

Training of Psychosocial and Medical Practitioners in Fighting Substance Addiction in Muslim and Arab Cultures

Malik B. Badri

This article argues that the Western approach to dealing with drug addicts is a failure for several reasons. It treats drug addiction from an amoral perspective, seeking external solutions to the problem, which have failed in the West as well as in the Muslim World where they were imported without adjustment for local culture and values. The paper asserts that, Islam embodies values which can not only empower the drug addict to permanently eschew use of drugs, but can also create an environment where there will be no temptation to use them in the first place. While recommending treatment, the paper underscores the virtues of prevention. The paper advances strategies that would enable parents, teachers, the mass media, and practitioners to use the Muslim faith in eliminating drug usage.

Introduction

This article investigates the reasons for the obvious failure of antidrug campaigns in all Western countries and in Third World countries that adopted Western strategies to combat drug abuse. Based on this analysis, it suggests an Islamically oriented program for training practitioners in Muslim and Arab countries.¹

Western efforts to curb drug abuse have failed miserably. Billions upon billions of dollars are spent by all sorts of government and nongovernment organizations to curb drug and alcohol abuse, but the graph for dependence keeps on rising. In addition, the relapse rate of addicts who choose treat-

Malik B. Badri is a Professor of Psychology at the International Institute of Islamic Thought and Civilization. He is also the President of the International Association of Muslim Psychologists.

ment is the highest among the psychiatric and psychological disorders that are treated by such specialists.²

One wonders why professionals in Islamic and Arab countries, who clearly see the ineffectiveness of this model, continue to uncritically import it to address drug abuse in their countries. They should ask themselves: Why are these Western-oriented strategies failing, and how can we revise them in a way that serves our purpose?

Why Are Western Campaigns Against Drug Abuse Failing?

The imported Western approach to drug problems is based on an inappropriate philosophy. Naive medical practitioners and psychosocial experts trained in Western universities or in Arab and Muslim universities which copy their curricula and methods think of themselves as professionals and scientists who have nothing to do with philosophy, religion or any conceptualizations of human nature. To these practitioners, programs for fighting drug abuse are based on scientific experiences and there is no room for philosophical and metaphysical issues. According to them, if such strategies are not successful today, new methods and new drugs will be discovered in the future to deal with this problem. After science has struggled for many years to reach maturity and to rid itself of the captivity of philosophy and religion, how can we then view the "scientific" strategies for fighting drug abuse and the treatment of addicts in the modern world from the perspective of antiquated philosophy or ancient religiosity? Some of these specialists are so dogmatically pro-Western that they frequently equate the usefulness of importing Western values and ideas with technological and material excellence. Thus, to them importing the Western model for curbing drug abuse and its prevention is as good as importing, say, PET (Positron Emission Technology) scanning or the latest laser medical technology.

If we sincerely wish to attain any appreciable success with our drug problems, this naive way of thinking should be relinquished. Fighting drug abuse in any society is a very arduous task since it aspires to prevent the intake of psychoactive materials or to reverse resistant physiological and psychological dependence. Efforts should thus be based on a philosophy which combines science and the spiritual and transcendental aspects of man and takes local cultural factors into consideration. Although this kind of knowledge about the nature of man and his world-view is really pure phi-

losophy, it has in fact far reaching influence in deciding what kinds of questions a scientist of human behavior would ask and what kinds of suggestions he would propose.

Let us consider the philosophical background of modern Western strategies of counteracting the flood of drug abuse. For more than three hundred years, modernity, as a philosophy of life, has ruled Western ideas and practices with its emphasis on secularization and its accent on freedom from all religious and traditional moral constraints. Although this influence is just being felt worldwide in our age, its roots go back to the Renaissance, to the dawn of modern science in the seventeenth century, and to the Enlightenment of the eighteenth century. From the start, it was a revolution against Western religion and its repressive traditional values, exploding with anti-Catholic fervor and using secularization to demolish old, ethical, and religious edifices to usher in its new worldview.

Secularization turned the Western worldview upside down. The new big picture holds nothing sacred. By crowning science as god and bestowing on man the right to shape his own ethical standards and utilitarian values, secularism claims to have freed man from religious and metaphysical control.

Thus in formulating any strategies for fighting drug abuse, Western specialists do not consider religion or entertain any moral approach to curbing drug abuse. To them, ethical values are the result of cultural orientations, and since there are great differences among cultures, values must be perceived as relativistic. Counselors and other practitioners in the field of drug abuse are taught to be strictly ethically nonjudgmental—not to moralize or to interfere in the values or religious beliefs of the drug abusers.

I believe that this so-called nonjudgmentalism is one of the main reasons for the failure of Western campaigns against drug abuse. Since Western modernity refuses to change the hearts, minds, and values of vulnerable citizens, the only option it has is to spend billions on external means, like fighting drug traffickers or paying millions of dollars to less developed countries so that they do not grow the dangerous plants. Such external strategies often fail. Whenever governments develop more sophisticated methods, the traffickers devise new technologies to outwit them. Also, many of the developing countries that receive millions to compensate them for not growing the plants from which psychoactive drugs are produced are either unable or unwilling to stop such practices.

Other external strategies include funding research to discover new drugs that can help addicts to get over their addiction! For example, the drug

disulfiram (antabuse) can deter an alcoholic from taking alcohol since it reacts with it, with very uncomfortable effects. A similar drug, methadone hydrochloride, is a synthetic narcotic given to heroin addicts to alleviate their craving and dependence. Though methadone is an equally addicting narcotic, its effect is less harmful than heroine.

Such external pharmacological interventions have not been successful since addicts whose psychological and spiritual states have not been changed frequently avoid the therapy. Once they leave the hospital, treated alcoholics are found to stop taking antabuse and heroine addicts treated by methadone, even if they continue taking it, are only exchanging one form of a severe addiction for another.

The Western approach to fighting drug abuse is based on a distorted image of man. In fighting drug abuse, one is actually endeavoring to achieve one of the most difficult changes in human collective and individual behavior. If one hopes to change the behavior of man, he should have an understanding of what man is, that is, a clear and holistic conception of human nature. Why are Western governments concentrating their efforts on external means and neglecting the internal strategies of changing people? The philosophy of Western modernity may believe that changing people's attitudes and "hearts" carries the danger of moralizing, while any reference to doing "good" and avoiding "evil" is a painful reminder of the "unacceptable" religious preaching of the Middle Ages. Changing people's thought also carries the additional danger of interfering with their right to do what they want with their lives. In modern Western societies, moralizing, indoctrinating, and using religious sentiments are considered detestable practices.

On the other hand, using external methods is not only more democratic, it also fits in with the mechanistic concept of man's nature, that he is totally determined by changes in his environment, in his unconscious motivation, and in his biological state. This conception of human nature is founded on and strongly supported by the modern social sciences, particularly the disciplines of psychology and psychiatry, which form much of the new religion of the secularized Western man. After denying the existence of the human soul and submitting to the new god of science, different schools in psychology and psychiatry developed different concepts about the nature of man, but they all agree on denying his soul, his freedom of choice, and in extreme cases, his consciousness and mind.

According to these psychological perspectives, the behavior of man is fully determined by his unconscious motivation, as in psychoanalysis; by his environment, as in behaviorism; or by his genes, nervous and hormonal systems and other biological aspects, as in neuropsychiatry. By emulating physics and other hard sciences, Western social sciences want to mold human nature into a form that can be fully controlled by external manipulation. To them, concepts like freedom of choice, moral responsibility, and the soul are vague entities that do not lend themselves to measurement and control. Moreover, they are deeply rooted in religion, which the modern social sciences discount.

Furthermore, and for some of the above mentioned reasons, Western societies generally take a very passive role in the face of social and ethical vices, particularly if they are committed by a large section of the population. They consider problems such as drug and alcohol abuse to be a price the community has to pay to be democratic, affluent, and super-modernized. They often try to explain such abnormal behavior in terms of their distorted image of man or by appealing to biological and psychological determinants. Thus the great majority of Western authors speak lightly about problems such as drug abuse, rape, larceny, and prostitution as though they are permanent and normal characteristics of modern life.

Western social sciences like psychology and sociology perform "empirical," "nonjudgmental" field and laboratory studies on small samples to overgeneralize the secular "causes" of such social problems without touching on the moral and ethical issues, which are the real origins of all these social ills.

The intake of drugs is intrinsically bound up with the sexual revolution. Many people take drugs to stimulate their sexual drive. In this respect, the drug cocaine is the most popular. Carson and his co-authors state that the abuse of cocaine in the United States has already reached an epidemic level, especially among middle- and upper-income groups who can afford its high cost. They quote a recent survey of young adults that revealed that 37 percent of all males and 27 percent of all females had injected or sniffed cocaine.³ Szasz shrewdly comments on this epidemic abuse of drugs by saying, "Marx said that religion is the opiate of people. In the United States today, opiates are the religion of people."⁴

A number of distinguished Western scholars recently have pointed an accusing finger at this distorted image of man, blaming it for causing much of the agonies of Westerners. Chief among them is renowned Harvard prof-

fessor, Herbert Benson, the author of the now famous book, *Timeless Healing*. He states:

Western society promotes outward self-improvement, not inward development. . . We've tried to steer our beliefs into a corner called private life, while in public we've conferred honor on empirical evidence, statistics, eyewitness accounts, and other so-called facts.⁵

He goes on to state that religious factors were found to be crucial in “reduced alcohol, cigarette, and drug use; reduced anxiety, depression, and anger; reduced blood pressure; and improved quality of life.”⁶

It should now be clear that the Western world has its philosophical and cultural reasons for limiting campaigns against drug dependence to the strategies that we have mentioned. By taking Western industrialized countries as our model for fighting drug and alcohol abuse, we have reduced ourselves to unthinking emulators. Isn't it an obvious discreditable imitation of Europe to see that most of the airports in Muslim and Arab countries have duty free shops for selling alcohol simply because these addicting materials are freely sold in the West? Alcohol is not only forbidden in Islam—it is by far the most harmful drug with the greatest damaging effects on its consumers. Bengelsdorf summarizes the evil aspects of alcohol as follows:

its abuse has killed more people, sent more victims to hospitals, generated more police arrests, broken more marriages and homes, and cost industry more money than has the abuse of heroin, amphetamines, barbiturates, and marijuana combined.⁷

Western countries are quite aware of these harmful effects, but following their usual approach of refraining from changing the individual from within and reverting to external means, they try to ban its manufacture, sale, and transportation by the force of law. That was the famous prohibition of alcohol in the United States in 1919. This legal ban, of course, failed and was repealed since the Americans were not prepared morally, spiritually, or psychologically for abstinence. The ban was lifted fourteen years later.⁸ This may explain why alcohol is not restricted and is publicly sold while other drugs are banned. This fact is astutely ridiculed by Szasz:

Some advocate that heroine be prohibited; others that it be given “free” to “addicts.” Both positions reveal a shocking lack of sense of equality: Why should heroine be prohibited when alcohol and nicotine are not? Why should heroine be dispensed at the taxpayer's expense

to those who crave it when alcohol beverages and cigarettes are not to those who crave them?⁹

If the West found itself compelled to take such a stand toward alcohol, how can we blindly follow in its footsteps? How is it possible to follow the West when Islam has fought alcohol successfully.

Over a few years, the Holy Qur'an gradually restricted the intake of alcoholic beverages. First, it explained that alcohol has evils and benefits but that its evils exceed its benefits. Then it prohibited Muslims from offering their five daily prayers when they were drunk. Finally, it completely banned its intake, production, or sale. During these years of gradual prohibition, Muslims hearts were spiritually softened and their minds convinced of the evil effects of alcohol, so that when the final *tahrim* or ban was revealed, thousands of the faithful voluntarily threw away their fermented date-palm, honey, or grape drinks from large clay pots and skins until the rocky streets of the holy city of Madinah ran with little rivers of alcoholic beverages "as a testimony to the greatest anti-alcoholism movement that humanity has ever witnessed."¹⁰ One light-hearted Muslim historian reports that on that historic day of final prohibition, the goats of Madinah were seen staggering along the narrow roads, drunk from the alcohol flooding the streets.

An Islamic Strategy for Fighting Drugs and for Training Personnel

After critically analyzing Western antidrug strategies, it is clear that Arab and Muslim nations are in desperate need of a new, more effective means of fighting drug dependence. Such a strategy should be based on Islamic teachings as a religion, a worldview, and a way of life. It should openly and strongly stress the position of Islam regarding drug intake. The lukewarm Western approach of "substance abuse" must be relinquished and replaced by the uncompromising stand of banning the intake of any harmful substance. The Western concept of "abuse" which actually means that the moderate "use" of alcohol or drugs is acceptable. In our new strategy, the ultimate and ideal aim of an Islamic antidrug campaign is not to prevent abuse but to completely stop drug intake. In fact, from the point of view of the Shari'ah there is no difference between taking or abusing a drug. Both are sins and both receive the same prescribed punishment.

By now it must be clear why Western industrialized countries insist on the use, or for that matter, the misuse of the term “abuse.” They realize that total abstinence is unattainable, or even undesirable, and thus to campaign for it is neither realistic nor practical. To the democratic West, preventing normal citizens from the intake of alcohol, tobacco or even drugs contradicts their conception of freedom. According to Western standards, people should be allowed to choose to do with their lives as they wish. In some Western countries a citizen is even free to take his own life or the life of a fetus. It is only after “abuse” or excessive use of drugs that problems can arise and sanctioned authority can interfere. But even then “abuse” is perceived as a disease to be treated rather than an offense to be eliminated. This is particularly true of alcohol addiction in spite of all the serious damage that alcohol is causing in Western countries.

To find scientific justification for the conception of “use” versus “abuse,” Western behavioral scientists conducted many studies to treat addicts of alcohol to change their drinking behavior to the so-called “social drinking” habit; that is, to change them from alcohol “abusers” to alcohol “users.” The same approach was tried with tobacco. The overall outcome of this research is incontestable. Addicts can be social drinkers or smokers for only a very brief period, after which they succumb to their earlier addictive behavior. The whole idea was a total failure. Clearly, the only way to help such people is to insist on total abstinence and to appeal to their hearts and minds. That is why Alcoholics Anonymous groups in America and Europe achieve much higher rates of success with addicts than modern psychiatry.

Can This Islamic Approach Be of Any Use in Modern Secularized Cultures?

Some Muslim scholars have argued that using spiritually and Islamically oriented antidrug prevention strategies have only succeeded in the past because Muslims at the time of the Prophet and his righteous *khalifahs* were strong in their faith and were living Islam as a total way of life. Contemporary Muslims, on the other hand, have been greatly secularized, and hence, cannot benefit from such a proposed program.

To these arguments I say that the evidence for the value of this proposed Islamic strategy has ironically come to us from the most developed industrialized Western country—the United States of America. Muslim Afro-Americans in their present contemporary groups have clearly shown how an Islamic spiritually motivated antidrug campaign can be much more suc-

cessful than modern Western prevention endeavors. The well-known American writer, James Baldwin, in his bestselling little book, *The Fire Next Time*, beautifully describes the agony of the Black American addict in the following words:

I remembered my buddies of years ago, in the hallways with their wine and their whiskey and their tears, in hallways still frozen on the needle, and my brother saying to me once, if Harlem didn't have so many churches and junkies, there would be blood flowing in streets.¹¹

However, after such miserable drug addicts convert to Islam and open their hearts to the spiritual anti-drug message of fellow workers, as Baldwin says, their lives suddenly change in ways which all the governmental educational, psychological, and welfare institutions fail to achieve. Islam

has been able to do what generations of welfare workers and committees and resolutions and reports and housing projects and playgrounds have failed to do: to heal and redeem drunkards and junkies, to convert people who have come out of prisons and keep them out, to make men chaste and women virtuous, and to invest both male and female with the pride and serenity that hang about them like unfailing light.¹²

In his autobiography, Malcolm X elucidates this Islamic aspect of the Nation of Islam's phenomenal record of success in healing dope addiction. He mentions that the *New York Times* had documented this exceptional achievement saying that a number of American social agencies had actually asked representatives of the Muslim antidrug programs for help in improving their campaigns.¹³ If Islamically oriented antidrug campaigners achieved such success in therapy, one can imagine their greater achievements in prevention.

Success is the outcome whenever the Islamic spiritual dimension is properly utilized in prevention or treatment of drug abuse. For example, European psychiatrist Dr. Karl Schmidt who was (and may still be) practicing in Brunei, read a valuable paper on his innovative techniques of treating drug and alcohol addicts in Brunei.¹⁴ Schmidt took a group of addicts to a camp outside the city and subjected them to a daily rigorous program of physical training, concentrated talks, and video programs. The program was from dawn to bed time and was heavily saturated with Islamic activities involving prayers, talks, and video shows.

After his lecture, one Westernized Muslim Arab psychiatrist, who was more "royal than the king," asked the European psychiatrist mockingly,

“How can you, as a trained scientist, use religious activities in such a therapeutic endeavor? How can you mix religion with science?” The Western psychiatrist calmly and confidently told the Muslim “scientist” that he had tried all the methods and practices that he has learned in England but they had failed to change these Muslim addicts and that the rate of relapse among those who improved was very high. “When I introduced the Islamically oriented activities,” Schmidt said, “many more patients were healed and the relapse rate was much less.” He continued by saying, “I am not a Muslim, I am a Christian but since Islamically oriented therapies work better for Muslims than secular ones, one should use them whether one believes in Islam or not.”

In Malaysia, the *New Strait Times Daily* documented a moving article about a highly successful, Islamically oriented rehabilitation center for drug addicts in a remote rural area. Though the number of its addicts was still small, since it had recently been set up, they had all been treated without any relapses so far. One of them was a young renowned pop singer by the name of Hayat. He told the journalist who interviewed him that he had found his salvation from drug dependence through Islam. He related the following account, which applies to most Muslim drug addicts:

I first started on drugs in 1981. The stuff was available in many places, even coffee shops. We did not know that it was really wrong to be addicted. All we knew was that if you were caught with drugs, you would get the death penalty. Of course we started by smoking, then we “graduated” to the heavier stuff. By then we were heavily addicted. I tried to quit on my own 28 times in the 17 years I had been on it. Failing to do this I admitted myself to *Pusat Serenti* [The Malaysian Rehabilitation Centre which follows orthodox Western ways]. But all the treatment that I got from the Centre was useless once I came out I felt empty inside.

It was easy to turn to drugs again. My career was going well and I had many fans. But one day I looked at myself in the mirror and I did not recognize myself. I decided that enough was enough and that it was time I stopped cheating my fans and myself.

I started to look around for a cure . . . and then I read about this (Islamic) rehabilitation centre. . .

Here I found that Islam is not just a religion, it is a way of life leading and guiding us [the drug addicts in the Centre] step by step, 24 hours a day in everything we do. It is food for the soul.

It has been more than four months now. It is the longest period of time I have been away from drugs and I do not intend to go back . . . I feel very contented here. It is like being back from the dead. Being free from drugs is a feeling that is hard to describe.

Hayat then pointed to a young man with long hair meditating in the prayer hall. He related that this now cured addict had come from a very rich family. "He has traveled to faraway countries, including India, to look for a cure but he only found it here."¹⁵

Whom Should We Train to Fight Drug Intake?

The Role of Parents

Ideally, all sections of the society should be antidrug campaigners. However, parents play the most essential role. An Islamic approach to fighting drugs, alcohol, and tobacco should be started at a very early age. Therefore, parents should be the first campaigners in this battle. They should be made aware of their important role and of the danger of taking harmful substances, and they should be instructed by the media, the parent-teacher associations, or by some other means as to how to bring up their children so that they view drug intake as a detestable sin. In all Muslim societies, children grow up to abhor vices such as incest, homosexuality, and stealing. Ideally, parents should aspire to bring up men and women who have similar feelings toward drug intake.

The Role of Teachers

Teachers should begin their campaign in the early years of grade schools. A simplified and attractive motivating antidrug program must be included in the school curricula from kindergarten through highschool. This should not be left to the teacher of Islam. However, though many teachers of religion in many parts of the Islamic world may limit their classes to the *halal* and *haram* of *fiqh*, they are generally the best persons in delineating, by verses from the Holy Qur'an and the blessed Hadith, Islam's strong ban against all addictive substances. To achieve their goal in fighting drugs, the curricula of Islamic education in most countries of the Islamic world should be greatly revised and revitalized; teachers should receive special training on how best to carry out this task. Islam is a dynamic way of life that can be the most effective deterrent against alcohol and drug use. It should not be taught in such a fashion that it saps its vitality and prevents it from

changing attitudes and transforming the hearts and minds of young Muslims.

Such a proposed educational strategy should be shouldered by all teachers, each in his or her area of specialization. For example, for science and physical education teachers, the curriculum should stress the serious biological, biochemical, and psychological damage that drugs can cause to young men and women. The ugly symptoms of dependence and withdrawal should be discussed, presenting details according to the educational level of the students. They may be shown films and videos which dramatically portray this phenomenon. Interviewing well-known people whose lives were damaged by alcohol and drugs and who were repentant would be very instructive; it would be even more effective to interview healthy young athletes who are both attractive and spiritually motivated and who choose to stay away from drugs.

Science teachers should also dwell on the dangerous relationship between drug intake and subsequent dependence and that of HIV infection leading to AIDS. Drugs contribute to AIDS infection directly and indirectly. They contribute directly through contaminated needles and drug addiction. Though only a few scientists support the idea that AIDS is caused by drug addiction and not HIV, this idea shows the extent of harm that some experts see in excessive use of alcohol and drugs.¹⁶

Drugs and alcohol's continuous consumption can act as cofactors in the development of AIDS. Drugs and alcohol can greatly weaken the immune system, thus increasing the vulnerability of the body to the assault of HIV, which can contribute to subsequent deterioration into full-blown AIDS. The excessive intake of alcohol and drugs is associated with malnutrition. Drugs and alcohol abusers fail to have a proper diet for a number of reasons. Malnutrition weakens one's resistance to infection.

Furthermore, alcohol or drugs, even in small quantities, can greatly impair one's judgment, enticing a person to have sex with any prostitute or person from an AIDS risk group. The craving for drugs and alcohol can force many addicts who run out of money to sell their bodies for sex with any paying customer, thus potentially receiving HIV on top of the expected payment. Linking drugs and alcohol with the horror of AIDS infection may be a useful means of instilling abstinence among school and university students and in the public at large.

Social science teachers can include in their curriculum how some nations of the past and present have been adversely influenced by alcohol and

drugs; how by cultivating plants from which drugs are produced instead of useful crops, these nations' economies were negatively affected. Language teachers can be instructed to give their students literary materials and moving poems exposing the dangers of drugs, and children may be asked to write their composition assignments on this subject.

Fine arts teachers can show the students paintings, drawings, and posters on the bad aspects of drugs and the importance of prevention. Children can be asked to put their acquired attitudes against drugs in creative drawings or other means. All this would be carefully interwoven with the spiritual teachings and worldview of Islam.

The Role of the Media in an Islamic-Oriented Campaign Against Drugs

The media's influence (particularly television) cannot be overemphasized. In most Muslim countries, these powerful means of communication are directly or indirectly under the control of the state, and in a few of them no one can touch the media without prior documented authorization and strict censorship before public exposure. Research in communication and social psychology has strongly confirmed the influence of the media in changing people's attitudes.

Many television stations in Muslim countries are content with drab oral or written messages about the danger of drugs, aired with other chocolate and shampoo commercials in the midst of a soap opera or an American film. Many of these Western movies show scenes in which one individual visits another home. The host immediately asks the guest if he or she would like a drink from the minibar in the large sitting room. Leisurely sitting, enjoying their alcoholic beverages, the camera rolls on with exciting discourse and often sexual encounters. What kind of example is portrayed by such films, and what kind of conflicting messages are presented to future Muslim generations?

Messages conveying drug and alcohol prevention must be made more appealing and interesting to viewers. Islamic prevention should clearly and dramatically show the evil and dangerous outcome of all forms of intoxicating drugs. Governments should take the responsibility of financing well-known writers, popular actors, and distinguished directors to produce moving short films and commercials on the dangers of drug intake and the positive aspects of a healthy Islamic lifestyle. Celebrities and dignitaries should also be asked to take part in such innovations.

To produce such Islamic material, governments and antidrug societies need to learn a great deal from commercial enterprises. Such companies choose the best advertising specialists to produce commercials, featuring young actors or renowned personalities who captivate the old and young and lure them into buying their products. People's attitudes are changed by these messages, and some of their songs and lyrics are widely repeated. When it comes to drug prevention on the other hand, the message is only a written or read out cliché or a serious pedantic interview with elderly doctors and threatening shaykhs and mullahs. It is really shameful to see businessmen producing a compelling commercial for selling a brand of toothpaste when institutions and governments fail to efficiently sell their antidrug message.

The Role of Islamic Movements

With a broad Islamic holistic vision and a dedicated mission, Islamic movements, utilizing the strong sentiments of fraternity and Islamic brotherhood, forge adherents into the cohesion of solid groups. In a matter of weeks new members strongly adopt a new ethical lifestyle and attain so much moral stamina that the mere idea of succumbing to drug intoxication becomes a shattering thought.

If Islamic associations and organized groups today were to call for a movement-oriented pan-Islamic conference on the prevention of drug intake, they would receive highly educated Islamic workers representing millions of committed youth from every corner of the world. They could come up with practical resolutions to be implemented with zeal and enthusiasm. Afro-American Islamic movements, as we have mentioned, have succeeded more than their government in fighting drugs to the extent that professional American institutions came to learn from their ways. Islamic movements in Arab and Muslim countries could have offered similar contributions to their Muslim governments and health institutions. Unfortunately, however, they seem to be unaware of their great potential in this respect, or more probably they may be thinking that achieving other social or political gains are more important than protecting their young citizens from drug dependence. One can imagine the unprecedented influence that such movements can bring about if they fight drug addictions among Muslim youth with the same zeal with which they pursue political issues.

Be that as it may, a number of nonpolitical societies and movements such as the Muslim Youth Association, Sufi fraternities, and the famous Tabligh movement are offering very good uninterrupted services in "vicariously"

preventing drug intake by changing those who accept their teachings. Millions of young Muslim men and women completely change their way of life as they become spiritually influenced by the practical training and Islamic preaching of the Tabligh movement. In one of their recent annual meetings, hundreds of thousands of dedicated adherents from different parts of the world congregated in a Pakistani town. For this large group of people to perform ablution before mass prayers, the organizers of the congress had to dig small canals of running water! Their sole aim is to re-Islamize spiritually "lazy" Muslims by reinvigorating their faith and sentiments through talks, prayer, and training in the propagation of the message. As adherents change they would naturally avoid taking drugs or drinking alcohol. However, if such nonpolitical Islamic organizations consciously strive for the realization of total abstinence in Muslim youth, they would surpass any governmental efforts.

The Role of Professional Antidrug Practitioners

I have intentionally delayed discussing government appointed officers or those appointed by semigovernmental institutions to the end of this paper since I honestly believe that they cannot do much without the sincere efforts of the groups and institutions that I have mentioned earlier. To be instrumental in the proposed Islam-oriented strategy, antidrug officers and health practitioners should receive intensive courses in the philosophical background of Western anti-drug campaigns and the reasons for their failure. They should be instructed on the philosophy and practical application of the Islam-oriented strategy, which can be particularly tailored to combat the specific problems of drugs in their unique cultures. This is so because, although all Arab and Islamic countries are predominantly Muslim, each country has its peculiar culture which necessitates a specific strategy for fighting addictions. However, this should not obscure our vision of the problems and misconceptions about drugs, which are shared with varying conviction in all Muslim societies.

For example, most Muslim drug users have a very serious misconception about the position of Islam toward drugs other than alcohol. This grave misunderstanding has led many Muslims to become drug users instead of alcohol imbibers on the false assumption that Islam has prohibited strong alcoholic drinks and not drugs that can be smoked, injected, chewed, or swallowed as tablets. Also, many drugs, unlike alcohol, can be taken without exposure.

All over the Islamic world—whether in the Middle East, Africa, or Asia—one finds addicts and dependents on cannabis, amphetamines, or even opium and its dangerous derivatives, who would refuse to touch alcohol as an Islamically banned drink but who do not develop similar guilt toward taking or even injecting their favorite drug. Lay Muslims anywhere adamantly refuse to eat pork and are angered or disgusted if someone offers it to them, many also refuse to drink alcohol, but swallowing or injecting a drug does not evoke similar guilt or disgust.

Although shared by almost all Muslim societies, this misconception is clearly noted in multiracial and multireligious countries such as Malaysia, Ethiopia, and Singapore. In these three countries one finds that the Christians and other non-Muslims drink alcohol while Muslims are hooked on drugs. In Ethiopia, chewing the leaves of the *qat* tree is reaching epidemic proportions among Muslims. The fresh green leaves of *qat* are rich in an amphetamine-like stimulant drug. As a UNESCO expert, I have lived for some time in Bahardar, an Ethiopian picturesque town on Lake Tana, the source of the Blue Nile. I was surprised to find that on special religious occasions, devout Muslims bring branches of *qat* into the mosque at night so that everybody can get enough drug to keep him awake during the long night hours in order to do *dhikr* and to worship! When I expressed my criticism of this behavior to the imam of the mosque, he was astonished to hear that, Islamically, *qat* is a form of *khamr* (alcohol) and should, accordingly, be banned. *Qat* to him is only a natural leaf from a tree; since it is not fermented it cannot be *khamr*. To support his stand, the imam solemnly repeated to me a saying in Arabic, “*al-qat qūt al-mu’minīn*,” which means “*qat* is the blessed food of the faithful!” This statement was probably invented by *qat* addicts in Yemen and found its way across the Red Sea to Ethiopia.

In Malaysia, many young Muslims are unfortunately hooked on more dangerous drugs and narcotics. By far the great majority of injecting drug users are Malay Muslims. This method of shooting drugs is now the major mode of AIDS transmission in the country. It is estimated that whereas only about 900 persons have been infected through sexual relations, more than 11,000 have contracted HIV by contaminated needles and syringes.¹⁷ For this reason Malaysia is one of the few multiracial countries where the Muslims have a much higher rate of HIV infections than the non-Muslim alcohol drinkers.

Refusing to drink alcohol but taking drugs is caused by the fact that the only intoxicating substance taken by the early Muslims during the time of the Prophet Muhammad was *khamr*. This Arabic term comes from the verb *yakhmur* which means to cover or curtail. The Arabic word *khimar* is also a derivative from the same root word which stands for the Muslim woman's cover of her head or face. Alcohol was known as *khamr*, as mentioned in the Holy Qur'an and the Sunnah of the Prophet, because it covers or curtails the proper functioning of the mind and not because it is a fermented drink. The Prophet Muhammad made this very clear in his famous Hadith quoted and authenticated by Ibn Maja: "All intoxicants are *khamr* and all types of *khamr* are forbidden." Another hadith quoted and authenticated by Abu Dawud states that Um Salama, the Prophet's wife, said that he had banned anything which intoxicates or renders the user languid and exhausted (*mufattir*). That is why Muslim jurists have all agreed that all intoxicating drugs are a form of *khamr*. Some, like Ibn Taymiyya, have even described opium as much worse than alcohol.

Muslim antidrug officers should be educated in the Islamic position toward all intoxicants, and depending upon their specific environment they should direct their campaign according to the most popular drugs and intoxicants in use. More importantly, such officers and practitioners should be trained to appreciate that their role is more as a guide and director than as a combatant. We have already discussed the role of parents, teachers, scholars and clerics, the media, and Islamic movements in a broad Islamic antidrug strategy. Officers and practitioners must be taught how best to improve the efficacy of each of these institutions and integrate their efforts into a unified plan.

It may be necessary to develop specializations among these practitioners. For example, some educators among them may concentrate their efforts in helping ministries of education and schools in developing suitable Islamically oriented curricula. Others may acquire the know how of instructing parents. Still others may train volunteers from Islamic movements and Muslim youth groups. Those who have special interests and abilities to work with people of the media may specialize in this area and so on. This may seem to be a very ambitious strategy; however, from our limited experience, it is clear that any stimulation of the Islamic sentiments of young men and women is bound to bring about immediate results, which will motivate governments and national and international institutions to give the program its full support.

Notes

1. In writing this paper, I have quoted and adapted some of the ideas I published in my book, *The AIDS Crisis: An Islamic Socio-Cultural Perspective* (Kuala Lumpur: International Institute of Islamic Thought and Civilization, 1997).

2. Almost 90 percent of those who are considered cured return to their drug abuse within a few months. M.B. Badri, *Islam and Alcoholism* (Washington: American Trust Publications, 1976).

3. R.C. Carson, J.N Butcher, and J.C. Coleman, *Abnormal Psychology and Modern Life*, 8th ed. (London: Scott, Foresman, 1988).

4. T.S. Szasz, *The Second Sin* (London: Routledge & Kegan Paul, 1974).

5. H. Benson, *Timeless Healing* (London: Simon & Schuster, 1996), 261.

6. *Ibid.*, 173.

7. Quoted in Carson et al., 368.

8. Badri, *Islam and Alcoholism*.

9. Szasz, *The Second Sin*.

10. Badri, *Islam and Alcoholism*, 4.

11. James Baldwin, *The Fire Next Time* (London: Penguin Books, 1962), 39.

12. *Ibid.*, 68.

13. Malcolm X, 1965.

14. Karl Schmidt, "Innovated Techniques of Treating Drug and Alcohol Addicts in Brunei." The paper was read in Amman, Jordan, in 1987 at the Third Pan Arab Congress on Psychiatry sponsored by the Association of Arab Psychiatrists.

15. *New Strait Times Daily*, June 26, 1998.

16. Badri, *The AIDS Crisis*.

17. *The Sun Malaysian Daily*, April 20, 1996.