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Shaming, Blaming, and Stigma: Alcohol Abuse and Rehabilitation in Contemporary Iran

SAMAH SHARMIN, *University of Pennsylvania*

Abstract
This paper examines the effects and origins of stigma surrounding alcohol use in Iran and how it contributes to Iran's low rates of alcohol rehabilitation attendance and recent spike in methanol poisoning cases. It does so by synthesizing papers discussing the historical, cultural, medical, and political factors contributing to Iran's current and past stances towards alcohol. Namely, this paper explores how the Iranian government's contradictory stances toward alcohol use—banning it while also funding treatment centers—as well as the historical precedent for drinking and tolerance towards alcohol use leads to stigma and uncertainty among Iranians surrounding rehabilitation, which hampers successful treatment. Namely, medical professionals may not want to treat alcohol users, who in turn do not want to attend treatment centers or hospitals when drunk. This raises mortality rates from alcohol and methanol poisoning to dangerous levels, as demonstrated by the recent outbreak in methanol poisoning cases. This paper also examines the Iranian government's response to such stigma, such as the fatwa issued to make people feel safe attending rehab and the radio programs designed to educate the public on safe drinking. The paper concludes that without confronting its history of alcohol use and acknowledging the public health crisis more broadly, the Iranian government would not be able to address the issue of low rehab attendance.

keywords: alcohol rehabilitation, Iran, substance use disorder, stigma

Historically, the region encompassing present-day Iran featured a robust wine culture and earned prestige worldwide for its unique spiced wines. In fact, archeologists uncovered the world's oldest wine jar, dating back to 5400-5000 BCE, in the Zagros Mountains of Iran.[1] Yet today, Iran bans the production and consumption of alcohol for all Muslims, forcing millions of Iranians to abandon their cultural traditions and practice temperance. Despite this ban, Muslims in Iran still produce and purchase alcohol on the black market, with an estimated one million Iranians drinking alcohol in 2014.[2] Unregulated and illicit, this alcohol sometimes contains lethal amounts of methanol. Manufacturers in countries with regulated alcohol markets use ethanol, a safer type of alcohol found in grains, to produce alcohol, whereas many black-market sellers in Iran use methanol, a cheaper type of alcohol found in wood.[3] While the body can quickly break down ethanol into carbon dioxide and water, it struggles to metabolize methanol and instead converts it to formaldehyde and then formic acid, a deadly toxin found in insect repellant.[4] Thus, alcohols formulated with methanol are incredibly dangerous. Consequently, in 2011, thousands of Iranians fell ill to methanol poisoning. These deaths led the Iranian government to declare alcohol abuse a public health crisis and to draft a plan to establish 150 new alcohol treatment centers nationwide.[5]

However, the government's ambivalent stance on alcohol—forbidding Muslims from drinking while also acknowledging alcohol abuse as a widespread problem—along with the mixed history of drinking in Iran—tolerating alcohol in the private sphere while discouraging it in public space—hinders the success of these treatment centers by creating ambiguity and stigma among Muslims surrounding alcohol use and rehabilitation. This stigma prevents people from seeking treatment, hospitals from providing treatment, and educators from teaching about alcohol safety. Specifically, many primary healthcare providers and substance abuse centers refuse to treat alcohol dependence, and some doctors do not check blood alcohol levels even when a patient shows obvious signs of alcohol poisoning.[6]

In modern times, the government has taken many steps to combat these issues of stigma and shame. To improve treatment, the government has encouraged doctors to refer patients to psychiatrists and treatment centers if they screen positive for alcohol use. To combat stigma and fears of arrest, religious leaders issued a fatwa that enables people to seek alcohol treatment without judgement or legal persecution. To improve public awareness, the government created television and radio programs on alcohol education. And yet, despite all these efforts, in 2018, a large methanol poisoning outbreak occurred within 20 provinces, claiming nearly 100 lives.[7] Methanol poisoning cases spiked again earlier this year due to a rumor that alcohol can kill COVID-19 viruses.[8] Faced with a government that both vigorously condemns alcohol and supports rehabilitation, Iranians today appear to err on the side of caution. They avoid attending alcohol treatment centers, since attending would be a public admission to drinking and could expose them to the risk of punishment from a government that has a reputation for being brutal towards offenders. These policies create an interesting dynamic in Iran—the contrast between historical tolerance and modern-day condemnation—that causes alcohol rehabilitation to be so divisive in Iran. Indeed, across the Arab world, substance abuse disorders, and particularly alcohol abuse, is severely under-researched due to cultural taboos. One study found that

across 22 Arab countries, only 81 peer-reviewed papers were published on alcohol abuse over two decades.[9] This lack of research hinders the creation of successful policies addressing alcohol abuse: how can a government address a problem it refuses to acknowledge?

This paper attempts to begin to bridge this gap in research by focusing on Iran and exploring how the Iranian government's mixed messages toward alcohol use—banning it while also funding treatment centers—leads to stigma and uncertainty among Muslims surrounding alcohol consumption and treatment in ways that hamper successful rehabilitation. Drawing on works from several academic disciplines, including history, archaeology, public health, medicine, and public policy, this paper develops an interdisciplinary approach to examine the complex issue of alcohol abuse in Iran.

The first section briefly summarizes the deep history of wine and alcohol in Iran to provide the reader with a historical and cultural context for current drinking patterns. The next section explores some historical and present-day reasons for the stigma surrounding alcohol use in Iran. The following section describes Iran's current alcohol treatment plan and examines how stigma impacts quality of care for alcohol users. The fourth and final section evaluates the Iranian governments current steps to address the stigma surrounding alcohol rehabilitation and suggests future policy measures.

Contextualizing alcohol use in Iran

Contrary to popular belief, many Iranians drink alcohol and have been drinking for millennia. In fact, there is evidence of wine in Iran as early as 5400-5000 BCE. In 1996, archaeologist Patrick McGovern and his used advanced chemical analyses to identify tartaric acid, a common compound in grapes, and tree resin in the rims of several jars unearthed in the Zagros Mountains of Iran.[10] They concluded that these jars once contained resinated wine, confirming the deep history of wine in Iran. Stories of court festivities during the Safavid and Abbasid dynasties further support this history, depicting scenes where the Shah used wine to "loosen the lips" of visiting emissaries and reveal important state secrets.[11] In fact, Persian culture frequently uses wine metaphors in its poetry and art, equating wine to "liquid gold."[12] This demonstrates the influence and importance of alcohol in early Iranian society, which has not disappeared in recent years. Many tourists and news reporters have uncovered a secret night life in Iran, documenting house parties and underground nightclubs that partygoers bribe authorities to keep away from.[13]

Not only do Iranians drink, but many Iranians drink heavily. When the Scottish traveler James Fraser toured Iran in the 18th century, he observed that Iranians drink not to be social or to enjoy the "gradual exhilaration" of drinking wine, but to experience the feeling of intoxication.[14] Professor Rudi Matthee of the University of Delaware draws on his own experiences in Iran when he writes that many Iranians feel that once they drink their first sip of alcohol, they have already sinned so they may as well drink more.[15] A 2014 World Health Organization (WHO) report confirms these reports, concluding that in Iran, "total alcohol consumption for drinkers is estimated to be 25 L per person, which stands above many European countries."[16] This preference for heavy drinking makes the likelihood of alcohol poisoning greater. In fact, several Shahs throughout Iranian history died due to alcohol poisoning or complications from prolonged alcohol

abuse, such as Shah Safi of the Safavid Dynasty.[17] Combined with the fact that many Iranians are hesitant to go to the hospital when drunk, this cultural tendency towards heavy drinking exacerbates the danger of Iran's alcohol abuse problem.

Alcohol abuse is particularly prevalent among Iranian youth. The most commonly reported drug abused among Iranian adults is opium, with 42% of global opium consumption occurring in Iran due to its proximity to Afghanistan, a major exporter of opium, and a historical tolerance of the drug in Iran.[18] But among Iranian high school students, alcohol was the substance of choice, with one study finding that 45.7% of high-risk 11th grade students interviewed reported having tried alcohol.[19] This is troubling given that teenagers are more likely to misuse alcohol and experience alcohol poisoning, especially since they may not have been taught about safe drinking guidelines from their family or school due to the general taboo surrounding alcohol in Iran. This trend of drinking among youth is becoming more commonplace in the Arab world at large– studies have shown that as Arab countries open their economies to the Western world and attract more tourists, alcohol companies have increased production and marketing that preys on the impressionable youth. Moreover, Western influences through film and social media, as well as the increase in youth studying abroad in the West, have popularized drinking among teenagers.[20] Yet while drinking is becoming more popular, rehabilitation is not, leading to rising reports of alcohol abuse across Arab countries.

Iran has taken a harsher approach than other MMCs to deal with these troubling statistics because it uses Islamic law, while other MMCs separate Islam from their national law. Perhaps most comparable to Iran among MMCs in terms of alcohol policy is Saudi Arabia, which is also facing an increase in alcohol abuse despite being one of 5 MMCs with a total prohibition on alcohol.[21] Yet while citizens of Saudi Arabia often travel abroad to receive alcohol rehabilitation, those in Iran cannot do so due to difficulties with visas and the weakening Iranian currency under US sanctions.[22] As a result, Iranian citizens have to overcome their feelings of shame and attend domestic rehabilitation facilities.

While stigma surrounding rehab exists in Iran for many drugs, namely opium, the stigma surrounding alcohol is more pervasive. Researchers from the Zanjan University of Medical Sciences in Iran interviewed several patients at a methadone maintenance treatment (MMT) facility, the preferred treatment for heroin addiction, who stated feeling ashamed about receiving care.[23] One man described how he felt rejected by his community and family and how he felt like a "wasteful person," sentiments similar to those espoused by patients at alcohol rehabilitation facilities.[24] Despite this social stigma surrounding narcotics rehabilitation, the study finds that "80% of the recognized drug treatment seekers in Iran were primarily dependent on opioids," indicating that the stigma surrounding opioid treatment, while still problematic, is less than that surrounding alcohol. This may be because opium use has historically been tolerated in Iran; for example, in the 19th century, the travelling doctor Jacob Polak recorded in his book that "opium use is a very popular habit" that doesn't carry shame and social stigma like cannabis and alcohol use.[25] In contrast, alcohol use has historically been swept under the rug by the government, as the next section will discuss.

The Public-Private Divide

The root of the ambiguity surrounding alcohol use and abuse in Iran rests in the

public-private divide: the Iranian government has historically tolerated drinking privately in the home but discouraged drinking in open, public spaces.[26] During the Islamic era, taverns stood in secluded, back streets where visitors could convene and drink outside of the public eye.[27] The Shah and his courtiers would often drink into the night but rarely publicized or boasted about their festivities. This way, the Shah could present a holy, righteous image without actually forcing his constituents to forego alcohol, earning the support of both regular citizens and Islamic clerics.[28] Thus, the government both condemned and tacitly allowed alcohol, planting the seeds of uncertainty among Iranians. Occasionally, Shahs would renounce alcohol altogether and ban alcohol production and consumption. Yet while all the Safavid Shahs issued such decrees, "all but one fell off the wagon at one point or another in the course of their reigns."[29] This implies that the influence of religious clerics over the Shah was never strong enough to produce a permanent ban on alcohol.

Indeed, the current alcohol ban in Iran is more severe, comprehensive, and persistent than any other alcohol ban in Iranian history as the influence of Islamic clerics increased greatly following the 1978-79 Islamic revolution.[30] Whereas before, Shahs merely sought the approval of Islamic clerics, today religious clerics run the Iranian government. The rhetoric the government uses to combat alcohol use is much stronger and the punishments much graver. Iran's legal code states that authorities can punish alcohol use with up to eighty lashes for the first three offenses, and execution after the fourth. News about the flogging of a young man punished for drinking alcohol at age fifteen while attending a wedding years before as well as the recent execution of a man repeatedly caught drinking alcohol made international headlines and emphasized Iran's brutality towards transgressors.[31] These changes in Iranian policy are significant: they deepen the public-private divide as Iranians drinking alcohol burrow further into the private sphere and the safety of their homes to avoid detection and arrest.

This division carries serious consequences as it prevents Iranians from seeking rehabilitation. Going to the hospital while drunk or attending rehabilitation amounts to a public admission to drinking. In other words, seeking help breaks the public-private barrier that shapes the lives of so many Iranians. By attending treatment, alcohol users open themselves up to judgement from society and possible punishment from the government. Iranian society frowns on people who admit that they drink in public, stigmatizing alcohol and preventing users from seeking treatment. The government contributes to such stigma, declaring that alcohol abuse is a condition for which the user is responsible. Ironically, while the government acknowledges that abuse is a disease when they open rehabilitation centers, they still place the blame on users, creating a sense of shame that keeps Iranians away from rehabilitation. This stigma and the insurmountable barrier of the public-private divide contributes to low attendance rates to Iranian alcohol treatment centers and the rise of alcohol abuse in the country, as the next section will describe.

Problems with Iran's current alcohol treatment plan

In 2011, the large methanol poisoning outbreak prompted the Iranian government to acknowledge its problem with alcohol abuse and design a four-tier plan to address

it. Ranked in increasing order of severity, these tiers include primary care, intensive outpatient care, medically managed residential care, and inpatient care services.[32] Within primary care, physicians screen patients they believe exhibit signs of alcohol use or abuse. If patients test positive for alcohol use, doctors refer them to a psychologist, who then determines whether they need to attend a treatment center. The second tier, outpatient services, consists of substance abuse centers such as centers for opioid addiction that now offer treatment for alcohol dependence as well. The third tier, medically managed residential care, consists of temporary residential care for noncompliant patients who require additional intervention from nurses and psychiatrists. The final tier, inpatient care services, refers to hospital wards where patients stay for prolonged periods of time and receive care from doctors, nurses, addiction counselors, and psychiatrists. This option is reserved for the most severe cases of alcohol dependency and is usually only accessible to the wealthy.

While the intention and design of this four-tier plan may sound reasonable, the execution has faced problems. For example, current medical training in Iran does not include alcohol abuse or methanol poisoning, which causes many doctors misdiagnose patients entering the emergency room or primary care office. Hamidreza Aghababaeian of the Tehran University of Medical Studies explains that hospital staff sometimes mistake methanol poisoning for alcohol poisoning.[33] The symptoms of methanol poisoning take longer to manifest, and doctors might discharge patients too early to notice these additional symptoms. This can be fatal mistake as methanol poisoning requires different treatments than alcohol poisoning. While doctors may treat alcohol poisoning with rest and hydration, treating methanol poisoning the same way may lead to permanent visual impairment or even death. Instead, methanol poisoning requires additional medications and intravenous solutions to rid the body of lethal toxins. In other words, delayed detection of methanol poisoning leads to unnecessary suffering and death.

One reason why medical training neglects alcohol education may be because even among medical circles, alcohol use is a taboo subject. The government may not want to train doctors in alcohol abuse because people in Iran are not supposed to drink alcohol in the first place. Similar to how the government cannot educate the public on safe alcohol guidelines without appearing hypocritical, they also cannot educate doctors on alcohol abuse without first acknowledging that Iranians drink. Thus, the ambiguity surrounding alcohol use has clear, adverse implications for medical treatment.

Another problem with the first tier of the plan is that primary care physicians do not always publicly advertise that they offer alcohol treatment services because of the shame associated with alcohol dependency.[34] They do not want to interact with patients who suffer from alcohol abuse, nor do they want to lose patients who may not want to be seen attending a center that also treats alcohol abuse patients.

A similar problem plagues the second tier, or the intensive outpatient care services. The government originally planned to house alcohol treatment centers within existing substance abuse centers, which treat addictions such as opioid and narcotics addiction, because they thought standalone alcohol treatment centers would attract too much attention.[35] By combining the two, the government wanted to combat some of the stigma involved with attending alcohol treatment centers, since most Iranians believe opium and narcotics addiction to be

less shameful than alcohol dependency. However, outside of the mandated 150 treatment centers, very few existing substance abuse centers agreed to provide services for alcohol treatment.[36] This indicates that the stigma of alcohol use does not only affect the general public, but medical professionals as well, even those trained in substance abuse disorders. The practice of publicly shunning alcohol users runs deep within Iranian society.

This stigma not only prevents hospitals from providing patients with treatment, but also prevents patients from seeking rehabilitation in the first place. While this issue is difficult to document because people who do not attend alcohol treatment centers would not acknowledge so in a survey, research has indicated that citizens worry that if they go to a hospital drunk, hospital staff will report them to the authorities.[37] The next section will evaluate the Iranian government's responses to these issues as well as the success and shortcomings of those policies.

Solutions and Future Considerations

Iranian leaders have taken multiple steps to combat the stigma surrounding alcohol abuse. For example, religious leaders issued a fatwa that excused any Muslim that attended an alcohol treatment center from punishment, stating that attending a center shows strength of character and is the first step towards repentance.[38] Moreover, the government has created several agencies, such as the National Committee for Alcohol Prevention and Control, to improve screening and prevention of alcohol abuse in hospitals and primary care facilities. The Ministry of Education also began radio programs to educate citizens on healthy levels of alcohol use and possible symptoms of alcohol poisoning. These steps indicate that the Iranian government is becoming more understanding of the pervasive, complicated nature of alcohol abuse and address much of the uncertainty surrounding alcohol use. However, as long as inconsistencies remain within Iranian society—tolerating alcohol in the home but not outdoors—and the Iranian government —punishing some alcohol users while extending mercy towards others—Iran's plans to combat alcohol abuse will fall short. Many Iranians will remain paralyzed with fear and will not attend hospitals when drunk or visit rehabilitation centers.

Yet once Iranians enter rehab and doctors successfully treat them, the results are promising. A study conducted on the first inpatient alcohol treatment center in Iran, created under the government's plan to open 150 treatment centers, found that of the center's 83 patients, 68 (82%) completed the treatment.[39] While the study did not follow up with the patients after they were released, the authors did find that offering in-patient alcohol rehabilitation increased the effectiveness of the treatment by providing patients access to psychological counseling, hepatology consultations, and other hospital services. Alcohol abuse is a multi-pronged disorder that affects many parts of the body, including the liver, mind, and heart, and treatment for more severe cases must address all these issues. The government's establishment of this treatment center represents a step in the right direction, but it will take more—an acknowledgement of the culture and history surrounding alcohol in Iran as well as the stigma impacting rehabilitation—before alcohol rehabilitation can be seamlessly integrated into Iran's medical practices.

Some scholars have suggested that if the Iranian government does not wish to publicize Iran's drinking problem, they can spread the information informally through social networks.[40] That way, the public can access the information they need about safe drinking guidelines and rehabilitation facilities near them without the government

losing face, similar to how past Shahs would condemn drinking publicly while allowing it privately in the home, courts, or back-alley taverns. While it is certainly important for the public as well as medical professionals to learn about safe drinking and the signs of alcohol and methanol poisoning, in order to encourage Iranians to attend rehab, the government should publicly reiterate the fatwa and emphasize that attendees will not be punished to finally break down the environment of fear and stigma that keeps Iranians away from rehab.

Conclusion

Many public health and public policy experts have described problems within Iran's alcohol treatment plan, while many historians and anthropologists have studied the complex history of alcohol in Iran. This paper has attempted to link these strands of inquiry centered on medicine, public policy, history, and culture to explain how the stigma stemming from the public-private divide in Iran and the uncertainty arising from the Iranian government's mixed positions on alcohol—especially after the Islamic Revolution—prevents alcohol users from seeking rehabilitation and complicates alcohol treatment. For example, medical professionals frequently misdiagnose alcohol and methanol poisoning because alcohol is a taboo topic in medical education and doctors-in-training lack the knowledge necessary to detect critical differences in symptoms. Moreover, some primary care offices and substance abuse centers do not offer alcohol treatment because of their prejudices against alcohol users, pointing to the fact that additions to narcotics may be less stigma-prone than dependence on alcohol. These same prejudices cause Iranians suffering from alcohol abuse to shy away from rehabilitation, where they fear they will be judged or punished. All of these factors contribute to the rising levels of alcohol abuse in Iran as well as the rising mortality of methanol poisoning.

Some future avenues for research could entail exploring ways to destigmatize alcohol among Iran's general public as well as in medical circles. There are many layers to the stigma surrounding alcohol in Iran, and any successful future policy must address all of them. The Ministry of Education should educate the public on safe alcohol guidelines and remove alcohol from the list of taboo topics. Medical universities should teach physicians to identify the symptoms of methanol poisoning and to treat alcohol abuse. Religious leaders should temper their harsh rhetoric against people who drink in order to persuade them to attend rehabilitation. The challenge will be discovering a way to develop these policies without compromising the government's stance on banning alcohol and the values of Iranian Islamic society more broadly. After all, the government appears hypocritical when they forbid alcohol but also instruct the public on safe drinking guidelines. But only after taking these steps can Iran shed its culture of shaming and blaming alcohol users and instead move towards a culture where people feel safe attending treatment centers and doctors feel safe treating them.

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