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## **Alcohol: From Mesopotamia to Modern Iraq**

### **Abstract**

*Aims:* An understanding of alcohol's place in Iraq's history and society can help inform alcohol policy responses in that country and other Muslim majority countries. This paper describes the history of alcohol in Iraq from ancient to modern times, with reflection on the challenges facing Iraqi youth today.

*Methods:* A search was undertaken to identify peer reviewed and grey literature that describes alcohol-related practices, norms and values across the millennia in Iraq. A historical overview is provided of alcohol's use and context, with more detail on recent times.

*Findings:* Alcohol was an important commodity in Iraq until the rise of Islam in the 7<sup>th</sup> century CE. Despite the subsequent Islamic restrictions on alcohol, alcohol remained present in Iraq's society and cultures. Recent studies provide varying descriptions of the prevalence of alcohol consumption and there are challenges in researching this sensitive topic. External forces shaping alcohol use in Iraq include direct and indirect alcohol promotion, globalised media, and conflict and violence with its associated stress and trauma.

*Conclusion:* Alcohol research and policy development in Iraq must consider the country's unique cultural, religious, historical and political context. Iraq's youth may be subject to pressures to increase consumption and thus policies must be informed by an understanding of the complex set of current perspectives and pressures.

**Keywords:** Alcohol, Iraq, Muslim majority countries, Islam, history, youth

## **Introduction**

The fertile lands of Mesopotamia, between the Tigris and Euphrates rivers, are the probable hosts of the first permanent human settlements from around 10000 BCE (Potts, 2012). The desire to brew beer has been cited as a possible trigger for the establishment of grain farming and such settlements (Hanson, 2013; Hornsey, 2003). Today, alcohol is linked to 3.3 million deaths or 5.9% of deaths worldwide (WHO, 2014). The majority of alcohol consumption occurs in high income countries. In response, these countries are increasingly regulating alcohol use by restricting availability, limiting marketing and increasing taxation (Babor, 2010). To maintain income and productivity, the global alcohol industry is now growing its investments in low and middle income countries (Alcohol Public Policy Group, 2010). This is where the largest increase in alcohol use exposure has occurred (GBD 2016 Risk Factors Collaborators, 2017). The highest proportional increase in drinking is in countries with low baseline levels of alcohol consumption (Alcohol Public Policy Group, 2010). Young people are particularly vulnerable to both alcohol marketing and alcohol-related harm (World Health Organization (WHO), 2014), and are most at risk from drinking. Currently alcohol is the leading risk factor globally for burden of disease in people aged 15-49 years (GBD 2016 Risk Factors Collaborators, 2017). Accordingly, low and middle income countries with young populations and high rates of abstinence may be especially susceptible to emerging alcohol marketing and alcohol-related harm (WHO, 2014). While Muslim majority countries (MMCs) may be protected by strong religious and cultural taboos in relation to alcohol, their population is unlikely to be totally immune. Indeed MMCs have seen some recent increases in alcohol consumption (WHO, 2011).

Iraq is an upper-middle income country with an estimated population of over 38 million, of which three out of five are younger than 24 years of age (United Nations Department of Economic and

Social Affairs (UNDESA), 2017). While currently only 3.4% of Iraqi adults report current alcohol consumption (US Department of State, Bureau of International Narcotics and Law Enforcement Affairs, Iraqi Society of Addiction Medicine, University of California LA, & Center for Human Services, 2015), there are many pressures on young Iraqis that may increase alcohol misuse. These include exposure to global media, alcohol promotion and violent conflict with its associated political and economic instability, stress and trauma.

Insights into the social, cultural and historical context of alcohol use in Iraq can help inform an appropriate policy response. In Iraq, the majority population of Muslim Arabs and the minority religious and ethnic groups continue to identify with religions and cultures dating back centuries or millennia. An examination of these traditions can contribute to improved understanding of contemporary Iraqi attitudes and practices related to alcohol. This paper provides a chronological overview of the history of alcohol in Iraq, and of available data on current attitudes and consumption, including among young people. Finally, it considers the challenges faced by researchers and policy makers in Iraq and other MMCs in close geographical proximity that share similar cultures and sensitivities.

## **Methods**

A search of databases and websites was undertaken to identify peer-reviewed and grey literature that describes alcohol-related practices, norms and values across the millennia in Iraq. This search was not exhaustive, particularly for periods up to the 20<sup>th</sup> century, but was undertaken to reveal the range and nature of available material. This research used primary and secondary sources in English, Arabic and Persian (Farsi) languages.

For the pre-Islamic era, reference books and articles about the origins of human alcohol consumption

were consulted to gather information about alcohol in Iraq's early history. These were identified through Google Scholar, library database searches and searching through hard-copy books in relevant sections of the university library.

Arabic primary sources such as Quran exegesis (*tafsir*) and jurisprudential (*fiqh*) books were consulted to identify the development of the Islamic jurisprudential position on alcohol. Some of these findings have also previously been published in the English literature (Al-Ansari, Thow, Day, & Conigrave, 2015; Enes, n. d.; Feins, 1997; Michalak & Trocki, 2006). Where there were commonalities in findings between peer-reviewed papers and the primary Arabic literature, the English sources were cited as they are more accessible to non-Arabic readers. A similar approach was undertaken for the brief overview of alcohol use during the Islamic era. An extensive search of Arabic and English publications on the social position of alcohol in Iraq during the 20<sup>th</sup> century was also conducted online and in the University of Sydney Library.

Peer reviewed literature relating to the place of alcohol in Iraq's society and culture and prevalence of its use were identified using the search terms alcohol and Iraq on Scopus. The search identified almost 400 studies, but most were on alcohol use among United States servicemen returning from Iraq. After excluding the terms "military or veterans or duty or soldiers or armed" and excluding irrelevant papers (e.g. relating to laboratory studies of ethanol), there were only three papers specifically about alcohol. In addition, eight papers on other topics included information about alcohol (three about other drugs (benzhexol and corticosteroids), three on mental health (e.g. schizophrenia), one on driving behaviours and one on health management). Other databases revealed even fewer results. These international academic sources were complemented with articles from local unindexed academic journals (some accessed through research gate) or grey literature, and from conference presentations. Iraq's alcohol policies were identified using primary legal sources (in Arabic) from legal databases (e.g. the Iraqi

Local Governance Law Library). Information about implementation of these policies was mostly gathered from grey literature such as online media reports (in Arabic and English).

## Findings

Iraq has been home to and influenced by many ethnicities, cultures, religions and civilisations. This is in part due to Iraq's location at the crossroads between Central Asia, West Asia, Arabia, Africa and Europe. (Figure 1).

The country's evolving attitude towards alcohol (summarised in Figure 2) provides a lens to better understand the modern Iraqi society.



Figure 1 Location of the major historical capitals that existed within Iraq's modern borders

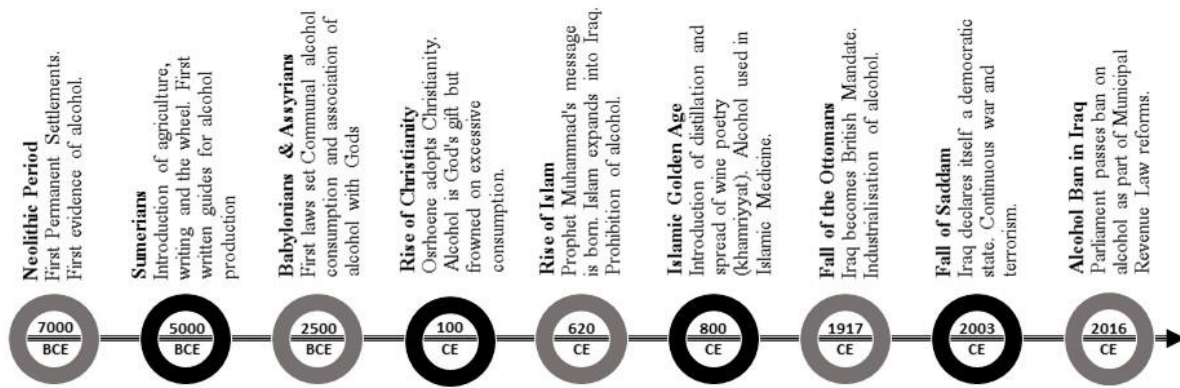


Figure 2 Timeline of alcohol in Iraq's history

### *Alcohol and Iraq in pre-Islamic history*

Beer played a central role in ancient Mesopotamia; it provided the necessary calories to carry out daily work and was clear of the faecal matter which often polluted fresh water sources (Wolf, Bray, & Popkin, 2008). Accordingly, beer is said to have replaced water as the most consumed beverage (Corfield, 2015) and it acted as a form of currency (Corfield, 2015; Sinclair & Sinclair, 2010). Beer was socially consumed from a large vat using straws (Hornsey, 2003; Sinclair & Sinclair, 2010). The straws were sometimes made from gold and silver and measured approximately 1 cm in diameter and 93 cm in length (Sinclair & Sinclair, 2010). The first brewing recipe spread from southern Iraq as a hymn to the Sumerian Goddess of brewing, Ninkasi (Corfield, 2015; Hornsey, 2003).

Wine making similarly originated near the borders of Iraq in modern-day Iran in the 5<sup>th</sup> millennium BCE (Wolf et al., 2008). In southern Mesopotamia, Babylonians worshipped wine deities and used both beer and wine for ceremonial purposes (Hanson, 2013). This region is where the first evidence of alcohol policy can be found in the 18<sup>th</sup> century BCE Babylonian code of Hammurabi. The engraved stone tablet set out legislation on tavern trade and restricted priestesses from opening, operating or consuming publicly in taverns (Hammurabi, 1904). Jews in southern Iraq were also known to have

written rules around wine as early as the 5<sup>th</sup> century BCE (Feins, 1997). They continued to produce and consume alcohol into the Islamic era (Feins, 1997).

In northern Iraq, wine was seen as a luxury for the Assyrians, given as a reward to the men and women who were under the service of the king (Joffe, 1998). This region was also home to the first Christian state – the Oshoene Kingdom (Rassam, 2005). Wine was seen a gift from God, an inherently good substance, but its excessive consumption was frowned upon (Hanson, 2013).

In neighbouring Arabia, consumption of alcoholic beverages was commonplace and also had cultural and religious importance until the rise of Islam (Feins, 1997; Maraqtan, 1993). Indeed, the significance of alcohol is demonstrated by the hundreds of words that exist for alcoholic beverages in classical Arabic (Maraqtan, 1993). The term ‘alcohol’ is thought to be derived from the Arabic *al-kohl*, a black powder used in cosmetics for the eye (R. Mathee, 2014; Michalak & Trocki, 2006; Wiedemann & Allan, 2012). *Kohl* described any substance that cannot be pulverised any further (Wiedemann & Allan, 2012).

In Arabic, alcoholic beverages are also referred to as *khamr* (literally: grape wine). The word *khamr* is the root of *takhmeer* (fermentation). The root *kh-m-r* is also the root of Arabic terms including: covering, clouding, hatred or enslaving (Enes, n. d.; Ibn Manzūr, 2003). For this reason, the term *khamr* is widely believed to be a term that is inclusive of all intoxicants and not just grape wine (Enes, n. d.; Feins, 1997; Ibn Manzūr, 2003).

### ***Alcohol and Islam***

Islam began in western Arabia in the early 7<sup>th</sup> century, at a time when alcohol consumption was widespread (Gately, 2008; Maraqtan, 1993). The advance of Islam, with its teaching of abstinence from alcohol, reduced alcohol production in the region (Wolf et al., 2008). Islam still remains the religion of the overwhelming majority of Iraq’s population today (Pew Forum on Religion & Public Life, 2009).



Shia Muslims constitute 65-70% of the Iraqi population, while 29-34% of the population are Sunni (Pew Forum on Religion & Public Life, 2009). There is a consensus on the prohibition of alcohol in both schools of thought. However, Abu Hanifa al-Nu'man, one of the main four Sunni jurisprudential authorities argued that absolute *khamr* prohibition only applies to grape wine (Abbū Zahū, 2012; Feins, 1997). Substances from other sources are prohibited if consumed in amounts that cause intoxication (Abbū Zahū, 2012; Feins, 1997).

### *Alcohol in the Qur'an*

The Qur'an and the Sunnah form the main basis of Islamic law. The Qur'an is believed to be the word of God, revealed to Prophet Muhammad during his life.

According to some interpretations, the Qur'anic prohibition of alcohol was gradually revealed via three stages (Figure 3). This was to create an environment which can accommodate the introduction of absolute prohibition (Al-Ansari et al., 2015; Baasher, 1981; Feins, 1997; Michalak & Trocki, 2006).

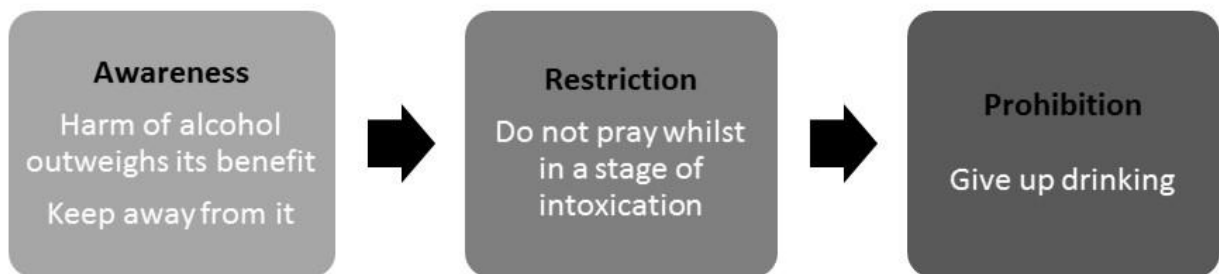


Figure 3 Stages of alcohol prohibition in Islam

Chronologically, the first verse warned that the harm from intoxicants out-weighs their benefits:

“They ask you [Prophet] about intoxicants and gambling: say, ‘there is great sin in both, and some benefit for people: the sin is greater than the benefit.’”(Abdel Haleem, 2005)

Some scholars have interpreted the ‘benefits’ of *khamr* in the above verse to be the temporary pleasure intoxicants provide (al-Ṭabāṭabā’ī, 1997). This is consistent with other verses of the Qur’an that speak of harmless and pure goblets [of wine] in heaven as a reward for good-doers (Quran 37:45) (Abdel Haleem, 2005).

Despite the warnings about the harms of alcohol in this verse, some Muslims continued to drink and even prayed in a state of intoxication (Michalak & Trocki, 2006). Accordingly, the second verse was revealed:

“You who believe, do not come anywhere near prayer if you are intoxicated, not until you know what you are saying” (Abdel Haleem, 2005)

As Muslims needed to pray five times a day, the verse greatly limited the possibility of consuming alcohol, but it was not explicitly forbidden until the final verse was revealed:

“You who believe: intoxicants and gambling, idolatrous practices, and [divining] arrows are repugnant acts of Satan’s doing – shun them so that you may prosper. With intoxicants and gambling, Satan seeks only to incite enmity and hatred among you, and to stop you remembering God and prayer. Will you not give them up?” (Abdel Haleem, 2005)

While some scholars argue the verses above represent three steps towards the prohibition of alcohol, others say that *khamr* was prohibited from the first verse and the latter verses only elaborate on the prohibition (al-Ṭabāṭabā’ī, 1997). Although the Qur’anic prohibition may have been initially

gradual, this did not mean that alcohol prohibition was implemented gradually in new areas Islam spread to, such as Iraq.

### *Alcohol in the Sunnah*

The Sunnah is the life, sayings and teachings of the Prophet Muhammad (relayed via *hadith*, which were initially verbal accounts). In Shia thought, the life and teachings of the twelve Imams are also considered an accurate interpretation of Islam (Lindsay, 2005).

Statements attributed to the Prophet indicate that *khamr* is anything that befogs the mind and that whatever intoxicates in large amounts is prohibited in small amounts (Feins, 1997; Michalak & Trocki, 2006). It is also narrated that God will reward an abstainer, regardless of their intention, as a reward for protecting themselves. This is because consumption of *khamr* is considered a gateway to every evil (al-Qummī al-Ṣadūq, 1984; Enes, n. d.).

Hadith literature indicates that in addition to consumption, this prohibition also encompassed any association, production, sale, purchase, transport, profit and service of alcohol or of any other intoxicant (Al-Ansari et al., 2015; Enes, n. d.; Michalak & Trocki, 2006).

### *Brief history of alcohol during the Islamic era (7<sup>th</sup>-20<sup>th</sup> century) in Iraq*

Although the Qur'an and Sunnah prohibit alcohol consumption, there is evidence that some Muslims continued to drink well into the Islamic era (Feins, 1997; R. Matthee, 2014). There are even examples of Muslim rulers consuming alcohol from the first century after *hijra* (Islamic calendar, circa 7<sup>th</sup> century CE) onwards (Feins, 1997). Some Umayyad (661-750 CE in Syria) and Abbasid (750-1258 CE in Iraq) Caliphs were well known for their excessive drinking (Abbū Zahū, 2012; Feins, 1997; R. Matthee, 2014). This continued even beyond these empires, when Ibn Battuta, the famous 14<sup>th</sup> century traveller and chronicler, speaks of a king who was whipped in his own palace as a punishment for his

drinking (Ibn Baṭṭūṭa, 1987).

Public consumption was also present and taverns could be found across the Muslim world, although their reputation was negative (R. Matthee, 2014). It is also evident that non-Muslims remained free to produce, trade and consume alcohol (Feins, 1997; R. Matthee, 2014). Strict religious prohibition and punishment only took place periodically and temporarily depending on the ruler (Feins, 1997; R. Matthee, 2014).

Another indicator that drinking did occur in some circles during this era is the rise of the pre-Islamic genre of wine poetry (*khamriyyat*) (Kennedy, 1997, 2012). Unlike mystic poetry, *khamriyyat* speak of the love of wine and of intoxication. This style of poetry was mastered by Abu Nawas who says:

“If I count my years I find no excuse for greyness to descend upon my head,

They say, ‘You have become old and grey’, yet my hand is not so old that it cannot hold a cup to my lips!” (Kennedy, 1997)

Abu Nawas is still celebrated in Iraq today and a street named after him, fittingly, has become the centre of Baghdad’s nightlife and drinking in contemporary times (Raad, 2017).

Alcohol was also used in Islamic medicine, including in antidotes (Ibn Abi Uṣaybi’a, 1996). Ibn Sina (Avicenna) dedicated a portion of his ‘Canon of Medicine’ to “rules concerning the use of water and wines”. He explains some benefits from wine before prescribing alcohol mixed with moss as a sedative. He also prescribes cures for alcohol overdose whilst advising against youth intoxication by saying:

“To give wine to youths is like adding fire to a fire already prepared with matchwood.

Young adults should take it in moderation. But elderly persons may take as much as they can tolerate.” (Avicenna, 1973)

Although public Muslim consumption of alcohol was banned, there is evidence that alcohol continued to be consumed throughout the Muslims lands, including by the Ottomans, Safavids, Mughals and Qajar until the 20<sup>th</sup> century (R. Mathee, 2014; R. P. Mathee, 2005). The last Caliphate was abolished on March 3, 1924.

### ***Alcohol and modern Iraq***

#### *Brief history of modern Iraq*

Between the 1500s and early 1900’s Iraq was comprised of three provinces of the former Ottoman Empire: Baghdad, Basra and Mosul (Fontana, 2010; Zubaida, 2002). Despite strong resistance, the British occupied Iraq after the First World War. The newly created mandate of Iraq, typically labelled “artificial”, included borders with no historic, cultural or geographic significance (Fontana, 2010). This Iraqi monarchy became independent from the British in 1932 (Zubaida, 2002). In 1958, following an uprising, the country became a socialist republic, and soon afterwards the Baathist party overthrew the government to rule Iraq for the next few decades.

Despite this political volatility, Iraq remained one of the most developed nations in the region with an annual per capita income of US\$3510 in 1989 and 97% of the urban population had access to healthcare (Ali & Shah, 2000). However, in August 1990, prior to the First Gulf War, international sanctions reduced Iraq’s oil production by 85% and resulted in the decline of the per capita income to US\$450 by 1996 (Ali & Shah, 2000). These sanctions contributed to the death and disability of many Iraqis, especially children (Ali & Shah, 2000; Rowat, 2000). Mortality rates soared by more than 100%

in the space of few years (Ali & Shah, 2000; Rowat, 2000; UNICEF, 1999). Since 1980 (except for 1989) Iraq has been exposed to either war, sanctions or terrorism.

### *Alcohol in Iraq in the 20<sup>th</sup> century CE*

There is only limited published work describing alcohol use in Iraq between 1932 and the present. From accounts, we know that alcohol production and consumption was present in the 1940's and 50's, especially among Iraq's non-Muslim population (Zubaida, 2014). Zubaida (2014) also speaks of Jewish cooperative of households making their own alcohol for special occasions. Alcohol consumption among non-Muslims and in the middle and upper sector of society was typically in private households or 'casinos', and associated with enjoyment, sociability and music (Zubaida, 2014).

There was however another side to drinking in the common pubs (*maykhanas*) that were available around Baghdad. These establishments, where intoxication and fights were not uncommon, were frequented by poorer classes (Zubaida, 2014). In the 1960's, al-Wardi in his 'Study of the Nature of Iraqi Society' mentions this heavy presence of alcohol in urban environments. He relays that men in urban settings drink to prove their masculinity and it is usual to see a drinker trying to engage in physical fights, even if he has not consumed enough to be particularly intoxicated (al-Wardī, 1965). This helps explain why, *araq* (distilled spirit), was colloquially known as the "lion's milk" (*ḥalīb al-Sab`*) (Zubaida, 2014). It is postulated that heavy social responsibilities and lack of opportunities for self-expression may have contributed to heavy drinking among Iraqi men (al-Wardī, 1965; Khayyat, 1990).

In 1990, when alcohol was consumed in Iraq at a rate of 0.8 L of pure alcohol per capita (WHO, 1999), Sana Khayyat (1990) interviewed Iraqi women (n=50) across the ethnic, religious and professional spectrum. The women reported their husbands typically drank excessively outside the home and often returned with financial difficulties and an increased chance of family conflict and

domestic violence. Most of the women described their father, husband or both as “alcoholics” and expressed that men use alcohol to express their adoption of modern attitudes as opposed to traditional customs (Khayyat, 1990).

Iraq’s alcohol industry produced both beer and *araq* and lasted until the fall of Saddam in 2003 (Jansen, 2006). The Gulf War, international sanctions, and his permissive attitude towards alcohol and nightlife, had made Saddam unpopular in religious spheres (Lewis, 1994; Rohde, 2010). As a response, in 1994, Saddam introduced the *al-Ḥamla al-Īmānīyya* (faith campaign) that banned public alcohol consumption (Ḥusayn, 1994). Alcohol played such a role in establishments on Abu Nawas St (Baghdad’s main entertainment quarter), that the space was deemed “dead” following the ban (Raad, 2014). The faith campaign was disputed, including by Saddam’s son Uday (Lewis, 1994) who later oversaw Iraq’s largest brewery until the Second Gulf War in 2003 (Jansen, 2006).

#### *Alcohol in contemporary Iraq (21<sup>st</sup> Century)*

Iraqi legislation allowed the sale and consumption of alcohol within regulations until late 2016. Laws enacted in 2001 (Table 1 and Table 2) allowed premises with an annual alcohol license to operate. These premises could not be situated in Iraq’s sacred cities or within proximity to a mosque, religious establishment, hospital or school (Makkī, 2001). Such premises were required to be closed during special religious occasions, including Ramadhan. Individuals had to be over 21 years of age to work for an alcohol store and the law permitted alcohol to be sold to anyone over the age of 18 (Makkī, 2001).

Most alcohol sales in Baghdad were reported to be conducted by Christians and Yezidi minorities in Iraq, although some customers were Muslim (Alive in Baghdad, 2009). Alcohol businesses cease sales during the Islamic holy months of Ramadhan and Muharram (Alive in Baghdad, 2009). According to alcohol shop owners, all types of alcoholic beverages were readily available in

their Baghdad stores but were difficult to transport to other provinces for private sale due to the increased presence of police and security checkpoints (Alive in Baghdad, 2009).

Applicant	<p>One applicant (license cannot be under two or more names)</p> <p>Iraqi citizen</p> <p>Non-Muslim</p> <p>Female or male (males must have completed military service)</p> <p>Over the age of 21.</p> <p>Not have an existing license for another store for the same purpose.</p>
Zoning and Location	<p>Not be located in the holy cities (Najaf, Karbalā', Sāmūrā', Kādhumīyya and A'dhamīyya)</p> <p>Not be located on freeways, highways or any other roads connecting towns or cities.</p> <p>To be at a minimum distance of (from the boundaries, in all directions):</p> <p>500 metres away from Holy Shrines.</p> <p>200 metres away from Mosques or Islamic centres.</p> <p>100 metres away from schools or hospitals.</p> <p>In the correct zoning within the Baghdad council or other municipal councils.</p> <p>Approval from local People's Council.</p> <p>The relevant department will assess if the location meets all terms and conditions.</p>
Size and facilities	<p>Wholesale stores:</p> <p>Minimum size of 150 m<sup>2</sup>. Must include rooms for management, budgeting and to accommodate other staff. Storage facilities or shelters must be included with access available for large vehicles. Sanitary facilities must be included.</p> <p>Retail stores:</p>



	Minimum size of 20 m <sup>2</sup> .
Other required documents	<p>Ownership or lease documents of the potential store.</p> <p>Valid business name approved by the Department of Trade.</p> <p>Permission from the local representative (Mukhtar).</p> <p>License to import alcoholic beverages or primary ingredients for the making of alcoholic beverages.</p> <p>Contract with an alcoholic beverage import or production company.</p>
License renewal and conditions	<p>The license is annual and must be renewed before the 1<sup>st</sup> of April annually in person.</p> <p>The Department of Tourism has the authority to limit the number of licenses given within a district.</p>

Table 1 Laws regarding application for a license to sell alcohol (Makkī, 2001)

Marketing	<p>Alcohol beverages are not to be displayed in a provocative manner inside or outside the store.</p> <p>All marketing for alcoholic beverages in any media (visual, readable or audio) is banned.</p>
Age limits	<p>Alcohol cannot be sold to those less than 18 years of age.</p> <p>Employees are all to be over the age of 21.</p>
Closing dates	<p>All alcohol shops are to shut for the following occasions:</p> <p>Holy month of Ramadhan</p> <p>Islamic New Year (1<sup>st</sup> of Muharram*)</p> <p>Day of Ashura (10<sup>th</sup> of Muharram)</p> <p>Birth of the holy Prophet Muhammad</p> <p>Night of ascent and descent**</p> <p>All other religious occasions</p>
Operating hours	Wholesale stores:

	<p>Saturday to Thursday 9am to 6pm</p> <p>Retail stores:</p> <p>Saturday to Thursday from 10am to 10pm and Friday, 3pm to 10pm</p>
Safety measures	<p>It is not permitted to amend the type nor the label on any alcohol container.</p> <p>Wholesale stores must meet the relevant regulations for the storage of alcoholic beverages (depending on type).</p> <p>Wholesale stores are not permitted to sell individual containers.</p> <p>Retail stores are not permitted to sell wholesale or any alcohol that is not sealed into individual containers.</p>
Representation or transfer of license	<p>If the licensee is away for international travel – he/she must apply prior to travel for a representative to take all responsibility for the store during the entire period of the licensee’s absence.</p> <p>A licensee may surrender or transfer their license with the permission of the Department of Tourism to a family member or a shareholder in the company, given that they meet the requirements to hold a license.</p>

Table 2 Laws regarding the operation of licensed stores (Makkī, 2001)

These 2001 national regulations remain the most detailed recent laws regarding alcohol in Iraq. After the 2003 war, alcohol sales declined due to violent attacks on bottle shops and nightclubs by a mix of government forces, militia and terrorists (RT, 2014). However, reports from coalition forces in Iraq suggest that ‘moonshine’, home-distilled spirit with high alcohol content, was available in Iraq during this time (Von Zielbauer, 2008).

Following the introduction of the new Iraqi constitution in 2005, some provincial governments passed their own laws regarding alcohol. A few provinces across Iraq, including the port city of Basra, prohibited alcohol production, sale, consumption and import (Agence France-Presse (AFP), 2010). Alcohol prohibition in Basra caused anger among the province’s non-Muslim population who argued

that this would drive people to procure their alcohol from illicit sources (AFP, 2009). A number of Christians also accused authorities of using the fight against alcohol to drive them out of the country (Leland, 2011).

In 2016, the Iraqi parliament introduced a ban on alcohol import, production and sale in all Iraqi provinces other than the Kurdistan autonomous region (Article 14, Municipal Revenue Laws, passed 22 October, 2016) (Al-Hukūma al-‘irāqiyya [Iraqi Government], 2016). Some analysts argue that this ban was initiated by some members of Iraq’s parliament who had a conflict of interest. They believe that these members used their political power to establish a monopoly on the black-market trade of alcohol in Iraq (Salloum, 2016). Others argue that alcohol has become a political commodity. It is used to differentiate those in support of a secular, pluralist government from those working on the Islamisation of the state (Salloum, 2016).

Despite this law’s publicity in local and international media; on the ground, the alcohol ban was not implemented, and alcohol is still available in Iraq – mostly in areas famous for their night life in Baghdad and Erbil.

#### *Data on the prevalence of alcohol use in Iraq*

Alcohol is an under-studied issue in the Muslim world, including in Iraq, where over half of the alcohol consumed is believed to be unrecorded (WHO, 2014). There have been attempts to fill in this gap by national household studies, such as the Iraqi Mental Health Survey (IMHS) (WHO, 2009) or Survey of Substance Abuse in Iraq (SSAI) (US Department of State et al., 2015). However, the results have been limited due to cultural sensitivities in reporting alcohol use in interviews (Al-Hemiery et al., 2017; WHO, 2009). In the available literature, under-reporting of alcohol consumption is also indicated by a clear discrepancy between prevalence of self-reported drinking and the prevalence of knowing someone who has used alcohol (Al-Hemiery et al., 2017).

Despite these limitations, anecdotal evidence from the 1980's (Maghazaji & Zaidan, 1982) and from present day Iraq (Al-Diwan, Al-Hemiary, & Hashim, 2015) suggest that alcohol consumption in Iraq is increasing. Reported lifetime alcohol use by male Iraqis has risen from 6.8% to 16.7% in the nine years between the 2006 IMHS and 2016 SSAI. Past 12-month consumption has also increased from 2.9% to 6.7% in the same studies. However, it is unclear if this increase is real or a result of different sampling and data collection methods. Reported lifetime alcohol use by female Iraqis is negligible at 0.6% in both studies, with past 12-month use at 0.4% and 0.1% respectively.

In terms of alcohol abuse, the 2006 IMHS, indicated that only 0.1% of participants met the criteria for DSM-IV alcohol abuse (WHO, 2009). In contrast, the 2015 SSAI found that over 70% of current drinkers scored within the dependence range on the Severity of Substance Dependence Scale (SDS) (US Department of State et al., 2015). In other smaller samples, Al-Hemiary and colleagues (2015) interviewed 2678 people in youth centres across Baghdad and found 17% of the male sample met DSM-IV criteria for alcohol abuse using the Composite International Diagnostic Interview 2nd edition (CIDI-2). In this study, alcohol abuse was most common among those who were illiterate (73.7%) (Al-Hemiary et al., 2015). Data from Ibn Rushd Alcohol and Substance Centre in 2004 revealed that alcohol use disorders accounted for 41% (n=74) of admissions among unemployed male patients between the ages of 21-30 (Aqrawi & Hussain, 2010). Similarly, over a third of a sample of medical residents and general practitioners (GPs) reported alcohol as the most abused substance in Iraq (S. Al-Hasnawi, 2006).

### *The Next Generation: Alcohol and Iraqi Youth*

Iraqi youth are currently increasingly exposed to alcohol via international media and culture while facing a challenging political, social and economic situation at home. In 2014, young Iraqis from Anbar province indicated that some youth boast about their drinking and see drug and alcohol use as a way to

escape from despair, limited rights and restricted freedoms (United Nations Development Program (UNDP), Ministry of Planning, & Baytul Hikma, 2014). They also see intoxication as a way to imitate celebrities. The interviewees focused on ease of access and lack of governmental control as factors to drinking (UNDP et al., 2014).

During the ISIS (“Islamic State” of Iraq and Syria) crisis, Iraqi youth lived under the constant threat of war and violence. Many young Iraqis joined the ranks of the military to fight against ISIS. Universities also introduced voluntary training courses to prepare students to defend against potential ISIS advances (Al-Jāmi‘a al-Mustanşiriya [University of al-Mustansiriya], 2015; al-Rimāhī, 2015; I‘lām al-ta‘līm al-‘ālī [Higher Education Media Office], 2015; Jāmi‘at al-Kūfa [University of Kufa], 2015). Despite the subsequent decline of ISIS in Iraq, almost nine million Iraqis still require humanitarian assistance. These include two million internally displaced persons (IDPs) (United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), 2018) and four million children (The United Nations Children's Fund (UNICEF), 2018).

Mental health issues are a concern among young Iraqis with a study revealing that nearly half (47%) of a sample of 600 primary school children in Baghdad had been exposed to a major traumatic event in the past two years and 14% of the sample had symptoms of post-traumatic stress disorder (PTSD) (Razokhi, Taha, Taib, Sadik, & Gasseer, 2006). In Mosul, before the ISIS occupation, 30% of a secondary school student sample suffered PTSD with the majority (92%) not receiving any treatment (Razokhi et al., 2006). Previous research has drawn an association between conflict exposure and alcohol abuse among veterans (Browne et al., 2008; Kelsall et al., 2015; Wilk et al., 2010) and civilian (Weaver & Roberts, 2010) populations in other settings. However, there has been no research about alcohol and war on any Iraqi sample and very limited research on alcohol and internally displaced populations (Ezard et al., 2011; Roberts & Ezard, 2015).

## Discussion

Alcohol's place in Iraq's history is as volatile as the political, security and economic tides that continue to impact the country. The relationship between Iraq and alcohol is a geopolitical one – for alcohol as a commodity in Iraq is more than just another beverage or substance that might have negative health effects. Due to the long history of alcohol in Iraq and the expanding external cultural, economic and political influences – alcohol is a commodity that is often seen to demarcate the 'traditional' and the 'modern', the 'basic' and the 'sophisticated', the 'religious' and the 'secular'.

The conversation about alcohol throughout Iraq's history has typically centred on culture and religion more than on health and medicine. Many of Iraq's minorities are indigenous to the country and have had a culture of drinking that has lasted for millennia, even under Muslim rule. Some Muslims, including royalty, consumed alcohol despite the abstinence of the majority (R. Mathee, 2014; Nahas, 1982). For centuries, Iraq and neighbouring countries have seen more stigma towards alcohol than other drugs. This is due to the lack of certainty about the prohibition of other intoxicating substance such as cannabis (hashish) among rulers, scholars or the lay men (Nahas, 1982; Rosenthal, 2015). Similarly, use of other drugs and treatment seeking for problems with those drugs are less stigmatised than for alcohol in Iraq (S. M. Al-Hasnawi, Aqrawi, Sadik, & Humphreys, 2009; Brandt, 2005; Humphreys, 2011).

Historically, there have been several policy interventions in the Islamic era. For example, Al-Mansur Qalawun, the 13<sup>th</sup> century Mamluk ruler of Egypt and Syria, allowed alcohol and cannabis production and trade but imposed excise taxes on the sale of both substances (Nahas, 1982). In other times, consumers of alcohol were punished (Ibn Baṭṭūṭa, 1987) and the trade outlawed (Nahas, 1982). This is similar to what occurred on a mass scale post-2003 when reportedly 95% of alcohol stores closed due to threats despite all being owned and operated by non-Muslim minorities (Taneja, 2007). This has

driven non-Muslim minorities in Iraq to argue that alcohol trade and use is their ‘right’ (AFP, 2009). This tension about the right to consume or trade alcohol among non-Muslims is juxtaposed with the religious and cultural conviction of Iraq’s majority Muslim population that typically abstains from alcohol and frowns upon any alcohol consumption. These contrasting viewpoints set unique challenges to policy-makers and researchers. It also makes it difficult to discuss alcohol without being perceived as either an advocate for ‘prohibition’ or for ‘normalisation’ of alcohol use. Due to the Islamic prohibition and social stigma around alcohol, reported prevalence of alcohol use in Iraq is currently low compared to countries where alcohol consumption is culturally accepted. However, the rate of alcohol abuse and dependence among those who do drink is a concern. More than 70% of current drinkers in the Iraqi nationwide household survey reported symptoms of dependence (2.4% of the total population, with SDS 3+) (US Department of State et al., 2015). This prevalence of dependence among drinkers is strikingly high. By comparison in Australia, 1.7% of current drinkers (1.4% of the total population) were dependent (using WMH-CIDI v3.0, DSM-IV criteria) (Teesson et al., 2010). However, SDS includes items about “worry about drinking” and the respondent’s desire to stop drinking. Some positive responses could be the result of cultural/religious prohibition of alcohol use. Nonetheless any increase in consumption could be associated with an increased demand on treatment services.

Currently, there are very limited facilities for alcohol and drug treatment. Al-Rashad Hospital and Ibn Rushd Hospital were reportedly the only psychiatric hospitals in Baghdad, with only the latter hosting a specialised alcohol and drug dependence unit (S. Al-Hasnawi, 2005). There is also reportedly a 40-bed centre for alcohol and drug treatment currently being established in Basra (Salaheddin, 2018). The shortage of specialists and treatment facilities in Iraq means that often only those who can afford medical care in other countries are able to seek treatment (Salaheddin, 2018). Although no published information is available on alcohol specific treatment, literature on mental health access in Iraq

indicates the barriers of stigma and shortage of services and staff (Bolton, 2013; Sadik, Bradley, Al-Hasoon, & Jenkins, 2010). There have been efforts to incorporate mental health in primary health care (Sadik, Abdulrahman, Bradley, & Jenkins, 2011) and to train general practitioners in mental health (Al Hilfi, Lafta, & Burnham, 2013). However, most Iraqis do not feel comfortable to speak about mental health with primary care health providers or even with family and friends (Sadik et al., 2010).

Anecdotally, primary health care in Iraq has limited confidentiality guarantees, especially within the public health system, and it is usual for multiple patients to see a practitioner in the same consultation room at the same time. Although steps such as alcohol or drug treatment integration into primary health care may increase treatment access, there is a long way to go until the Iraqi health system can cope with such pressure. This includes having adequate resources to allow confidentiality and availability of non-local health professionals, so locals are more at ease to share their alcohol related concerns without fear of losing face or being out-cast by their community. Religious bodies and scholars may also help with easing the path to treatment even in areas with alcohol prohibition. An example of this is the issuance of a *fatwa* (ruling) in neighbouring Iran that decriminalised treatment access (Al-Ansari, Thow, Mirzaie, Day, & Conigrave, 2019). Alternative avenues for treatment may also in the future be provided by religious or cultural organisations who may integrate their own teachings with evidence-based approaches such as brief interventions or Alcohol Anonymous' 12 step program. However, success will be reliant on guaranteed confidentiality and reduced stigma around alcohol treatment access.

Available studies, albeit limited, indicate a possible increase in alcohol consumption since the 2003 war in Iraq. Reasons for this are multifaceted but may include war and media exposure. Although an association between exposure to trauma by civilian populations and increased alcohol misuse has been found, there is scarcity of studies in this field (Weaver & Roberts, 2010). However, a systematic review of longitudinal studies concluded that exposure to alcohol in the media increases the likelihood



of adolescents' onset and/or increase of alcohol consumption (Anderson, de Bruijn, Angus, Gordon, & Hastings, 2009).

Lebanon, a MMC with some similarities to Iraq has also experienced increased alcohol use in the last few decades. Like Iraq, Lebanon has several other religious and ethnic minorities; although Lebanon's non-Muslim population is proportionally larger. There was marked increase in alcohol consumption in the post-war period between 1991 and 1999, especially among females (40.7% to 67.7%) (Karam, Maalouf, & Ghandour, 2004). Similarly, in Egypt, where half of the population is younger than 20, alcohol consumption has increased in large community samples from 2.2% in 2005/06 (Emad Hamdi et al., 2013) to 5.9% in a study conducted over the years 2007 to 2014 (E Hamdi, Sabry, Sedrak, Khowailed, & Loza, 2016). In neighbouring Iran, an increase in youth drinking is also indicated (Şirāmī, Qurbānī, & Mīnūnī, 2013). In the MMC context, younger people are at higher risk to initiate or increase their alcohol consumption as they have increased exposure to direct and indirect alcohol marketing across traditional and social media platforms (Anderson et al., 2009; Ghandour et al., 2016).

## **Conclusion**

Despite the limited prevalence of alcohol consumption, the Iraqi environment is potentially conducive for increased drinking, especially among its youth population. Young people in Iraq are exposed to many stressors as well as to global alcohol marketing. Iraqi governments, organisations and families are likely to be pre-occupied with the basic survival needs such as safety, security and access to electricity. Currently, due to the lack of developed mental health or alcohol-related policy or strategies in Iraq, the only protective factors are religious prohibition and the cultural stigma that has developed over the centuries. A well-developed alcohol policy that provides adequate strategies, regulations and treatment facilities to prevent and treat alcohol misuse is needed. Any such policy

development needs to make use of the modern evidence base as well as a sensitive approach, founded on an in depth understanding of Iraq's long and diverse religious, social and cultural traditions. This is also needed to shift the debate from purely a cultural or moral lens to include a focus on health, medical and social needs; this multi-lensed approach may find consensus from the diverse ethnic, religious and cultural groups of Iraq.

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