welfare support and at the same time of criminalisation, i.e. the *mojrem-e bimar* ('patient criminal') – is exemplified by the paradigm of Agamben's *homo sacer* – the person whose right to life cannot be legitimately taken, but who is contemporaneously excluded from ordinary law.[88] The legal status of the addict, within the current regime of drug control, is one of naked life, whose civil/political dimension is questioned and relegated to a grey area. Naked life is life stripped of rights. The denouement of the addicts' rights produces political control over their life, making them a subject at the mercy of politico-juridical control, and an element in the political economy of treatment (e.g. state-run camps). Protection and punishment are two overlapping ends in the social body of the addict. A manager of a state-run clinic uses these apt words to corroborate this argument:

[88] *Homo Sacer: Il Potere Sovrano E La Nuda Vita* (1995), 114–15. Here Agamben refers to the notion of *homo sacer* as the figure that blurs the demarcation between biological life (*bios*) and naked life (*zoë*).

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Those who are in the camps are in the middle between criminal and patient. They have not been accused of any crime. From a legal point of view, they have not committed a crime, ... there is no legal judgement [*mahkumiyat*], usually there is a complaint [*shekayat*] about bad behaviour [*bad raftari*].[89]

The informal nature of the 'complaint' produces the informal response of the illegal camps or, more rarely, that of the state-run camps. In both cases, the person who is being 'treated' enters a field of informality and ambiguity, as neither bureaucratic nor juridical procedures are in place. Indeed, despite the law envisioning a criminal charge against an addict who is re-arrested after a period in a compulsory camp, the police regularly refer people to the camps who had paid dozens of visit to these centres, amazingly without having a criminal record.[90] The dossier, *alas!*, is missing.

In the conference that opened this chapter, a presenter, much to the astonishment of the audience, remarked:

I have the feeling *we are crying on a grave which is empty*.[91] How many people, arrested for drug addiction and sent to compulsory camps, have actually been in front of a judge? And [if this has happened] had the judge said anything to them about treatment? I doubt that we can find ten people in the whole country who have met a judge before going to a camp, so I think the question here is something else and it is not related to compulsory treatment ... The problem, it seems to me, is that the question is not medical and therapeutic, but one of social and political control.

The lack of judicial supervision and bureaucratic mechanisms is inherent to the state's management of disorder and crisis. It is not a by-product of a lack of administrative capacity or clashing institutional interests. This coexistence of criminalisation of drug use and tolerance of the crime stems from a discretionary practice of the law. It epitomises the 'force of the law' in conditions otherwise unlawful. In practical terms, this makes the agenda of police officers and their immediate superiors the 'single most important element' in the application of the drug laws.[92]

[89] Interview with Solhi, February 2014.
[90] Ethnographic notes in the *patoq* of Farahzad, March-April 2014. See also *Jam-e Jam*, December 19, 2010.
[91] A Persian proverb meaning: *don't count your chickens before are they hatched*.
[92] A situation similar to the 'British Compromise'. See Mills, *Cannabis Nation*, 185.

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The force of the law applies materially against those more exposed in the ecology of the police: the street, parks and the public place. In this regard, the art of managing disorder applies more blatantly to the poor, the homeless, the street addict, the sex worker, while those who preserve their drug use in the private sphere do not face the force of the law. Public addiction becomes being addicted in public: homeless people are badly dressed, dirty, in other words, are living at a *street level,* exposed to the public gaze of the police. At this point, drugs are not the real problem. The addict in the guise of social marginalisation, moral unsettledness and class subordination incarnates the problem.

To conclude, one can infer that the framing among many public officials that addiction is a problem without solution – especially in the case of *shisheh* for which a substitute drug had not been viable – compelled the authorities to intervene through new techniques of political management. The compulsory state camps, *in tandem* with the illegal camps, have produced this governmentality. Emran Razzaghi defines the camps the number *i* of Iran's drug policy equation: 'an imaginary number that we bring in and take away later; ... they don't have a meaning in themselves but they contribute to the change of the equation'.[93] In this, they represent a primary means in the art of managing disorder of the drug phenomenon. They also confirm, together with Agamben, that 'the true problem, the central mystery [*arcano*] of politics is not sovereignty, but government; it is not God, but the angel; it is not the King, but the minister; it is not the law, but the police – that is, the governmental machinery that they form and keep moving'.[94]

Instead of the God-like state of the Islamic Republic, with its, *prima facie*, religiously inspired laws, I attempted to study the minister, the practices of the laws as much as the rhizomes of the state, all of which, I realise, form the governmental machinery of the Iranian republic.

[93] Interview with Razzaghi, September 2012. [94] Agamben, *Il Regno*, 303.

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