
Methamphetamine and the Middle East

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Introduction

Although the focus of this book is forensic applications associated with methamphetamine abuse in the U.S., the substance is produced and marketed globally. Accordingly, it is appropriate to consider issues relating to international levels of abuse, as well as to appreciate the interweaving of local, national, international, political, and ethnic factors that play a role in the spread of methamphetamine.

Both authors of this chapter have had experience in the Middle Eastern and Northern African region. Farshid Afsarifard, born and raised in Iran, has lived in the U.S. since 1976, and recently returned to Iran to provide mental health and substance abuse education to government and mental health institutions in that country. Sandra McPherson has spent time in Gaza, the West Bank, Israel, and Egypt, evaluating health-related issues from a human rights perspective, with an emphasis on mental health and substance abuse and on the treatment programs established to serve the Palestinians in 1990.

Although there are strong prohibitions against alcohol and drug use in the Islamic world and those areas influenced by the traditional force of that religion, problems related to substance abuse have never been unknown and, in fact, have shown significant increases in recent years, especially from the 1960s forward. Furthermore, although the long-standing link between the production of heroin and narcotics in Central Asia and their export to the West has been known as a prime factor in some of the earliest identified serious drug abuse problems in the U.S., the ongoing global aspect of drug production, drug trade, and drug use in the case of methamphetamine has not been adequately appreciated. The constituent parts of methamphetamine have been tracked in transit to and from the U.S. and abroad. Ecstasy abuse, in particular, is a phenomenon that has spread throughout the world (United Nations, 2000; see also Seper, 2002; Trickey and Kennedy, 2002).

Whenever there is a global trade in any substance, licit or illicit, political as well as social implications intertwine. The situation with methamphetamine is no exception. Problems involving methamphetamine use of the type detailed throughout this book have been noted in Thailand, Spain, Germany, Canada, the U.K., Australia, the Czech Republic, Iran, Palestine, Israel, India, and Egypt, among others. A search of major news releases for 2000 to 2002 produced 196 articles detailing methamphetamine-related events in countries throughout the world (see “Battle against ecstasy,” 2001; Sot, 2001; Tremlett, 2001; “Woman nabbed,” 2001; Chu, 2002; Russo, 2002). Ecstasy is viewed as a global trade commodity. Politically, the emergent issue of terrorism and its link to drugs, which was initially spotlighted in the U.S. press as a way terrorist organizations in the Middle East are funded, is becoming recognized as having much more complex sociopolitical aspects (see especially articles by Bruce, 2002; Klein, 2002; Krikorian, 2002; Solomon, 2002). Drug rings that have been identified as Israeli organized crime based operate out of a country generally viewed as an ally of the U.S. (“Israelis said at head,” May 3, 2001). The universality of the drug trade then allows competing national and political interests to selectively perceive their opponents as supporting the use of drugs as a way to engage in hostile interventions in the ongoing struggle.

Interestingly, a peace initiative in Gaza and the Territories involved a meeting of Israeli and Palestinian addictions and mental health specialists. Supported by the U.S. government, the conference sought more adequate programs of intervention. Although it was marred by difficulties with Israeli regulations, which initially hampered attendance, the conference resulted in reduction of misperceptions and the establishment of a more adequate basis for treatment, as well as mutual recognition of the problems that the contemporary drug trade was creating for both peoples (Isralowitz et al., 2001). *Ha'aretz* has documented, for example, the problems of ecstasy in Israeli society with its association to violent criminal acts, including gang rape (“A long night of horror,” May 11, 2001; “Four charged with gang rape,” May 17, 2001).

Geopolitical Interconnections

Current information available through government and other sources clearly illustrates that methamphetamine, in common with other drugs, is embedded in a complex multilevel international set of factors and connections. In effect, there are multiplex networks that disseminate information about illicit drugs and facilitate the distribution and trade in the substances (see, for example, “War on Drugs,” January 23, 2001). This network has

been facilitated by existing connections and routes established during the colonial period of the 1700s and 1800s and also reflects current competing or converging interests of governments and criminal organizations (United Nations, 2000).

One of the precursors of today's methamphetamine distribution network was the poppy trade out of Iran, Afghanistan, and Pakistan. The primary conduit to Europe and the U.S. was through Turkey, which remains to this day a preferred route to move heroin and hashish/cannabis (United Nations, 2000). It is hypothesized that these connections are no longer one-way, but rather represent a complex of international highways. Thus, although methamphetamine in its various forms is created in laboratories throughout the world, most ecstasy has been produced in the Netherlands and secondarily in Belgium and then shipped elsewhere. The spread of ecstasy into Southeast Asia has followed some of the original European colonialization routes and has been facilitated primarily by Israeli criminal organizations. In Western and Eastern Europe, the criminal organizations primarily responsible for distribution and trade have been Russian (United Nations, 2000).

Ecstasy as a form of methamphetamine has an interesting history in and of itself. It was first created in Germany in 1912 for use as an appetite suppressant. It was subsequently discovered by psychotherapy practitioners in the U.S. and seen as a facilitator of that process, at least for a short while. However, by 1988, it had become a Schedule I controlled substance. Even earlier, in 1977, it had been so classified in the U.K. Ecstasy has consistently been misrepresented as a drug that has no serious physical impacts, essentially an innocuous recreational substance. Its availability serendipitously co-occurred with the rise of so-called acid house and techno music and a young people's fad of staying up all night and dancing. That fad, incidentally, began on the Spanish island of Ibiza, also known as XTC Island, and thus the name of the drug. In 1988, the "summer of love" unfolded in the U.K. with young people thronging to music and laser light parties in fields and warehouses. Ecstasy was the primary enhancer and maintainer of the frenetic activity (United Nations, 2000).

A study of Turkey's place in the general international drug trade is nicely illustrative of the way various interests are addressed and is certainly similar to the situation in South America. Thus, criminally based organizations, which have facilitated the movement of drugs through Turkey since the days of the Afghanistan/Pakistani/Iran Triangle, are well established and covertly supportive of and supported by the Turkish government. Assassination of human rights activists and other persons critical of the government is part of the *quid pro quo* that takes place, and it is not uncommon for people with drug connections to be publicly overt about their occupations or identity. The government has granted private armies connected to these organizations

control of whole regions (United Nations, 2000). If, as is likely, the same conduits that send drugs from Central Asia to the West now also facilitate the movement of ecstasy from Western Europe into Iran, a certain irony but a practical reality is illustrated.

The continuation of interwoven history, geography, and politics is also illustrated in the immediate Turkish situation. Turkey, which historically had some economic dependence on the drug trade, is now even more committed to that source of revenue as a consequence of the Gulf War of 1991. That war closed Turkey's access to Iraqi oil, with the result that there was an immediate and ongoing increment in the degree to which the government was supportive of the drug trade. Interestingly, just as the U.S. and Western Europe have not significantly pressured Turkey to end its persecution of the Kurds and the destruction of their villages, they have taken relatively little notice of the enhanced Turkish activity facilitating the drug trade (United Nations, 2000).

Finally, there is a clear link established between the operation of terrorist organizations and the ongoing drug trade operations. Given the current world situation and the multinational efforts to identify and control terrorist groups, hidden money sources have become extremely desirable. Drug money is one such hidden source. Accordingly, drug ring financing of terrorist groups has been extensively documented (see, among others, Klein, 2002; Roberts and Marin, 2002; Solomon, 2002).

Government Complicity as a Factor

It is reasonable to understand that while drugs have always exercised a certain controlling influence outstripping the desires of societies to end their abuse by virtue of addictive potentials of human beings, it also needs to be understood that the profit motive has never been far from the drug dealer's operations. That statement can be validated in terms of legitimate as well as nonlegitimate drug operations. Furthermore, in the case of nonlegitimate operations, some degree of covert or overt government complicity becomes an issue. Thus, the behavior of the Turkish regime is an obvious example of significant government support for drug-related operations that have international implications. Similarly, the operations in Colombia have been closely tied to more legitimate political levels. Even Israel has only recently made money-laundering illegal in drug-related cases (United Nations, 2000). Given that for some years a major source of the trafficking and delivery systems has been Israeli-based criminal organizations, the lack of concern for reducing the profit level through forfeiture is at least an omission of significance. In other words, even if not intended, Israel became in fact a hidden support for the trade.

In general, countries in the Middle East have deemed any substance involvement, including alcohol, illegal and immoral. Nonetheless, in these same nations, upper-status persons engage in such behavior and rarely suffer legal consequences. In addition to selective enforcement, it can be hypothesized that highly authority-driven government systems may derive a benefit from drug use in their populations. With the development of computer technology, there is easy access to major sources of nongovernment-approved information. Having large segments of the younger and more-likely-to-rebel population self-absorbed and using drugs may be viewed as a desirable way to eliminate challenges to the power base. Such a strategy might underlie differential enforcement and also may be reflected in the lack of extensive support for substance abuse treatment programs.

Business Aspects: Ecstasy as a Case in Point

Production costs for ecstasy (or MDMA) vs. revenues obtained represents an extremely favorable ratio. The history, production, and use patterns of ecstasy as they have occurred across the world scene illustrate effective business operations. The substance moved from an intended therapeutic drug to become a recreational drug. Controls were attempted in U.S. and Western Europe by labeling it a controlled substance and making possession and use illegal. Consistent with the experience of Prohibition, Ecstasy's popularity rose dramatically starting in the late 1980s and increasing throughout the 1990s as a favorable climate of youthful extremism, popular music, and erroneous belief systems combined to make a ready market for a drug whose profit margin was excellent. Throughout Europe ecstasy has been effectively "advertised" as a harmless drug. It is often combined with other drugs to create a variety of effects (notably cocaine and alcohol). Based on seizure patterns, by 1999, there was a serious increase in its use and it had become the second most commonly abused drug (after forms of cannabis) in the European market. Large-scale producers created pills imprinted with pop logos such as smiley faces and car brand signs, all of which were consistent with the notion that the pill was relatively harmless. These makers would also customize logos for large orders (United Nations, 2000). The described business patterns are those well known to any legitimate marketing and production organization.

Cultural Factors and Treatment Implications

Historically, the Arab and Islamic cultures have had a more advanced view of mental health issues in general than was found in Western practice and

literature. As early as 1900 B.C.E., original papyri included discussions of mental illness as a somatic phenomenon (of course, hysteria was considered the effect of an inappropriately wandering uterus, but that was not particularly different from some of the much later notions in the Western world as well; methods of intervention, although logically based in their theory and having no true physiologic accuracy, would nonetheless have been fairly successful as hypnotic/suggestion interventions). The Koran defines madness using words that imply supernatural spirits, both good and bad, and emphasizes the importance of respect. Furthermore, the prophets were often viewed as having conditions that were characterized by mental health symptoms of modern parlance but which were considered to make them able to properly innovate and help society. Persons seeking religious ecstasy, not to be confused with the drug, often manifested symptoms that were psychotic-like, a phenomenon not dissimilar from the history of certain religious groups in the 1800s in the U.S. and, prior to that, during medieval times. However, the Islamic explanation for mental illness has consistently emphasized the unity of body and psyche, thus anticipating the very contemporary bio/psycho/social approach to both mental health and substance abuse (Okasha, 1999).

Some specifics regarding different countries may be illustrative of the widespread problems that are now occurring throughout the world. Most recently, the second author received a phone call from one of the Iranian mental health professionals with whom he maintains contact. This psychiatrist asked whether there was anything known about methamphetamine because it appeared in his practice that it was becoming a drug of choice among upper-class and upper-middle-class people. (Users were identifying it as harmless. The inquirer was uncertain of its negative potentials.)

The Iranian government has published reports indicating that there are 3 million addicts and alcoholics in the country. However, unofficial estimates are much higher, suggesting that close to 10% of the population of 60 million is addicted. Given that two thirds of the Iranian population is under the age of 30, these figures would indicate that drug use is epidemic among the youth (see also "Iran faces," 2001). In spite of the strong religious prohibitions against such indulgence, the author has observed that in most major cities in Iran the street level of drug trafficking is rampant and obvious. It is difficult to pass a street corner without being propositioned to purchase drugs. Although there are major economic problems related to very high unemployment and high inflation, drug cost has remained inexpensive. Alcohol that is manufactured illegally (in bootleg settings) is also rather inexpensive (however, brand name liquor is quite costly).

Interestingly, it is known that alcohol use in the Gulf countries is more problematic than it is in Egypt where the Islamic link to governmental control

is far weaker (Okasha, 1996). From the standpoint of the U.S., of course, there was the infamous Iran Contra scandal that involved illegal international trades in arms, money, and influence with complex interrelationships to drug trafficking in spite of ongoing antidrug policies (Hartung, 1994).

Comparative Drug Use Patterns

Okasha (1999) indicated that the 1980s saw an increase in the abuse of heroin and narcotics in the Middle East. In addition, contemporary reports based on seizure patterns and other data support the presence of a strong methamphetamine use trend occurring throughout the 1990s in all parts of the world. Ecstasy in particular has been at the forefront of increased use (United Nations, 2000).

A potent factor in use patterns involves intercultural experience. For example, persons from North Africa and the Middle East living in Rome who became involved in drug use and drug treatment showed multiple use patterns, including injection habits that led to HIV seropositivity. The duration of their residence in Rome was a significant factor in drug use patterns (Spizzichino et al., 1995).

Treatment Approaches

Addiction treatment in Iran, as observed by the second author, is becoming more popular. However, there is emphasis on the physical aspects of treatment as overseen by a physician, usually a psychiatrist, including detoxification and titration of the addict from the drug of choice. Opiates are still the most common substances abused, and often longer-acting opiates are used for the treatment process and then not discontinued, thus creating an ongoing use picture. The practice has become a major source of income for some physicians who thus have a major incentive to continue to operate in that fashion. To the extent that a psychosocial aspect is included, a 12-step recovery model similar to that found in the U.S. is in place. Addicts and alcoholics usually enter treatment either due to major medical consequences or extreme family situations. Social pressures that often result in intervention in the U.S. are not commonly noted. Legal problems and being caught by authorities for alcohol- and drug-related offenses are dealt with by the courts and there is no direct connection between treatment and the judicial system.

In Egypt, as the mental health system has developed and modernized, the availability of treatment for drug abuse as well as mental health problems has become much more adequate in the cities. There are modern facilities

and medical and nursing schools. However, most people in these regions remain more comfortable with either traditional healers or with trying to cope themselves with aberrant behavior among relatives. There are both shame and religious or cultural prohibitions against modern forms of psychotherapy, for example. Interventions need to be revised and developed that were culturally consistent, to be at all acceptable to identified patients. Following acute care in Egypt, it was even more difficult to gain acceptance for aftercare. In the cities, there were aftercare facilities but they were sparse if available and rarely used outside the more sophisticated urban settings. Obviously, from the standpoint of the treatment of drug abuse, the resistance of the population and the lack of facilities for those who would accept treatment considerably impact the long-range potential for treatment effectiveness (Okasha, 1999).

Observations by the first author in 1990 in Gaza and the West Bank indicated that most of the mental health professionals were Western trained, usually U.S., but also U.K., and returned to their homeland to provide service. Cultural sensitivities, if observed, could facilitate therapeutic interventions. Thus, a woman could be treated for depression or related problems only if she came for treatment with her mother-in-law, or possibly if her mother-in-law came for the information necessary to treat the daughter-in-law. The joint project described above mounted by Israel and Palestine from 1997 to 1999, which involved support for research on prevalence and development of treatment options, indicated not only the achievement of an unusual peace initiative, but also the accessibility of the populations involved to treatment when it was proposed under culturally sound conditions (Israelowitz et al., 2001).

Conclusion

In this short exposition, some important principles have been developed that are integral to an understanding of methamphetamine as a current and increasingly important drug of abuse in the Middle East.

- Methamphetamine use is a global phenomenon.
- Methamphetamine use is supported by pop culture and developmental (adolescent) vulnerability.
- Methamphetamine use is facilitated by propagandistic and misleading marketing.
- Methamphetamine use is maintained by individual addictive potentials.
- Methamphetamine use serves competing and cooperative power interests.

Consistently, the most effective approaches to dealing with methamphetamine abuse will need to engage not only modern treatment programming appropriately adapted to varying cultural contexts, but also a prevention strategy that considers multiple world interests and interrelationships. The only reasonable context for such prevention programming is one of international organization, respect, cooperation, and an end to unilateralism.

References

- Battle against ecstasy. (2001). *Ha'aretz* (Israel), March 2.
- Bruce, I. (2002). Bombers backed by U.S. drug ring; profits of addiction sent to Middle East groups. *The Herald* (Glasgow), September 3, p. 14.
- Chu, L. (2002). New drug from Thailand seeping into West Coast communities. *Associated Press Worldstream*, October 26.
- Four charged with gang rape of teen in Rishon (2001). *Ha'aretz* (Israel), May 17.
- Hartung, W.D. (1994). *And Weapons for All*. New York: HarperCollins.
- Iran faces growing drug problem (2001). *Agence France Presse*, Vienna, February 21.
- Israelis said at head of 4-nation drug ring (2001). *Ha'aretz* (Israel), May 3.
- Isralowitz, R., Sussman, G., Afifi, M., Rawson, R., Babor, T., and Monteiro, M. (2001). Substance abuse policy and peace in the Middle East: a Palestinian and Israeli partnership. *Addiction*, 96, 973–980.
- Klein, R. (2002) Terrorists cash in on drug trade. *The Times Educational Supplement*, June 21, p. 4.
- Krikorian, G. (2002). Terrorists received drug money, U.S. says. *Los Angeles Times*, May 10, p. 22.
- A long night of horror in the grove (2001). *Ha'aretz* (Israel), May 11.
- Okasha, A. (1996). Combat and management of drug abuse: means and challenges. An Egyptian perspective. Plenary Lecture to the First International Conference on Addiction and Drug Dependence, Cairo, March.
- Okasha, A. (1999). Mental health in the Middle East: an Egyptian perspective. *Clin. Psychol. Rev.*, 19(8), 917–933.
- Roberts, J. and Marin, C. (2002). Drug ring's profits may be linked to terrorism. *CBS News Transcripts, CBS Evening News*, January 10. New York: CBS.
- Russo, R. (2002, January 11). Canada feeding speed habit; U.S. drug cops say lax laws make Canada top supplier of chemical for methamphetamine. *The Hamilton Spectator*, January 11, p. B1.
- Seper, J. (2002). DEA takes down 2 major meth rings; agency probes for link with terrorists. *The Washington Times*, January 11, p. A8.
- Solomon, J. (2002). DEA officials say profits from illegal drug rings in the U.S. linked to terrorist groups. *Chattanooga Times/Chattanooga Free Press*, September 2, p. A-1.

- Sot, M. (2001). Myanmar-run methamphetamine lab found on Thai side of border. *Associated Press Worldstream*, September 9.
- Spizzichino, L., Gattari, P., Zaccarelli, M., Casella, P., Valenzi, C., and Rezza, G. (1995). HIV infection among injecting drug users from North Africa and the Middle East living in Rome. *Addiction Res.*, 3(1), 57–62.
- Tremlett, G. (2001). Spanish drug arrest leads police to Middle East Mafia: investigation into lucrative global ecstasy trade claims a dramatic breakthrough. *The Guardian* (London), August 21, p. 9.
- Trickey, M. and Kennedy, M. (2002). Canada fuels U.S. market for drugs: lax laws fail to track supplies of key chemical in 'speed.' *The Ottawa Citizen*, January 11.
- United Nations (2000). UN World Report on Drugs.
- U.S. drug ring tied to aid for Hezbollah (2002). *The New York Times*, September 3, p. A-16.
- War on drugs (2001). *Nottingham Evening Post*, January 23, pP. 6–7.
- Woman nabbed for possessing ecstasy (2001). *The Jakarta Post*, July 28.