State of Kuwait
Series of Publications of
Islamic Organization for Medical Sciences
Islam and Recent Medical Problem

The Role of Islam in The Prevention, Treatment and Rehabilitation of Dependencies

The 41st ICAA International Institute on Prevention and Treatment of Dependencies

17 - 22 May. 1997
Cairo, Egypt

Supervised by
Dr. Abdul Rahman A. Al-Awadi
President of
Islamic Organization
for Medical Sciences (IOMS)
Kuwait

Edited by
Dr. Ahmad Rajai El-Gindy,
Secretary General Assistant, IOMS
Dr. Mokhtar M. Bishr
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In The Name of God,
The Most Compassionate,
The Most Merciful.

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Foreword

Dr. Abdul-Rahman Abdulla Al-Awadi,

President,
Islamic Organization for Medical Sciences,
Kuwait

Thanks to the guidance and support of Allah, ICAA was able to hold its 41st International Conference in Cairo, 17-22 May 1997.

This Council had previously held such meetings in different countries. Held this time in The Arab Republic of Egypt, IOMS seized this opportunity to share with ICAA this meeting and to assign two days for reviewing Arab and Islamic countries' efforts in combating these plagues. It also endeavoured to have the view of Islam on this issue clearly clarified to the participants of this conference, particularly because ICAA usually invites many international bodies, organizations, corporations and dignitaries concerned with combating such dangers.

IOMS's decision to participate was right and appropriate, because the hall allocated for this topic was full of interested researchers, Arabs and non-Arabs, Muslims and non-Muslims as well, who attended to listen to what the researchers chosen by IOMS will present about the experiences of their countries.

There was great interaction between the speakers and the audience, a clear indication that Muslim countries, organizations and bodies must always participate in such international gatherings for exchanging views and learning from others' experiences. In fact, there is a dire need for this mutual learning in order to be able to confront this dangerous problem which endangers the dearest sector of mankind, our young working power while in the age of productiveness and creativeness.

The world is facing very dangerous Mafia groups who care for nothing except hoarding money on the expenses of humanity. They have built armies, factories and laboratories and turned into a giant uncontrollable power. Their Devil has seduced them to synthesize new

substances that dangerously destroy brain, thus paralyzing these productive powers.

More dangerous, they have succeeded in subjugating and utilizing many scientists in breaking through human barriers and widening their spread among citizens thus turning the largest possible number among them into addicts, or semi-human beings by depriving them from their unique merit over animals, their intellects.

Drugs have become a global human worry that disturbs all people in all levels, the individuals, the families and the societies. Hence, combating this danger does not demand the efforts of some persons or corporations only, rather it demands cooperation and solidarity of all because the problem is not a matter of security or law, it is a multi-factor problem that drives persons to deviate from the right path. The religious deterrence, family, school, media, economic, agriculture, law, security and customs, all are factors that have negative or positive effects on spreading or curbing the problem.

All state bodies and institutions must cooperate in combating the drug phenomenon because the problem has much spread due to the unprecedented serious role played by both visual media and Internet.

All these conceptions were in mind when IOMS planned for participation in the activities of this world conference. IOMS did not only present the experiences of some Muslim countries, but it also assigned enough time to present the Islamic perspective in the proper form. IOMS's objective was to let all participants listen to how Islam views this problem and how it has offered effective solutions for it to be implemented through sound raising, good examples, mutual support and solidarity and deeply implanting faith (in Allah) in the hearts and souls of its followers in order to turn them into invincible bulwark in front of these destructive dangers.

Many among the participants in these sessions were excited and pleased to know the role of Islam in combating these plagues that have invaded all societies.

Such participation needs to be repeated more and more with such corporations for more clarification of the Islamic view on such problems.

In accordance with its practice, IOMS expected this release would include full recordings of the discussions that took place during the sessions, but the preparations of the conference were not so adequate for this issue. IOMS in coming occasions will take, God Willing, the necessary preparations to secure that.

Here are the papers delivered in this conference. It is hoped that they will be a new support and contribution to other efforts of combating these plagues that have spread allover the world.

We pray Allah to guide us to what pleases Him!

Introduction

Dr. Ahmad Rajai El-Gindy,

Secretary General Assistant, IOMS, Kuwait

Human civilization is passing through a critical dilemma where its core, human beings, is threatened of extinction and destruction. Mankind has achieved tremendous scientific advancement in basic sciences in general and in Medicine in particular, such as genetic engineering and cloning. These were supposed to add to our happiness and tranquility, but, unfortunately, the result was increase in wretchedness and misery. The percentage of suicide is going high due to the spiritual vacuum people are suffering. Material incomes have increased and chances of luxurious life are accessible, but there is some thing missing. Some imposters propagated giving full rein to instincts and lusts as a way of comfort, but the harvest was very bitter and curses are showering mankind. Due to the irresponsible liberalism, AIDS broke and was about to destroy mankind. It has been proved that the main reason of transfer of that virus is the illegal sexual relations after all other ways of infection were put under control to some extent. Though firmly convinced that the sole way to eliminate AIDS is chastity, the world is startled by the slogan of "safe sex" which is claimed to be attainable through male/female condoms. Such practice was just the start for the world to enter a dark tunnel. Here, the business took part in the problem and bad condoms began spreading while the adventurers of carnal lusts were still believing in those claims and thinking that using these condoms will ensure safety for them.

The result was increase in the number of infected by this fatal plague. The health situation in Uganda and Zaire and other African afflicted countries, in any unbiased analysis, reveals the falsehood of such unfounded claims.

In the same time, Islamic instructions in this respect, which are very clear, did not only prohibit illegal sexual relations, but also made the penalty of the crime of adultery the severest: stoning up to death

when the crime is proved beyond doubts according to Islamic juristic regulations. World statistics are the best evidence to attest the soundness of this law. Muslim countries and Muslim minorities in Western societies are less in infection than their counterparts. In one of the recent conferences in Kuwait on AIDS, a scholar from Uganda declared that the least percentage in AIDS infection is among a group of tribes that put death penalty for adultery perpetrators.

On the other side, Islam has strongly urged on marriage and simplified its procedures and requirements in order to protect family, the core of the society, and human and familial relationships from the danger of collapse. **This was the first problem.**

As for the second problem, our world is facing among other problems, is alcohol abuse. Islam has decisively prohibited alcohol for all abusers, traders and producers. Not only this, Islam has also cursed any participant in wine business: its juicers, attendants, waiters, salespersons and drinkers, so that innocent persons be protected from the misguidance of the vicious alcoholists around them. The reason behind prohibiting alcohol is its deactivating effect on mind which renders human being unaccountable. The Prophet's (ﷺ) saying is:

" Three are exempted from accountability: The insane until he gets recovered, the asleep until he gets awake and the lad until he gets matured."

Contrary to some baseless claims, Arabs, before and part of the early Islamic era, were much dedicated to drinking wine which used to be available at every house. This was stated by the account of one of the Companions of the Prophet (that the streets of Al-Madinah flowed with wine because all Muslims immediately poured out all wine they had soon after the verse of prohibition was revealed. Arab poets expressed in their poems how Arabs were deeply fascinated and addicts of wine. When the final verse of prohibition asked Muslims:" ...Will ye not then abstain?" (5:91). They responded: Indeed we will abstain. Here clearly appears the importance of the true belief and its role in the believers' obedience to the commandments of their Lord because they are certain that these laws are the best for their life here and in the Hereafter. This ideal situation could be compared to that

failure experienced in the American society when the Congress passed a law in 1889 to outlaw manufacturing wine and alcoholics, then appeared underground industries. The result was increase in poisoning cases and deaths due to abusing such adulterated substances. The American government had to abandon that law and to legalize manufacturing alcoholic beverages again.

The results we have now are world losses in billions of dollars and millions of human deaths. Researches are going on everywhere to discover the side effects of abusing these substances, how to treat them and how to combat them through holding conferences and symposia, but no one likes to abstain.

The third problem is drugs. Like alcoholics, drugs are categorically prohibited in Islam. World losses resulting from drug abuse are not less than those of alcoholics, if not exceeding them.

The positive (man-made) laws, based on some ephemeral illusions, had no harvest but pains and calamities. But God's laws are from the Wise and All-Knowing Creator Who created human being and absolutely knows the secrets of his self which all psychological analysts are incapable of knowing its reality. The Divine legislation is in harmony with the innate nature (Fitrah) of human being that Allah had created to be a viceroy in the earth. Allah (SWT) commanded him to settle and build the earth in a way that was beneficial for mankind, and provided him with a constitution and codes suitable to his life in all stages and covering all of his activities. He (SWT) taught him about what to eat, drink or entertain himself, about rights and duties towards his Lord, his self, his relatives, his family, his neighbors and his society, his relationships with friends and counterparts, good or bad, how to select his spouse, how to raise his children...etc. Allah raised human being and disciplined him in a way to reinforce his faith that comprises more than sixty elements (branches) of life from the highest one, belief in the oneness of Allah, down up to removing harmful things from the road. Shyness is one of these branches of faith. Allah made clear for him the lawful and the prohibited and commanded him to stick to all these in order to live in happiness in this life and in the Hereafter.

The result of this great Divine interest and care for human beings was a great civilization that lasted for centuries in continuous generous and original contribution. It extended eastward and westward exerting its community members to fear their Creator, Allah (SWT), offering for His sake only things that are good and useful for human being and for the whole of mankind.

We all are facing a very fierce onslaught that requires our collective confronting as our Lord has commanded us. Obeying His instructions and abstaining from His prohibitions is the way for actualizing good in our life.

Holding the 41st Conference of ICAA in Cairo, one of the Arab and Islamic capitals, might be a blessed occasion for this gathering to meet and listen to the views of Islam on these various issues and on the importance of faith in prevention, treatment and rehabilitation. Also, it is a chance to know about the role of the public Muslim societies in following up this danger and in confronting it, how the laws have developed to form a tool for prevention and treatment and what were the efforts exerted in this field. Here, all participants coming from European, American, Arab and Muslim countries can discuss together these issues objectively, exchange ideas and experiences and benefiting from each other.

ICAA, through the great number of conferences and symposia it has held, had no doubt accumulated great experiences in this respect. The roles of other religions and beliefs have been discussed before, now it is the turn to discuss the role of Islam in confronting these dangers. This certainly will support and invigorate the role of ICAA in regard to these problems.

IOMS has found it an excellent chance to participate and decided to meet the costs of inviting some representatives from Arab and Muslim countries in order to take part and to enrich discussions with this world conference.

PROGRAMME

Programme of The IOMS Paticipation

The Role of Islam in The Prevention, Treatment and Rehabilitation of Dependencies

In The 41st ICAA International Conference, Cairo
17-22 May 1997

The Third Day of The Conference
Tuesday, 20 May 1997

B - Scientific Sessions

First session **(11 - 12:30) Forenoon**

Chairman : Dr. Abdul Rahman Al-Awadi

Moderator : Dr. Ahmed R. El-Gindy

1 - Importance of Mental Status in Islam and its Influence on Protection from Drugs, Intoxicants and Gambling
Sheikh Mohammad Al-Mokhtar Al-Salamy (Tunisia) (11 - 11:30)

2 - Role of Islamic Life Style on Alcoholism and Drug Addiction
Dr. Omar Sulieman (Sudan) (11:30 - 12)

* Discussion (12 - 12:30)

Second Session **(2 - 3:30) Afternoon**

Chairman : Dr. Salah Abdel Motaal

Moderator : Dr. Malik Mubashar

1 - The Role of Mosque in Prevention, and Treatment of Substance Abuse.
Dr. Jamal Abu Al-Azaim (Egypt) (2 - 2:20)

2 - An Islamic Approach to Deal with Addicts in Kuwait
Mr. Abdel Hamid Al-Belaly (Kuwait) (2:20 - 2:40)

* Discussion (2:40 - 3:30)

Third Session **(4 - 5:30) Afternoon**

Chairman : Dr. Omar Sulieman

Moderator : Dr. Adel Al-Zayed

1 - The Development of Legislation For Combating Drugs in The State of Kuwait
Coursellor Abdullah Al-Essa (Kuwait) (4 - 4:20)

2 - Socio - Cultural Dimensions of Drug Use Among Egyptian Students: An Islamic Cultural Perspective.
Dr. Salah Abdel Motaal (Egypt) (4:20 - 4:40)

3 - A Look at Present Status of Drug Use, Abuse and Dependence in Egypt and Efforts for Prevention and Intervention.
Dr. Fouad Abu Hattab (Egypt) (4:40 - 5:00)

* Discussion (5 - 5:30)

The Fourth Day of The Conference
Wednesday, 21 May 1997

First Session **(11 - 12:30) Forenoon**

Chairman : Dr. Omar Shaheen

Moderator : Dr. Abdullah Al-Shareif

1 - The Role of NGO in Fight Agaisnt Drug Abuse in Kuwait
Dr. Khalid Al-Saleh (Kuwait) (11 - 11:15)

2 - The Role of Women and Families in Issues Related to Drug Abuse
Dr. Ghada Al-Hafez (Syria) (11:15 - 11:30)

3 - Resource Oriented Strategy to Combat Drug Abuse
Dr. Ahmad Mohit (Iran) (11:30 - 11:45)

4 - Kinds of Drugs and Psychotropic Substances Prevalent in Egypt, and the Role of Government and the Non-government Organizations in Drug Prevention.
Dr. Fouad Al-Saeed (Egypt) (11:45 - 12:00)

* Discussion (12 - 12:30)

Second Session **(2 - 2:30) Afternoon**

Chairman : Dr. Fereydoun Mehrabi

Moderator : Dr. Khalid Al-Saleh

1 - Caring for the Drug Abuser and the Drug Addict Inside and Outside the Hospital
Dr. Abdullah Bin Ibrahim Al-Sharief (K.S.A.) (2 - 2:15)

2 - Situation of Nacrotics in Kuwait Before and After Iraqi Invasion.
Dr. Adel Al-Zayed (Kuwait) (2:15 - 2:30)

* Discussion (2:30 - 3:30)

Third Session **(4 - 5:30) Afternoon**

Chairman : Dr. Fouad Abu Hattab

Moderator : Mr. Abdel Hamid Al-Belaly

1 - Alcohol and Drug Abuse in Iran Before and After Islamic Revolution.
Dr. Fereydoun Mehrabi (Iran) (4 - 4:15)

2 - Situation of Prevention, and Treatment of Alcohol and Drug Addiction in Pakistan.
Dr. Malik Mubashar (Pakistan) (4:15 - 4:30)

3 - A Multimodality Approach in the Treatment of Drug Addiction.
Dr. Ahmed Al-Kadi (USA) (4:30 - 4:45)

* Discssion (4:45 - 5:45)

INAUGURAL ADDRESS

Dr. Abdul Rahman Abdulla Al-Awadi

President

Islamic Organization for Medical Sciences,

Kuwait

Inaugural Address

Dr. Abdul Rahman Abdulla Al-Awadi

President

Islamic Organization for Medical Sciences,

Kuwait

Praise be to Allah the Lord of the worlds Who said in His Glorious al-Qur'an: "...indeed, intoxicants, gambling, al-'Ansab (stone-alters), and al-'Azlam (arrows for seeking luck) are abomination of Satan's handiwork. So, avoid (strictly all) abomination in order that you may be successful." and Who said: "... do not throw yourselves into destruction...". May Allah's prayers and peace be upon our Messenger Muhammad who said: 'Wine is the source of evils', and "Do not harm either yourselves or others!"

I greet you with the greeting of Islam: "May Allah's peace, mercy and blessings be upon you!"

It is pleasure for me to greet you from the capital of the most ancient civilization in the history, from this good and blessed land that witnessed the rise and fall of various civilizations.

Cairo is filled with the fragrance of history and has merits different from those of other world countries: its pyramids are witnesses of its people's civilization and development of life, its minarets of mosques and churches indicate their commitment to religions and their living in stability, peace and harmony; they also confirm that religions, since thousands of years, live together and tolerate each other.

The Nile of Egypt declares the fertility of its land; its honorable al-Azhar is the most ancient international university out of which the light of Islam is beaming to the whole world, calling for love, fraternity and peace. Egypt was mentioned in the Glorious Qur'an and our noble Messenger ﷺ ordered his Companions to look after the people of Egypt and depend upon its soldiers.

Dear Brothers!

Islam was sent to be the final DEEN (comprehensive religious way of life) for the whole humanity, unconfined to a specific area, era or a

group of people. Islam commanded its followers to strive for spreading Islam committed to this motto and procedure: "...rebel (the evil) with one which is better, then verily! the one between whom and you there was enmity, (will become) as though he was a close friend." Islam, the message of Allah, has been concerned most with human being as such. The first portion of Qur'an revealed to our honorable Messenger ﷺ contained a command to read what is useful for the humanity at large. It continued to build Muslims, spiritually, intellectually and physically along the thirteen years of the Meccan period, so as to prepare them for withstanding the coming life problems regardless of their nature, whether good or bad. It continued to establish firmly in their hearts and minds the bases of faith, and to clarify for them the Islamic way of life based upon selflessness, love, sympathy, affection and fraternity. Only after that, began to be revealed the laws of lawful and unlawful, do's and don'ts, and then Muslims welcomed them with full satisfaction and contentment believing that they, being the commandments of their Lord, are free from any partiality; is not He their creator, provider of guidance and the One Who knows far more which is better for them? For example, when the prohibition of drinking wine was revealed, Muslim were strongly seized by addiction; they used to compose or chant poetry about wine and made big business of it, but when the verse of prohibition asked them: "So, will you not then abstain?" all of them answered: "Definitely, we all will abstain!". They immediately responded to the command of their Lord by pouring out their stock of wine and broke its bottles to the extent that the al-Madinah streets flew with wine as one of the Muslims described the situation. That was how the faithful had executed willingly the Divine commands of their Lord being certain that behind them there would be great benefits in this life and in the hereafter. In this way Islam protects the faculty of mind which has a great status. Allah has endowed human being, over all other creatures, with mind so as to make him qualified for the great job of Khilaafah (vicegerency) on the earth in order to have it inhabited and developed. Hence, Islam prohibited any substance that may damage, intoxicate or destroy mind, whether wine or any other substance, because taking mind away will lead human

being to commit many harmful acts that will cause great harm to himself, his family and his society. The statistical data we have are the best evidences to prove this fact. Heavy losses have affected mankind: millions of souls, and millions in economics, were lost, as a result of applying positive (human) legislation that disobeyed Allah, legalized the abuse of alcoholics, and tolerated propagating such evils though all social and scientific researches had confirmed their dangers and harmful side effects on health. The results were catastrophic everywhere.

The whole world is becoming a small village where no country could remain away from the infection of these dangers. Any incident is immediately broadcasted and all people can watch it everywhere; hence the infection has epidemically spread. The recent years have witnessed expansion in the trade of wine, drugs and tobacco on the hands of greedy groups who only care for their material gains even if it is illegal or prohibited in the heavenly religions.

These vicious epidemics cause lot of harm to human being's intellect, health and economy, a danger which will be badly reflected upon the members of family and society turning them into almost lifeless human beings.

The world civilization is currently passing its most dangerous stages because it is apt to destroy itself through those erroneous concepts. Instead of appealing to chasteness and encouraging legal marriage aiming at establishing families, it adopted the claim of safe sex and thus helped in family disintegration under the slogan of one-member family type, be it male or female. Instead of striving for banning drugs and fighting them, it has raised false and groundless slogans of substituting marijuana for heroin, claiming that it is less harmful. What would be the results after ten or twenty years?! Instead of stopping the abuse of wine and all other derivatives, some are trying to propagate erroneous claims stating that small amount of it is useful in heart diseases. Had not such claims been behind the wide spread of smoking which has been lately confirmed to be responsible for a number of deaths more than the total deaths of World war II, and for cancer and AIDS?! Now, all these epidemics, AIDS, drugs and

narcotics and smoking, are sweeping away the world, uncontrolled and causing huge damages which you know better than anybody else.

The problem is complicated; its causes are numerous and the involved parties are entangled. Each and every one has a role to carry out: family, school, society, media, legislation, security and health organizations.

All these phenomena are the outcome of human beings' deeds: his turning away from Allah, his arrogance, self-conceit and self-worship; his heading to satisfy all demands of his self which always incites him to evil, thus destroying the holy relationship with his creator. Human being has gone so far in immorality and infidelity that the human soul has got broken and suffered the severest moments of wretchedness it has never felt.

For all of this, we have to contemplate deeply and seriously in returning to the path of Allah and resorting to religion, the savior of this lost human soul.

Today, we are in a dire need of returning to religions because their teachings, which have come from the Lord of the worlds, are free from any desire, and call for virtue, coherence, sympathy, mercy and cooperation among members of family and society. They build in the believer a strong faith with which he can confront the temptations and the temporal vanities of this world for the eternal bliss of the hereafter.

Conferences, symposia and meetings will yield no fruits if not based upon a plan of returning to the heavenly religions to have their effective role functioning in our daily life. Fortunately, our FITRAH (innate nature), the creation of Allah, is religion- oriented and is more inclined to accept religious instructions than any others. We must not neglect spiritual aspects and the role of faith in prevention, treatment and rehabilitation. The spiritual factor has powerful miraculous effect on rescuing persons out of their suffering.

Dear brothers!

Our conference this year has a special feature. Along half a century, ICCA used to hold its conferences to help in combating these

epidemics which are overwhelming the world; in this conference, held in Cairo, IOMS in Kuwait has decided to participate in the conference arrangements because it has noticed that the contributions of Arab and Muslim countries in ICAA former conferences were limited in spite of the importance of participation in such conferences in order to get informed about the latest researches and the various views related to them.

Therefore, in this conference, IOMS decided to take the responsibility of inviting the greatest possible number of Arab and Muslim countries for attending and participating, as well as informing other researchers of the great efforts exerted in our region and in the whole Muslim world in this respect, and of the different approaches and experiences in treatment, particularly. Our region, in particular, was the cradle of the major Heavenly Messages which had clarified for mankind the path to their creator, while the participants of these countries will get acquainted with what is going on in the world.

Best regards to ICAA which was interested in this participation, hoping that cooperation in this domain would be continuous to serve the whole humanity.

Dear brothers!

I pray Allah to guide all of us to what pleases Him so that our world would live free of epidemics that had worked, and still working for destroying us and our coming generations.

May Allah's peace, mercy and blessings be upon you!

Third Day of the Coference
Tuesday, 20 May, 1997

First Session

Chairman : Dr. Abdul Rahman Al-Awadi
Moderator : Dr. Ahmed R. Al-Gindy

Speakers:

1 - Sheikh Mohammad Al-Mokhtar Al - Salamy
2 - Dr. Omar Sulieman

IMPORTANCE OF MENTAL STATUS IN ISLAM AND ITS INFLUENCE ON PROTECTION FROM DRUGS, INTOXICANTS AND GAMBLING

Shaikh Muhammad Mukhtar Al-Salaami

The Mufti of Tunisia

Importance of Mental Status in Islam and its Influence on Protection from Drugs, Intoxicants and Gambling

Shaikh Muhammad Mukhtar Al-Salaami

The Mufti of Tunisia

According to the agenda of the conference under the auspices of IOMS, one day will be assigned to the role of religion in prevention from and treating addiction, with special reference to Islam. It is pleasure for me to present what I have found about the approach of Islam for reforming human life, protecting people from drugs, intoxicants and gambling or helping them out when afflicted with such plagues.

The main problem in this issue is quite clear in that contradiction between objectives and realities, or between the ambitious outcomes human beings are supposed to live with and the passive tendencies towards which science and politics are driving mankind.

On the one hand, the accumulating fruits and achievements of civilization have made the human life better and more enjoyable through various ways such as opening new channels for knowledge, easier communication among different parts of the world, enabling people to benefit from the various sources of energy for increasing comforts, making them accessible to all and, finally, through introducing the promising electronics and its rich potentialities into our life. All these fruits had their good effects on satisfying the needs of individuals and communities to make life easier and more beautiful and perfect. Such achievements are supposed to lead to better closeness and coherence among human beings.

On the other hand, it is noticeable that those civilizational achievements had brought with them lots of bad phenomena which spread among mankind and still more spreading through time thus threatening the edifice built by human civilization to fall down through illnesses such as depression, fright and worry.

To others, the desire of agitating lusts to obtain the maximum of pleasure and enjoyment through self-deception, imagination and

fabrication, if not obtainable in reality, is a life approach that creates rebellious selfishness and egocentrism.

The familial bond, which is the unique foundation of the social structure, is getting weaker and wearing away threatening and disintegrating the society. Noble values, such as selflessness, sacrifice and giving, in which human being used to enjoy the pleasure of breaking the fetters of selfishness, are deteriorating too. Such value degeneration has deprived human being of the source of support he used to resort to in the times of crisis. That lack of support has added to his feeling of alienation with all consequences of psychological disorders and deviations in behavior. These maladies, in turn, cause more remoteness from society rendering relationships frozen and devoid of warmth or pulse.

Robert H. Frank says: " The invisible hand of Adam Smith had implanted the idea of inevitability of moral behavior and when human beings become confined to actualizing their own personal interests our world will be on the way to witness the best possible condition it could attain. Darwin's theory of "survival is for the fittest" derives beyond that ex. It gives an impression that failing in satisfying personal desires could be harmful to our health.

It is true that this civilizational development had not reached these high levels and vast horizons except after liberating itself from many unreasonable restrictions and obstacles. That liberation of human mind led to the liberation of science which has become confined to the realms approved by reason and experiment only. Through that liberation of mind and science, many secrets and laws of vast areas in the universe had been discovered, and their wonderful fruits were and are still felt and enjoyed everywhere by mankind. But that liberation developed into tyranny and its relationship with responsibility has been, and is still shrinking and leaning. This could explain the philosophy of Adam Smith and his followers with its reflections in the realm of economy and behavior generating despotic and selfish sort of freedom.

If freedom had been based upon an objective concept towards matters and at liberating mind and experience from non-objective

influences, it had generated in the realm of sociology an opposite approach where human being has become the sole axis of existence and his criterion of reference has become his own self and interests.

In brief, that view which made human being the axis of life had turned him into of two categories:

The first one comprises those who are continuously invaded every day by the products of the materialistic civilization through its outwardly tempting and its psychologically based media that arouses his greedy desires and multiplies his feeling of deprivation whenever his resources fall short of obtaining what he is craving for. If he would resort to buying by the way of installments to be deducted monthly of his salary, he would feel frustrated at the end of every month seeing the fruits of effort are before he sees them, or, metaphorically dead before birth.

On the other hand, weakness of will and receptivity of the effects of the materialistic invasion cause degeneration of immunity, and imbalance psychologically and financially. Instead of becoming happier and having a cheerful look onto life human being finds himself discontented with his life and incapable of rectifying the torn fabrics which used to provide him with warmth of life.

Many of these wretched persons like to flee their life and forget their realities that cannot be changed by weak will or lack of action. Their way to escape is intoxicants and drugs thus destroying their physical health and organs after loosing their psychological stability. Freedom that generated selfishness and egoism has yielded violent slavery for drugs and alcohol. The human community that once aspired to reduce its life burdens by allowing every member to self actualize through his own production finds itself in front of crowds of persons psychologically defeated, with paralyzed wills and energy, anesthetized with illusion and susceptible for various diseases that lay exhausting loads on the community to cure them.

The second category comprises those who have sufficient financial resources. Many of them fell victims of the powerful influence that justifies enjoyment through all forms: acceptable, abnormal or disgusting. Together with another group of youth owned by the blazing

power of sex and erotic instincts, they lavishly indulged in satisfying their desires to levels of extreme non-attainable except in dreams. They, too, found in drugs and intoxicants a way to that illusionary world in which they drowned themselves. Deceived by the dissolute and destructive sexual shots, they naively thought them facts while they were nothing more than fabrications or ridiculous and low acting. Part of those youth were turned into remnants destroyed physically, mentally and psychologically and devoid of any will. They became parasites in their societies.

There is another sector of people who fell victims of the plague of gambling under the pretext that everybody is free in dealing with his properties. The gambling addicts are usually consumers of drugs to forget their losses or alcohol to acquire courage to take their position among gamblers and to withstand the shocking results, but they will certainly face bitter facts when they retain their minds.

Clarifying a fact

It is true that these plagues are not new, they have accompanied mankind through its long history. But the striking phenomenon that necessitates great endeavors to rescue humanity from these afflictions is the horrible outbreak of these plagues and the dangerous role played by industry, transportation and communication in improving and widely disseminating them among the different classes. It seems that this civilization carries viruses that will destroy its essentials.

How did the world planned to combat drugs, intoxicants and gambling?

All researchers are in agreement that drugs destroy health, mind and productive powers, thus exhausting the budgets of societies. In general, they are plagues whose harm transcends their users to the whole society. They derive their abusers to commit dangerous crimes such as burglary, theft and even murder in order to obtain their needs of drugs, besides afflicting them with incurable diseases and neural disorders.

In spite of this consensus, combating this wide-spreading phenomenon has taken two approaches:

1. The limited approach adopted by some countries. This approach calls for cancellation of laws prohibiting using or circulating drugs as long as they are not violent. The justification for this view is that absolute prohibition was behind decrease in supply and badness of quality that led to high increase of prices, a matter which persuaded drug traffickers to use illicit inhumane methods and take all adventures in quest of unlimited gains through drug trafficking. Morton M. Kondrake proved in his study that the price of cocaine at plantations reaches three times at the exporting port, while its value at arrival in the United States double twelve times at the retailers. So, the supporters of this view believe that such an approach would block the way in front of traffickers' criminal adventures, and leave no pretext for addicts to resort to crimes such as theft and burglary. In order to prevent youngsters from being exploited in trafficking as a scapegoat for the criminal elders, banning on nonviolent drugs should be lifted. The huge amounts of money, spent on drug combating forces and judiciary bodies involved in chasing and prosecuting those gangs, could be used for curing the addicts and duplicating the efforts of enlightening people of the dangers of drugs. This also will lead to good percentage decrease in crimes because users and traffickers will not be incriminated.

This theory, which Dr. Ethan Nadelman[1] has strongly defended, leads, in my opinion, to results that are opposite to those he expected. If drugs had spread dangerously in spite of prohibition and the various institutions endeavoring to block abusers' access to drugs, stopping all these efforts would of course make drug spread easier and its evils affecting individuals and society duplicated. Making access easier and prices less would certainly persuade greater numbers to become abusers and turn abusers into addicts.

2. The dominating approach is the one which urges increasing efforts to combat the gangs of drug traffickers and intensifying penalties. Nothing could serve instead of awareness, watchfulness and all tools that help in discovering drug abuse such as urinalysis at

1. Dialogue 3/1989.

institutes, offices and labs. Detaining all violators and imposing upon them to follow up treatment courses to get free from depending if they like to get jobs[2].

This approach, though it seems to me more effective than the first one, is in fact nothing more than a superficial remedy for some symptoms and not a fundamental cure that could overcome the plague.

The first remark on the view of those who attach great hopes on the prohibitive legislation is that their differentiation between drugs and intoxicants weakens their supporting authority, because both have the same bad effect on mind and deprive human being of his humanity. If media have succeeded in making public feel deeply the dangers of drugs, such a feeling does not change the realities. In Le Figaro 18/3/1997, in the Scientific Section, it was mentioned that alcohol addiction in France is a very common reason of admitting persons into hospitals. According to the analysis of Credes, 3% are treated due to some reason connected with alcohol addiction, and 5% of these cases are men between 40 and 64 years old. 40% are treated in psychiatric departments and 31% in the general medical departments. The basic disorder was a mental one, seven cases out of ten; cirrhosis two out of ten. The cost of addicts treatment amounted to 6.4 milliard Franc in 1992.

To 10% of patients admitted into hospitals because of other reasons, alcoholic addiction is a dangerous factor in cases such as tumors and neural disorders where alcoholic excessiveness has a fundamental role.

Dedicated to protecting mind being one of the five fundamental life purposes maintained by its Sharia, Islam equally prohibited both of them regardless of the amount or of the quality; strong or mild. In Islam the value of human being lies in his accountability which is inseparable from mind. Based upon this, any substance that could intoxicate or deactivate mind deprives human being of the honor of responsibility and put him among the irresponsible creatures in the

2. The argumentation published in Dialogue 3/1989, on drugs: Ethan A. Nadelman and Morton Kondracke

universe. Hence, it is really a crime against human being and subversion of the honor by which he became qualified for his role in the universe.

Islam considers protection of mind one of the principal and unquestionable objectives and bases of its legislation. In combating drugs and intoxicants, Islam cares most for protecting human being from slipping into these plagues the most dangerous result of which is to enslave their abusers and dispossess them of will and resolution turning them into captive for such substances without any ability to resist their craving. During periods of consciousness, his mind might tell him that he is heading towards loss and suicide, but he soon collapses in front of the strong appeal of addiction.

On these bases, the policy of Islam to treat this problem is twofold approach:

A . Protecting human being from slipping into drugs and intoxicants.

B . Curing those who had slipped and abused drugs or intoxicants.

The First Aspect:

Protecting Human Beings from Slipping into Drugs, Intoxicants and Gambling:

1 - Allah (SWT) says: " *Ye who believe! Intoxicants and gambling, (dedication of) stones and (divination by) arrows are an abomination of Satan handiwork; eschew such (abomination) that ye may prosper. Satan's plan is (but) to excite enmity and hatred between you, with intoxicants and gambling, and hinder you from the remembrance of Allah and from prayer: Will ye not then abstain? (5: 90-91).*

This verse combined four things: wine, gambling, idols and arrows. These four dangers share one feature: destroying minds firstly and health secondly. The verse is divided into two sections. The first is concerned with things or substances that destroy mind through abused substances which cause it to deviate from the sound course of action or from the straight productive ap-

proaches according to the universal laws, preferring to follow vague and dark ones. In this way, the human being's intellectual faculties get crippled and his destiny bound to a piece of paper or a number.

The second section of the verse speaks about the major knot that dominates mind and paralyses it. This is seen when the human being believes perfection in a stone taking it as his God and offering him sacrifices, or attributing absolute knowledge to an arrow trusting it to inform about the unseen and to make choice on behalf of him.

2 - Islam establishes balance between both spiritual and material needs. Neither good things produced by civilization or experience are despised, nor spiritual values are separated from the intertwined concepts that delight human being. Allah(SWT) says: "*But seek, with the (wealth) which Allah has bestowed on thee, the Home of the Hereafter, nor forget thy portion in this World but do thou good, as Allah has been good to thee,...*" (28:77)

No hope for mankind to escape such menacing dangers unless the course of behavior follows the two parallel tracks.

3 - Islam establishes its protection of human being against slipping through its easy and beneficial system of commitment. It decides that eschewing drugs, alcohol and gambling are factors that acquire for human being trustworthiness and make him reliable to be entrusted by society or individuals to occupy any position of responsibility. Committing any one of these sins dispossesses him of a number of his rights: his witness is not acceptable and he is no longer trustworthy. In addition, he looses many chances of gaining due to the fact that these destructive acts create atmosphere of hatred and rupture in the social fabric and lack of productive communication. " Satan's plan is (but) to excite enmity and hatred between you, with intoxicants and gambling,"

On these bases, arousing feelings of self interest and self love in the healthy and constructive meaning and way, in harmony with circumstances and according to wisdom, becomes one of the basic elements of immunity against falling victim of addiction.

4 - In the view of Islam, freedom and responsibility are not contradicting; rather, they are complementary. Freedom without responsibility is destructive anarchy, while responsibility without freedom is enslavement. Both of them are together the energy that generates good.

On these bases, human being is taught in Islam that his freedom of disposition in regard to his properties is responsible and has limits. He is accountable in regard to both the sources of earning and ways of spending. This type of accountability neither abolishes the individual's freedom nor approves misusing his gains. It is an equal evil, in the view of Islam, to play gambling on a licensed or on non-licensed table. All of them are harmful to the gamblers' wealth and health (as seen in the effects of the violent shocks on the complicated metabolic system in the human body). They also destroy the human mind through turning it from the sound laws - that govern universal and natural systems and through which science has achieved its fantastic victories - to coincidence, luck and methods over which he has no control in any form or phase.

5 - Together with education and raising, there must be established clear legislation which should be indiscriminately applied and observed by all countries; it should form one of the basic articles of the international convention of cooperation among all countries in all domains. Violation of that legislation must not be seen as an internal affair, but a matter that concerns the whole humanity and is entitled to be protected from all dangers.

When the legislation of prohibiting drugs, intoxicants and gambling varies from one country to another, the effects will not be confined to those countries that have legalized them. The harm will inevitably extend to the other countries due to the powerful and conquering subjugation or enslavement of addiction. They will penetrate through two channels: Persons who travel from the legalizing countries and the impossibility of full control of such activities among world countries, particularly in the light of the highly developed tools and ways of transportation by air, sea and land, and

powerful potentialities of telecommunications, in addition to the innumerable tricks ever-invented by the human intelligence.

The Second Aspect:

Curing Those Who Had Slipped and Abused Drugs or Intoxicants:

1 - As for those who got awakened, became aware of their responsibility and, hence, gave up, Islam reinforces their good choice, not only by exempting them from any tracking or punishment, but it also reconciles their hearts and requires helping them not to relapse.

2 - On the other hand, Islam does not reject those who fell in the grip of any of these evils, nor expel them from their society. Al-Bukhari related in his authentic collection of Hadith that some one used to drink wine, and every time he was punished he used to relapse again. In the fourth time, when some one cursed him saying: "May Allah disgrace you!" , Prophet Muhammad (ﷺ) said: "Do not say so, lest you should support Satan over him!" Also, Islam assures the evil victim that his community is certainly eager to see him recovered though his behavior is refused by all. This is clear in the support provided by the state in the form of sanitariums and scientific research in order to rescue the addict from the clews of that beast that is tearing up his very existence mentally, healthily and socially.

Waking up the addicts' conscience is in fact the collective responsibility of all influential powers: religious scholars, media, psychologists, physicians and humanitarian societies. Cleansing our world from these three plagues is these bodies' honorable mission that requires them to have enough courage to condemn such phenomena, though this condemnation might not be welcomed by some customs, laws or beliefs. This mission must be followed up patiently and incessantly out of pure love to our brothers in humanity.

ISLAMIC LIFE STYLES AND ITS IMPACT ON ALCOHOLISM AND SUBSTANCE ABUSE

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1 - DEFINITIONS

Islamic life style (ILS) is defined as the way individuals and societies deal with each other and how they should adjust their behaviour towards building and promoting harmony, peace, happiness and protect and promote the life of people and the environment.

ILS is described in Quran, the Prophet's (ﷺ) sayings and teachings, the collective opinion of Islamic teachers and scholars and also from the behavioural precedents set by the Prophet (ﷺ), his close associates and Moslem teachers. These are continuously accessible sources for people to learn from.

Alcoholism and/or substance abuse is visualized as a sinful, harmful act resulting from negative life style contradictory to the behaviour advocated by Islam and resulting from ignoring the advise that shows how such status can be reached and how the causative factors that lead to it can be avoided.

2 - FUNDAMENTALS OF ISLAMIC LIFE STYLE

The foundations of ILS are based on the following facts and principles:

2.1 Islam is the religion that is in harmony with nature. Any teachings and behaviours that are injurious to, or contradicting to, nature is anti-Islamic. This is clearly expressed in Quran which says that Islam is in harmony with creation and nature.

﴿فأقم وجهك للدين حنيفا فطرة الله التي فطر الناس عليها لا تبديل لخلق الله ذلك الدين القيم ولكن أكثر الناس لا يعلمون﴾ الروم ٣٠

This confirms that anything that disturbs the integrity of man and creates abnormal status contrary to nature is anti-Islamic.

2.2Islam values human race and God says in the Quran that all that God created in the universe is for the benefit of people.

﴿ألم تروا أن الله سخر لكم ما في السموات وما في الأرض وأسبغ عليكم نعمه ظاهرة وباطنة ومن الناس من يجادل في الله بغير علم ولا هدى ولا كتاب منير﴾ لقما:٢٠..

and that humans were created with perfection.

﴿لقد خلقنا الإنسان في أحسن تقويم..﴾ التين: ٤

God has honored people, facilitated their movements, given them unharmful, enjoyable and delicious things and has given them preference to many of His creations.

﴿ولقد كرمنا بني آدم وحملناهم في البر والبحر ورزقناهم من الطيبات وفضلناهم على كثير ممن خلقنا تفضيلاً﴾ الإسراء: ٧٠

So, how a person so perfectly created to meet all challeges and for whose benefit all universe and all the needs of his growth, life, enjoyment, happiness has been availed seeks injurious substance and leads negative life style that deprives him of all these advantages and benefits? If people feel deprived where they live, did they realize how God has facilitated their travel? Why should they leave so many good things for few bad harmful things?

Furthermore, Islamic teachings value human brain and ability to use it properly. Islam dierects people to abstain from anything that reduces their abilities, efficiency and usefulness. Islam has called that people should be healthy and alert to be able to explore the universe and strengthen their faith, since in the process of thinking as to how the universe is created they will strengthen their belief in the power and greatness of God. That will also help them to further their scientific knowledge and benefits.

﴿إن في خلق السموات والأرض واختلاف الليل والنهار لآيات لأولي الألباب﴾ آل عمران: ١٩٠

2.3According to Islamic teachings an individual is considered to have an inner self (conscious) known only by him and God and an outer self known by others and affected by factors in society and environment and is reflected in how he behaves or does.

The inner part is most valued. It is what the person intends to do and what the person really is. It is what these intentions that give value or discredit the work.

«إنما الأعمال بالنيات ولكل إمري ما نوى».

Moslems believe that any intention, action, feelings, behaviour or wishes person keeps from others are known and monitored by God, as said in the Quran and it is God that a person should fear when he does something harmful to him or to others or even if he has the intention of the plan to do so.

﴿إذ يتلقى المتلقيان عن اليمين وعن الشمال قعيد﴾ سورة ق: ١٧

﴿ما يلفظ من قول إلا لديه رقيب عتيد﴾ سورة ق: ١٨

Islam considers a harm a person does to himself, his family, his society or environment as extremely sinful. The Quran says that a person should not allow himself to be tempted to follow his desire, greed or appetite and he should not be sensual:

﴿فإن لم يستجيبوا لك فاعلم انما يتبعون أهواءهم ومن أضل ممن اتبع هواه بغير هدى من الله ان الله لا يهدي القوم الظالمين﴾ القصص: ٥٠

God has advised prophet David that following one's desire and greed will cause distraction from God's path.

﴿يا داود إنا جعلناك خليفة في الأرض فاحكم بين الناس بالحق ولا تتبع الهوى فيضلك عن سبيل الله إن الذين يضلون عن سبيل الله لهم عذاب شديد بما نسوا يوم الحساب﴾. (ص): ٢٦

It is a fact that a person's desire leads him to the first drink and first dose of drug. Continued submission to desire and greed carries him to alcoholism and addiction.

Moslems are requested that while being kind to all, they should not befriend those people who practice bad habits. If they have to do, they should make sure that their peers will not lead them into their tendencies of being enslaved by their desire.

واصبر على نفسك مع الذين يدعون ربهم بالغداة والعشي يريدون وجهه ولا تعد عيناك عنهم تريد زينة الحياة الدنيا ولا تُطع من أغفلنا قلبه عن ذكرنا واتبع هواه وكان أمره فرطا﴾ الكهف: ٢٨.

Any habit or behaviour that is harmful to others including tempting people to adopt bad habits, like drug taking is prohibited.

﴿والذين يؤذون المؤمنين والمؤمنات بغير ما اكتسبوا فقد احتملوا بهتانا وإثماً مبيناً﴾ الأحزاب: ٥٨.

«ومن سن في الإسلام سنة سيئة كان عليه وزرها ووزر من عمل بها من بعده إلى يوم القيامة» حديث

«لا ضرر ولا ضرار» حديث

While individuality, personal rights and freedom are respected, yet they are part of and complimented by obligations and duties a person has towards others and the society. Personal liberty should not lead a person to harm the society he is part of.

An individual in Islam is like a design of a Persian rug. While each unit of the design has its entity, beauty and distinctions when seen in isolation, yet each is seen as a complimentary part of a whole design (society) which can also be seen as one unit with inter-related ingredients.

«المسلم للمسلم كالبنيان المرصوص»

He should, therefore, avoid to be odd so as the whole social matrix and design will not be disturbed or upset.

2.4Moslems are requesed to seek knowledge, learn and teach others.

﴿يا أيها الذين آمنوا إذا قيل لكم تفسحوا في المجالس فافسحوا يفسح الله لكم وإذا قيل لكم انشزوا فانشزوا يرفع الله الذين آمنوا منكم والذين أوتوا العلم درجات والله بما تعلمون خبير﴾ المجادلة: ١١

As Quran mentions that the people who study and learn will find the path of God to be correct and they will follow it.

﴿إنما يخشى الله من عباده العلماء إن الله عزيز غفور﴾

And the Prophet (ﷺ) said that it is a must for each person to seek knowledge and should continuously learn more.

«طلب العلم فريضة على كل مسلم ومسلمة»

People are therefore expected to know what is good and avoid the harmful acts. People, for example, are expected to know enough about alcohol and drugs before they embark on them.

﴿ولا تقف ما ليس لك به علم إن السمع والبصر والفؤاد كل أولئك كان عنه مسؤولاً﴾ الاسراء: ٣٦

2.5Islam puts an obligation on parents, leaders, teachers etc. to ensure appropriate upbringing of the young and providing them, and the rest of the family, with appropriate guidance and advice.

﴿يا أيها الذين آمنوا قوا أنفسكم وأهليكم ناراً﴾

Leaders should protect societies by legislation and other appropriate actions.

«كلكم راع وكلكم مسؤول عن رعيته» حديث

2.6Islam is a religion of moderation. Moslems are expected to be moderate in what they say, do, eat, drink or in the way they react. Extremism, in any aspect of life is anti-Islamic.

﴿وكذلك جعلناكم أمة وسطا﴾

Also, Prophet (ﷺ) says that Muslims should not be extremists or fanatics in their religion «وإياكم والغلو في الدين» and he (ﷺ) tells that all extremists destroy themselves.

«هلك المتنطعون»

2.7According to Quran everything in life, behaviour or universe is in a balanced equilibrium. Overdoing any act e.g. addiction is essentially a disturbance of body equilibrium.

﴿والسماء رفعها ووضع الميزان، ألا تطغوا في الميزان﴾ الرحمن، ٧، ٨

Islamic Teachings alert people to be cautious about acts and behaviours newly introduced in the society. They should investigate and asses their usefulness or harm and then adopt or reject them. Prophet (ﷺ) said that newly introduced uninvestigated acts may be the worst of acts.

«إن خير الحديث كتاب الله وخير الهدى هدى محمد وشر الأمور محدثاتها وكل بدعة ضلالة».

Also, he (ﷺ) says that one should not blindly follow others without assossing their behaviour. Thus becoming negative and passive follower saying that I am with people, I do good if they so do or act badly if so they act. People should be positive and follow good examples only.

«لا يكن أحدكم إمعة. يقول إن أحسن الناس أحسنت وإن أساءوا أسأت.

ولكن وطنوا أنفسكم إن أحسن الناس أن تحسنوا وإن أساءوا أن تتجنبوا إساءتهم».

2.8Equality among people, races and societies, is stressed in Quran and Prophet's (ﷺ) sayings which describes people as like teeth of

a comb equal and of same origin and that Arabs and non-Arabs, white or reds, are equal and are valued by their closeness to God.

«الناس سواسية كأسنان المشط لا فضل لعربي على عجمي، ولا أبيض على أحمر إلا بالتقوى»

People are valued according to the strength of their faith, their closeness to God and their practincing of the behaviour and life style God wishes them to adopt.

«إن أكرمكم عند الله أتقاكم﴾

Discrimination, suppression and deprivation (all causes of psychological disturbance and predisposing factors for alcoholism and substance abuse) are thus prohibited in Islam and strongly discouraged by it.

2.9Clarity and accessibility of reference to which Moslems can refer whenener they face a problem. This reference is Quran and Prophet's (ﷺ) sayings and actions. They provide solutions to problems which may otherwise lead to addiction and alcoholism. The reference (Quran and Prophet's (ﷺ) sayings) are documented and can not be changed or added to even when translated, the original version in Arabic should be written along with the translation. However interpretation and application to prevailing situations is what ensures renewal of thoughts. God says that the book has information on anything.

﴿ويوم نبعث في كل أمة شهيداً عليهم من أنفسهم وجئنا بك شهيدا على هؤلاء ونزلنا عليك الكتاب تبياناً لكل شيء وهدى ورحمة وبشرى للمسلمين﴾ النحل: ٨٩

Also, if people remember God and pray for Him, they gain peace and tranquillity.

﴿الذين آمنوا وتطمئن قلوبهم بذكر الله ألا بذكر الله تطمئن القلوب﴾ الرعد: ٢٨

This unique fact is only appreciated by practicing Moslems who always feel peace and tranquillity when they read Quran.

3- FEATURES OF ISLAMIC LIFE STYLE

3.1ILS most important feature is its totality in the sense that people should behave as they believe and as they advocate. As explained

in Quran, God hates to see people advocate something and do another.

﴿يا أيها الذين آمنوا لم تقولون ما لا تفعلون * كبر مقتا عند الله أن تقولوا ما لا تفعلون﴾ الممتحنة، ٢، ٣

Any by Prophet's (ﷺ) sayings whic confirm that people are judged by what they intend to do

«إنما الأعمال بالنيات ولكل امرئ ما نوى» حديث

According to Prophet's (ﷺ) saying, it is the inention which decides your good or bad doings. However if you intend to do something bad and then decide against doing it, your sin is changed into benefaction. This totality and clarity feature facilitates self monitoring and evaluation of good behaviours and provides incentive for self correction.

3.2Islam advocates evolutionary approach in adopting new life styles or in correcting negative ones in a gradual evolutionary fashion. This is the way alcohol taking was prohibited in Islam.

First, Moslems were advised not to pray when they are drunk; then harm and advantages of alcohol were explained and harmful effects shown overweighing benefits. Then, later clear prohibition was announced. The bearing of such evolutionary approach in dealing with negative life styles and/or addiction is practical and logical. This invites people to approach the problem in a gradual pragmatic manner with full realization of the individuals' status, problems and environment.

Islam not only prohibits injurious life styles but actually asks people not to be exposed to temptations that lead them into bad habits. Furthermore people are requested not to sell, buy, or distribute alcohol, "Moslems are told that God curses those who produce, buy, sell, carry alcohol or, sit with drinking people or drinks himself.

«لعن الله الخمر وشاربها وعاصرها ومعتصرها وبائعها ومشتريها وحامليها والمحمولة إليه» حديث

3.4The most important feature of ILS is the social togetherness advocated. This is reflected best in the way Moslems are told how

to worship God. Moslems gain more benefaction in collective worshipping. In case of prayers people are asked to pray with others 5 times a day in the nearest mosque. On Fridays all people living in neighborhood pray together and in Ramadan Barum all area people have common prayers. In pilgrimage people from all over the world come, moderately dressed and, they spend five days together all the time ensuring that they do not do any sinful or harmful acts since that will spoil their pilgrimage.

People have responsibilities towards each other. It is not accepted that a Moslem sees another exposed to harm, by his or others' doing, and he does not give him the right advise, guidance and support. Prophet (ﷺ) says that Moslems are brothers, they should not be unfair, indifferent and non supportive to each others.

«المسلم أخوالمسلم، لا يظلمه ولا يسلمه ولا يخذله»

The Prophet (ﷺ) also says that the Moslem Nation is like a human body; if one of its organs is sick, the whole body weakens.

«المسلمون كجسد واحد، إذا اشتكى كله» حديث

The fact that the Moslem Society is closely knitted together reduces chances of loneliness which is a predisposing factor for substance abuse. Furthermore, people will be knowing each other's problems and will be more able to provide support to those in need or those who are sick. The common prayers is a sort of an organized institution where people can be reached to educated or to receive support as happens repeatedly in mosques.

3.5Rights and responsibilities: While Islam describes human rights it describes coupled with them responsibilities for individuals, families, societies, leaders, nations and human race at large. Islamic Human Rights are compiled by the Organization of Islamic Conference under 27 titles. The titles relate to responsibilities towards parents, siblings, children, neighbours, relatives, fellow citizens and human beings and the environment. They also describe how people are equal and that those most loved by God are those most useful and helful to others, as Prophet (ﷺ) says:

«أحب الناس لله أنفعهم للناس»

Furthermore, respect of human freedom in work, expression, travel and decission making, property, peace and security are essential elements of Islamic human rights.

Responsibilities are bestowed on families to ensure appropriate upbringing of their children; care of elderly and the sick. Leaders and societies should ensure care of all people especially the deprived and those who are weak, poor or sick. The combination of rights and responsibilities, as explained, illuminates the path of life for all people to practice a life style that is positive, healthy and safe.

3.6Setting example for others in word or deed that makes them lead a good quality of life is very much called for and promoted by Islam which says that all benefits obtained by those who follow the good precedent are also given to the one who first did it.

«من سن في الإسلام سنة حسنة فله أجرها وأجر من عمل بها من بعده»

This very rewarding incentive for Moslems, motivates them to set examples that are beneficial so as others can follow and the originator will get equal benefaction like all who follow his good deed till the last day. One major source of life style is following the path set by the Prophet (ﷺ), his close associates and Moslem teachers. All practicing Moslems do that and incidence of alcohol taking or illicit drug use is therefore zero among these groups who constitute a salient mass of Moslems.

3.7The prohibition in Islam of using alcoholics and illicit drugs is comprehensive in the sensen that the prohibition covers the componenets or steps that may lead to the act of taking alcohol or using illicit drugs or create temptations to do so.. Equally so, ingredients or components which constitute an action that leads to harmful effects are prohibited. For example, actions or behaviours which may lead people to alcoholism or substance abuse are prohibited including production, publicity/advertisement. Furthermore any action that may lead to wastage of resources, bad effect on health, disruption of family life, etc. are prohibited.

Moslems are directed not to use their resources in paying for things which are contra to teachings of Islam.

«وابتغ فيما أتاك الله الدار الآخرة ولا تنسى نصيبك من الدنيا وأحسن كما أحسن الله إليك ولا تبغ الفساد في الأرض إن الله لا يحب المفسدين» القصص: ٧٧

3.8Use of spare time: People are expected to spend their time doing good and beneficial things which are within the limits of their capacity and this has been mentioned second to believe in God (faith) in many verses in Quran.

﴿والذين آمنوا وعملوا الصالحات لا نكلف نفساً إلا وسعها أولئك أصحاب الجنة هم فيها خالدون﴾ الأعراف: ٤٢

The Prophet (ﷺ) said that whenever a new day dawns, it calls on man "make the best of me as I will not return new and I will be witness on last day on what you do today"

«ما من يوم ينشق فجره إلا وينادي يا ابن آدم: أنا خلق جديد، وعلى عملك شهيد فاغتنم مني فاني لا أعود إلى يوم القيامة» حديث

According to Prophet's (ﷺ) saying idleness is not acceptable and people should be self reliant,

«ما أكل ابن آدم طعاماً قط خيراً من أن يأكل من عمل يده»

and should not practice begging

«أن يأخذ أحدكم حبلاً فيحتطب خيراً من أن يسأل الناس أعطوه أو منعوه»

If people are unable to work or they are suppressed or discriminated against they are encouraged by Quran to go to places where they can produce or lead good quality of life. If still people have spare time they can spend in useful enterainment (e.g. sport) or in helping others, teaching people, study and learn more, research and/or worship God. Under no case should people use spare time in doing harmful acts. If the person made a mistake he should refrain from doing it again and he should not publicise it, so as it wil not spread in the community.

﴿إن الذين يحبون أن تشيع الفاحشة في الذين آمنوا لهم عذاب أليم في الدنيا والآخرة﴾

Prophet (ﷺ) also says that all may followers can be cured from social ills except those who publicise them.

«كل أمتي معافي إلا المجاهرين» حديث

3.9 **Rehabilitation:** According to Islam, the sick people should be visited, supported, advised and never by refected or discriminated against. Families, leaders and society members have direct responsibilities in this respect. Chronically ill or addicts should be cared for by the community. Medical and health people should, as a duty, avail their knowledge to treat and rehabilitate the sick. Leaders should develop legislations which protect people from harmful effects. The rehabilitation advocated by Islam is comprehensive. It includes cure, protection, social rehabilitation and follow up. The worth mentioning Prophet (ﷺ) sayings is the giving of alm "give to the blind; to the dumb till he hears.. etc" and 3rd Khalifa earmarked funds for lepers.

4 - HEALTH RELATED CODE OF ISLAMIC LIFE STYLE

Islamic life style is expansive, broad, and cover all aspects of life. Those life styles which are health related have been discussed and compiled in what is known as Amman Declaration (June 1989). They were summarized under nine titles all of which have direct relation to health protection and promotion. If they are respected by individuals, families and societies they will have a very positive impact on prevention and control of alcoholism and substance abuse.

The following is a summary of Amman Declaration.

1st Health is a gift from God that should be protected according to Prophet's (ﷺ) saying.

2nd Health is an essential component of life which can only be attained if other basic needs are fulfilled. These needs include freedom (democracy), peace, justice, education, work, self sufficiency, food, water, dress, housing, family life and healthy environment.

3rd Health Balance should be preserved as expressed in the Quran which says that all life and universe aspects are in balance and that balance should not be disturbed. (An excellent example resulting from disturbance of universe equilibrium is the opening in ozone layer which will have great bearing on people's health and quality of life).

4th As said by Prophet (ﷺ) each person has a health reserve which he should promote and protect and use to resist disease and promote cure if the need arises.

5th Life style has a strong bearing on people's health and well being. The way people behave or act can effect their health or the health of others.

6th ILS is healthy life style, all negative life styles injurious to health are non-Islamic. Acts and behavious which disturb peace, tranquillity or contaminate people's minds or spread bad habits or negative publicity are anti-Islamic.

7th Islam is in harmony with nature and so is ILS. Any act that upsets human nature in any aspect is anti-Islamic.

8th Quran and Prophet's (ﷺ) sayings describe many positive life styles, a list of which is annexed to Amman Declaration.

9th The declaration explains responsibilities of people, govermments, organizations, societies, leaders, institutions etc. towards promoting ILS.

5.
ILS IN RELATION TO PREDISPOSING FACTORS/ CAUSES OF ALCOHOLISM AND SUBSTANCE ABUSE

Islamic teachings put solutions to all factors, which may lead people to alcoholism or substance abuse.

Those teachings describe the type of life style that will make people avoid predisposing factors. A summarized list of these is given below as an example only:

Predisposing Factors	Islamic Teachings or ILS
Genetic Factors	People are encouraged to marry from the healthy, not next in kin; and promote interaction between different age groups, races and cultures.
Emotional Problems	Friendliness, brotherhood, peace, cooperation, togetherness all are core teachings of Islam and ILS promotes them as explained earlier.
Loneliness	Islam is a religion of togetherness (Moslems to each other are like units of a building supportive to each other).
	«المسلم للمسلم كالبنيان يشد بعضه بعضاً» Furthermore Propeht (ﷺ) says that people are children of God and God loves those who love and help his children. «الخلق عيال الله»
Anxiety and fear	The belief that every happening is controlled by God and that no one should be afraid of any created being as they can not harm and benefit him if God does not wish so is self comforting and counteract fear and anxiety.
Conflicts	All matters should be returned to God and Prophet's (ﷺ) teachings and all people should help to make peace among those who are in conflict or at war. ﴿يا أيها الذين آمنوا أطيعوا الله وأطيعوا الرسول واولي الأمر منكم فإن تنازعتم في شيء فردوه إلى الله والرسول إن كنتم تؤمنون بالله واليوم الآخر ذلك خير وأحسن تأويلاً﴾ النساء: ٥٩ ﴿وإن طائفتان من المؤمنين اقتتلوا فأصلحوا بينهما فإن بغت إحداهما على الأخرى فقاتلوا التي تبغي حتى تفيء إلى أمر الله فإن فاءت فأصلحوا بينهما بالعدل وأقسطوا إن الله يحب المقسطين﴾ الحجرات: ٩

Predisposing Factors	Islamic Teachings or ILS
Failure and losses	No one should surrender to failure or despair since God can come with the solution. If a person has patience towards the losses, harms or illness he will be rewarded by God. ﴿وبشر الصابرين الذين اذا أصابتهم مصيبة قالوا انا لله وانا إليهم راجعون﴾
Discrimination	No one should be discriminated against because of colour, creed, belief or social status. «كلكم لآدم وآدم من تراب» حديث «الناس سواسية كأسنان المشط»
Insecurity in work, low income etc.	Cooperative nature of life is promoted by Islam. Rich people should provide support to the poor. 2.5 per cent cash is earmarked for that purpose. There is also a percentage of other types of wealth e. g. metal, animal, crops etc. which is earmarked to be spent for relieving proverty. Moslems are instructed to teach skills they know to those who need them.

6. SITUATION IN MOSLEM WORLD

Reliable data related to alcoholism or drug abuse are not available in most Moslem countries; probably because of the social stigma and the overall underdeveloped information systems. However, there is evidence of high level of production of drugs and dependence in some countries. As usual there is close association between production and poverty and lack of alternate sources of income. Sometimes greed and presence of strong and dominating gangs play a significant role in spreading the practice. Some communities are not practicing Islamic life styles due to external or indigenous factiors. As an example, contrary to Islamic teachings, many Moslems resist sending their children to school and illiteracy rate and ignorance about various aspects of life increases. This causes more increase in poverty and

primitiveness; a status that leads to less wish to get educated creating a status of vicious circle.

The situation is quite different among practicing Moslems where ILS dominates and injurious practices like alcoholism and drug addiction do not exist.

There has to be a logical separation between what Islam teaches in the way of life style and what some Moslems practice. Among all religions, Islam has faced continuous external, cultural, social and political attack. The fact that moslem countries are underdeveloped and most have been under foreign political, economical and cultural domination made Moslem communities more prone to external cultural influence and further complicated the situation. Until and unless external attack on Islam is understood to be harmful, social ills and degradation of human qualities and attributes will continue. International communities should look into positive aspects of various cultures and should not allow political and other considerations blind them from these aspects.

The fact that mass media tends to exaggerate negative happenings counteracts efforts of many people to explore positive sides of cultures. If this cultural misunderstanding and lack of accommodation continues, it will affect all mankind in all cross-borders areas.

7. OPERATIONAL DIMENSION OF ILS

7.1How can Islamic teachings and ILS be translated into action to counteract alcoholism and substance abouse?

This is an issue which, though operationally feasible, will have to be addressed with caution in some Islamic communities in view of political sensitivities observed in some countries to any community work linked with religion. However, no one can deny the importance of cultural and spiritual dimensions of any development or health intervention; particularly if it is related to life style like alcoholism and drug addiction.

Therefore, the first step is to obtain political support to this approach This support should be obtained from both national and local levels. Local and traditional community institutions and leadership should not be bypassed, ignored or replaced. Some degree of community organization should be encouraged to ensure continuity

and volunteerism. Continuous dialogue with leaders, families, target groups etc. Is essential for success of community based work. Thereafter various strategies in harmony with local conditions, can be tried. These may include some, or all of the following:

Since the most important fundamental aspects of ILS are knowledge and community partnership, community should be informed about the issue and its various dimensions.. Then the community leaders will be trained to perform a situation analysis to decide the extent of the problem and the predisposing factors. In view of responsibility bestowed on community leaders by Islamic teachings, they should analyze the causes, put solutions and implement them.. The community should also put a plan to prevent spread of the habit in their society. Plan for use of spare time should be put in action, including promotion of collective enterlainment activities e.g. sports. Discovering and utilization of special skills among talented community members will provide incentive, support and entertainment. This can also be used for training those who will be rehabilitated so as they can use the newly gained skills for increasing their income or social needs. Community should also identify points of dispute and conflicts, causes for stress and/or psychological disturbances and address them. They should also identify those in need and try to provide them necessary support. In this process community should be supported by experts drawn from various sectors. This community based, community managed approach has many advantages:

1st It ensures sustainability since the community is an institution which is always dynamic, resourceful and directly concerned.

2nd Cost to public sector will be reduced since many volunteers will be involved.

3rd Social relations and spirit of mutual support among people will be strengthened.

4th Community skills and management will be strengthened and those skills can be used to undertake other functions which will help to improve the quality of peoples' life.

5th Information related to alcoholism and drug abuse will be more reliable and will be used for action at source.

Volunteers from different age groups should be identified and utilized in education and training.

7.2Religious leaders should be given reference material about ILS and harmful effects of alcoholism and drug abuse. If necesseray, they can be given orientation sessions. Religious leaders will then be encouraged to teach the knowledge such gained during their public education sessions.

7.3Entry points that suit each community and situation should be identified and used to gain confidence of target groups. Tact, decency, and wisdom should be practiced in educating the public and/or to persuad them as directed by the Quran.

﴿ادع إلى سبيل ربك بالحكمة والموعظة الحسنة وجادلهم بالتي هي أحسن إن ربك هو أعلم بمن ضل عن سبيله وهو أعلم بالمتقين﴾ النحل: ١٢٥

7.4Curricula of general education should have adequate information about positive life styles and negative impact of alcoholism and drugs.

7.5In dealing with the problem, community leader may be encouraged to address easy cases at the beginning for the purpose of gaining confidence. Addicts or alcoholics should be encouraged to talk with each other with little guidance and support. In line with comprehensive approach advocated by Islam, the community should also discuss and solve problems in other spheres of life, e. g. meeting basic needs of life. Efforts to address these needs can be coupled with efforts to counteract alcoholism and substance abuse.

7.6Islamic laws related to production, distribution and use of illicit drugs and alcohol can be included in legislation developed at national levels.

7.7The cultural and developmental dimensions of Islam and the life styles it promotes should be studied by scholars of other backgrounds and faiths. Cross-cultural bias and prejudice should be eliminated. Regional and international clubs and associations can organize core groups of highly committed people to promote cross-cultural harmony and understanding. It should be realized that human race will suffer greatly if value systems of some people or nations is continuously and unfairly criticized and ignored.

Third Day of the Conference
Tuesday, 20 May, 1997

Second Session

Chairman : Dr. Salah Abdel Motaal
Moderator : Dr. Malik Mubashar

Speakers:

1 - Dr. Jamal Mady Abou El-Azayem
2 - Mr. Abdel Hamid Al-Belaly

THE ROLE OF THE MOSQUE IN THE PREVENTION & TREATMENT OF SUBSTANCE ABUSE

Dr. Gamal Mady Abou El-Azayem
EGYPT

The Role of the Mosque in the Prevention & Treatment of Substance Abuse

Dr. Gamal Mady Abou El-Azayem

EGYPT

It is well known that alcoholism was wide-spread all over the Arab peninsula before Islam, and the acceptance of alcohol use by the people was at its acme. Literature, especially poetry, reflects this fact. The deleterious effects of alcoholism were manifested in the social life, conducting the tribes to continuous conflicts and wars. The main approach to the problem by Islam was to adopt gradation in forbidding alcoholism and substance abuse. This was carried out side by side with improving the social conditions of the people. Faith played a major part in these two approaches. The time estimated from the beginning of the Islamic campaign to its end was about fifteen years, carried in four steps.

The first step was the personality of the leader, The Prophet (), which was revolutionary in effecting this change. The model he () gave as a first step was the true example adopted by him and all his close followers, and so their advice was accepted, well learned and maintained, denoting absolute response.

The Koran, the Holy Book of Moslem, Says

> *"THE PROPHET GAVE A TRUE EXAMPLE TO BE FOLLOWED"* (Chapter 60, verse 6).

The second step was disseminating knowledge about the evils of alcohol, and its deleterious and detrimental qualities. The Koran Says:

> *"THE BELIEVERS ENQUIRE ABOUT SPIRITS AND GAMBLING. INFORM THEM THEY HAVE THEIR EVILS AND USES FOR PEOPLE, BUT THAT THEIR EVILS OUTWEIGH THEIR USES"* (Chapter 1, verse 219).

Thus, drawing attention to the deleterious effects of using spirits and of gambling.

The third step was rather decisive. It says plainly:

> *"YOU BELIEVERS, DO NOT APPROACH PRAYING WHILE YOU ARE UNDER THE EFFECT OF ALCOHOL"* (Chapter 4, verse 43).

Thus, minimizing the abuse during most of the day, as the five prayers extend from dawn until nightfall.

The fourth step came when the people had become mature enough to accept it through the Prophet's (ﷺ) model, persuation, orientation, and the Partial Legislation. It was related that one of the believers, namely, Omar Ebn El-Khatab, said in a meeting in the mosque, "O Allah, give us a decisive say about alcohol."

At this time of real faith and maturation, the last step was declared by the verse saying:

> *"YOU BELIEVERS, SPIRITS, GAMBLING, IDOLS, AND FORTUNE-TELLING ARE ALL EVILS, WHICH YOU SHOULD ABANDON THAT YOU MAY PROSPER"*(Chapter 5, verse 90).

These vital, steady steps, treating the social and the spiritual side, were the pillars upon which the plan of combat rested. History states that, since the last verse, the majority of the abusers abstained, and most of the people lived without alcohol, and did not drink, or touch, or sell, or buy, or sit with abusers or even carry alcohol. This picture in history, is a witness to the success of the campaign.

From the above stated example, we can deduce the items of the Islamic approach:

1 - The model of the leader.

2 - The dissemination of information about the evils of abuse.

3 - Legislative steps were gradual, and hand in hand with these approaches were the changes for the betterment of the social life of the people.

4 - The law of prohibition and imposing punishment for abusers came last.

In this respect, I would like to refer to the Chinese plan of combating opium abuse in this century, which followed more or less the same procedure, leading to success. The U.S.A. attempted to combat alcoholism by an abrupt law, and it led to aggravation of the situation.

Spotlight on the Experiments Conducted in Egypt on the Role of the Mosque in Combating Drug Abuse:

1 - Since 1968, a clergyman was appointed to work with the therapeutic team in treating drug abuse.

This was conducted in Ataba Clinic in Cairo.

The approach led to a rapid increase in the number of admissions to the Clinic:

1968	104
1969	405
1970	1,409

It also led to the success of the group therapy sessions.

2 - WHO was briefed on the new approach which was evaluated, and its validity was endorsed.

3 - A clinic was annexed to Abou El-Azayem Mosque which lies in a congested area in Cairo. The policy of the treatment was to make use of psycho-socio-religious dynamics. The preachers selected were trained and given adequate information about the plan of treatment.

Analysis of the content of the speeches of the Preachers

When the content of their speeches were analyzed, it was found out that they were not well oriented on:

1 - The psychological or the social approach to the problem.

2 - The real state of addiction, and of the diverse types of dependence.

3 - The effects of dependence, physically, psychologically, and socially on the patient.

4 - How to make use of persuation and suggestion in an individual or group session.

(Refer to the report on comparative evaluation of the voluntary treatment of opium dependents, Project 03-275-A. ADAMHA, 1985).

Training of the Preachers

It is worth mentioning that the results of interviewing these preachers revealed the fact that some had the same false views and misunderstandings common in the community about the causations lying behind neurotic and mental diseases, and drug addiction in particular. Thus, the training was based on scientific facts to change the concepts and attitudes of the preachers in order to communicate these facts to the community through their activities in the mosque.

Training of the Preacher Amongst the Therapeutic Team

The training was conducted on a full time basis. This training was a new approach in a new area of activity, using the preacher in the therapeutic team.Some psychiatrists did not approve of this new step, and did not show enough cooperation in this respect, and so it was a burden on the organizing bodies to overcome this gap.

Prayers as a Therapeutic Tool

The policy of the daily program of these clinics depended on observing the prayers at their declared time in a group by all those working in the clinic. The patients also participated and they were all led by the preacher, who invited all of them to the group therapy religious sessions at the end of the prayers in which all the members of the team took part. In these open sessions the therapeutic team, which had been well trained in using faith as an article of therapy, participated and answered questions trying to explain the merits of the religious orders, the real meaning of ablution, and its effects on the central nervous system, the effects of group prayers psychologically and their tranquilizing effect. These sessions widened the sphere of interest of the participants in their daily program and showed them how to make use of their time in pleasurable, constructive and recreational activities. This training constituted the corner-stone on which the role of the mosque was erected.

Evaluation of the Role of the Mosque

When the clinical results of the experiments were declared, WHO

asked for an evaluation, and suggested to approach the National Institute of Drug Abuse in Washington to participate.

A protocol of research was prepared to evaluate two clinics, one an office clinic and the other a clinic annexed to a mosque, where psychosocio-religious approaches were used.

The Ataba Clinic in the center of Cairo, was the Office Clinic. The Abou El-Azayem Clinic annexed to the mosque was the second. A double blind experiment was conducted where four different modalities were used in the treatment of four groups of male opium dependents living in the center of Cairo. The four groups in the office clinic (Ataba) were compared with the four groups in the mosque clinic. Each group of patients comprised of about 40 cases.

The four different modalities were:

* Treatment with anti-depressant drugs.
* Treatment with insulin modified.
* Treatment with anti-depressant drugs plus insulin.
* Treatment with placebo.

After about one year of treatment and follow up the outcome results and data of the treatment were computerized, and recorded. After deciphering the data it was found that the patients who had treatment at the mosque clinic were those who were more involved in drug abuse, and were chronic cases and who had relapsed several times.

The following are some initial differences:

1) 11.50 per cent of Ataba volunteers, compared with 21.25 per cent of mosque patients, spent EL 4 or more daily on drugs.
2) 9.41 per cent of Ataba patients, compared with 15 per cent of mosque patients, reported taking the drug three or more times daily.
3) 57.55 per cent of those treated at Ataba, compared with 70 per cent of those at the mosque, reported becoming "nervy" when not taking the drug.
4) 29.71 per cent of Ataba patients, compared with 47.50 per cent of mosque patients, reported being unable to bear withdrawal

symptoms (therefore resuming drug consumption after a period of sobriety).

5) 5.8per cent of Ataba patients, compared with 10 per cent of mosque patients, stated that they spent their leisure time at cafes.

6) 58 per cent of Ataba patients, compared with 13.75 per cent of mosque patients, maintained that both their financial and health conditions urged them to seek treatment for drug dependence.

In totality, it is clear that the serious cases went to the mosque clinic, this denotes increased faith of the community in the religious organization. This faith is thus a potent weapon in the combat campaign.

After a thorough analysis of the withdrawal symptoms and the relief from these symptoms by the different treatment modalities, the experiment indicated that the mosque clinic gained a score 7, while the office clinic gained only a score of 3, denoting a notable success in the mosque clinic. (Refer to Project 03-275-A, ADAMHA, 1980).

It was also recorded that the outcome of the placebo modality, where the cases were injected with aqua (water) and given a capsule of starch (inert substance) was that the placebo treatment had the same effect as the treatment with anti-depressants and also the insulin treatment. This fact needs analysis, especially as the cases who were under placebo in the mosque clinic became addicted to the injections and the capsules.

They asked urgently to have this treatment when we stopped the experiment. When they were asked about its effect, they stated that the treatment activated their abilities, and gave them peace of mind and tranquillity.

This fact reveals the role of faith in the treatment. It also reflects light on the effect of patience, and the role of endorphins in relieving pain and stabilizing the cases. This is a proof of the importance of faith, and it throws light on what can be achieved and obtained from the community mental health mosque.

In Egypt, there are about 75,000 mosques. Of these mosques, there

are about 1,000 community mosques where different social, educational, therapeutic and rehabilitative activities are conducted.

The move is going on though slowly to involve these mosques in the campaign.

It is recommended that:

1 - Extensive training should be planned for the preachers to cope with that movement.

2 - A central organization should be formed to plan, take care of follow-up, persuade other organizations and mosques to follow suit and to help in convening conferences and congresses about the role of the mosque in mental health in general and the combat of drug addiction in particular.

Important Statistical Data which should be taken into Consideration in Planning for a Thrapeutic Policy

It has been manifested that there are waves of increase in voluntary admission to clinics seeking treatment. This coincided with the increase in the price of the drugs in the underground market. This price increase is usually due to the active and successful police campaigns.

Statistical language says that when the police take active measures against the addicts themselves, the dependents refrained from looking for treatment for fear of being detected. This means that applying the step-by-step approach paves the way for increasing the will-power to seek treatment.

There is also an increase in voluntary admission for treatment as a result of active mass media messages against dependence. This means there is a need for increased orientation at all levels.

- It has also been manifested that opening clinics near or amidst the infected areas increases the move towards seeking treatment. This means that the clinics attached to the mosques are the most appropriate place for the campaign.
- It is clear that the non-governmental associations took the initiative to tackle the problem so we should plan to activate these non-governmental bodies to step up their work, and to cooperate for more productive efforts.

A Call for an Urgent Legislative Step

After all the above stated facts which are the outcome of extensive research in this field, it is expected that the authorities will take a legislative step to formulate the necessary articles of a manifest to combat drug dependence.

Suggested Articles

1 - A five year plan should be drawn to:

a - Open clinics in the religious centers, mosques and churches.

b - Train personnel needed for the campaign with special stress on the preachers.

c - Activate mass media at all levels.

d - Initiate police campaigns.

e - Fix a time limit for giving-up dealing in, or handling, or trafficking or using any form of drugs and thus it will be clear that the abusers will be liable for punishment if they do not observe the law. This time should be respected and observed by the community and by the authorities.

2 - Execution should be the penalty for the traffickers or dealers.

FAITH AND ITS EFFECT IN THE TREATMENT OF ADDICTION

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Faith and its Effect in the Treatment of Addiction

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INTRODUCTION

Prophet Mohammed (ﷺ), in the *Hadeeth* validated, and checked, by Imam-Al-Tabarani with a "fair reference," says: (indicating the meaning of) *"the most beloved people to Allah are the most beneficial, and the most beloved deeds to Allah, His Glorious Almighty, are happiness given to a Moslem, a crisis taken off him, a debt paid for him, or hunger driven away from him. And to share with a Moslem brother his attempt to fulfill a need of his is dearest to me than to seclude myself within a mosque for a month. And whoever abstained his rage, Allah will protect his chastity, and whoever suppresses a rage that he could exercise, if he wishes to, Allah fills his heart with satisfaction on the day of Judgment. And whoever accompanies his Moslem brother the path of fulfilling a need of his, until he secures it for him, Allah secures his feet on the day when feet are slipping off (the right path). And bad morals destroy deeds, exactly as vinegar destroys honey."* All these charitable great works, that are considered to be the most beloved works to the Almighty Allah, share one quality, which is preference of the benefits of the others and the establishment of others' personalities over self-benefits and the persona itself. The self-denial is demonstrative of the best and most honorable human qualities: given the priority to the needs of the others over the self. This virtue is of the most indicative signs of true faith, for Prophet Mohammed (ﷺ), says in the 'unanimously agreed upon' Hadeeth, *"a person of you will not believe till he likes for his brother what he likes for himself"*.

Here, at the Social Enlightenment Committee, because of our love for our country and nation, we started such deeds in order to delight and shed a glimpse of happiness over a mother's spirit who has forgotten the meaning of a smile, for so many years during which her son was unconscious due to drug addiction. We are also trying to

bring back happiness to wife's and children's hearts whose father is physically present, while he is actually mentally absent in the labyrinth of drugs. We are also here to pacify, and bring back delight and happiness to mothers', fathers', and wives' suffering from their own sons' addictions.

At the Social Enlightenment Committee, we also try to pay off debts of those who have repented, and gave up drugs, by keeping them and their families safe from hunger through arrangements with Al-Zakat House, and people who give to please Allah. These efforts are carried out in order to help those repented ones back to jobs, and positions they previously held, before slipping into addiction. One of our main concerns is also to try to revive already deteriorated relationships, and close and abridge huge gaps resulted from drug addiction between husbands and wives, and parents and sons. In addition, we like helping those certain people and working for their happy lives, more than religious seclusions within mosques for several months. Therefore, our experience that we are offering to you, for drug addiction treatment, is based upon self-denial, and deeply establishing faith within these addicts to be able to decide, after they strengthen their will through faith. We pray to Allah for the success of our mission and to save as many as we could from the filthy swamp of drug addiction. We also pray to Allah that this call of reform, spreads all over the world. This reform that we, at the Social Enlightenment Committee anticipate positive results out of, is a pride, not only for the committee, or The Society of Social Reforms, but for every Kuwaiti on this good land, the land that is used to giving to all over the world.

HOW HAS THE IDEA STARTED?

After the Iraqi invasion of our beloved country with all its devastating destruction of all Kuwaiti values and principles, a group of young Kuwaitis got together, and came out, after a long thought of the means of reviving Kuwait, with a heavy task which was their final choice. Although their choice was tough to carry out, and challenging at the same time, they went ahead and took upon themselves the

responsibility of rebuilding and reassuring a section of Kuwaiti society that was destroyed by a disease that the Iraqi Invasion period helped to widely spread throughout the society. That disease, which was the driving force that destroyed whole, great, past nations, still threatens existing nations and established cultures. Super power countries allocate budgets in millions, vainly trying to resist this disease of Drugs in all shapes and forms.

The difficulty of the reform project lies in the reasons of the devastating wide spread of these drugs, the powers that help with this spreading, and the difficulty of treating drug-addicts. These reasons combined drove reformers away from drug-addicts to more flexible, easily treated sections of society.

REASONS FOR OUR CHOICE

We decided to chose the difficult path and the people forgotten by reformers, for several reasons.

First : Allah, His Almighty, will inquire from us about them, and what have we done to save them.

Second : The necessity of the joint efforts of the public and the government to make this operation successful.

Third : When our intentions are totally to please Allah, asking the guidance from Him, before anything else, then hard deeds become truly easy.

Fourth : If everyone stays away from this path, due to the difficulties it carries with it, then who is going to take it? Who is going to help those being examined, and tested with this disease?

Fifth : Our unlimited trust in Allah's guidance and help that He will show us the way, since we are only after His reward and nothing else of this life but to save our children, and live up to our Islamic principles, assures us of the success of our choice. Moreover, the trust we hold in ourselves, due to our trust in Allah, is one of the elements of our choice.

TREATMENT METHODS

We have established a method to deal with this certain section of people in a way that is suitable with our values, principles, and traditions. We have chosen the "method of belief," in our treatment, after setting forth all its basis and basic, as explained later on. Moreover, our satisfaction with the validity and practicality of this method resulted from:

1 - Our observation of moral changes to a large portion of society through Friday speeches, and religious lessons.

2 - Positively detected, and obviously noticed results on prisoners in Kuwait and The United States of America, after having those religious lessons.

3 - Our strong and non-shaken belief of the positively changing effect of the holy Q'uran to the souls.

WHEN HAS THE MISSION BEGUN?

Discussions, concerning our project, with the most prominent workers in the social and academic fields, along with previous ministers, and some presidents of social committees working in the social field, in order to establish basis for this new job, began in June, 1993 till the end of the same year. As a result, a clear view of the start of our mission has become a reality. We have had, also, a clear view of the obstacles we would come across, the ways to overcome those obstacles, and how to succeed. Finally, we established guides for the "belief treatment" as a constitution of this new job. Then, the real field-work started in 1994.

RELIGIOUS TREATMENT BASIS

- Cooperation with everyone.
- Actual field application instead of theorization.
- Treating addicted persons as patients, not as criminals.
- We do not present ourselves as alternatives, but as additional help.
- Emphasizing and enforcing the religious part, because we believe that religious weakness is the major cause of deviation and corruption.
- Enforcing self-trust.

- Spreading the spirit of hope and chance availability for recovery and redemption.
- Providing an alternative way of living.
- Finding solutions for problems such as debts, family crisis, employment and job problems, etc.
- Occupying the patients' leisure time.
- Fulfilling the patients' need for social appreciation.

BRIEF THERAPY STEPS

1. Medical and Psychological therapy

A drug addict, as a first step, has to cleanse his body from all negative effects of drugs, specially since drugs are primal causes of several psychological illnesses such as schizophrenia, anxiety, and much more. Consequently, any treatment of an addict, will not succeed before he gets rid of drug-related negative influences, and his physical, and mental status are back to their normal status.

2. Staying away from bad friends and company

The biggest problem that an addict faces, which causes him consecutive relapses, is keeping in touch with his old bad friends. Those are the ones who are on constant contact with him, and who are eagerly waiting for his release from the hospital, or the prison in order to drive him into another relapse. Therefore, the most important step that he should take is to totally abandon them, all means that could eventually lead them, and also changing his phone number and residency.

3. Selecting good friends

Prophet Mohammed (ﷺ), says, in the meaning of: *"A person shares the religion of his friends, so choose your friends."* In other words, a human being is affected by the people he goes with and keeps as company, either positively, or negatively. Therefore, it is very important for an addict to exchange his old addicted friends, with new righteous ones in order to be affected by the new ones, learn from them, behave such as they behave, and to acquire a strong will and self-determination to quit drugs.

4. Abandoning addiction environment

Replacing old bad friends and company with good, new, and righteous ones is not enough by itself, but he should also stay away and abandon all places reminding him of his past. This abandonment is crucial in order not to be tempted to go back to his previous attitude and behavior.

5. Performing all religious duties and obligations

This individual will not be strong enough, or capable on his own to quit drugs. Moreover, the will itself to quit drugs is not going to be so strong unless it is strengthened by the only one who is the Mightiest of all, by Allah. This reliance on Allah couldn't be real unless we perform Allah's orders, and abstain from every sin Allah orders us to stay away from, for Allah, His Almighty, says in the Holy Q'uran, in the meaning of:

> *"HAVE SUSTENANCE THROUGH PATIENCE AND PRAYERS, WHICH ARE GREAT (BURDENS) BUT FOR THE ONES WHO HOLD A TOTAL SUBMISSION (TO ALLAH)"*

His Almighty also says:

> *"VERILY, PRAYER PREVENTS FROM "AL-FAHSHA" (I.E. GREAT SINS OF EVERY KIND) AND AL-MUNKAR (I.E. DISBELIEF, AND EVERY KIND OF EVIL WICKED DEEDS)" [SURAH 29. AL-A'NKABUT, AYAH 45.]*

Also,

> *"VERILY, MAN (DISBELIEVER) WAS CREATED VERY IMPATIENT; IRRITABLE WHEN EVIL TOUCHES HIM; AND NIGGARDLY WHEN GOOD TOUCHES HIM; EXCEPT THOSE DEVOTED TO PRAYERS. THOSE WHO REMAIN CONSTANT IN THEIR PRAYERS." [SURAH 70. AL-MA'ARIJ, AYAH 19-23]*

This call is not restricted to prayers only, but it goes beyond that to all other obligations, such as fasting, Zakat, Pilgrimage, devotion to parents, and many others.

6. Strengthening belief aspects

In addition to the obligations, the self has to be strengthened by more, additional extra good deeds. *"Nawafel"* - such as reading and learning the holy O'uran by heart, performing late night prayers, praying the "Al-Doha" prayers, giving to the needy, attending religious lectures, visiting Mecca for "O'mra," and more of such deeds. It is also important to emphasize the need to always recite our prophet Mohammed's (ﷺ), morning and evening famous habitual praising of Allah, thanking him, asking his forgiveness all of the time, testifying that Allah is the one and only creator, and continuously bearing in mind that Allah is always there, waiting to be asked, waiting for repentance.

7. Occupying leisure time

We have to be aware of leisure, or free time, and try to make use of it, since it is one of the most powerful and deadly enemies to any ex-addict. This free time should not be there in the life of an ex-addict, except few short periods for his body to relax. Making use of leisure time is quite possible, if the ex-addict is able to schedule his own time to benefit himself, his family, and his society. This leisure time could be invested in sports, trips, whether to the desert or to the sea, teaching children and playing with them, visiting relatives, reading, participating in The Holy Q'uran schools and health clubs, attending religious meetings, and participating in so many related areas.

8. Medical follow up

An ex-addict has to visit his medical doctor, regularly, not to have more dosages or free pills, but in order to have a health follow up and a medical check-up of how advanced his case is. It is also important for an ex-addict to receive an additional medical and psychological advice to have answers to some of an ex-addict's questions concerning the medical, and psychological changes he experiences every once in a while.

9. Contemplation

Contemplation is an active attitude in the treatment of the inner self, and raising it to higher values. It also strengthens determination and holding on to repentance, giving it deeper values and sustenance within the repenting addict. Positive thinking could be summarized as follows:

a. ***Losses.*** An addict should think of all the "losses he has suffered" since he first started addiction, until this moment. The loss of his wife and children, the loss of his money and job, the demeaning look he receives from people around him, His parents' anger at him, his implications into several law suits, his physical suffering from several diseases, and his, topping them all, disobedience to Allah.

b. ***Death.*** A deep, and honest contemplation on death, which is the true, and sure end of every human being should be enough for any addict to really give up drugs. What are you going to say to Allah when you finally die? How are you going to apologize? What have you prepared for your salvation, when you carry around your neck many rights that you have not fulfilled, starting with your own self and body, and passing over to your wife and children, and finally moving to your parents and relatives. Won't you truly repent before dying, while you still have the chance?

c. ***Happiness.*** Ask yourself. Are you happy? Why should you be miserable while others are glad, and happy? Think of the reasons of your misery, and of your happiness? Think deeply of the fact that you could be as happy as the others, have you decided to do so. Then, why should you proceed in a path that does not lead but to more misery and pain?

d. ***After death.*** Give your after-death a real, long, and serious thought. What have you prepared for your everlasting life? How are you going to stand before Allah, His Almighty, and respond to each and everything, or great sin He is going to ask you about? How are you going to respond, and what will be your excuses? Think, and think again of the punishments His Almighty, Allah has prepared for the drug addicts.

10. To be cautious of Satan's temptations

Satan's temptations, and his schemes around the human beings are abundant, for he threatened Adam right before Allah, His Almighty, when he said: "I will tempt all of his sons, but a few." In other words, he threatened to lead astray Adam, and his begotten sons, all but a few of them who will escape his temptations through repentance, and complete and total devotion to Allah. Therefore, His Almighty, Allah has warned, and alarmed us of Satan, as Allah says, in the meaning of:

> *"SATAN HAS APPOINTED HIMSELF AN ENEMY OF YOURS, THEREFORE BE HIS ENEMIES, FOR HE CALLS HIS PARTY ONLY TO RESIDE IN HELL."*

Satan could get to you through alcohol, tempting you to stay away from alcohol since it is a clear violation of Islam, yet at the same time encouraging you to find other types of drugs that are not clearly stated in Islam whether they are forbidden or not. Or he could tell you to stay away from heroin, and move to some other type of drugs that is of less effect such as hashish in order for your repentance, in the future, to be easy! He could also persuade you to quit through taking lower dosages, or to use it at least once a week. Or he could tempt you, after your repentance, to visit your old addicted friends to persuade them to quit, which is a trap if you fall into, you will go back to addiction unguarded. All of these, and many more examples of Satan's traps that many ex-addicts fall for are not easy to be avoided but by asking Allah's help, and His safe protection. Therefore, it becomes imperative that an ex-addict restricts himself to good companionship, and abstains from sinful places, as previously stipulated.

11. Self-consciousness and self-criticism

Criticize yourself daily, at the end of each day, just before going to bed, concerning the previous ten points. Then, if you find out that you have succeeded in passing all of them, then you have done

greatly, and you are on the right path, saved from the fall. Therefore, thank Allah for guiding you to the right path and continue steadily without tardiness. However, should you find out that you have missed some of them, or have not finished them, then be aware that you are in a big danger which jeopardizes your quitting intentions, and causes your return to the labyrinth of addiction and failure once more. So, reconsider quickly, and try to catch up before falling. In addition, strongly decide to renew, your repentance and the intention to continue whatever you have missed. Furthermore, ask forgiveness from Allah for what you have done wrongly, because Allah's redemption is always available, day and night, and hope does not fade away, as long as you are still alive, and your heart is pumping.

AREAS OF CONCERN

There are several crucial issues we emphasize during our embracement of addicts in order to succeed in saving them from their misery, among those are:

1 - Decision making, and methods of realizing such decisions.

2 - Goals of humanity, and of the human being in life.

3 - The reasons for Allah's honoring humanity over animals.

4 - The qualities that set the human being apart form the rest of the creatures.

5 - The dangers of Satan, and his several ways of temptation.

6 - The path to happiness.

7 - The importance of the human mind, and understanding.

8 - The duty of the human being towards his society.

9 - The duty of the human being towards his family.

10 - Devotion to parents, and the penalty for disobeying them or being ungrateful for their sacrifices made for their own children.

11 - Punishment in life, and punishment after death.

12 - The effects of drugs on the health of the human being.

13 - The effects of drugs on the society of the human being.

14 - Bad friends and their company.

15 - Good friends and their company.

16 - Sorrow on the day of Judgement.

OUR METHODS

- Scheduling speeches and lectures, and holding weekly cultural events concerning drugs, and drug related issues.
- Printing and distributing monthly leaflets and booklets on drugs and drug related materials.
- Arranging meetings / discussions with all concerned parties in order to accomplish our objectives.
- Weekly field visits to addicts, at the Psychiatric Clinic and at homes.
- Holding lectures at high schools.
- Distributing audio and video cassettes and tapes.
- Producing plays dealing with this issue.
- Holding mobile exhibitions throughout Kuwait.
- Supporting specialized studies in order to help solving this problem.
- Holding drug orientation sessions for the families of addicts.
- Visits to all public *'Diwaniahs'* to increase public awareness.
- Ex-addicts follow-up after their release from the clinic, and solving their financial, social, and psychological problems.
- Holding a weekly meeting, *"Diwaniah,"* for the ex-addicts.
- Holding a group breakfast, *"Iftar,"* every Thursday, followed by a competition.
- Offering, and performing an annual *"O'mra,"* visit to Mecca.
- Offering, and supervising *"Haj"* pilgrimage.
- Offering trips to the desert and to the sea.
- Honoring full-year ex-addicts.
- Holding *"Ea'tekaf,"* or seclusions in mosques during the last ten days of Ramadan.

OUR ACCOMPLISHMENTS

- Three *"Haj"* pilgrimage, and three *"O'mra"* visits.
- Repentance of 12 addicts, 3 of whom are already more than a year and a half away from drugs.
- Printing and distributing more than 500,000 leaflets and booklets about the subject in concern.
- Distributing more than 10,000 drug related cassettes.
- Delivering more than 100 lectures in mosques, high schools, and *'Diwaniahs'* concerning drugs.
- Holding several mobile exhibitions throughout Kuwait.
- Strengthening relationship between committee members and medical crew.
- Arranging for a weekly *'Diwaniah'* for repenting patients.
- Holding a group seclusion for repenting patients.
- Solving financial problems of more than half of the ex-addicts.
- Placing three ex-addicts back in their jobs.
- Helping one of the ex-addicts getting married.
- Strengthening the relationship between the committee members and addicts' families.
- Holding several picnics and sea-shore trips for addicts and ex-addicts.
- Celebrating 4 Ramadan evenings.

RESULTS ANALYSIS

Since the establishment of the committee in June 1993, it has dealt with 40 drug addicts. The results shown in the figures are limited to the group that Al Bashaar committee dealt with. We must point out that these results are changeable, and that they present only the number of drug addicts the committee has dealt with till the printing of this study.

The previous results show the following:

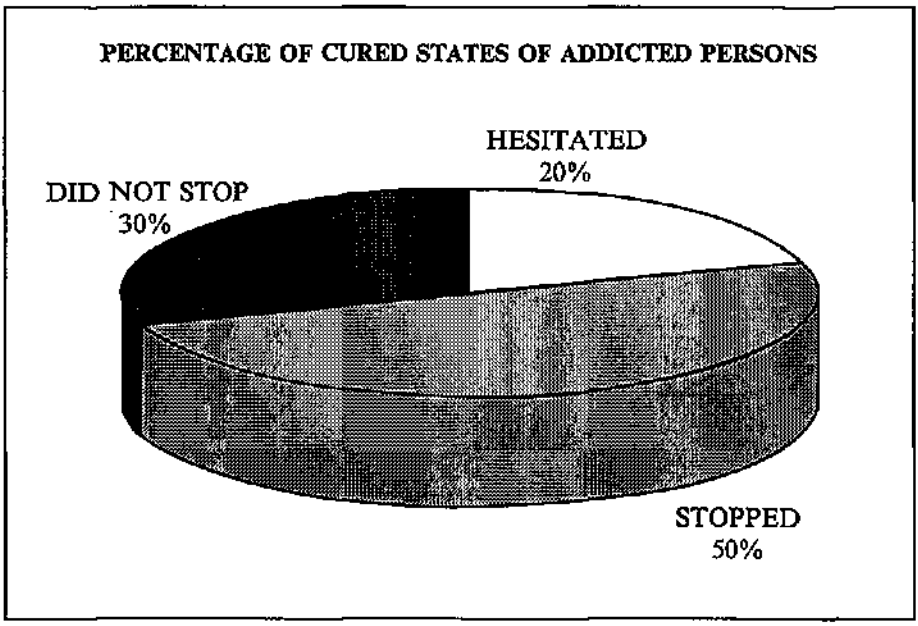

FIGURE 1

Figure 1: It shows the rates of the level of resistance to drugs and that the repentants were 50% (20 of them). They were desisted completely from addiction. The period of resistance varied according to the date of their joining to the committee and their interaction with its programme. The rate of hesitating drug addicts was 20% and it represents those who repented and then relapsed. Their repentance periods were different because of the external circumstances which affect them, and according to the degree of their commitment to the programme assigned by the committee. It is observed that this group is less stitched to the programme than the first group; however, their hesitating attitudes towards drugs is considered as achievement because they used to continue their addiction without being stopped until they tried the committee's programme, which increased the period of their resistance and delayed their withdrawal back to the drugs. The third group which represents 30% didn't react at all with our programme because they were not serious in their repentance, but still we have good relations with them.

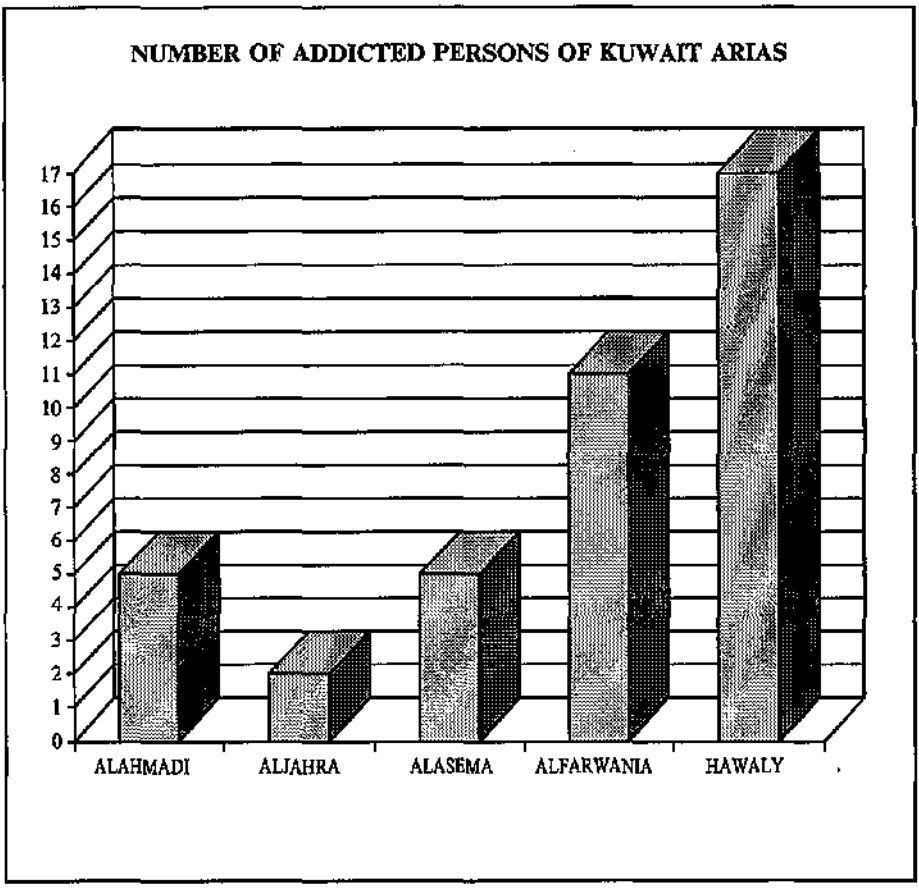

FIGURE 2

Figure 2: It shows the number of drug addicts according to Kuwait governorates. It does not show the real situation and picture of drug addicts in each governorate. It shows that Hawally governorate has the majority and this is not because it has really the most number of drug addicts, but because most of the committee's members focussed their work in that governorate. The second reason is that Al Ahmady and Aljahra governorates are far away from the mental hospital which will appear later that it is the main source to gain the new repentants. The capital governorate has a few repentants, that could be due to the whealthiness and high positions of those addicts which enable most of them to travel abroad to be treated without any scandals or because of any other unknown reasons.

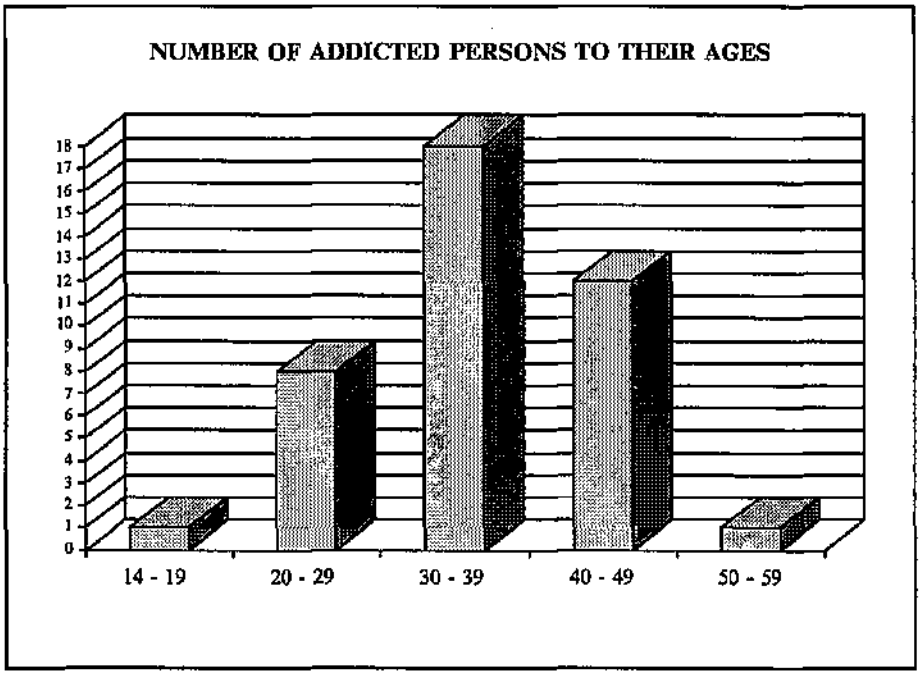

FIGURE 3

Figure 3: It shows the number of drug addicts according to their ages. It, almost, gives a real picture. The majority of the repentants are aged between 30 and 39 years, that is the age when the drug addict starts thinking to stop taking drugs after 10-20 years of addiction. He will be more close to maturity in this age and also he has a family and responsibilities. While we note that the minor rate in this figure is for the ages between 14 and 19 years, the drug addicts in this group were young with no responsibilities, usually not married. This is the age of rashness and the unawareness of the bad effects of drugs and the damage it leads to. We note also the small rate at the age between 50 and 59 years. It is rare for a person in this age to think about addiction. From the next figure we will note that the majority of the drug addicts started their addiction in the early years of their lives.

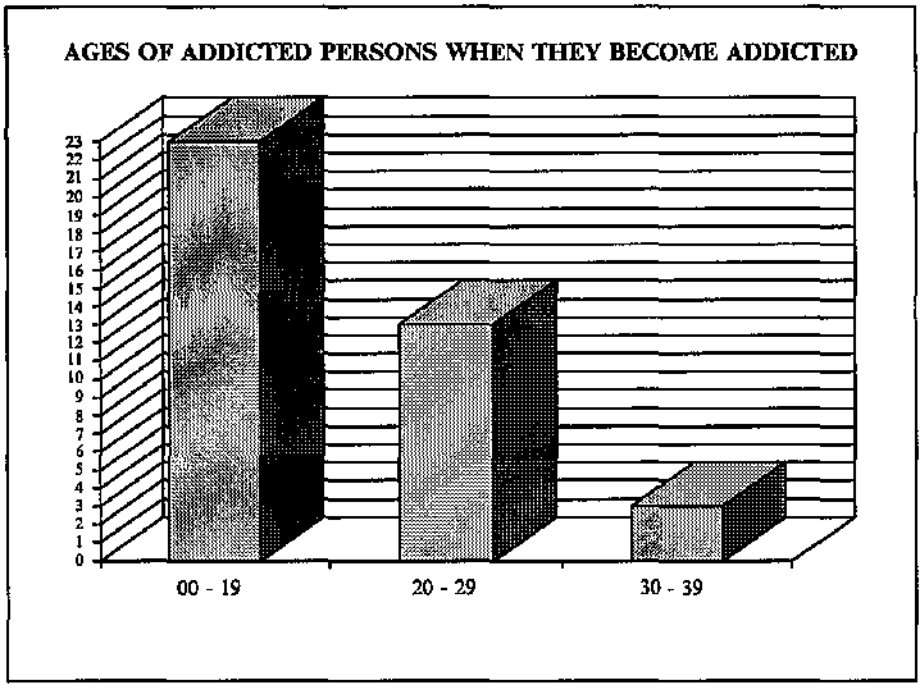

FIGURE 4

Figure 4: It shows the number of drug addicts according to their ages when they started their addiction. It is clear that the majority of the drug addicts (more than 50%) started their addiction between the age of 15 and 19 years and 33% of them started between 20 and 29 years of age and less rate was for those who started their addiction after thirtieth. This shows the strong power of the drug dealers among the youth especially the students at secondary schools and Universities as this group has less awareness to the bad effect of drugs and enjoy imitating others due to their great curiosity.

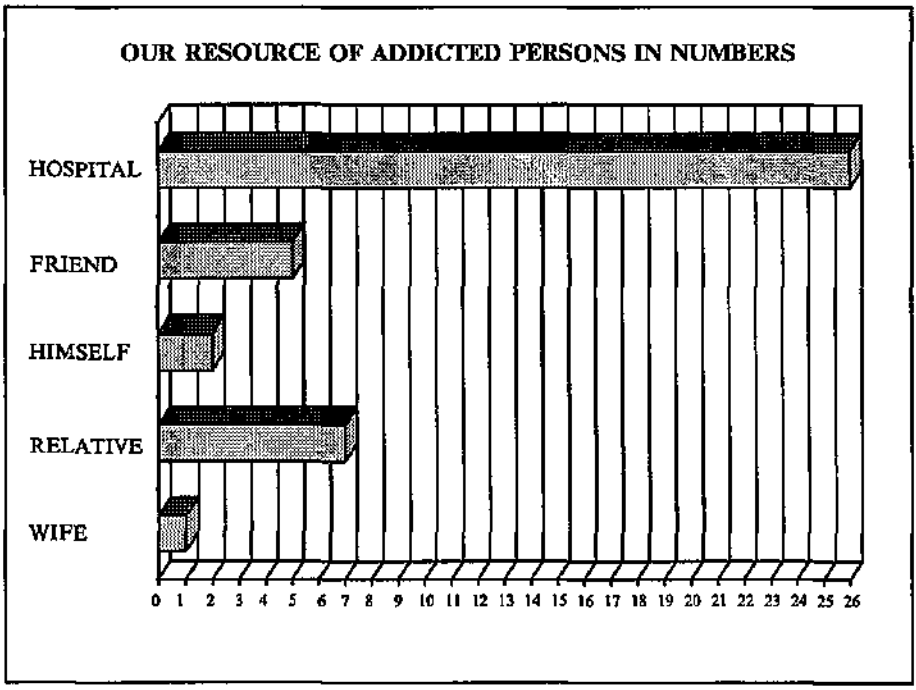

FIGURE 5

Figure 5: It shows the number of drug addicts according to the way of acknowledging them. This figure reflects the activeness of the committee through all of the society's groups. Most of its work is in the mental hospital. The second note which should be pointed out is that just a few of drug addicts came to the committee with their wives. This is a natural result since most of the wives were afraid to speak with their husband about their addiction or to inform the concerning authorities because of the negative results of that action on the whole family (divorce and other bad effects).

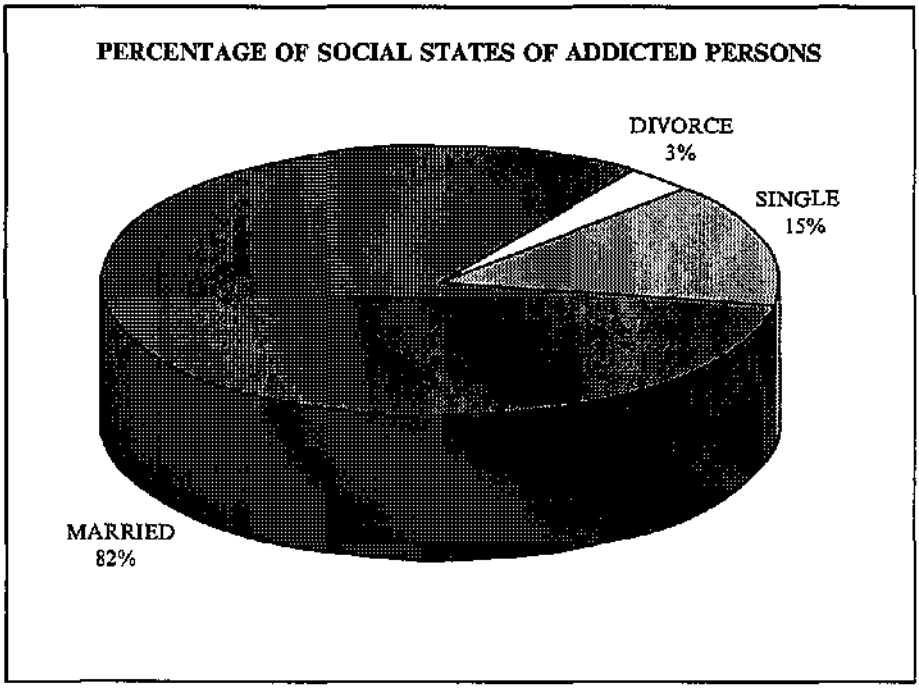

FIGURE 6

Figure 6: It shows the rates of drug addicts according to their marital status. It is clear that the major rate is for married men, it is 82%. It is integrated and harmonious with what has been shown in figure 3 where it was pointed that the majority of whom the committee dealt with and who reacted with its programmes was between the age group of 30 and 39 years. In this age most cases are married. What worths consideration in this figure is that the minor rate is for divorced men. This shows the extreme power of the family union in our Islamic and Arabic societies. The drug addiction is the main reason in the world for divorce and wives' assault and abuse. The rate of singles presents in most cases the youth from 15 to 20 years of age.

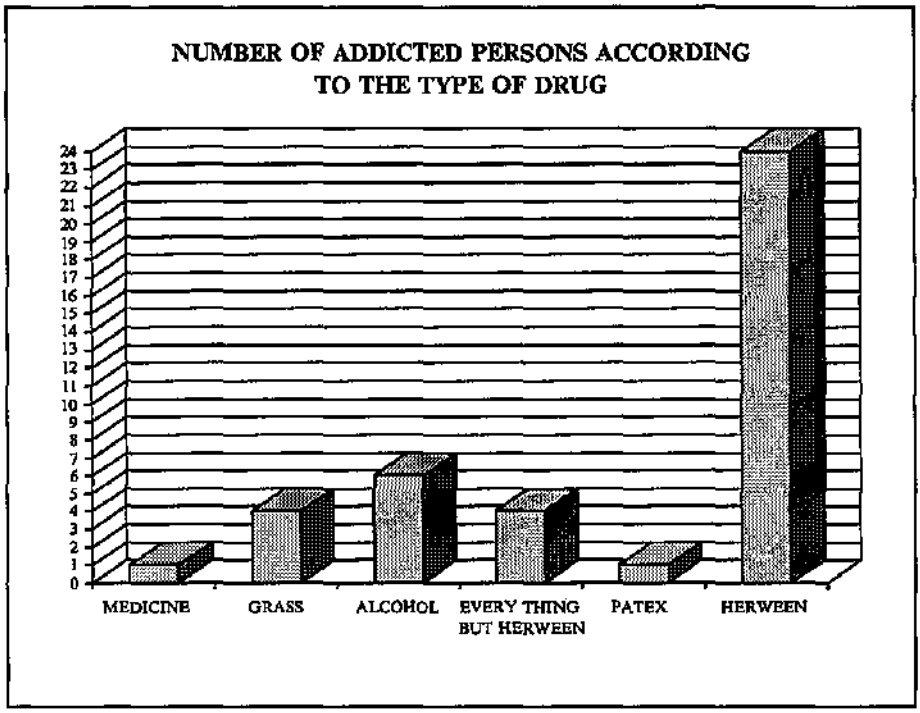

FIGURE 7

Figure 7: It shows the number of drug addicts according to the drug they use. It shows that the majority of the drug addicts are taking heroin. This is natural rate among the drug addicts in Kuwait. The reason is due to the financial abundance in this society and the simple ways of smuggling this drug in Kuwait, plus the concentration of the dealers and distributors of this substance due to its high price which matches with per capita high income in Kuwait. We note that the minor rates in this figure are for volatile substances and tablets because most of the drug addicts can buy what is more expensive.

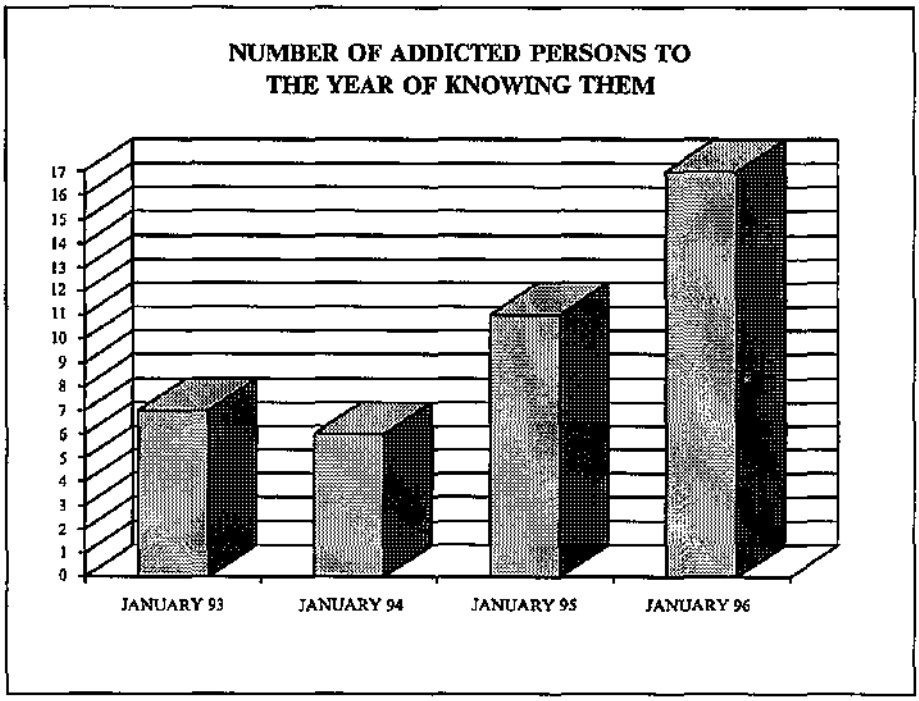

FIGURE 8

Figure 8: It shows the number of the drug addicts according to the date of knowing them. It shows that the committee's activity increased year after year. We should note the increment in year 1993 and the decrement in year 1994. The committee started with big number because of its lack of experience and the lack of the right chosing regulations with whom it was dealing with. Due to the above, some of them fell in year 1994 then the rates were increased with gaining more experience in this field.

Third Day of the Conference
Tuesday, 20 May, 1997

Third Session

Chairman : Dr. Omar Sulieman
Chairman : Dr. Adel Al-Zayed

Speakers:

1 - Counsellor Abdulla Al - Essa
2 - Dr. Salah Abdel Motaal
3 - Dr. Fuad Abu Hattab

THE DEVELOPMENTS OF LEGISLATION FOR CONFRONTING DRUGS IN THE STATE OF KUWAIT

Councillor *'Abdulla 'al-'Issa*

Vice Chief Justice of the Supreme Court,

and

Member, Board of Trustees of IOMS

The Developments of Legislation for Confronting Drugs in the State of Kuwait

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and Member, Board of Trustees of IOMS

Introduction

The sudden increase of drug addiction in many world countries, its fast tendency towards rising up during the last three decades of this century, and the wide spread of this social plague among various circles and classes is an unprecedented alarming phenomenon which is about to pervade the whole world; almost all countries, social classes and age groups of young and old, men and women are involved.

Though differing from one country to another depending on its past history in each society, this wave of addiction has terrified people, made the responsible worry and every family concerned about its children due to the great harm these drugs cause to person's physical and psychological health and his productive abilities, in addition to the social problems the addict and his family face because of addiction. The danger becomes graver when the plague of addiction becomes unconfined to a small number of the youth of the nation laying heavy burdens on the state and society and leading to deterioration in contribution and production, increase in the number of idles who become, together with their families, lost and susceptible of deviation and committing crimes. This, together with many other harms, makes gloomy the life of the individuals, societies and nations.

The Islamic Sharia has taken a firm stand towards all types of drugs which our former and contemporary scholars have clarified as it will be explained here.

The stand of the Islamic Sharia towards drugs

No doubt, the happiness of human being depends basically on his intellect with which he differentiates between good and evil, the useful and the harmful, guidance and going astray. Allah, the Exalted, has favored and honored human beings over many of other creatures:

"AND INDEED WE HAVE HONORED THE CHILDREN OF 'ADAM, AND WE HAVE CARRIED THEM ON LAND AND SEA, AND HAVE PROVIDED THEM OF THE GOOD (LAWFUL THING), AND HAVE MARKEDLY GRACED THEM OVER MANY OF THOSE WHOM WE HAVE CREATED." (Q. 17:70)

By virtue of this intellect, human being was assigned by Allah the office of successor in the earth to have it built, and because of this Allah commanded him to follow His instructions that are useful for him and for his society, and that would enable him of building the earth's civilization. To help him implement his mission, Allah made it lawful for human beings all good things and prohibited all that could badly affect their faculty of thinking and their behavior regardless of its origin or the way of preparation.

Allah stated:

"O YOU WHO HAVE BELIEVED! SURELY (ALL KINDS OF) INTOXICANTS, GAMBLING, 'AL'-ANSAB (STONE ALTERS) AND 'AL-'AZLAM (ARROWS FOR SEEKING LUCK OR DECISION) ARE AN ABOMINATION OF SATAN'S HANDIWORK. SO, AVOID (STRICTLY ALL) THAT (ABOMINATION) IN ORDER THAT YOU MAY BE SUCCESSFUL. SURELY SATAN WANTS ONLY TO EXCITE ONLY ENMITY AND HATRED AMONG YOU BY MEANS OF INTOXICANTS AND GAMBLING AND TO BAR YOU FROM REMEMBRANCE OF ALLAH AND FROM PRAYER. SO, WILL YOU THEN BE REFRAINING?" (Q. 5:90-91).

There are also many Traditions (sayings) of the Prophet (ﷺ) reaffirming the same point, among them: "Every intoxicant is wine and wine is prohibited."

No doubt, prohibition of wine (and all intoxicants) is not based upon its substance, but upon its harmful and destructive effects on mind and behavior.

As long as drugs, more than wine, have harmful effects on health and other psychological, social and economical aspects, definitely they will be prohibited in the Islamic Sharia which aims, in all is laws, at securing benefits and parrying away blights, and have among its

principal aims the protection of the Five Necessities (Deen, life, mind, progeny and property). So, any substance that causes damage to any of these five, whether in the form of drink, solid, injection or powder, is strictly prohibited.

Muslim Jurisprudents dealt with drugs known in their time, and issued the following judgment: "Other than for medical purposes, it is strictly prohibited to use any intoxicant substance that might harm mind or any organ of the body, such as hashish, opium and henbane". They drew this judgment from Prophet's tradition related by Imam 'Ahmad 'bin Hanbal in his Musnad (collection of traditions) through Prophet's wife, 'Umm Salamah, saying: "The Messenger of Allah (ﷺ) prohibited all 'muskir' (intoxicating) and 'mufattir' (slackening) substances."

Scholars said that 'mufattir' includes any substance that causes slackness and numbing in limbs. 'Ibn Hajar said that this tradition is an evidence for prohibiting hashish particularly because it intoxicates, anesthetizes and numbs. 'Al-Qaradi (of the Maliki School) and 'Ibn Taymiyah stated that Jurisprudents were in agreement that hashish was prohibited. (Fiqh encyclopedia 11:34)

'Ibn Taymiyah said: "whatsoever causes absence of mind is unlawful, even if it is without ecstasy or delight. Causing absence of mind is unanimously unlawful (unless used for a legal objective)". And he said: "The scrutinizing Jurisprudents concluded that hashish is worse than the intoxicating drinks because it intoxicates, slackens, leads to humiliation and corrupts both mood and mind". (The Collection of Fatwas, 34:211). He indicated that Prophet (ﷺ), according to 'Abu Dawoud and others, has said: "Every intoxicant is prohibited"; "Indeed, wine can be obtained from wheat, barley, raisins, dates and honey; and I prohibit every intoxicant." Then he ('Ibn Taymiyah) commented: "Prophet (ﷺ) has comprehensively included in prohibition all that intoxicate or take away mind, regardless of type, eaten or drunk". Preceding scholars did not speak about hashish particularly, because it had been only known to them about the end of the 6th century of hijrah with the rise of Tatars. (Ibid., 34:305).

'Ibn 'al-Qayyim, in his book, Zadul-Ma'aad, said that Khamr (wine) includes all intoxicants, such as hashish, according to the Prophet's (ﷺ) tradition: "Every intoxicant is wine." and to the his Companions' agreement on the same principle, out of their distinguished deep awareness of the exact meaning of the texts of Sharia.

Based on the same Tradition, 'Ibn Hajar al-Haythamy (al-Shafi'i), related to al-Dhahabi, that the punishment of abusing hashish, or any other intoxicant, was the same like that of drinking wine.

Finally, 'Imam al-San'aani (the author of "Subul al-Salaam") said: "Any thing that intoxicates is prohibited like wine, even if it is not a drink, such as hashish."

Contemporary Muslim Jurisprudents delivered fatwas (legal decisions) confirming the prohibition of all drugs. In 1940, the Mufti of Egypt delivered a fatwa concerning hashish, opium and the like: "No one could doubt the prohibition of abusing such substances because they bring about physical harms and many others. They dangerously corrupt minds and ruin bodies; how could they be permitted by Sharia which has prohibited things less than them in harm and corruption?!" Hence, some Hanafi Jurisprudents stated that whoever believed that hashish was lawful was infidel".

Shaikh Hasanain Makhlouf, the Mufti of Egypt, issued a fatwa saying: "Thus it is clear that there is consensus among the Ummah that abusing, selling or buying hashish is prohibited, because its' least harm is anesthetization, while the majority of scholars have the opinion that it intoxicates which makes it fall under the general legal judgment of prohibition, like other intoxicants, according to the clear text of the Tradition.

The International Efforts for Confronting Drugs

When the power of drug traffickers increased, their influence areas and frequented markets have expanded, and rapidly spreading addiction has become the phenomenon of the age, the whole phenomenon has become a global problem which had the regional and international organizations summoning to cooperate in combating them, hold conferences and symposia, exchange information and conclude accords

among countries in order to tighten the grip on drug traffickers and circulators.

In 1970, the UN Secretary General strongly warned of this impending danger in his telegram to the Economic and Social Council Drug Committee in its session held in September, 1970: "I have felt obliged to call all participants in this session to adopt, without delay, effective measures against abusing drugs which has become epidemic, threatening all countries without exception; any more delay in taking strong measures for eliminating illegal producing and circulating of drugs, we will not be able to control or solve this problem." ('Al-ta'aawm al'arabi wa al-dawli li-muwajahat mushkilat al-mukkaddirat. General Ahmad; 'Ameen al-Haadiqah, the Proceedings of the Arab International Symposium on the Phenomenon of Abusing Drugs.)

It seems that the warning of the Secretary General has received no effective response; the world has after that been swept by a strong wave of circulating drugs. The situation was aggravated by the abuse of psychoactive substances. In September 1989, an international symposium was held in Washington for combating drugs attended by a number of countries from America, Europe, Asia, and Africa. In this symposium, the director of the American National Institute for Drug Prevention announced that the number of addicts have increased 400% along the last four years, and that there were 15 million crack addicts among the American youth who were school students 20-25 years old. Also, he indicated that a medical study of 11 thousand elementary and intermediate students revealed that drug addiction, particularly cocaine, was behind the failure of great number of those who had not continued their schooling. The head of the Addiction and Prevention Department at that Institute announced that there were 14 million vulnerable to abuse of these intoxicants. The report prepared by the secretariat of the UN 8th Conference on Crime Prevention and Treatment of criminals held in Havana, in September 1990, referred to the UN third Surveying Study, about the trends of crimes in the world, which clarified that drug crimes, including abusing and addiction, have increased with high rates and that it was expected to be higher in future.

Long ago, and before the danger got aggravated, the United Nations, have been concerned with this problem; and League of Nations before had held several accords, among them were those concluded in the Hague 1912, Geneva 1925, which was amended in New York 1946 to include all the previous accords. The most important accord ever concluded by the UN was that of New York 1961 and its subsequent amendment according to the Protocol of 1973, and the accord pertaining to the psychoactive substances affecting the psychological and mental conditions that was held in Geneva 1971 and the accord of combating illegal trade of drugs and psychoactive substances, which was held in Vienna 1988.

All those international efforts have neither stopped the awful spread of drugs nor achieved the aims the world community aspired by concluding those accords. This leads us to believe that the world community must come together to combat that epidemic and firmly cooperate for effective implementation of those accords so that the whole humanity could harvest the fruits of this cooperation by getting rid of this ghost overwhelming the whole earth.

On the national level, the problem of drugs has become a source of worry to the local authorities, most of which have mobilized abilities and efforts to curb the spread of these poisons through amending the laws, strict control on the sea and air ports, intensification of borders monitoring, higher level of caution in dealing with smugglers and using modern devices to confront them, detect and follow up their tricks and innovated techniques of smuggling. (In a Madrid airport, a secret policeman noticed that a young woman was fully dressed in white which he thought it might be a sign of something related to smuggling. On inspection through x-ray, she was found to have swallowed, just before landing in Madrid, not less than seventy rubber balls made of the finger parts of the medical gloves, each containing 8 gm of cocaine. (Reader's Digest, Oct. 1989)

Those strict measures, in some countries targeted as markets for addiction or passageway to the markets, were unable to curb the excessiveness of the smuggling gangs. The reasons behind that ineffectiveness, as we believe, are lack of international cooperation in

this field, shortage in personnel working in combating, their poor salaries and rewards, especially if compared to the attractive material temptations offered to them by those gangs or the dangers they are exposed to on their hands. In spite of all that, the conflict and chasing are going on round the clock between the men of security and those gangs which possess in some countries huge potentialities that make the problem more complicated and tangled, since in many cases drug trafficking might be connected with other antisocial activities such as the organized crime, conspiracy, bribery, corruption, threatening government officers. In Latin America, some gangs have become so influential to dominate and control some airports, to have their own fleet of aircraft, drug plantations and drug factories. Moreover, some gangs have dominated the affairs in the country, such as in Colombia, where they were behind the assassination of a good number of high judges and the resignation of a number of justice ministers, one after the other, in that country. They had also blown up the headquarters of one of the major newspapers killing two editors-in-chief. A report on these gangs stated that Medlin Union of Cocaine in Colombia employed:

- 450000 farmers for growing coca, the raw material of cocaine,
- 150000 workers for transforming coca into paste,
- 15000 workers for carrying leaves and paste,
- 2500 workers for refining paste to become cocaine powder.

These were the figures ten years ago, how far have they reached now?

The Role of the Arab World in Combating

The member countries in the Arab League began to be collectively concerned with the problem of drugs by 1950 when a bureau for combating drugs was established and affiliated to the Arab League. After that, was established an Arab Organization for Social Defense which continued to hold symposia and conferences on the problem and issue a periodical for publishing researches and studies about drugs until its authorities and powers were transferred to the Council of Arab Ministers of Interior.

To follow up the developments in addiction, the following symposia and conferences were held:

1 - The symposium arranged by the Regional Office for Drug Affairs affiliated to The Arab League, which was held in Cairo 1971.

2 - The 6th Regional Conference on Drugs, held in Riyadh 1974.

3 - The International Conference, held in Baghdad 1976.

4 - The Third Arab Conference for Combating Alcohol and Drug Addiction, held in Khartoum 1977.

The Council of the Arab Ministers of Interior approved two important projects:

First, the Arab strategy for combating illegal use of drugs and psychoactive substances which the Council approved in its 5th session in Tunisia under the resolution no. 72, on 2/12/1986. This strategy had the following objectives:

1 - Securing the most possible extant of Arab security cooperation in combating drugs and psychoactive substances.

2 - A comprehensive plan for stopping the growing of plants that produce narcotics and substituting them with other plants.

3 - Imposing strict supervision upon the drug sources.

Second, the draft of a unified Arab law for drugs, which was approved by the Council of The Arab Ministers of Interior in its meeting in Casablanca on 4/2/1986. This law is generally in agreement with the Egyptian and Kuwaiti laws.

Realizing the importance of International cooperation in combating this danger that threatens the nation's youth, the Arab countries have joined numerous international accords, such as the Accord of New York 1961, The Vienna Accord on psychoactive substances held in 1971 and which dealt with the main aspects and guidelines of the necessary regulations for combating abuse of psychoactive substances and formulations. On the other hand, the Council of the Arab Ministers of Interior followed up the Arab efforts concerning drug combating and devoted its efforts for studying the problem's dimen-

sions on the Arab World level which culminated in preparing a draft of a unified Arab law for combating drugs.

On the local sphere of each Arab country, their penal codes and regulations in use incriminate trafficking and abusing narcotics with the exception of Qat in Yemen.

Because the abuse of hashish was long ago common among Egyptian poor classes, Egypt was pioneer in legislating for combating drugs. Since late 19th century, there had been a law prohibiting importing and growing hashish. Numerous amendments were introduced such as the decree no. 351 in 1952, the legislative resolution no. 182 in 1960 and its successive amendments the last of which was the law no. 122 in 1989 which raised the penalty to capital punishment in the case of exporting, or trafficking drugs without license and in other specific cases defined in the law.

The other Arab countries followed the Egyptian legislative steps after the arrival of the global wave of addiction, hitting increasing number of young generations and opening the door for fierce assaults of drug gangs that worked for trafficking, smuggling, circulating, facilitating the way for the youth, thus creating and widening their markets and gaining huge amounts of money. In reaction to that situation, a number of GCC members imposed the capital penalty for drug trafficking.

In Kuwait, the steps of drug legislation started with the articles 207 and 208 in the penal code. The first one contained the punishment of seven years prison for trafficking and facilitating, while the other one considered abusing an offense. Before issuing this law, the Islamic law of Ta'zeer (open penalty) had been in application in cases of abusing and trafficking. Because the two articles, 207 and 208, were not sufficient to meet the various aspects of the problem, a new law no. 26 was issued in 1960 and amended by the laws no. 50 in 1960, and no. 15 in 1976 in addition to the two articles aforementioned.

Due to the serious developments in addiction and smuggling, the Kuwaiti legislator issued in 1983 the law no. 74 for combating drug abuse and trafficking. The government has carefully followed up the international developments of this problem and joined the interna-

tional and Arab accords seeking better cooperation in order to protect the nation from the dangers that may distract individuals physically, psychologically, financially and socially.

A new phase in the story of drugs started when psychoactive substances, basically used in preparing many kinds of medicines and medical formulations required for medication, began in the last years to be used for non-medical purposes and became common among youth groups. To meet this problem before getting worse, the government took the initiative by participating in some symposia and conferences concerned with this combating, such as that conference in which Vienna Accord on psychoactive substances was approved. Kuwait was one of nations which joined and ratified that accord under the decree no. 32 in 1979. Also, it issued a decree-law no. 48 in 1987 on combating psychoactive materials and regulating usage and trading of them.

In spite of all these laws and regulations on drugs and psychoactive materials, addiction continued to spread, traffickers and circulators increased their activities and the drug cases have multiplied as it could be seen from the statistics attached. This situation urged the legislator to issue law no. 13/1995 to amend some articles in law no. 74/1983 in order to increase the penalty of drug circulation and other acts incriminated in the law including abuse, and to raise the penalty of trafficking to become capital punishment in the cases detailed in the law.

The Intoxicating and Psychoactive substances

1 - Hashish

2 - Opium and its derivatives. Opium derivatives are classified into:

a - raw derivatives, such as morphine, codeine and papaverine.

b - semi-processed derivatives, such as heroin which is prepared from morphine in the form of gray or white powder. It might be mixed with other materials and called Chinese heroin. Some kinds of heroin may be ten times stronger than morphine.

c - processed compounds: prepared in the laboratory, such as methadone and derivatives of morphine, in addition to many other chemical and medical derivatives and compounds.
Opium and all its derivatives are among the most dangerous drugs that affect human health physically and psychologically and the social relationships.

3 - Cocaine.

4 - Papaverine

5 - Qat plant. This plant contains an active substance which causes stimulation accompanied with dreaming-like feeling followed by a state of inactivity. Qat was included in the lists of intoxicants in 1973 by World Health Organization after it had been confirmed that it intoxicates and agitates the central nervous system.

6 - Hallucinogens. The most famous kind is LSD

7 - The amphetamines.

Features of the Law no. 74 of 1983 for Combating Drugs

The problem of drugs has continued to interact and become so aggravated on the local, regional and international levels that it began to disturb the high officials in the world societies, due to the deterioration in the public health and morals and the weakening of human potentialities. Internationally, many groups have been suffering from addiction, and statistics have been warning the dangerous wide spread of drugs among youth. The international accords have strongly urged the world countries to coordinate their efforts for achieving better effective measures against the abuse of substances so that an end for this problem could be actualized. Because of all these, issuing a law with the aim of combating drugs and controlling their use and handling has become a necessity in the sight of the legislators.

This law, compared to the two articles 207 and 208, the law no. 26/ 1960 and its amendments, seems distinguished with several features, in addition to the fact that it has comprised all drug provisions which were disordered among the penal law, the two

articles mentioned and the law no. 26 / 1960 together with its amendments. These features are:

First: The legislator appended six tables to this law and stated in the first article that the substances and compounds in tables 1 & 2 appended were to be treated as intoxicants in the application of this law, but the items in table no. 2 were not.

In article no. 25, it was stated that: "it is prohibited to grow the plants mentioned in table no. 5." But the article no. 26 has excluded the parts of plants mentioned in table no. 6. Table no. 4, has specified the maximum amounts of the intoxicating substances and compounds physicians and dentists were not allowed to exceed for each medical prescription.

Second: New criminal acts were included in this law in order to secure more protection from the dangers of drugs and to meet the shortcomings discovered through the application of law no. 26/1960. In article no. 31-b, this law has incriminated and put a penalty for whoever has produced, extracted or manufactured intoxicating substances or compounds with the aim of trafficking. In article no. 31-c, the legislator has introduced incrimination and penalty for whoever has grown any of the plants mentioned in table no. 5, or exported, imported or merchandised in them in any of their phases of growth or in their seeds with the aim of trafficking, or had practiced any form of merchandise not permitted in this law. Incriminating growing plants mentioned in table no. 5 was a new initiative taken by the legislator in order to fill this gap in the previous law.

In article no. 33, this law has incriminated and put penalty for any person who has fetched, produced, extracted or manufactured intoxicating substances, or has grown any of the plants mentioned in table no. 5, or has possessed, obtained or bought any of the materials mentioned before with the aim of abusing or for personal use unless it is proven that he has been legally licensed.

In article no. 37, the law has incriminated and put penalty for any person who has committed any of the acts formerly mentioned, except fetching, with the aim of trafficking, abusing or for personal use in other than the legally licensed conditions.

In article no. 32-d, it has incriminated and put penalty for whoever has managed, equipped or prepared a place for abusing drugs in return of some charge or return. If these acts were done without charge or return, penalty would be less.

In article no. 38, it has incriminated and put penalty for whoever was arrested at any place equipped or prepared for abusing drugs while the act of abusing was going on and he was aware of that.

Third: This law and its amending law no. 13/ 1995, have intensified the penalties so as to be effective in achieving the desired deterrence, and have made them gradual according to the weightiness of the act, as well as to the seriousness and quality of the perpetrator. The law has considered most dangerous those crimes that share the idea of fetching drugs to the country with the aim of trafficking, whether through importing, extracting, deriving, manufacturing or growing, as well as exporting them to another country with the same aim. If the law of 1983 had put a long term of prison for that crime, the law of 1995 has imposed the severest penalty, either capital punishment or life imprisonment. If one of the aggravating circumstances, which the law has mentioned in article 31 (repeated) or article 32 (repeated), was available, the penalty would be the capital punishment only. Among these circumstances are: giving the drugs to a juvenile, with or without charge, or committing this crime in an institution of education or treatment or in a hospital.

If the perpetrator had obtained the drugs with the aim of abusing or for personal use, and the court did not apply the curative measure, the law, in article 33, has considered it a crime. In the penal law before, this case was considered only an offense; but observing the wide spread of drug abuse, the legislator had raised the penalty in the law of 1983 to be that of a crime, then he made it severer in the law no. 13 / 1995.

The crimes mentioned before are to be considered in regard to all people, including physicians and pharmacists provided they have violated the limits specified by the law and the conditions of any of these crimes were available in their cases. The law of 1995 has considered it an aggravating circumstance if the perpetrator, who was

one of the civil servants entrusted with supervising, handling or possessing drugs, has used them with the intention of trafficking.

Fourth: Taking into consideration the conditions of the drug-addiction patients, trying to help them get cured, in pursuance of the recommendations of the UN and international conferences and following the examples of other laws compared, the article no. 33 in this law contained a judgment that allows the court, in cases of those who have obtained drugs with the intention of abusing or for personal use, to substitute for the penalty stated in the first article, a judgment that such a person, proved to be an addict, be admitted into a sanitarium for treatment until a report about his condition, to be prepared by a special committee formed by a decree from the Minister of Health, decides either discharge of him, if recovered, or extending his stay for one period or more. The period of stay in the sanitarium should not be less than six months, nor exceeds two years. Proving the state of addiction and the need for treatment must be established according to a medical report prepared by the specialists in the curative sanitarium. To encourage the addict to take the initiative of asking admission for treatment, the article no. 34 stated that he will not be litigated. To offer the addict the opportunity of treatment and to protect his family, the article no. 35 in this law, has given permission to the other spouse or any relative up to the second level to apply to the office of the attorney general to approve admitting into a sanitarium his / her spouse or relative who has not applied himself for treatment.

Fifth: This law has shown concern with uncovering the perpetrators in these dangerous drug crimes, by stating in the article no. 46 that any perpetrator who would take the initiative and disclose to the public authorities the crime and its perpetrators will be exempted from the penalty mentioned in articles 31 and 32, provided his disclosure precedes the authorities' discovering of the crime. This might encourage such perpetrators to rethink of continuing on this wrong way and may lead some of them to help the authorities to arrest and punish the perpetrators.

The Basic Elements of Drug Crimes

Drug crimes must have three basic elements:

1 - The intoxicating substance, the subject of the crime.

2 - The material component, one of the material acts defined in the law of drugs.

3 - The immaterial component, the criminal intention.

The First Element: The Intoxicating Substance

The subject of a drug crime must be an intoxicating substance. If the seized material is not one of the substances regarded intoxicating by the law, then there is no crime, even if the suspected might have believed that it was intoxicating.

The Second Element: The Material Acts

The material element in drug crimes is based upon anyone of the material acts incriminated by the law of drugs. These acts can be classified into forms, each of them contains number of acts of the same type. These forms are:

1 - Growing or production.

2 - Importing or exporting.

3 - Possession or obtaining.

4 - Dealing, mediation or trafficking.

5 - Providing drugs for abusing.

6 - Equipping, preparing or managing a place for drug abuse.

7 - Using the legally possessed intoxicant in purposes other than the licensed ones.

Some of these forms, in which the material element is actualized, will be dealt with here:

A. Equipping, Preparing or Managing a Place for Drug Abuse:

The article no. 32, clause D in this law, has determined the penalty for any person who has managed or prepared a place for abusing drugs in return of some charge or reward. The same penalty was

stated in the first clause in this article. As usual in the act of providing drugs for abuse, the legislator decreased the penalty to half if there was no charge, and intensified it in the case of repeating or for the perpetrator's quality.

It does not make any difference whether that place, prepared for drug abuse, was confined to a certain group or a limited number of persons, or open for all, whether was it used for drug abuse only or for other purposes too, real or false just for misleading security forces. Also, the location of the place, its design, the way of preparation or its material, are of no account.

B. The Arrested Persons in Places Prepared or Equipped for Drug Abuse:

In the first clause in article no. 38, the law has introduced a judgment for punishing any person arrested in a place equipped or prepared for drug abuse while the act of abusing drugs was going on and he was aware of that.

True, such persons have not yet proved to have committed this crime, but they are liable to do so as a result of their existing at such places. Hence, the philosophy of this penalty is to deter them to stop frequenting them.

C. Using Drugs Legally Possessed in Unlicensed Purposes:

The article no. 32, clause C, has determined the penalty of any person licensed to possess intoxicating substances or compounds for specific purpose(s), when he uses them in any way for other unlicensed purposes in return of some charge.

If he has misused them in return of no charge, the penalty would be decreased to half. In case of repeating or because of the person's quality, the penalty would be intensified. Such crime could be committed by persons legally licensed to keep these intoxicants for personal medical treatment, medicating patients, handing over to patients or selling according to the regulations, but they have used them for other purposes. This crime could take place on the hands of patients who have obtained these drugs according to a physician's medical prescription, of licensed pharmacists or persons having license

for importing, exporting, producing or manufacturing intoxicating substances. The criminal act may occur from the possessor of the intoxicant by personal abusing if the permission of possessing was not including this purpose.

The Third Element: The Immaterial Element or the Criminal Intention

Drug crimes must be international. The perpetrator must have the criminal intention in order to be punished. The meaning of intention here is the general meaning, i.e. the perpetrator directs his will to commit this criminal act with awareness that the substance under abuse is intoxicating.

Legislative Combating

In its efforts of combating drugs by issuing law no. 13 of 1995, which has amended some of the articles in the law no. 64 of 1983, the Kuwaiti legislator was having a definite objective with a ultimate goal of abolishing drug trafficking, or at least reducing it. The means for achieving that was intensification of penalties up to capital punishment provided the conditions stated in articles 31 (repeated) and 32 (repeated) were existing. These conditions are:

A . Repeating.

B . The perpetrator being one of public officers or civil servants entrusted with combating intoxicating substances and compounds or supervising their circulation or obtaining.

C . Committing this crime with a juvenile who is not over 18 years old.

D . If the intoxicating materials or compounds are among those mentioned in items 19 and 43 in table no. (1), or in items no. (1) and (2) in table no. (3) attached to this law.

E . If the perpetrator had established or managed an organization aiming at or including among its activities committing any of the crimes mentioned in article no. (31) in this law.

These circumstances are included in article no. 31 (repeated). As for the circumstances mentioned in article no. 32 (repeated), they are:

1 - One of the intensifying circumstances mentioned in article (31) (repeated).

2 - If the intoxicating substances or compounds were offered, sold, left, given out to a juvenile who was not more than 18 years old.

3 - If the crime took place in schools, educational institutes, hospitals non medical centers.

It is natural that any new legislation needs a period of time for application before discovering how adequate it is in tackling the existing problems. Therefore, we do not need to stress what is so clear to all concerned with the problem of drugs, particularly addiction, that such phenomenon can not be treated through the legislative aspect only; all other aspects must have their part in treatment also, because the factors leading to addiction are not of one nature. In fact there are various reasons and different influencing factors. In combating drugs, it is natural as well to differentiate between smugglers, traffickers and circulators on one side, and their victims, the addicts on the other. The addicts need collaboration of efforts and cooperation of all informational, religious, security, medical, social and educational authorities so as to work together under one umbrella which provide them with the necessary power for confronting adequately and powerfully this danger. As for trafficking and circulation through all means, we need deterrent legislative confrontation of the kind adopted by most of the Arab laws including the Kuwaiti ones.

Statistics From the Records of the Ministry of Interior

Year	Types of cases					
	Drug introduction		Drug trafficking		Drug possessing & abusing	
	# cases	# accused	# cases	# accused	# cases	# accused
1987	166	175	56	142	14	14
1988	81	94	62	180	25	39
1989	69	80	74	193	30	39
#1990	-	-	-	-	-	-
#1991	-	-	-	-	-	-
1992	136	163	63	152	39	60
1993	118	141	159	498	69	98
1994	122	140	98	244	115	181
1995	152	182	92	265	128	214
1996	117	142	109	297	* 237	402

excluded from comparison due to lack of data accuracy because of the Iraqi invasion, * in addition to twenty two death cases in 1996.

Statistics From the Records of the Ministry of Interior

Types	1987	1988	1989	1992	1993	1994	1995	1996
Hashish Gr	64713	193447	68667	637244	157868	122670	633222	145823
Heroine Gr	4318	5231	12154	2054	11304	3175	7874	48329
Opium Gr	8972	9427	536	888	8563	25260	33944	21521
Marijuana Gr	12237	100	2067	2195	383	1199	211	3668
Opium poppy capsules	20921 Gr		137	629	947	824		
Qat Gr	458				139	110		15
Cocaine Gr	20	66	4	30	554		120	16
Morphine Gr			12	11				16
Psychoactive tablets	1.824.817	8.940.343	777482	511318	67599	38231	134832	3414

SOCIO-CULTURAL DIMENSIONS OF DRUG USE AMONG EGYPTIAN STUDENTS: AN ISLAMIC CULTURAL PERSPECTIVE

Dr. Salah Abdel Motaal

EGYPT

Socio-Cultural Dimensions of Drug Use Among Egyptian Students: An Islamic Cultural Perspective

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INTRODUCTION

The Secretary General of the United Nations stressed in the Opening Session of the Seventh United Nations Congress for Crime Prevention and the Treatment of Offenders (Milan, Italy) in 1985, that it had become apparent that the transnationalization of crime was particularly more evident in the problem of illicit drug trafficking and drug abuse which were causing much misery, loss and over-death[1].

The final report adopted by the Arab Regional Conference on Crime Prevention and Treatment of Offenders (1974) reached a consensus on six main conclusions. The first was "The Conference is convinced that the provisions of Islamic Law (Shari'a), the values embodied in Arab traditions and some Legislations applied in the Arab homeland are instrumental in bringing about effective public support of the law for the prevention and control of crime"[2].

Crime of drug smuggling, consumption and alcoholism or intoxications have become in the present days a social disorder. National and International efforts should be coordinated to confront this drastic problem not only by Criminal Justice System Instruments but by all cultural means including moral-value systems and Religion at the first.

Islamic Perspective

Islam has established a preventive method to minimize the volume of intoxicants and drug use. The first stage is by prohibiting intoxicants and drug use in Islamic Law *(Shari'a)* and parallel to that is second stage by supporting the inner containment of person who conformed to Islam.

Religious messages have been descended for mankind happiness

through God's worship and by abiding the Almighty's guidances and instructions, mentioned in the main Holy Books.

Worship concept in Islam religion has two sides of the same coin-devoutness *(TAQWA)*, doing the main rituals to prove person's submission to ALLAH and acting good behavior at social transactions, That is the Islamic way of life to construct human culture and civilization *(OMRAN)*. Social transactions have to be guided by Islamic Laws (Shari'a) as a frame of reference or a cultural paradigms to organize human life and Islamic social institutions.

Islam and Human Mind

Islamic Laws *(Shari'a)* have stated that five essential ends must be attained - preservation of : mind, religion, self, property and offspring (civilization of mankind). Shari'a ends have been determined in Quran and Sunna (Prophet's (ﷺ) sayings and deeds), to fulfill peace, mercy and equilibrium among human societies and for the person himself.

Mind-preservation might be considered as the first step to other *Shari'a* ends, so consciousness is the normal and natural set of mind, that makes human behavior, constantly, under self-control.

For that reason Islam, certain other religions and modern medical sciences prohibit using natural or synthetic substances that mostly lead to mind's unconsciousness, except in certain medical cases.

Quran and Enemies of Human Mind

Intoxicants were forbidden by Islamic Law *(Shari'a)* in three stages.

The first stage has been stated in verse 219 Ch.2 of the Holy Quran:

> *"THEY ASK THEE CONCERNING WINE AND GAMBLING. SAY: IN THEM IS GREAT SIN, AND SOME PROFIT FOR MEN, BUT THE SIN IS GREATER THAN THE PROFIT"*[3]

viz. they ask you (O Mohammed) about intoxicants and the act of gambling, Say to them: They both involve a major sin besides some advantages to people, but their evil outweighs their advantage.[4]

The second stage clarified the harm of intoxicants against person's mind particularly when approaching for prayer. In Verse 43 Ch. 4 it is mentioned

> *"O YE WHO BELIEVE APPROACH NOT PRAYERS WITH A MIND FOGGED, UNTIL YE CAN UNDERSTAND ALL THAT YE SAY".* [5]

That means O you who conformed to Islam do not engage in the act of worship while you are under the influence of intoxicants so that you be aware of divine discourse which you express in words during your act of worship[6]. Prayer *(SALAT)* here may mean a place of prayers - A mosque: the resulting meaning would be the same.

The third and final stage of forbidden intoxicants has been quiet clear and decisive. Verse 90 Ch. 5 has prohibited other vices, concerning superstitious practices, in addition to intoxicants and gambling. Those vices are Satan's handiwork who is the avowed enemy of mankind. Verse 91 Ch. 5 says :

> *"SATAN'S PLAN IS (BUT) TO EXCITE ENMITY AND HATRED BETWEEN YOU, WITH INTOXICANTS AND GAMBLING, AND HINDER YOU FROM THE REMEMBRANCE OF GOD, AND FROM PRAYER: WILL YE NOT THEN ABSTAIN".* [7]

The fact here is that Satan and those characteristics befitting Satan wish to use intoxicants and gambling as the instrument to implant enmity and hatred among you and to alienate you from keeping God in mind and from the act of worship, and if he succeeds to sow the wind you will have reaped the whirlwind. Therefore are you not going to discontinue this line of evil conduct.[8]

Legislative Culture Lag

The weight of intoxicants (alcoholism) in Egypt is less than drug use problem from the qualitative dimension. Alcohol products and their use are not forbidden. Many pubs in urban areas are still licensed. That seems so contradicted because Islamic *Shari'a* has become the source of all kinds of Egyptian Law including criminal and penal Law.

While criminal and penal laws prohibit drug use, they do not for intoxicants (alcohol products). That contradiction has lead to social dilemma and Juridical Culture Lag[9] as great sector of drug users consider that this contradiction is a kind of Law injustice or the Egyptian Penal Code has a double criterion of justice.

Drug users misunderstanding has been prevailed according to the Juridical Culture Lag and their wrong belief that Islamic *Shari'a* did not prohibit soft drug like marijuana (Hashish) as it has not been mentioned in the Holy Quran; while same verses in the Quran prohibit intoxicants. This attitude has become, in many sectors of drug users, an important element in their value system. They are still unconvinced by modern religious point of view that drug use, like alcohol, is prohibited, because it leads to mind befogged.

HUMAN COST OF ALCOHOL - DRUG USE

When alcohol or drug user loses his mind consciousness, almost all of his mind's functions become disordered. And unsocial, asocial or antisocial behavior may be expected, particularly against his facing groups e.g. family, peer and labour group.

In severe cases criminal acts are probably committed, e.g. certain types of aggravated assault, robbery, rape, homicide and suicide in some cases. Alcoholism and drug use phenomena are positively correlated with the prevailing level of social corruption. It has been watched in many countries in Latin America and South East of Asia, particularly in drug trafficking zones, for farming, distribution and exportation.

Economical Cost

Many studies and reports stated that high rates of alcoholism and drug dependency mean high rates of crimes, minor or major mental disorders, alienation and social anomie. Furthermore, cost of intoxicants and drug use, economically and socially are incredible. Economical cost of drug problem in Egypt, for instance, is more than three times Suez Canal income[10]. Drug smuggling, primarily hashish for domestic consumption, is currently estimated to be between $2 and 4 billion, as a

large cash flow is required to finance this scale of operations and because profits need to be "Laundered" in some fashion.

An extreme case had been stated by the Deputy Minister of Interior (Egypt, 1990) and Head of Drug Prevention Administration, that a drug (Heroin) dependent used to pay daily for his heroin use about EL 1700 = $500 that means his annual expenses had reached more than EL 650,000 = $182,500[11].

Socio-Economical Cost

In Western liberal societies and Eastern as well, alcohol use is considered personal freedom. What happened? Alcohol abuse and dependency have become serious problems to the level of social disasters in some countries. For instance alcohol dependency affects about 10% adult Americans[12].

In the recent past, alcoholism was considered a Western problem, while drug use an Eastern phenomenon. But, in present days the problem in the two sides has become (Alcohol-Drug) one problem. Since Vietnam war drug substances have invaded the Western countries. Cost of alcohol or drug dependency became so big. In U.S.A. (1985)[13] almost 95,000 deaths occurred due to alcoholism. Morbidity costs, the value of reduced or lost productivity amounts to $27.4 billion (39% of the total morbidity costs).

These costs[14] are based on an estimated alcohol abuse prevalence at the rate of 14.4 per cent of civilians. Noninstitutionalized population, aged 18 to 64 years, of 21.5 million persons and 44,235 residents of mental facilities and nursing homes suffering from disorder studies show that 26 per cent of the suicide are alcohol related. Official statistics conservatively estimate that between 10-15 million persons in the U.S. seriously abuse alcohol (including 3 million teenagers).

Economic cost of alcohol abuse and dependence is projected to increase from $116.9 billion in 1983 to $136.3 billion in 1990 and 150 billion in 1995. Alcohol abuse may be involved at $50 billion in work places.

The social cost of alcohol and personal communal tragedies are equally staggering. Alcohol abuse is implicated in 56% of traffic

fatalities (23,000 annually), 64% of suicide attempts (10,000 death annually), 86% of murders, 72% of assaults, 50% of rapes, 70% of robberies, 69% of drowning and 83% of fire and burn victims.

It is estimated that 15-18% of the U.S. population suffers from some form of substance abuse. This means that approximately 39-47 million people suffer from alcohol or substance abuse. Half of all substance abuse is in the form of alcohol.

Cost of alcohol abuse was estimated at $136 billion in 1990, mostly related to productivity and employment. The U.S. Public Health Report[15] (November-December, 1988) stated that approximately 4.6 million American experience serious alcohol problems each year. One out of two teenage deaths in auto accidents involve the use of alcohol. A recent study estimated that as many as one-half of all American homeless suffer from alcohol abuse and alcoholism.

Drug abuse and Family Disorder

Another recent study[16] reviewed the relation of family violence and alcoholic parents. It investigated the difference between incarcerated juveniles from substance abusing families and those from nonsubstance abusing families. Significant differences were found in the areas of family violence, abuse runaway and self-reported substance abuse.

Children

It has been estimated that approximately 20 million children in the U.S. live in homes with at least one alcoholic or drug-addicted parent. Professionals in the field of substance abuse estimate that there may be at least 22 million American children who have been, or are currently being, raised in homes with substance abusing parents.

Many studies have documented the relationship between being raised in such an environment and a variety of emotional and deviant characteristics. Those individuals have been found to suffer from low self-esteem, depression, anger and a variety of acting-out of behaviors[17].

The dynamics of progressive alcoholism are disruptive and the family and individual reactions are usually "Crisis State" or "Survival

Adaptations". In addition to the empirical research, clinical observations have consistently mentioned that children of chemicals dependent family are seriously impaired. Priest (1985) estimated that 80% of all children of alcoholics have disabling emotional problems. Clinics and caregivers also report abnormal behaviours like promiscuity in daughters, excessive aggressiveness in sons, negative band between family members, delinquency, anxiety, depression, hostility and sexual confusion[18].

Juvenile Delinquency and Family Violence

McGaha and Leoni concluded from their study of 68 youths incarcerated at a State juvenile institution for delinquents in Southeast Missouri that the population studied experienced significantly more family dysfunction than did offenders from nonsubstance-abusing families on almost every variable; neglect was the only variable that was not seen to be significantly different in either group. The juvenile offenders with an alcoholic parents were found to have been victims of, and exposed to, much higher levels of family violence and abuse, they responded by running away and becoming substance abusers themselves significantly more than those from nonalcoholic homes[19].

INTERACTIVE ASSOCIATION OF ALCOHOL-DRUG SUBSTANCES

It is postulated that they might be at much higher risk of continuing anti-social behavior and chemical dependency than those from non-abusing families. Many studies[20] have documented a dialectical relation of abusing drug substance and alcohol. Using cannabis (Hashish) mostly supports the use of other drugs which have dangerous effects more than (Hashish). In a study of 47 heroin dependents (Kramer, 1972), it has been found that most cases started using drug substances in their early ages; from smelling glue to codeine in cough syrup, amphetamine, barbiturates, marijuana and heroin.

McKay *et.al.* (1973) have supported Kramer's results. They investigated 789 students, a sample at Glasgow University Medical College. The results were 16% alcohol users, cannabis users were

almost males and alcohol and tobacco users were more than others. Alcohol and soportic substances were more prevailing in Gastomzy's study (1973) of 4200 school students in Rhinland - Germany.[21]

WHO initiative on Cocaine Key Informant Study[22] in Harare - Zimbabwe, noticed that other substances mostly used with cocaine, were tobacco, cannabis, alcohol, mandrax and tranquilizers. The drug most commonly used before cocaine was alcohol, or/and cannabis followed remotely by tobacco. Drug use started with friends either in schools or in colleges or outside school with connabis being smoked and alcohol traditionally drank.

The main reason for starting were for experimentation purpose, peer pressure or influence of friends who were users. Other secondary reasons were availability of cocaine, adventure, imitating others, curiosity and enhancement of work performance.

The common characteristic of cocaine users in (Harare) was that the majority of users were males between 20 and 30 years of age or simply in their mid twenties, rich, well-educated and mainly businessmen. There were many different reasons for cocaine use which do not fall into lump or clusters. The positive reasons were to get high, to feel happy, as a stimulant and to gain experience, while the negative reasons were to relieve anxiety, tension and depression, to enhance sex, for pleasure, to experiment, to be alert and to relieve physical pain.

Psycho -Social Effects

Bad effects of drugs use are that they do not affect the users only as an individual, physically or psychologically. But impact goes to the society itself. United Nations Social Defence Research Institute (UNSDRI) launched a research programme in 1984 on the Socio-Economic and Political Impact of Production, Trade and Use of Illicit Narcotic Drugs; in conjunction with the UN University[23]. The Institute commissioned case studies in Bolivia, Colombia, Laos, Mexico, Myanmar, Pakistan, Afghanistan, Peru, Thailand and the United States. It has been stated that production and consumption of certain narcotic drugs is firmly embodied in the social and cultural fabric of many societies. Because of the lack of alternative economic

opportunities in both producing and consuming countries for important sector, the population continues to contribute to the growth of drug economy.

The existence of illegal drug industries constitutes a major obstacle to national projects of economic and political democratization. In Columbia, for instance, the phenomenon of illegal drugs promotes violence, concentrates income and wealth, feeds the underground economy, opposes some socially progressive reforms and weakens the State.

Group / Gang Activities

Drugs have become group activities of youth gangs is Canada but they were not a major part of the youth gang/group phenomenon when it first emerged in its present manifestation in the late 1980's. However, this appears to have changed over the past several years. The social consumption of drugs, theft and robbery to obtain money to buy drugs and dealing drugs for profit are becoming a central feature of much of gang/group activity. A lot of this drug activity appears to be centered in and around schools. The emergence of the trade in crack cocaine, especially in Toronto, has apparently brought with it an increase in the use of guns, lethal violence, and fights over territory[24].

INTERNATIONAL CONFERENCES ON CRIME PREVENTION AND DRUG USE PROBLEM

The Ninth United Nations Congress for Crime Prevention and the Treatment of Offenders (Cairo, 1995) was alarmed by the fact that youth gangs, between 14 and 24 years of age, are used to act against their communities and societies. In addition to their violent behavior they have been pushed to play an important role in drug trafficking[25].

Milan, Italy Congress of United Nations on Crime Prevention in 1985, as well, mentioned the study of United Nations Social Defense Research Institute (UNSDRI) Rome (1980-1983) about the interaction of criminal behaviour and drug abuse. The Congress stated the

increase in the rate of drug use among youth and the increase in the rate of health morbidity and crimes[26].

The Indonesia's National Paper presented at the Milan's UN Congress (1985) stated that drug trafficking and abuse continue to be the main threat to Indonesia. In some countries including Indonesia heroin is the most popular drug being abused, followed by morphine, opium and cannabis.

Drug abuse seems to grow with the increased urbanization and unemployment. It affects the young in particular, as seen by the increase in criminality among them[27]. A UN study[28] of world crime patterns has concluded that crimes against the persons and property in developing countries during 6 years, 1970-1975, were almost equally responsible for a 90% share of those committed. Drug offenses comprise most of the remaining 10% of crime commission not associated with those against the person or property.

Alcohol-Drug Use Phenomenon and Challenge to National Development and Progress

In developed countries as well as in developing countries including Egypt, the social implication of drug use are more severe. Much of this social concern is not merely related to the pharmacological effects of drug addiction but also to the role of drugs as symbols of a deviant sub-culture that is generally antagonistic to the prevailing moral climate. Drug dependency has also a criminological significance, as we have mentioned before, because it feeds and generates other crime and deviance.

Developing countries are not immune to drug offenses. Drug-related crimes are in the faster growing category and comprise 8% of all offenses in developing countries including Egypt and the Arab world. The majority of crimes in this category involve traffic in drugs not only to developed countries but to other developing countries.

The increase in drug-traffic is indeed a threat-sustainable development. Developing countries are the prime producers of opium and other drugs. Drugs are raised by farmers in areas that are currently threatened by mass rural migration because of the lack of another

lucrative crop in a cash-dependent economy. In this perspective, increased cultivation of drugs can be seen as a consequence of the process of urbanization and industrialization.

Since 1970, Western civilization has had serious problems with drug abuse. The psychedelic drug scene has emerged with the advent of hippie movement in the early 1966's. Drug use among young Americans was growing and by the 1970's the nation was confronted with staggering drug problem among its youth. The number of young people under 18 years of age, arrested for narcotic drug law violations, increased almost fifty times between 1960-1972, not to mention the " hidden users" that go undetected officially. Many illegal drugs are widely and easily available. Other drugs that might be harmful, if misused, are widely prescribed by physicians. A considerable amount of drug use is now socially accepted and accordingly youth from all strata grow up in drug using society. Besides groups often place strong pressure on youth to use drugs[30].

Dialectical Relation of Alcohol-Drug Use and Crimes

It' has been mentioned before that drug dependency are mostly related with crime increase. But in some studies this relation has not been decided yet. Drug dependent is more probable to commit crime without violence against property and less than committing violent crimes against persons. The reason is some drugs like Hashish usually reduce person's firm will. Other evidences support that committing crimes is for buying drugs. As one of the user youth said " Most of my friends that I do crime with, do it for cash or do it to buy drugs, money for drugs to sell drugs[31].

A study of Public Health Hospital in Lexeington and Kentucky (U.S .) indicated that most of drug users were not aggressive against community before being users or dependents. Drug dependency minimizes a tendency to be involved in crime and assaults but may urge to commit minor offenses such as larceny, petty theft or prostitution. This statement has been supported by negative relation of drug dependency and crimes in U.K. because juridical system over

there is so tolerant that to get a legal dose of drug which may help the user to withdraw from addiction[32].

On the other hand, some studies have supported the positive relation between drug use or dependency and crime. Harrer Mourer (1970) has proved this assumption in the field of psychoanalysis[33]. Many cases of group rape have indicated in Egypt the positive relation of drug/alcohol use or dependency and that type of sexual offense.

EGYPTIAN RESEARCH EXPERIENCE

In Egypt, many researches had been conducted by the National Centre for Social and Criminological Research (NCSCR). Drug researches results during forty years have featured drug phenomenon from psycho-sociological dimensions through survey projects on samples of Hashish users and dependents of other drug substances.

Hashish Users Survey

A sample of 600 Hashish users had been interviewed in rural and urban areas. The survey[34] has found that Hashish and opium were similar in prevalence among male workers, illiterates and poor classes in urban areas. It has been noticed that drug use increased in slums or in deteriorated social conditions. And the rate of drug use had increased after issuance of drug law no. 182/1960 although it has severed the punishment than before. Among the interesting results of Hashish Research project were the following:

* Seventyseven per cent of cases started drug experience before 20 years of age, under peer group pressures, for getting pleasure and enhancement of work performance, but some of them mentioned that work performances became less under the direct effect of Hashish use.
* Twentyfive per cent of Hashish users and 56% of opium users believed in sexual effect of using the drug. Hashish may prolong time of sexual pleasure.
* Time and distance perception became different after drug use.
* Temporary amenesia in 42%, apathetic feeling in 30%, and reduction of self control in 40% was observed.

A New Map of Drug use in Egypt

Since 1978 in Egypt a new map has been shaped for drug use problems, particularly among youth and students of secondary schools and Universities. In addition to natural drugs like cannabis and opium and its byproducts such as morphine and heroin, use of synthetic drugs and psychoactive substances has been increased.

Youth Student Surveys

A series of epidemiological surveys[35] were conducted within the framework of Standing Project on Drug Abuse in Egypt, established in 1975 and chaired by the Principal Investigator under the sponsorship of the National Center for Social and Criminological Research in Cairo. The project has investigated the extent of nonmedical uses of psychoactive substances among secondary school students and among male and female Egyptian University students.

Secondary School Students

A standardized questionnaire was administered to male Secondary School Students in Cairo Secondary Schools[36].

Selected results were very interesting :

* Consistently more Arts students than those studying Science and Maths were immersed in drug culture.
* Sizeable number of young people get exposed to the drug culture through well defined psychosocial channels.
* The role of mass media in affecting this exposure seems to be quite serious, ranking in most cases after the role of personal friends.
* A differentiation between activists and partivists among subjects who "over used" drugs seems to be important in understanding more about drug use phenomena.
* Some findings add a new dimension to the operational definition at high risk groups; a subgroup to non-users could be labeled potential users.

Selected Percentage of Drug Users from a Sample of 5570 Male Secondary School Students in Cairo

* Approximately 18% of the total sample reported that they smoked tobacco.
* Who may had ever used any synthetic drug with no medical prescription were - 5.32% had tried tranquilizers, 5.70% stimulants and 4.68% hypnotics.
* Those who tried opium (n = 34) were much fewer than the ones who tried Hashish (n = 528).
* Most of alcoholic beverages were just trials for personal experience, 43.33% of the total sample tried beer, 13.60% tried wine, 13.98% tried whisky and 6.76% tried other beverages. And the mean age of alcohol users come much earlier (15 years) than that for cannabis (17 years).

Technical School Students

A study of a representative sample of technical school students in Greater Cairo numbering 3686 male pupils[37], showed that 5% of the students tried at least one type of synthetic drugs; slightly over 11% tried narcotics and 33% used alcohol at least once. In all cases of those who were åover using' drugs and stopped the practice were mainly motivated by fear of expected physical as well psychological harm. Smoking tobacco was more than that observed in Secondary School Students - 24.5% versus 18%. About narcotic use there was significant difference between the percentages of Secondary School Students and Technical School Students. The latter were using less alcohol i.e. beverages (33.10% beer, 6.35 wine, and 7.33% whisky) than the former (43.33% beer, 13.60% wine, 13.98% whisky).

Male and Female Egyptian University Students

Moving to another survey related to the extent of non-medical use of substances among University students (Males and Females), the following results have been found from a sample of 2711 male students[38].

* Age of onset of using any drug was higher compared with corresponding ages among secondary school pupils.
* The proportions who reported continuing with drug abuse until the time of interviewing ranged between about 10% and 31% of the of those who "over tried" drugs.
* Highly significant association between exposure to elements of "Drug Culture" and "Drug Abuse" is underlined.

The other survey of female University Students[39] numbering a sample of 2366 has has shown the smaller size of drug use, compared with male University students :

* Very few girls smoked cigarettes (1.44%) and used natural narcotics (0.96%).
* Tranquilizers and hypnotics were taken by, almost, equal percentage of both sexes, about 5% and 4% respectively but the use of stimulants was more among male (about 14%) than female (4.8%) students.
* Girls did not start experimentation with narcotics before the age 16 whereas boys began such experimentation before reaching 12 years of age.
* Girls tried alcohol much more than they experimented with any other psychoactive substance.
* Among girls as well as boys the study found a measurable trend for users to be more exposed than non -users to "drug culture".
* In the case of girls, close relatives have more weight than personal friends as sources of information about drugs; for boys, it is the opposite.

EPILOGUE

Selected important results should be concluded from the above theoretical studies, empirical surveys and Key Informant experience.

* Intoxicants forbiddence by Islamic *Shri'a* has played an effective role in minimizing the volume of alcoholism and alcohol use problems in Egypt.
* Alcoholism or alcohol dependency is usually labeled by stigma more than Hashish user who himself is less stigmatized than cocaine or opium user.

* Economical and Social costs of drug problem in Egypt have used to cost National Development Projects.
* Interactive association of different kinds of drug substances, tobacco and alcohol have been found in various comparative studies including Egyptian studies.
* Incrimination of drug trafficking by severe punishment, including execution, according to Egyptian Penal Code No. 182/1960, and 122/1984 has raised narcotic prices. Drug use diversion to other agents has happened by using Banga and psychoactive substances.
* Since the beginning of the seventees, the decade of open door policy and privatization, new social categories have emerged by drug use problem e.g. students, females, teenagers, white collars, businessmen, middle and upper classes. RISK groups of drug use became more among teenagers and youth, particularly who are surrounded by drug culture environment.
* Change of drug users has affected Egyptian Criminal Justice System's attitudes. They consider drug users as patients more than criminals or delinquents.
* New forms of crimes against persons and property have become usual news in daily newspapers, particularly family violence and aggravated assault.
* It was noticed that family violence and aggravated assault combined with drug use and dependency have prevailed among families of absent parents when they have obliged to immigrate temporarily to oil-rich countries.
* Absence of recreational constructive activities during youth leisure time are mostly responsible to be involved in drug use or in risk groups.
* Differential opportunities among youth categories have lead to make the deprived social groups to seek for alternative solution to fulfill their psycho-social and economical needs by joining deviant peer groups including, in some cases, drug users groups.
* Youth attendance and sharing in macro-cultural projects at National or Arab-Islamic Regional levels may minimize Alcohol-Drug problems.

* Supporting moral-religious values by family-care, educational-religious institutions and mass media may play important roles to immunize youth attitude against Alcohol-Drug problem.
* The experiences of religious group therapy in some Egyptian clinics and hospitals should be taken into consideration.
* Law enforcement to prevent and challenge drug use and dependency must be supported by all coordinated efforts of governmental and non-governmental organizations.
* Egyptian Criminal Justice System should face the legislative culture lag of forbiddence of drug use and legalizing alcohol use which has been prohibited by Islamic Shari'a.

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A LOOK AT THE CURRENT CONDITIONS OF DRUG ABUSE AND ADDICTION IN EGYPT: THE EFFORTS FOR PREVENTION AND METHODS OF INTERVENTION

Prof. Fuad Abu Hattab

EGYPT

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Introduction

Near the end of the 19th century, continued the organized legislative efforts for combating drugs in Egypt, starting with hashish (importing, growing, possessing and abusing) in 1877, opium 1926, then cocaine and heroin in 1935. The appearing of the latter two in Egypt during the World War I caused awful panic.

In 1929, the first bureau for combating drugs was established with the title " General Intelligence Bureau for Narcotic Substances". The act issued in 1928 was the first law to deal comprehensively with drugs. The importance of this act lies in its inclusion for the first time of an article that permits the tribunal to decide sending addicts to a reformatory for treatment instead of prison.

Several acts, issued after that in 1952, 1960 and 1966, tended towards intensifying penalty.

Generally, it is noticeable that during the period 1945-1966 cocaine and heroin have no longer appeared in the illicit drug market, while the market of trafficking hashish and opium remained under control with clear increase in hashish abuse. After June-1967 war, smuggling hashish and opium through Sinai and Red Sea became so difficult which led to great increase in prices as well as in percentage of adulteration.

At that time appeared a new trend in the illicit drug trafficking, the circulation of psychoactive medical tablets for non-medical usage, in addition to Maxton fort syrup which was a prominent feature in the period 1967-1980.

Along a lengthy period of one century, Egypt joined all the international accords beginning with the International Opium accord

concluded in 1927 , The Accord of Regulating Control of Manufacturing of Drugs for Medical and Scientific Purposes 1931 and The Accord of Combating Drug Trafficking 1936.

Montroe Convention for abolishing Foreign Capitulations in Egypt in 1937 was a very important event because the Egyptian law since then was able to reach the foreign criminals involved in drug crimes such as importing, trafficking, possessing or abusing. In 1961, a treaty on drug combating was concluded, The Single Convention on Narcotic Drugs.

In 1971, another international treaty was concluded on the psychotropic substances that were not included in 1961 convention.

Contemporary Developments of Drug Problem in Egypt

This period refers to the 1980s and 1990s that witnessed a number of very important events. They are:

1 - Very severe reactions from society against drugs appeared during mid of 1980s, particularly after the reappearing of heroin and cocaine and the spreading of psychotropic substances for non-medical purposes. These reactions appeared in media in particular, and officially in two reports, one by The National Council for Services (1985), and the other by The Council of Consultation (1989).

2 - In 1986, a Presidential decree was issued for forming The National Council for Combating and Treatment of Addiction which was to be composed of 12 members, 10 of them are ministers, and to be presided by the Prime Minister.

3 - Issuing a new law on drugs in 1989.

4 - A Prime Minister's decree for forming a scientific consultative committee in the National Council for Combating and Treatment of Addiction in 1990 included a number of selected specialists in drug researches and was headed by Dr. Mustafa Swaif, a pioneer in this field in Egypt.

5 - A proposal prepared in 1991 by that scientific consultative

committee on an integral national strategy for combating drugs and treating the two problems of abusing and addiction.

Characteristics of the Integral National Strategy for Combating Drugs and Treating the Two Problems of Abusing and Addiction

The report of that committee, issued in 1991, comprised six chapters. Chapter 1, titled "Steps on the Way", consisted of two sections. The first one dealt with the formation of the scientific consultative committee, while the other discussed the role of science in planning policies and defined the role of the scientific consultative committee in relation to the National Council for Combating and Treatment of Addiction.

In the second chapter, the report discussed the problem of drugs in Egypt, starting with a historical introduction about the beginning of Egyptians' contact with this problem, then the report followed up the legislative, legal and scientific efforts directed to that problem.

The third chapter was dedicated to the problem of supply and demand.

The fourth one concentrated on short-term strategies aiming at increasing the efficiency of combating. The fifth one was dedicated for the long-term strategies, while the last chapter for the general recommendations relating to the policies of the state in confronting the problem of drugs as well as the specific recommendations pertaining to treatment, prevention efforts and law.

The report is a high-ranking scientific document. It is hoped that carrying out this strategy and developing it through application would form a prominent landmark in the Egyptian efforts in this field.

Lights on the Current Situation of Drug Problem in Egypt

Among the axioms in the field of drugs is that the efforts of confronting this problem must proceed in the same time on two ways:

1 - Decreasing supply through the efforts of combating, particularly in the areas of smuggling, trafficking, circulation and production.

2 - Decreasing demand by organizing the efforts of prevention, treatment, rehabilitation and post cure through socialization.

To throw some lights on the current situation of drug problem in Egypt, some aspects of the areas of supply and demand and their interaction will be touched upon here:

First, Supply:

The main source of supply data is the annual reports issued by The General Department for Drug Combating. Analysis of these data depends on the axiom stating that seized amounts is an indicator of the status of supply in the drug illicit market in the country. Table No.1 shows the amounts of seized drugs along 60 years, from the starting year of 1929 up to 1989 (when the drug new law was issued), represented by some selected years for reasons to be clarified through our analysis of the contents of the table as follows:

1 - The period 1929-1932 was the period of the world economic crisis, which decreased greatly the purchasing power of a high percentage of addicts.

2 - In the 1930s, cocaine and heroin (which aroused great horror at that time) tended to grow less. Opium did not retreat much, while hashish clearly did. According to the explanation of the Scientific Consultative Committee, there were two reasons for that situation. The first, which was an international one, was Turkey's turning into a main source for smuggling opium and its derivatives after the other European sources were put under international control. (This was after the establishment of World League).The second was the activation of local cultivation of poppy (the source of opium).

3 - The general situation of the problem did not change greatly during World War II, particularly in regard to the decrease of seized amounts of cocaine and heroin.

4 - Through the period 1945-1966, cocaine and heroin continued to retreat leaving the market to be dominated by hashish and opium, with the former clearly dominating.

5 - It was noticed that after the issuance of any new law, the amount

of seized substances drop markedly. (This is confirmed by the data of the years immediately following the issuance of 1952, 1960 and 1966 laws). The drop includes both hashish and opium with clearer drop in regard to former. Such drop is usually temporary and the seized amount return to increase to a level higher than that of the years which preceded the issuance of the law. This means that the effect of the issued laws is temporary, not permanent.

6 - Psychotropic and medical tablets and fluids appeared for the first time in 1970, but the percentage of seized amounts of hashish and opium remained high, with the former higher again.

7 - The 1980s witnessed the reappearance of heroin with small quantities in the beginning that grew gradually. The same period witnessed the appearance of smaller amounts of cocaine that remained smaller if compared to heroin. The reappearance of these two drugs was perhaps the essential reason behind the fierce campaign of media against drugs in the mid of 1980s in a manner that recalls what happened during and after the World War I.

8 - Through 1980s, continued to be seized amounts of medical tablets and fluids with new drugs added, the most dangerous of which was LSD.

9 - The amounts of hashish seized in 1980s were greatly unprecedented, while those of opium had not markedly increased.

Table 1: Drugs seized during the period 1929-1989

Year	Cocaine (Kg.)	Heroin (Kg.)	Opium (Kg.)	Hashish (Kg.)	Med. tab. (Kg.)	Liquids (Cm^3)
1929	2.6	80.3	873.9	12434.3	-	-
1930	3.6	54.7	591.0	9964.8	-	-
1932	0.1	26.9	595.2	5203.2	-	-
1939	0.5	24.9	1110.7	723.8	-	-

Table 1: Drugs seized during the period 1929-1989 (cont)

Year	Cocaine (Kg.)	Heroin (Kg.)	Opium (Kg.)	Hashish (Kg.)	Med. tab. (Kg.)	Liquids (Cm^3)
1945	1.7	0.8	2006.3	1625.1	-	-
1951	8.8	402.19	1406.0	13509.0	-	-
1952	-	315.9	2694.0	11953.0	-	-
1953	-	12.0	1475.0	2931.0	-	-
1959	-	24.2	1394.0	4576.0	-	-
1960	-	-	1463.0	8886.0	-	-
1961	-	1.0	1923.0	6920.0	-	-
1965	24.0	-	1247.0	12020.0	-	-
1966	-	-	2394.0	1795.0	-	-
1967	-	-	1238.0	6733.0	-	-
1970	-	-	3141.0	11993.0	-	-
1971	-	-	2376.0	5683.0	Med. tab.	Max. fort
1979	-	-	1030.0	19724.0	Med. tab.	-
1980	-	0.26	3147.8	11657.0	951.2	24.2
1984	0.01	20.4	291.7	84479.6	144.7	442.0
1985*	1.05	123.8	287.5	50174.7	189.0	432.8
1986**	2.4	98.6	54.4	21324.9	6.4	2004.4
1989***	6.1	57.9	89.7	37767.3	19.1	468.2

* 36 pieces of LSD were seized for the first time.

** Other medical tablets of various kinds were seized.

*** Amounts of liquid heroin were seized.

Second, Estimation of the total amounts of abuse and addiction:

How can we estimate the total amounts of abuse and addiction in order to study the state of demand?

The report of strategy prepared by the Committee of the Scientist Consultants indicates the following three methods used for this purpose:

1 - Multiplying the seized amounts of a certain drug in a constant number ranging between 5 and 10, taking the result a reasonable estimation near to the reality of the amounts smuggled into the country.

2 - Multiplying the number of sentenced in drug cases (abusers and traffickers together) by a constant number of 100.

3 - Investigating the conditions of drugs through asking local administrators in villages and districts (particularly chiefs of rural areas).

The Committee of Scientist Consultants criticized these three methods, though it preferred the first one considering multiplying by 5 represents the minimum and by ten represents the maximum, then dividing the results by the average of the dose of drug volume taken by the individual so as to estimate the number of abusers.

The committee found out that the method of field studies, sometimes called "epidemiological", was more suitable. It has depended in that upon the studies done under the permanent program for drug abuse at The National Center for Criminal and Social Researches in Cairo. In the light of some studies carried out on workers, it was found that the percentage among them of those who were abusing natural drugs (hashish and opium) reached 12.8%. 90% of these found to be abusing hashish while the remaining (10%) were abusing opium or both. In the same way, it is possible to estimate the amounts of any other drug.

The epidemiological studies differentiated between three levels of abusing:

1 - Exploring abuse: It is usually practiced for testing and experiment with the aim of exploring. Mostly, this single experience may be

the first and the last attempt. Comprising the next two types, it is sometimes called the total abuse.

2 - Occasional abuse: This type usually takes place on specific occasions (wedding, festivals and parties). It includes too the third type.

3 - Regular and continuous abusing for certain periods of time.(This type is addiction).

The report of the Scientist Consultants Committee indicated that the field studies carried in Egypt within the researches of the permanent program have assured that the percentage among the three levels is 16:4:1.

Third, The Demand:

The concept of demand is connected with the concept of consumption. In dealing with the subject of demand, the Scientist Consultants Committee has once more concentrated on the field study reports implemented under the permanent program for research on drug abuse at The National Center for Criminal and Social Researches. Those repots contain a treasure of information and data on the following:

(1) The nature of demand:

a - The type of drug abused.

b - The amount and dose of drug in one time.

c - Frequency of taking (the daily, weekly or monthly times of taking).

d - The period of abusing (the time period since the start of abusing).

e - The method of abusing (swallowing, smoking, sniffing or hypodermic or intravenous injection).

f - The circumstances of abusing.

(2) **The function of demand:** The motives that drive a person to take drugs. They include:

a - Recreation.

b - Escaping the realities of life.

c - Submission to peers.

d - Courtesy.

e - Accessing some social transactions.

f - Self curing (without consulting a physician).

(3) The interaction between the nature of demand and its functions.

Tables 2, 3 and 4 clarify the functions of demand relating to different types of drugs among secondary school students, university students and workers as prepared by the reports of the permanent program.

Table 2: The functions of demand among secondary school students

Motives	hashish abuse %	opium abuse %	tranquilizers abuse %	stimulants abuse %	soporifics %
Sharing happy social occasions	55	7	5	7	1
Sharing gathering of friends	22	10	5	8	
Removing pains and fatigue		2	33	26	38
Facing psychological and social problems	-	-	8	4	3
Facing job circumstances in hotels	-	2	8	3	10
To stimulate appetite	-	-	11	9	14
Facing travelling and journey difficulties	-	-	1	-	1
Curiosity		1	-	-	-
Facing family disagreements		5	4	1	2
Studying and exams		5	9	25	15
Others		2	2	4	2
Unidentified	11	66	14	13	10

Table 3: The functions of demand among university students (males)

Motives	hashish abuse %	opium abuse %	tranquili-zers abuse %	stimulants abuse %	soporifics %
Sharing happy social occasions	34	1	3	2	-
Sharing gathering of friends	45	1	3	2	2
Removing pains and fatigue	-	1	12	2	8
Facing psychological and social problems	2	-	27	2	50
Curiosity	9	1	3	-	2
Facing personal problems	-	-	6	-	2
Studying and exams	1	-	30	21	33
Others	-	-	-	1	3
Unidentified	9	96	16	70	-

Table 4: The functions of demand among industrial workers

Motives	hashish + opium abuse %	med. substances abuse %
Sharing happy social occasions	57	9
Sharing gathering of friends	32	16
Removing pains and fatigue	-	22
Facing psychological and social problems	-	27
Curiosity	3	2
Others	4	13
Unidentified	4	6

Looking in these three tables, the following points are clearly stated:

(*) The motive of participating in the happy social occasions is the highest one among secondary schools and workers, while the motive of sharing friends meetings is the highest among university students.

(*) Secondary school or university students share the dominance of two factors: that of seeking enjoyment (in the case of hashish abuse) and that of removing pains and fatigue (in the case of tranquilizers). Both groups agree in the factor of study and preparing for exams.

The strategy of confronting drug problem in Egypt

According to the definition of The Scientific Consultative Committee, this strategy can be summarized in its dealing with the two aspects of the problem, i.e. supply and demand, as follows:

Firstly, Confronting Supply:

The strategy of confronting supply aims at concentrating on the following three elements:

(*) Combating, which is efficiently handled by The General Department of Drug Combating in coordination with the following government organs:

a - Border guard forces (Armed Forces).

b - Custom House, Ministry of Finance.

c - The Central Department for Health Affairs, Ministry of Health.

d - The General Department for Social Defense, Ministry of Social Affairs

e - The various organs in the Ministry of Interior.

f - Coordination with the UN International Criminal Police organs for drug combating.

(*) Law: Legislation acts in the area of confronting the problem of drugs since 1979 until the issuing of the Act No. 122 in the year 1989 as legislation is one of most important areas of confronting and it plays its role as an essential deterrent force.

(*) International and territorial conventions.

Second, Confronting demand:

The strategy of confronting demand concentrates also on three aspects:

1. Law :

Most of laws issued in Egypt, particularly since 1928 (Act No.21 of 1928), included items about paying attention to treating addicts. They permitted the judge to substitute "sending the perpetrator to a special reformatory for a period not less than six months and exceeding one year" for the prison sentence set by the law.

It is interesting that this remedial tendency in law was dropped from the Act No. 351 of 1952 and was re-introduced in the Act No.182 of 1960 including procedural details which were much elaborated in the Act No. 122 of 1989, the last act to be issued in this respect.

Perhaps the most important items included in the last Act are:

a - Specifying the authority that will issue the decree of establishing reformatories for addict treatment.

b - The procedures of issuing that decree.

c - Specifying the authority entitled to issue the decree of release after the the addict's recovery.

d - The procedures of forming the committee that will be entitled such an authority.

e - The procedures to be followed towards those who voluntarily apply for treatment either themselves or through some of their relatives.

f - To keep the secrets of the addict under treatment.

g - Clear indication that the treatment is to be comprehensive, medically, psychologically and socially.

h - Specifying the financial source to meet the costs of treatment and its requisites.

(2) Treatment:

It is sometimes called "third level prevention". It must be looked as

a comprehensive system that includes the medical, psychological and social aspects and is organically connected with the rehabilitation process.

It is worth indicating here that there is a necessity for utilizing all techniques of treatment. Behavioral treatment alone is not sufficient. Values have an important role to do in this respect; hence, the importance of benefiting from new techniques of psychological treatment. In such conditions, religious and moral raising has prominent position. Treatment must be culminated by social assimilation where the ex-addict restores his social capacity.

(3) Prevention:

It means preparing the most suitable conditions for preventing the emergence of problems and repercussions. It includes two basic types (in addition to the third type i.e. treatment.)

a - Secondary prevention which aims at putting an end to some undesirable results that could appear in the early stages after the emergence of the problem of drug abuse.

b - Primary prevention that aims at allowing the problem not to emerge initially. This type is really the one that deserves the term "prevention".

The components of the primary prevention:

In spite of the fact that attempting to prevent the emergence of this problem is really difficult and might look utopian as some people think, we see it is necessary to adopt this approach of handling being the right one for confronting the problem of drug abuse and addiction. This approach includes:

First, looking after the target or fragile groups:

They are the groups more vulnerable to fall in abuse or addiction with a level of probability higher than that of other groups. Such fragile groups are determined in light of the following criteria:

1 - Addiction history in the family.

2 - Weak or fragile family structure.

3 - Low economic and social standards.

4 - Weakness in religious values.

5 - Control dysfunction in the family (regardless of the economic or social level)

6 - Smoking or abusing intoxicants, particularly before the age of 12.

7 - Accompanying addicts.

8 - Bad circumstances at the environment of work or schooling.

Second, Raising the standard of medical, psychological and social services:

This requires ensuring such services for all in the place of work or schooling.

Third, educational interference:

Educational interference is extremely important in achieving primary prevention. This requires reconsidering the role of the family so as to render clearer educational jobs. This might include:

1 - Clear definition of the educational objectives with concentration on the absent or neglected aspects in the educational system, i.e. the social, moral and religious ones.

2 - Designing an educational program related to the problem of drugs and including the basic aspects of the educational system:

a - The cognitive and informational aspect

b - The practical and skill aspect.

c - The emotional and value aspect.

In this context, primary prevention must be stressed and directed towards changing inclinations, concentrating on positive values and positive religious behavior which crystallizes around the meaning and objective of life.

(1) Non-cognitive aspects must be assigned a good status in evaluating students so as to give a suitable status for those students who show positive initiatives in the desired social behavior and adhere to the right values.

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Fourth Day of the Conference
Wednesday, 21 May, 1997

First Session

Chairman : Dr. Ayhan Songar
Moderator : Dr. Abdullah Al-Shareif

Speakers:

1 - Dr. Khalid Ahmad Saleh
2 - Dr. Ghada Hafez
3 - Dr. Ahmed Mohit
4 - Dr. Fouad El - Said

THE ROLE OF NON-GOVERNMENTAL ORGANIZATIONS IN COMBATING DRUGS IN THE STATE OF KUWAIT

Dr. Khalid Ahmad Saleh
Ahmad Sulayman 'Asfour
Muhammad Ahmad Musailhi
KUWAIT

The Role of Non-Governmental Organizations in Combating Drugs in the State of Kuwait

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Kuwait

Introduction

Investigating the role of Non-Governmental Organizations (NGOs) in combating is an attempt to throw some light on the actions carried out by these organizations in this field or the plans worked out and ambitions hoped to be achieved in the near future. This paper consists of two parts: The first deals with and clarifies the phenomenon of drugs in Kuwait, and the second introduces the efforts exerted by these organizations to confront the current of drug abuse.

A historical glimpse

Historical studies have clarified that human beings had known and used drugs to cure some diseases. "Ancient Chinese had used anesthetizing substances for anesthetizing in surgical operations. Ancient Egyptians, as well, used hashish in eye treatment, while Greeks and Hindus had used such substances in their religious rituals." *

In the 17th century drugs spread in America through immigrants who knew growing cannabis and used poppy and coca in medical prescriptions. From poppy they extracted opium in the beginning of 19th century and heroin in the end of it. Historically, poppy as a plant was in use since the epoch of the Sumerians and Babylonians, then was transferred to the ancient Egyptians and Greek. Hippocrates knew it as a source of medicine... Since the 3rd century BC, antitoxin was prepared from poppy that was famously given as gifts to princes and kings. As for cocaine, it has been known since the 5th century BC, when Indians of Inca in south America used to chew the leaves of

* Arab UNESCO, Drugs and their Dangers.

coca. In later ages, 'Ibn Al-Beetar, in the 13th century AD, wrote about cannabis (hashish) growing. One of the Mamluke sultans attempted prohibiting hashish which was prevailing among poor classes. Since the start of the 20th century, use of drugs has spread so widely to be a source of dangers that threat the whole world.

Drugs are a global phenomenon

Up to the end of the 19th century, the issue of drugs did not constitute an international problem. But the developments that occurred in the second half of that century gave the problem new dimensions, among them are the following:

1 - The new technical development has become able to produce ever increasing number of derivatives from opium and coca leaves.

2 - Easy transportation means have shortened distances and removed the natural obstacles among nations to the extent that the international community has become as one area. What was a local problem has turned into an international one.

Which is striking in the modern society is the huge increases in the arsenal of drugs in general and drug abuse in particular in spite of its effective role in psychological disorders. The problem was so astonishing that the world community and the authorities concerned with the public health had to take several measures so as to limit the scale of spread of the phenomenon of drug abuse. The United Nations Oganization formed two committees under its auspices: The UN Committee for Drugs and The UN International Drug Control Program.

Dimensions of drug problem in Kuwait

In the beginning of 1950s, when the authorities realized the early indications of the drug problem in Kuwait, a new bureau for drug combating was established and headed by an officer with few assistants.

The problem of drugs began to increase gradually due to the rapid development, the increasing number of foreign workers and the Kuwaiti citizens travelling abroad (see fig.1), a situation that required developing the drug bureau in April 1962 into a section affiliated to

the Department of Criminal Investigations. The section was provided with a big number of personnel and equipment adequate to the level of the problem. In the 1970s, that section developed into a central bureau to which are referred all cases seized in Kuwait.

In 1976, this central bureau developed to "The Department of Drug Combating". To clarify the size of that problem which harms Kuwaiti society, and to understand the NGOs' role in combating this phenomenon, we must depend upon the available official statistics. It is noticed that the size of the problem depends upon the triangle in which the issue of drugs is functioning: importing, trafficking and abusing.

Drug activities in Kuwait can be divided into two periods, the pre-1975 period and the post-1975 one. From table 2, it is clear that the size of the problem was fluctuating within 1% of the cases of crimes in Kuwait. The figure remained unchanged in the early 70s. The number of importers, traffickers and abusers did not exceed 88 accused up to mid 1975s. Then it jumped to 156 in 1976, and to 252 in the early 80s, continuing to increase up to 345 in 1986 to reach 312 before the Iraqi invasion, with some drops in 1984 and 1985 due to economic problems of (Al-Manaakh crisis) (See, table 4).

After liberation, the figures soared high to reach 774 accused in 1993, went down relatively to 565 in 1994, then went up again to reach 350 accused in the first three months of 1995. It is clear that there was a rapid growth in the drug problem in Kuwait after the Iraqi invasion. The attached tables clarify the stand of drugs in Kuwait (see, table 5). In table 6, the increase of drug cases is compared to the general increase of population.

Comparing Kuwaiti and non-Kuwaiti accused in the period of wide spread (1976) and in the following one, we will find that non-Kuwaitis formed the majority since the beginning up to the end of 1980s when Kuwaitis began to be involved in abusing and trafficking and exceeded the non-Kuwaitis in number.

As for the type of drugs, hashish used to be leading and opium was the next in the mid- seventies. In the beginning of the 1980s all types of drugs were in use: heroin, cocaine, morphine, marijuana and

opium. These varieties became dominating through the 1990s with increase in cocaine abusing.

The Role of the NGOs

Public societies in Kuwait were established according to the law 34/ 1962 which was issued on 6/8/1962, and its amendment 28/1965. Since that date the voluntary work started in Kuwait. The Cultural Social Society, which began in 1962, was a pioneer in this area which flourished and witnessed the establishment of 48 bodies (societies, unions, centers, leagues and clubs), with the youngest member " The Kuwaiti Union of Women Societies" born in 1994. That was the officially organized voluntary work, but the natural voluntary work used to be one of the characteristics of the Kuwaiti people out of which various and numerous voluntary groups worked to render services of common good, enlightenment and help.

The common welfare societies could be classified into nine groups according to the nature of its activities. Table 7 clarifies these categories.

There are four groups that have been complementarily working in the field of combating drug abuse and helping abusers. Among them there are enlightenment societies, cultural, religious and medical. Each one of them has been, long time ago, working separately to help in enlightenment, treatment, follow up and support of drug abusers. See fig. No.8.

Out of these groups we can know the names of the most important non-governmental societies concerned with combating. Among the medical societies, The Kuwaiti Society for Combating Smoking and Cancer is the pioneering one in combating drugs. Social Reform Society is the most active among the Islamic societies. The Women Voluntary Kuwaiti Society for Social Service, is distinguished among the public enlightenment societies by playing a great role in this respect. As for cultural societies, The Sociologists League and The Society of Graduates undertake an important role through enlightenment and symposia which they offer. Away from the official sphere, The Unknown Addict Society is rendering along several years a

leading role in the voluntary work to help to minimize problem of drugs in Kuwait and in assisting abusers.

In spite of the number of public welfare societies interested in combating the phenomenon of drug abusing, the extent of their participation in this field varies. Social Reform Society is considered the most active in this field having 40% of the total activities of all societies. In the second position comes The Kuwaiti Society for Combating Smoking and Cancer, represented by The Committee of Combating Drugs, comes second 25% of activities; then comes The Women Voluntary Kuwaiti Society for Social Service and The Sociologists League and The Society of Graduates successively. (See fig.7.)

Voluntary societies concentrate on three main principles in combating the phenomenon of drugs in Kuwait: (See, fig.10)

1 - Enlightenment,

2 - Treatment,

3 - Rehabilitation.

According to the statistics of the public welfare societies, enlightenment form 85% of their activities, treatment and its aids do not exceed 10% and rehabilitation is about 5%. (See fig.11). This indicates the extent of concentration on enlightenment being the first step in the field of combating drugs and the easiest and the least costing financially, while treatment requires specialization. The most of the societies, therefore, is confined to providing some financial, spiritual and psychological help to support ex-abusers. Rehabilitation is a new activity undertaken by Social Reform Society and The Unknown Addict Society.

The public enlightenment activities undertaken by the Kuwaiti voluntary societies are of six dimensions: lectures, meetings, conferences, TV and radio programs, writing in the press, publishing booklets, ... and finally the group activities.

Fig. 12 clarifies the percentage of each of these activities in the field of public enlightenment. It can be noticed that lectures and symposia form the greatest percentage, perhaps their easiness and low

cost (40%). Publishing booklets and group activities come next (30%). The last activity is undertaken by the Islamic societies as a means of closer contacts with addicts to give them a spiritual push and take them on visits to the holy places to rehabilitate and confine them...

In spite of the variety of the Kuwaiti voluntary public enlightenment activities, we have noticed some inclination towards certain type of activities at the expenses of another due to the nature of the potentialities and of the articles of association of each society.

Social Reform Society, for example allocates for lectures and group work 50% of its activities against drugs (See, fig.13)...

As for the Kuwaiti Society for Combating Smoking and Cancer, out of which stemmed The Kuwaiti Committee for Combating Drugs, lectures form 60% of its activities, while it has no group activities at all (fig.14). The Women Voluntary Kuwaiti Society for Social Service has 40% of its activities concentrated on participating in international conferences concerned with drug issues.

The Society of Graduates used to have some media activities in the form of a regular TV program for shedding light on this phenomenon.

In regard to treatment activities, it is difficult to get clear figures about them because laws do not permit for NGOs to practice direct medical treatment of this problem. The activities in this area are confined to spiritual and psychological treatment. Social Reform Society is noticeably the most active among all official NGOs in spiritual treatment in the state of Kuwait. It had formed a number of groups to disseminate spiritual awareness and carry out trips to the holy shrines. It has achieved good results and success in this respect.

Though not included among public societies working in Kuwait in conformity with the laws that define the activities of them, The Unknown Addict Group has begun to play a great and important role. It has formed, through its international connections and clear activities, one of the signposts of success in convincing addicts to give up and avoid relapse in the phase of follow up and rehabilitation. This group is a non-profit body formed out of ex-abusers who gave up and consider drugs their problem No.1. They meet regularly to support

each other to avoid relapse. They have a program that consists of 12 steps, starts with the addict's confessing and ends with exerting his efforts to give up. They also attempt through their 12-point convention to implant self-confidence in those who seek giving up, and they promise them to keep their affairs in secret together with the autonomy and self-dependence of the group.

That group received full moral support from various organizations due to its success in helping more addicts to quit.

As for rehabilitation, the role of public societies is very limited and forms no more than 5% of their total activities. This shortage can be attributed to the shortage in both the means provided to these societies and the financial support they receive.

The activity in rehabilitation area is confined to the cooperation between The Mental Hospital in Kuwait (a government body) and some philanthropic funds to provide the ex-addict with means that could enable them earn their living without receiving cash money so as not relapse.

In brief, it is clear that public societies in Kuwait have full and firm wish to help in combating the phenomenon of drug abuse in Kuwait... This strong wish inspired those who are interested to do their best to enlighten the public of the dangers of this phenomenon. Through this research we did not notice, in public enlightenment area, any negligence on the side of the concerned public welfare societies in Kuwait. The main reason of the low percentage of their participation in the areas of treatment and rehabilitation is the non-existence of non-government society specialized in drug combating in Kuwait and the limitation of financial support the other societies receive.

Finally, we can mention the following conclusions:

1 - Consumption of drugs in Kuwait is continuously increasing, particularly in the last years, and it is strongly connected with the economic conditions.

2 - Public societies undertake an effective role against drug activities in Kuwait.

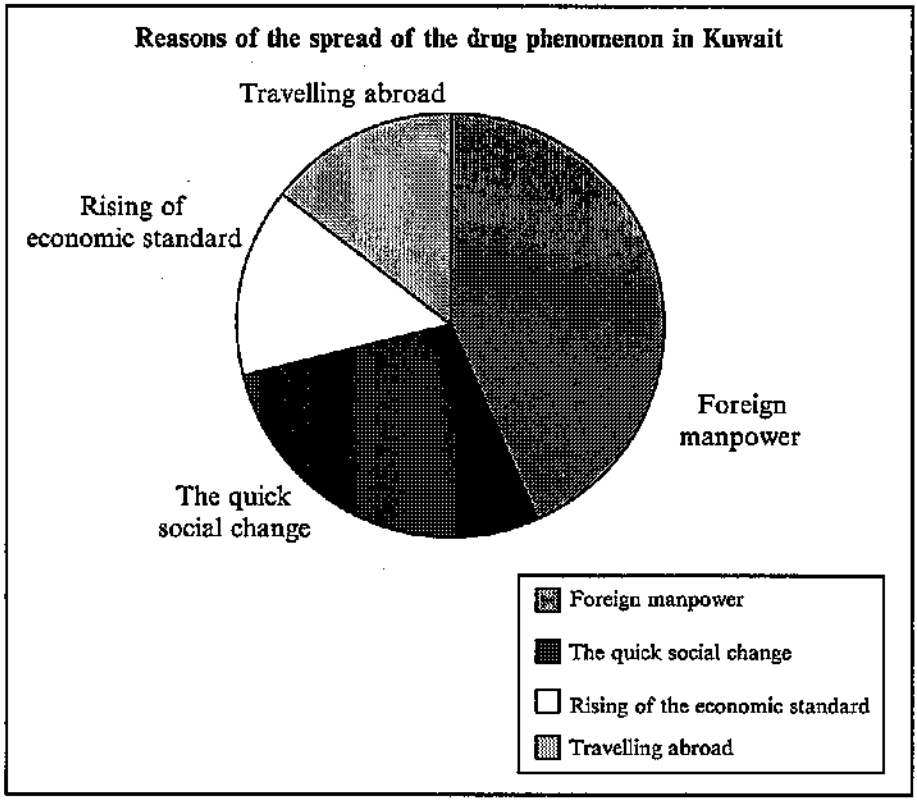
3 - Public enlightenment is the most important served by public societies in Kuwait.

4 - Treatment and rehabilitation are in need of activation to increase their percentage of participation in combating the phenomenon of drug abuse in Kuwait.

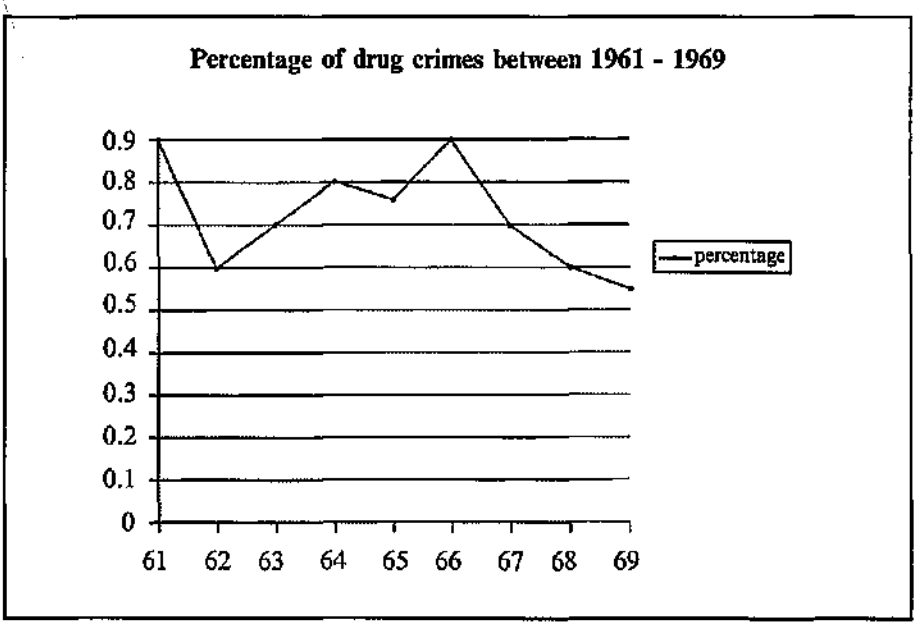
Recommendations:

1 - Increasing the financial support for the five societies working actively against the phenomenon of drug abuse in Kuwait because real helping in the areas of treatment and rehabilitation requires lot of money.

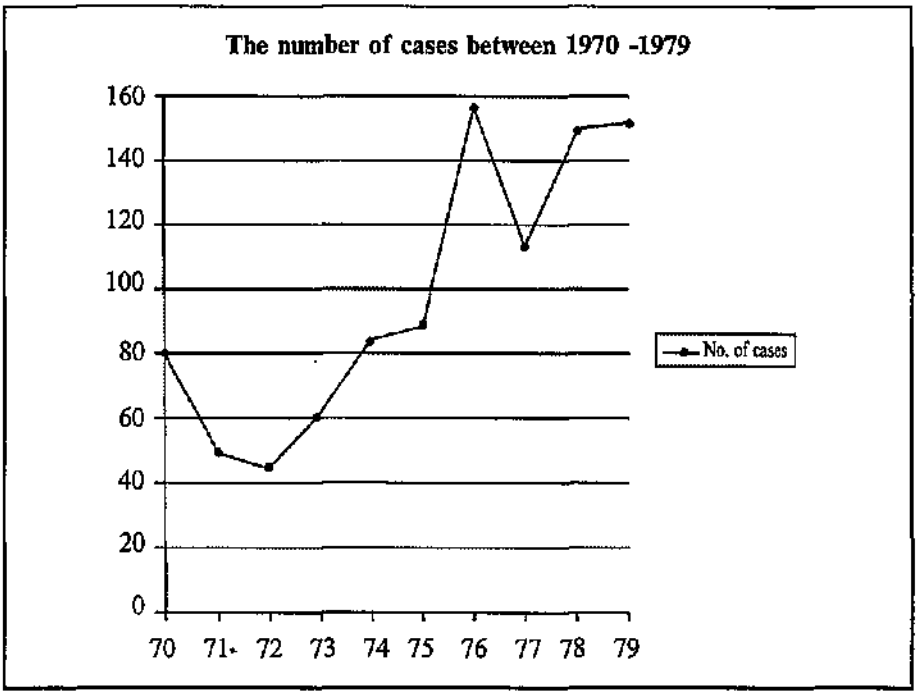
2 - Speeding up the establishment of a society specialized in combating drugs in Kuwait capable of shouldering this responsibility towards combating drugs.



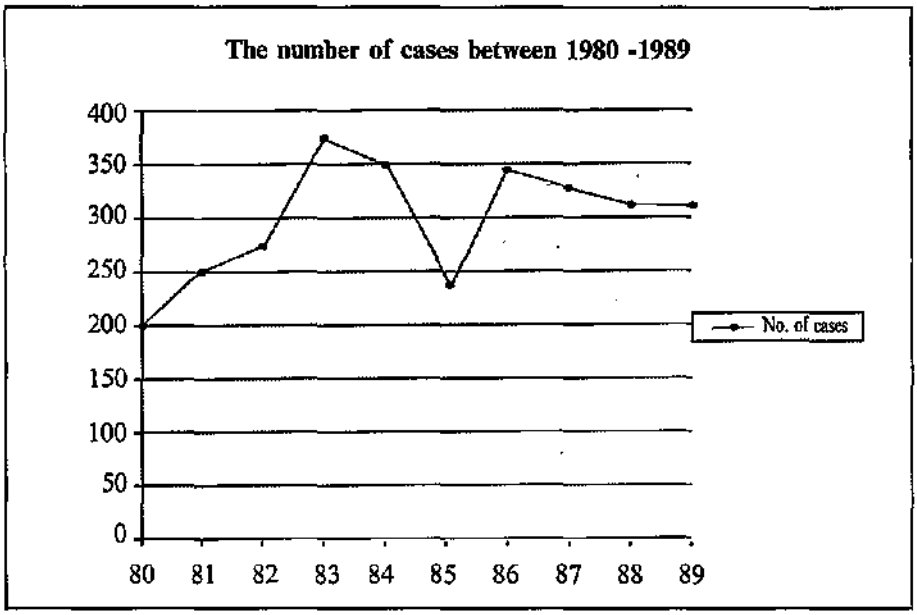
(Fig. 1)


Percentage of drug crimes between 1961 - 1969
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
61 62 63 64 65 66 67 68 69
percentage

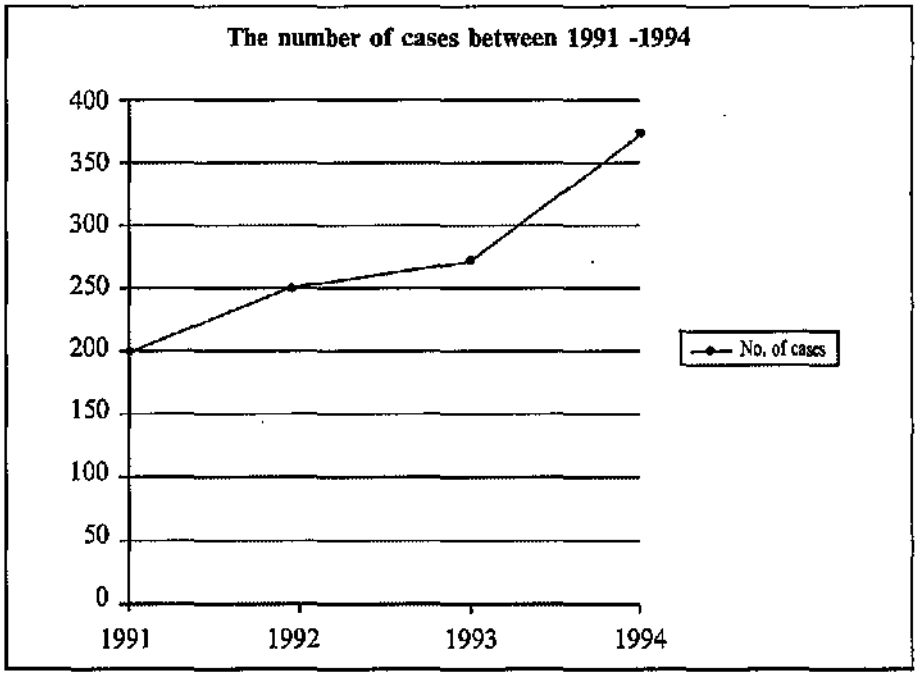
(Fig. 2)


The number of cases between 1970 -1979
160
140
120
100
80
60
40
20
0
70 71 72 73 74 75 76 77 78 79
No. of cases

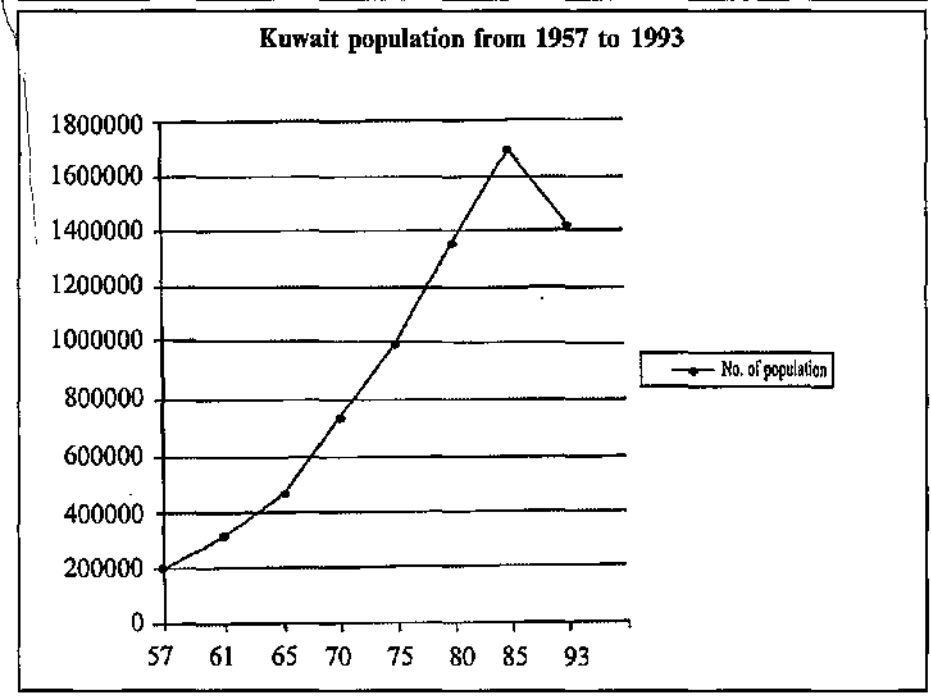
(Fig.3)


The number of cases between 1980 -1989
400
350
300
250
200
150
100
50
0
80
81
82
83
84
85
86
87
88
89
No. of cases

(Fig.4)


The number of cases between 1991 -1994
400
350
300
250
200
150
100
50
0
1991
1992
1993
1994
No. of cases

(Fig.5)



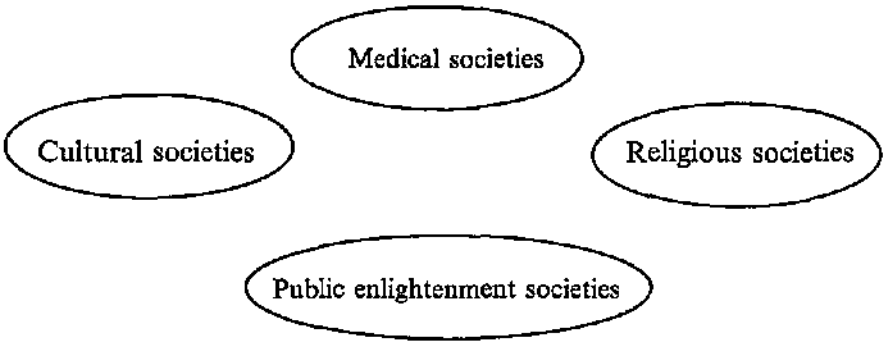
(Fig, 6)

General classification of public societies

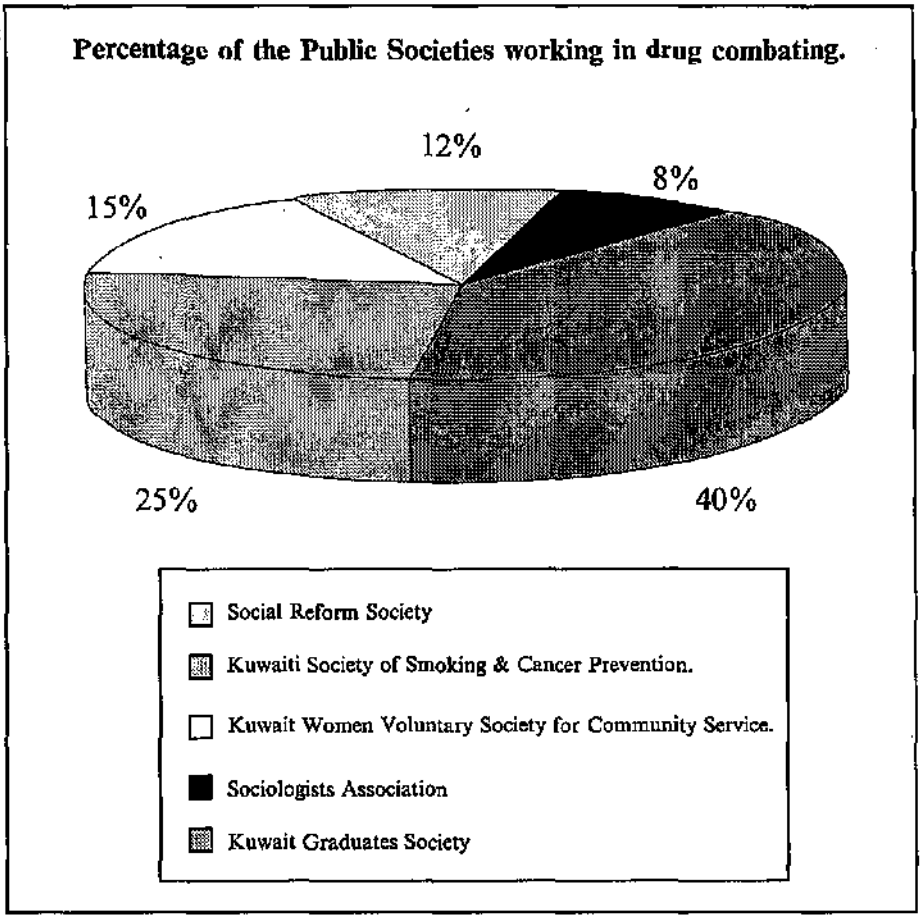
Public professional and economic societies.	1. Kuwaiti Society of Accountants 2. Kuwaiti Society of Economists 3. Kuwaiti association of Accountants and Auditors 4. Kuwaiti Forex Association
Public societies for medical care.	5. Kuwaiti medical Association. 6. Pharmaceutical Association. 7. Kuwaiti Dental Association 8. Kuwaiti Heart Foundation. 9. Kuwaiti Transplantation Society. 10. Kuwaiti Society of Smoking & Cancer Prevention.
Scientific and Technical Public welfare societies.	1.Kuwaiti AirCraft Engineers & Pilot Association. 2. The Society of Agronomists. 1. Kuwaiti Amateur Radio Society. 2. Kuwaiti Computer Society. 3. Kuwaiti Chemical Society.

Public societies of a special nature.	4. Kuwaiti Society for the Handicapped. 5. Kuwaiti Blinds Society. 6. Kuwaiti Deaf Club. 7. Kuwaiti Red Crescent Society. 8. Shaikh Abdulla Al-Noori Charitable Society.
Public societies of Islamic care.	9. Social Reform Society. 10. Revive of Islamic Heritage Society. 11. Bayadir Al-Salaam Women Society. 12. Islamic Care Society.
Press professional	Kuwait Journalist Association
Cultural & literary Public societies	1. Kuwait Graduates Society. 2. Kuwait Geography Association. 3. Kuwait Writers Association. 4. Kuwait Society for Studies & Specialized Researches.
Artistic Public societies	1. Kuwait society for Formative Arts. 2. Kuwait Union for Public Theatres. 3. Kuwait Cinema Club.
Public enlightenment societies	1. Center for Child Evaluation and Teaching. 2. Kuwait Women Voluntary Society for Community Service. 3. The Women Cultural Social Society. 4. Kuwait Society for The Advancement of the Arab Children.

Public Societies concerned with Drug Combating in Kuwait

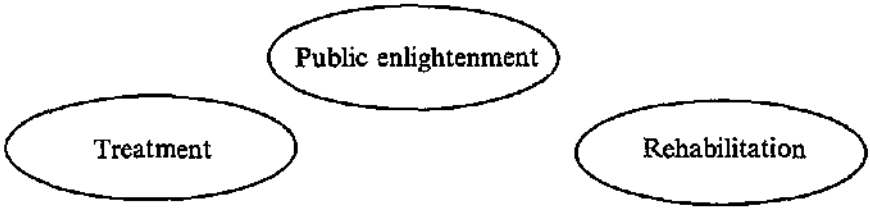


(Fig. 8)

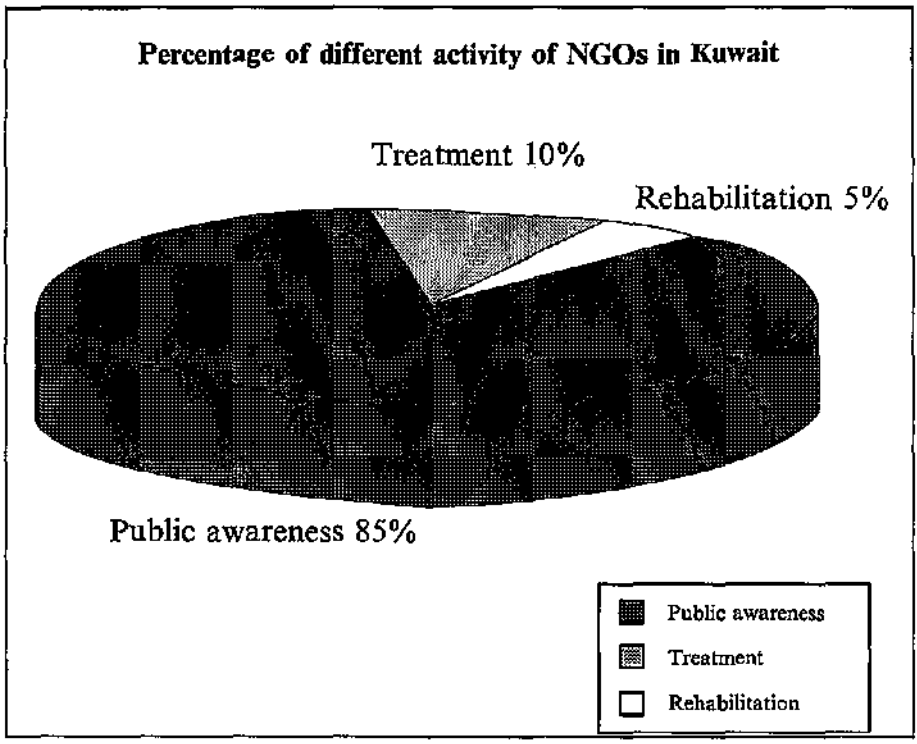


(Fig. 9)

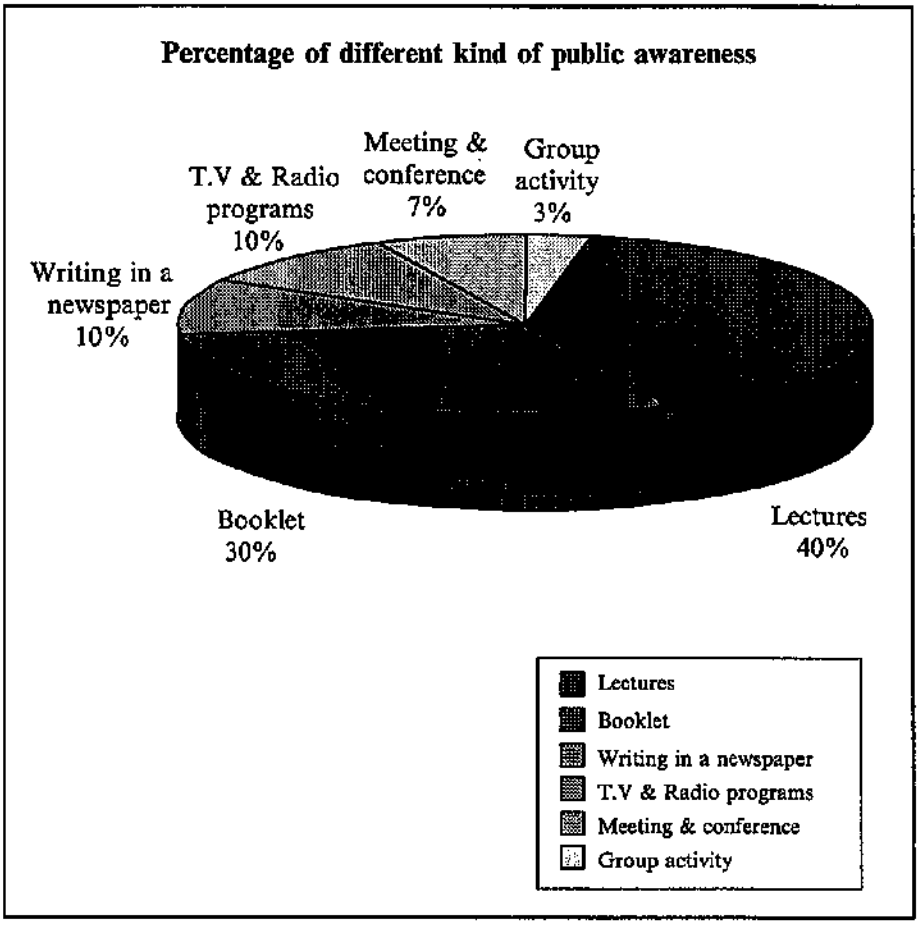
Categories of principal means in drug combating



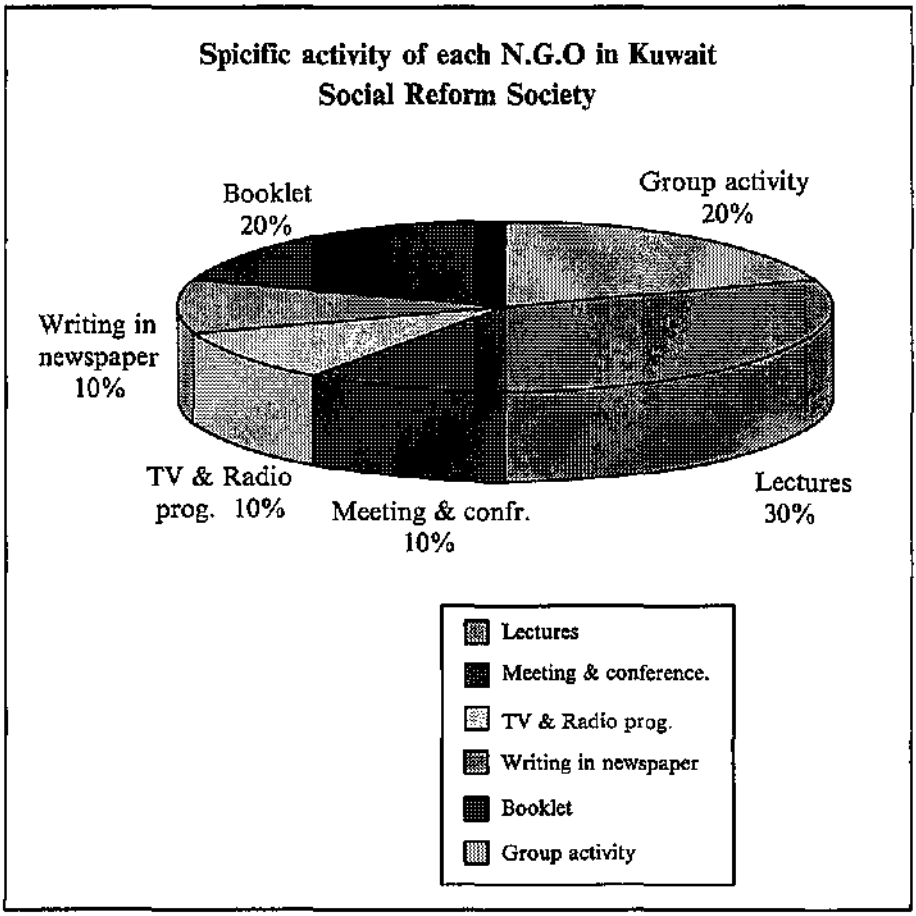
(Fig. 10)


Percentage of different activity of NGOs in Kuwait
Treatment 10%
Rehabilitation 5%
Public awareness 85%
Public awareness
Treatment
Rehabilitation

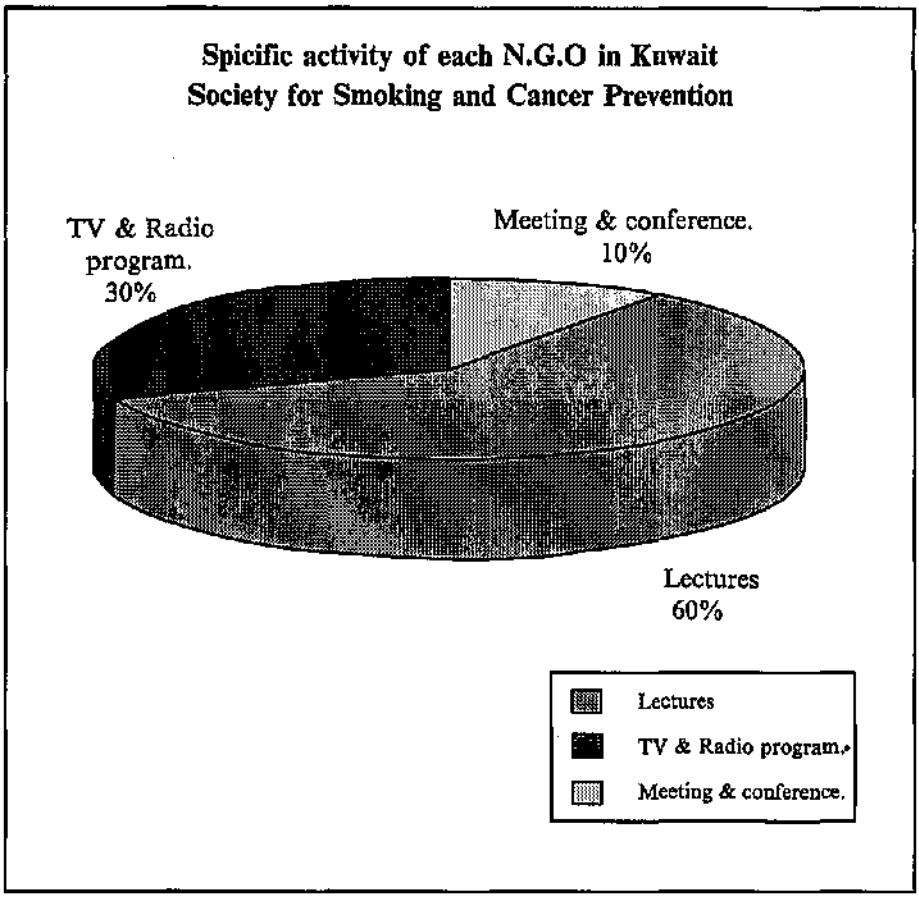
(Fig. 11)


Percentage of different kind of public awareness
Meeting & conference 7%
Group activity 3%
T.V & Radio programs 10%
Writing in a newspaper 10%
Booklet 30%
Lectures 40%
Lectures
Booklet
Writing in a newspaper
T.V & Radio programs
Meeting & conference
Group activity

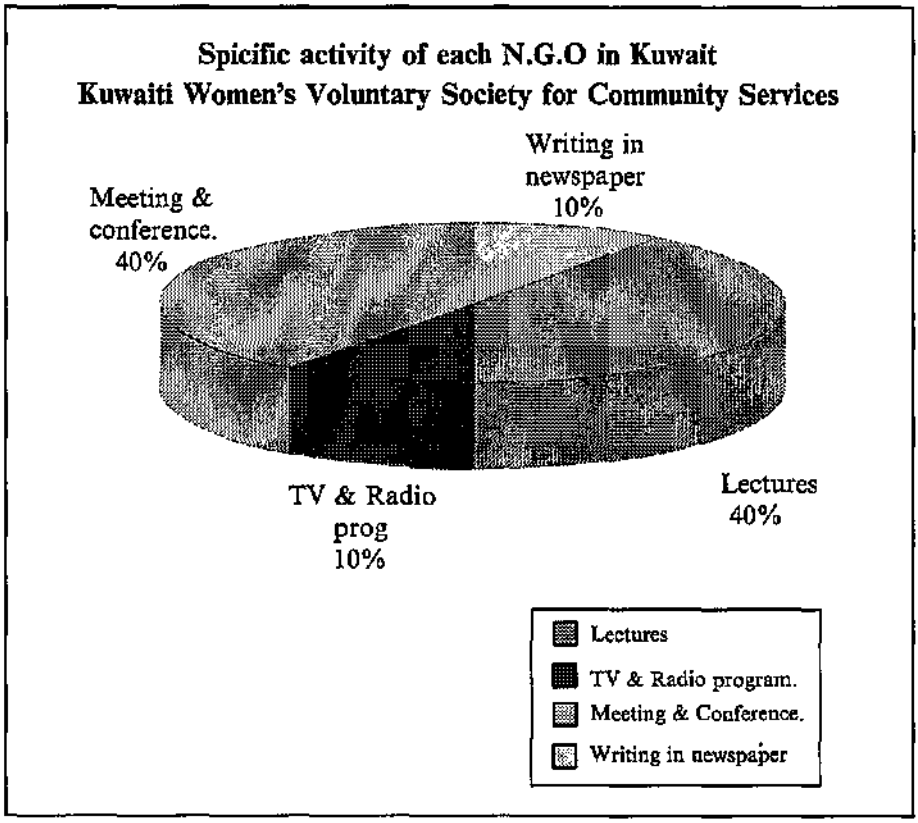
(Fig. 12)


Spicific activity of each N.G.O in Kuwait
Social Reform Society
Booklet
20%
Group activity
20%
Writing in
newspaper
10%
TV & Radio
prog. 10%
Meeting & confr.
10%
Lectures
30%
Lectures
Meeting & conference.
TV & Radio prog.
Writing in newspaper
Booklet
Group activity

(Fig. 13)


Spicific activity of each N.G.O in Kuwait
Society for Smoking and Cancer Prevention
TV & Radio program. 30%
Meeting & conference. 10%
Lectures 60%
Lectures
TV & Radio program.
Meeting & conference.

(Fig. 14)


Spicific activity of each N.G.O in Kuwait
Kuwaiti Women's Voluntary Society for Community Services
Writing in newspaper 10%
Meeting & conference. 40%
TV & Radio prog 10%
Lectures 40%
Lectures
TV & Radio program.
Meeting & Conference.
Writing in newspaper

(Fig. 15)

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1 - Ph.D. dissertation titled: "*Social and Human Consequences of Drug Abusing in Kuwait*". Dr. Aayid Ali Al-Humaydan.

2 - *Drugs and Occupation Soldiers*. Abdullah Su'oud Al-Farhan (Ex. Brigadier general).

3 - *The Unknown Addict Bulletin.*

4 - *Public Societies Constitution.*

5 - *Reports of Social Reform Society.*

6 - *Reports of Kuwait Women Voluntary Society for Community Service.*

7 - *Reports of Kuwaiti Society of Smoking & Cancer Prevention.*

8 - *Statistical reports on the Phenomenon of Drugs in Kuwait*, Ministry of Interior.

FAMILY, WOMEN AND DRUG ABUSE

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Family, Women and Drug Abuse

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1. INTRODUCTION

1.1. Drug abuse is a highly complex issue with a range "bio-psycho-social" causes. There is also a similar variety of resources for prevention, treatment and rehabilitation of affected persons.

1.2. One of the most important institutions with both helpful and harmful potentials, in relation to drug abuse is the family. Besides being the most important unit and cornerstone of human social structure the family is a biological medium and a psychological cradle. It is the most intensive and strongest setting for learning. It shapes and protects value systems.

Families are also the carriers of cultures and traditions. Well-balanced emotional development depends on well functioning families. It is from the family that one learns what is good and what is evil. The family is also the mirror of one's self. One learns his own value in there. His or her sense of self respect and self esteem is built inside the family and through many interactions that occur in this important systems. Depending on the type of the family, one learns to look forward to go back to it, or, to the contrary, avoid it and use any opportunity to run away.

Family is also the main economic unit of the society. All the basic needs of its members are usually met or are expected to be met in through this unit. The economic condition of the family and the way it is shared with the members can give them either a sense of security and belonging or a feeling of insecurity and alienation. It can contribute to the development of a sense of responsibility in a child or adolescent member. To the contrary, it can be the cause for the formation of most irresponsible attitudes. Family is also the cradle of beliefs, faith and many behavioural characteristics connected with them.

1.3. Women play the most critical role in the family. It is from his or her mother that a child learns the first social interactions. A happy and fulfilled mother who has a healthy sense of self respect transfer this feeling to her children. Her children, in return, do not feel the need to look for love and satisfaction elsewhere. To the contrary, an unhappy, suppressed and abused woman would tend to abuse her children. Such children, in return, would seek love and satisfaction in other places and from other sources including drugs.

As far as substance abuse is concerned, the role of women is not limited to the family. On the positive and bright side, women in all walks of life can contribute to prevention of substance abuse and treatment and rehabilitation of the victims of this menace. Their role as community leaders, teachers, neighbourhood volunteers, nurses and doctors are indispensable for such activities. On the negative and the darker side, women are potential victims of drug abuse. This reaches tragic proportions through increased risk of sexually transmitted diseases, particularly "Acquired Immune Deficiency Syndrome" in special groups of women like sex workers.

1.4. The present paper tries to look at different aspects of the role family and women can play in relation to drug abuse. Our special emphasis would be on families and women in the countries of the "Eastern Mediterranean Region" and Islamic cultures, where family ties are still rather strong and protected.

2. FAMILY AND ITS TYPES

2.1. Family is defined as a man and a woman who are legally married and live together, with their children, who are the product of this marriage. This definition is correct for nuclear family, that is the main type of the family in the western industrialised countries and urban areas of developing countries. However, it does not cover other types of the family including extended family. These families include grandparents, their children, with their spouses and their grandchildren; not only living in one household but practically sharing a unified economical system. Although extended families that can fulfil all these criteria are not common, many aspects of them, particularly the

intimacy and emotional support from relatives exist in rural areas and agriculture based economies.

2.2.Breakdown of extended families and consequences of transition

With the destruction of rural life and immigration of village dwellers to the large cities, extended families also break down. The members of these new nuclear families lack the support they were accustomed to receive in their extended families of origin. This is a stressful transition. Most people who migrate to the large cities are young and end up living in shanty towns around the large cities. Unemployment, poverty, alienation, and loneliness are quite common and open the path towards many social ills including different activities related to substance abuse, delinquency and the same. Families living under such conditions are quite unstable, with high rates of divorce and aggression. Women are specially vulnerable in such circumstances. Children of such families hardly have access to decent education. Child labour is common among them and they can be abused by many social deviants and criminal organisations including drug dealers. These all are evidence of the highly important role of cohesive family structure in prevention of many social deviances including substance abuse. Needless to say, women play a very important role in keeping the family together and stable.

2.3.Family and culture

Cultures have strong influence on many aspects of family life. For instance, in western cultures where strong emphasis is placed on individuality, family relations are less emotional than middle east where protection of children is regarded as the main value of family life.

Religions in general and Islam in particular lay emphasis on the sanctity of the family and bilateral duties of family members towards each other. This is a great asset which can be used for prevention of many social deviances including drug abuse.

2.4.Family as role model

Family environment and particularly the behaviour of parents is the strongest and most effective role model. Value systems are built,

strengthened or weakened in the context of family interactions. Moral values and attitudes are also influenced by family's thoughts and practices. A good example in this connection is parent's attitude towards smoking that has proven effect on cigarette consumption of children. The same is true for drugs and alcohol. Prohibition of alcohol in Islam becomes a value system of Muslim children through attitudes and practices of parents and other members of the extended family.

3. WOMEN AND SUBSTANCE ABUSE

3.1.Women are the cornerstone of family life. An emotionally fulfilled wife or mother can fill the family atmosphere with warmth and affection. None of the members of such woman's family find themselves in need of other sources of love and protection. To the contrary, children of a woman who is emotionally neglected and abused are always in need of affection. They look for it everywhere and they may find it in drugs, alcohol or deviant friends and gangs.

3.2.The role of women is not limited to the family life. They can influence many health and social conditions through a variety of roles they play in different walks of life. Their influence is much more advanced in conditions that the society looks up at them as the guardians of the sanctity of human institutions like religion and family. They can also play quite an effective role in prevention, case finding, treatment and rehabilitation of victims of drug abuse through their other carriers. A lady nurse, teacher, family friend or neighbourhood volunteers are indispensable to combat drug abuse. A woman who dedicates a part of her time to work for a NGO or some religious or cultural organisation, a kind, wise and caring wife, mother or sister can be equally effective in decreasing the dangers and hazards of drug abuse. In this respect, it is important to indicate that Islam, which is the main religion of this Region, has entrusted Muslim women to play this role. The Holy Qur'an has considered "forbidding what is wrong" as a characteristic of the believers among men and women:

«والمؤمنون والمؤمنات بعضهم أولياء بعض يأمرون بالمعروف وينهون عن المنكر»

Anybody who tries to draw a plan to combat drug abuse should be aware of these potential resources.

3.3. Speaking about women and substance abuse one should also be aware of those women who are at high risk for addiction. As it was briefly mentioned sex workers and women who are prone to be abused are on the top of this list.

These women are also under the constant threat of getting infected by agents of different sexually transmitted diseases including Acquired Immune Deficiency Syndrome (AIDS). Women suffering from untreated depression may also fall victim to drug and particularly alcohol abuse. Special types of lifestyle promoted through medical connect drug abuse to leisurely lives. Young middle class may be trapped by these.

4. CONCLUSIONS

4.1. Stable families are among the greatest assets for combating drug abuse. This should be recognised and be taken into consideration. A comprehensive strategy to combat drug abuse always includes programmes for the families.

4.2. There are instances where families can be a contributing cause for drug abuse. Lack of love, affection and understanding are among the conditions that alienate members of families and makes them susceptible for problems like drug abuse. Planners of family health should be aware of such instances and plan to help such families as a preventive activity. Such activities may also include training and treatment for the families.

4.3. Women are both assets to combat drug abuse and potential victims of this menace. Training, special health provisions for susceptible women, attention to mental health of women and particularly depression are important. Special groups of women like divorcees and single parents may need special attention. Any comprehensive programme on substance abuse should have a special chapter on women.

A RESOURCE ORIENTED STRATEGY TO COMBAT SUBSTANCE ABUSE

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A Resource Oriented Strategy to Combat Substance Abuse

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Introduction

Drug abuse is undoubtedly one of the gravest problems faced by humanity. It is one of the very few common denominators shared by almost all the countries of the world regardless of their wealth and level of development. Like other issues dealing with human nature, behavior and socio-economic life, drug abuse is a complex issue with many dimensions. If this complexity is not taken into consideration and we only address one or few aspects of the problem, the success rate in decreasing the dimensions of this problem would be low. Purely medical and/or purely legal (law enforcement) models are good examples of oversimplistic approach with one thing in common. They both address one side of the causes of drug abuse and assume that it is the only cause. They both neglect many resources that are available and only rely on their own as the only useful resource.

At individual level, a brief review of the natural history of an addict's life can demonstrate both the gravity of the problem and the opportunities for positive intervention. If we only look at the dark side, although physical and psychic dependence have different manifestations according to the type of drug; individual addict is a terminal stage person whose life is dependent on regular consumption of a chemical. Therefore, availability of drug determines his state of physical, mental, emotional and social functioning. On the brighter side, this is an end result of a long process that starts with experiencing with drugs. Drug taking behavior starts for many reasons and in the initial stages cannot be regarded drug dependence. It usually takes a long time, from several weeks to several years before it

fully develops. This period is a time preventive activities can stop the full development of drug dependence.

It is only after a period of experiencing - which differs from substance to substance - that the symptoms of dependence occur, and still it takes a longer time for the development of full scale drug dependence with craving, withdrawal symptoms, social isolation and participation in semi-clandestine groups to find drugs. Most of the people who experience drugs do not become addicts, and the stereotyped terminal skid-row (social outcast) addict is an extreme that does not represent the majority of the people who at times have experienced drugs.

Causes of psychoactive substance use are complex and there is always an interaction of many biological, psychological, socio-economic, and cultural causes. Therefore, treatment and rehabilitation should rely on a variety of resources. The range of these resources may change from highly professional institutions and interventions to non-professional support structures and informal self help groups.

This paper tries to introduce a resource oriented approach to the problem of drug abuse by identifying a number of resources and the ways to use them in a complimentary way in order to build a system for intervention.

Resources Against Drug and Alcohol-Related Problems

The potential resources to combat drug and alcohol-related problems are many. Some have been tried frequently and without much success, some have shown to be more promising. This paper does not focus on those resources that are mainly effective in reducing the supply of drugs, instead, our main focus shall be on demand side.

Identifying available resources is an important task. Combating drug dependence by identifying hypothetical causes which are very complex does not seem to be a wise strategy. Instead, by identifying resources and making an estimation of their usefulness, realistic attainable flexible goals can be set to be achieved in accordance with each particular drug, and each country.

These resources can be summarized as follows:

Religion and faith

Faith is among the most influential factors affecting human behavior. Religious beliefs and allegiances are among the most enduring of all human value systems. All religions preach harmony and brotherhood, and are opposed to many behaviors which cause health hazards.

The absolute majority of people living in this part of the world are Muslims and many Islamic laws and principles oppose drug abuse. The consumption of alcohol is strictly prohibited in Islam and the use of other mind-altering drugs is also strongly discouraged and even prohibited.

Religious teachings and the influence of religious leaders can be utilized to combat drug abuse. This should be done with very careful planning and as an integral part of a comprehensive program. Special training is necessary and trainers' attitudes should get adjusted to the specifications of each given community and group of religious leaders.

Islamic teachings can function as a great asset in combating substance use. However, one should remember that preaching alone can hardly change the behavior of an addict or deviant. The best is to take the positive essences of religious teaching and incorporate them into a comprehensive program. Among these are the strong concept of responsibility that individual and society "umma" have towards each other. The proclamations on prohibition of anything that is harmful to health can be used in prevention campaigns. Mosques and other religious places can be used as assets to recruit volunteers.

The influence of leaders and institutions of other religions of the area is as important. An important example is the Christian communities in many countries of the middle east. Many of these communities and churches are the center of a number of activities and function as important Non Governmental Organizations. In some countries they actually provide very important and highly valuable services for prevention, treatment and rehabilitation.

Family

Family is the cornerstone of social life. It has strong emotional, economic, religious and judicial significance. It is probably the oldest and most enduring of human institutions. As pointed out before, parents and role models, can greatly contribute to the value systems. The way they treat their children, both individually and as a group has a great impact for future self and world view of the children.

The proclamation by UN of the year 1994 as "The year of the Family" points to the recognition of ever increasing importance of family in all human activities. The renewal of interest in the role family can play comes after decades of uncertainty and even doubt about its importance. This, calls for new, innovative approaches to use this strong institution more effectively for promotive and preventive health purposes, particularly in complex areas like drug abuse.

The potential resources of the families can be further strengthened by linking the preventive activities regarding drug abuse to other health and social issues of the families.

Schools and universities

Schools are social institutions with great importance. Every member of the society has a vested interest in school system some time in his or her life. Everything related to a school, the physical structure, curriculum, teachers' job satisfaction and teacher-parent associations have tremendous impact on society as a whole.

Until recently, the school health programs have been passive, mainly providing some diagnostic-therapeutic services. This attitude does not allow the using of school as a promotive and preventive resource.

It is important to look for new ways of using the schools to combat drug abuse. It should be remembered that school children are also very vulnerable to dangers of drug abuse, and any preventive program involving schools can function as a double edge sword by increasing the children's curiosity. Perhaps schools can best be used as model communities for healthy life style. With the support of WHO, a number of the countries of the Region, e.g. Pakistan, Egypt, Iran,

have already started school mental health programs with emphasis on healthy lifestyle and prevention of drug abuse.

Employment

Employment means economic certainty and hope for future, less stress, better self-esteem, strong family life and disciplined schedule, just to mention a few. Workplace being an office or a factory, a farm or a school, are important social systems. People develop emotional attachment to their work. Their habits are formed and changed by their work. The workplace is a great resource in many areas related to the drug abuse, particularly for prevention and promotion of healthy life style.

National will

Without any exception, the national will of all nations is opposed to drug abuse. There is need to solidify this will through media, legislation and governments action.

Media

In relation to the drug abuse, media is a double edge sword. One hand, it is an indispensable mean of relaying information, on the other hand, it can become a medium for increasing curiosity and even desire for drugs. On balance, perhaps, the advantages of media in the campaign against drug abuse outweigh disadvantages.

The existing health infrastructure

The existing health infrastructure is an important resource for prevention, promotion, treatment and rehabilitation. It should be utilized according to the particular structure of each country's health policies and structure. The idea of separating drug and alcohol-related problems from rest of the health system has not worked well in most places. In countries and areas where mental health is integrated into the primary health care system, drug prevention, treatment and rehabilitation of drug dependent person, should become a part of the Primary Health Care (PHC) systems as far as possible.

Academic community

The health professionals and social scientists can not only contribute in training and research in the program for the control of drug abuse but can also serve as role models.

The academic community is influential and in direct contact with the youth. Medical schools, schools of psychology, sociology, social work, sports, law, and literature and policy academies, are the important ones in this regard.

Medical and psychiatric facilities

Medical and psychiatric facilities of both public and private sectors are among the assets which can be utilized in all areas related to substance abuse, particularly in areas of acute intoxication, detoxification and prevention of relapse. They can also be involved in training and research.

Non-governmental organizations

Non-governmental organizations cover a wide range of religious, charitable, commercial, community-based groups which form the venue for many activities which can affect varied areas of supply and demand. Their activities need to be given clear objectives and directed towards concrete results in the framework of comprehensive, nation-wide programs. Their assets can be utilized in many areas of prevention, treatment, and rehabilitation like establishing treatment centers, finding employment for ex-addicts, helping the families to cope with drug related problems, providing the youth with activities for their spare time, etc....

International organizations

Many international organizations are active in different drug related problems. The general assembly of the United Nations has declared the last decade of this century the "Decade to Combat Drug Abuse". This is also a decade to promote the values of healthy family and life styles.

Law enforcement

The enforcement agencies are involved with different aspects of the abuse of narcotic and psychotropic drugs. The training of different levels of law enforcement personnel is of utmost importance in the control of drug abuse. This training should not be limited to police-excise-judicial subjects, but it must also include subjects related to bio-psychosocial aspects of drug abuse as well.

Drawing a Strategy For Action

By reviewing different health-related aspects of substance abuse, it becomes evident that:

(a) Causes of drug abuse are complex, interconnected and at times unreachable. Many of these are related to factors beyond the boundaries of the health sector alone. Therefore, the strategic approach based on the causes alone lacks a good chance for success.

(b) It is unwise to induce high expectations by suggesting grandiose, unrealistic goals and approaches in as complex an area as drug abuse. Workable strategies should stay away from rhetoric's and concentrate on what is possible, plans of actions and activities should be well defined, and have clear objectives.

(c) The causes of drug abuse are diverse and completely interwoven, but so are the resources to combat it. Identifying these resources and building plans and programs upon them seems more promising.

(d) A regional program should take into consideration both the similarities and differences which exist in different countries of the Region regarding questions like the type of the drugs being abused, administrative arrangements, health policies, cultural background, etc... The program should be flexible enough to allow for all these considerations.

(e) One of the most effective and important elements of health infrastructure which can be utilized in programs to combat drug abuse is the existing general and mental health policy and

program in each country of the Region. In countries where mental health is already integrated into the general health system, this may be done by the inclusion of some preventive, diagnostic, therapeutic and rehabilitative measures regarding drug abuse to be carried out by PHC personnel at different levels. Additional approaches linked with urban and school mental health programs can also be initiated in countries with existing programs in these areas. In some countries, some preventive and therapeutic services can be offered in conjunction with non-communicable diseases programs and programs for maternal and child health or healthy life style.

Strategies for action

Based on the above analysis, the following strategies seem particularly relevant for the control of drug abuse in the countries of EM Region.

(a) Development of clear national policies and programs linked with national health plans, covering both supply and demand aspects.

(b) Coordination of various sectors dealing with drug abuse problems, e.g. health education, social welfare, police law and justice, religious groups, NGOs, etc...

(c) Laying stress on the promotion of healthy lifestyles and the prevention of drug abuse, by health education.

(d) Reinforcing religious teachings which support healthy lifestyles and reduce the demand for drugs.

(e) Including tobacco in drug abuse control programs and using anti-smoking campaigns as indirect approaches to drug abuse in general.

(f) Developing drug-dependence treatment services integrated with mental health and general health services and not isolated from the general health care system.

THE DIFFERENT KINDS OF DRUGS IN THE EGYPTIAN SOCIETY AND THE ROLE OF GOVERNMENTAL AND NON-GOVERNMENTAL INSTITUTIONS IN THE FIELD OF PREVENTION

Dr. Fouad El - Said

EGYPT

The Different Kinds of Drugs in the Egyptian Society and the Role of Governmental and Non-Governmental Institutions in the Field of Prevention

Dr. Fouad El-Said

EGYPT

The first part of this paper reviews the different kinds of drugs and psychotropic substances in the Egyptian society. In this part, the paper is almost a reading in the annual reports issued by the Anti-Narcotic General Administration and the studies of the "Standing Project on Drug Abuse Researches" which carries out its activities within the framework of "The National Center for Social and Criminological Research" (NCSCR). It is also a reading in the "National Integrated Strategy for the Prevention and Treatment of Drugs and Addictions in Egypt"[(1)] and other reliable sources in this context.

The second part of the paper quickly and generally reviews the role of governmental and non-governmental institutions in the field of prevention, then focuses on the problems of awareness and ends with some recommendations.

The Current Situation of Drugs and Psychotropic Substances Supply in Egypt

Those concerned with observing and analyzing the phenomenon of drugs and psychotropic substances in Egypt tend to regard the period from 1980 until now as an independent phase with its own unit and properties distinguishing it from the previous phases in the history of drugs in Egypt. The beginning of this phase witnessed the reappearance of dangerous kinds of drugs like heroin and cocaine in the illicit Egyptian market. This called for rising responses on the part of society and its institutions at all levels. These responses were crystallized in the issuing of the Presidential Resolution No. 450 for the year 1986 to form "The National Council for Addiction Management and Therapy" and then the issuing of the law No. 122 for the year 1989. The annual reports produced by the Anti-Narcotic General Administration are the main and sole available source for evaluating the "supply" situation in Egypt (the figures in this paper are quoted from

these reports if not mentioned otherwise). Going back to those reports on the amounts of different drugs seized, we can come up with the following pictures:

First: Heroin

1 - Heroin was first introduced in small amounts at the early 1980s when the amount seized in 1980 was only 255 grams and 469 grams in 1982. Then it significantly rose within one year to reach about 243 kilograms in 1983 and about 355 kilograms in 1988 (while the amounts seized during the rest of the 1980s did not exceed 100 kilograms).

2 - Since the beginning of the 1990s, there has been a decline in the heroin supply, as in 1996 it occupied the fourth place amongst the other prevalent substances and the amount seized was only 48 kilograms.[2]

Second: Cocaine

1 - Since 1984 the amounts seized of cocaine have been very little as they haven't exceeded several grams or kilograms and they reached their maximum in 1989 (about 6 kilograms).

2 - During the 1990s, the amounts seized continued to be limited and reached one kilogram in 1996.[3]

Third: Psychotropic Substances and Maxtonfort

1 - They started to spread in Egypt since 1970.

2 - Maxtonfort significantly increased in 1990, and these substances in general rose to the second place among the seizures of 1996 (that year the amount seized of Flountrazipam tablets., commercially known as Rihabinol or Hypnocidon, was nearly half a million tablets).[4]

Fourth: Hashish

1 - The amounts seized of hashish enormously increased during the 1980s, to be the most prevalent drug in Egypt (in 1984, the amounts seized reached about 84 tons).

2 - Then for the first time, hashish retreated to the third place as the amounts seized of it declined in 1996 to 2018 kilograms only.[5]

Fifth: Opium

1 - The rates of seized opium amounts continued to be approximately the same since the end of World War II. Until the early 1980s, opium was in the second place after hashish and throughout the 80s, the amounts seized ranged from about 54 kilograms in 1986 to about 3874 kilograms in 1988.

2 - Opium retreated to the fifth place among the seizures as only 16 kilograms were seized in 1996.[6]

"The National Integrated Strategy" sums up the situation throughout the 1980s until the end of 1990 as follows: "Heroin appeared on the list of supply drugs, and so did cocaine but in significantly less amounts. This is in addition to the psychotropic pharmacological substances and the widespread maxtonfort. At the same time, the supply of hashish greatly increased (while) opium remained unchanged."[7]

On the other hand, the situation during 1996[8] can be summed up as follows:-

1 - A decline in the supply of different kinds of drugs and an unprecedented rise in their prices.

2 - On the other side, the cultivation of cannabis and poppy enormously increased in Sinai and the demand for bhang (cannabis leaves) increased to occupy the first place among the supply drugs.

3 - Psychotropic substances occupied the second place after bhang.

4 - For the first time, hashish retreated to the third place after being in the first place throughout the 1980s.

5 - The heroin supply declined to occupy the fourth place.

6 - Opium retreated to the fifth place after occupying the second place behind hashish at the early 80s.

7 - Cocaine occupied the sixth and last place and its prevalence in Egypt is still limited although some international gangs are trying

to open new markets for it in the Arab region and the Middle East.

8- Inconsiderable doses of hallucination drug LSD were seized with some people coming from outside the country (406 doses in 1995 and 669 doses in 1996).

The Current Situation of Drugs and Psychotropic Substances Demand in Egypt

Determining the drug demand in any society is really a difficult task. And this task depends on the presence of a data base with all the information, statistics and results of field researches on the use of drugs and psychotropic substances among the different sectors of society.

Fortunately, the researches supervised by the National Center for Social and Criminological Research provide us with a fortune of results and findings on which we can rely in assessing the demand situation in Egypt. These researches which focused since the 1960s on the phenomenon of "hashish use", started later on to examine the use of all kinds of drugs and psychotropic substances (not only hashish). They also aimed at exploring the situation among the male and female users and among the different social categories and settings. This made them produce comprehensive data, and this comprehensiveness is a fundamental characteristic for any attempt to make an overall assessment of the drug and psychotropic substances demand in any society. It is also a first step in the right path towards any serious scientific attempt to set a national combat strategy.

Here we will basically rely on the researches which "The Standing Project on Drug Abuse Researches" carried out since its establishment in 1975.

Regardless of getting into the theoretical, methodological and procedural details, and into the samples and rich detailed findings which these field researches have come up with, a general picture can be extracted[9] showing that in relation to the general secondary school male students all over Egypt, the general rates for the prevalence of different substance abuse among these students are as follows:-

Substance Abused	Hashish	Opium	Tranquilizers	Stimulants	Hypnotic drugs
Percentage	5.05	0.84	2.72	1.79	2.26

(This research was carried out in 1987).

As to the male university students in Egypt, the general rates for the prevalence of substance abuse among them are as follows:-

Substance Abused	Hashish	Opium	Heroine	Cocaine	Tranquilizers	Stimulants	Hypnotic drugs
Percentage	8.79	0.43	0.11	0.06	4.81	1.98	3.45

(A research carried out in 1990)

Regarding the female university students in the country, the general prevalence rates are as follows:-

Substance Abused	Hashish	Opium	Heroine	Cocaine	Tranquilizers	Stimulants	Hypnotic drugs
Percentage	0.09	0.03	0.03	-	3.22	0.92	2.75

(A research carried out in 1990)

As to the transformative industries laborers, the general prevalence rates are as follows:-

Substance Abused	Hashish	Opium	Pharmacological Substances
Percentage	11.44	1.36	1.80

(A research carried out in 1994)

Naturally, the general prevalence rates of those substances among the different social categories as appeared in these researches, are the rates belonging to these specific researches which have been carried out at a specific time, according to a specific methodology and applying certain instruments on specific samples. They give indicators

which might be useful in estimating the possible numbers of abusers in the Egyptian society. What need to be emphasized here is that those are reliable researches with scientific credibility since they follow scientific methodologies, statistical discipline and use samples representative of the society from which they are taken. Consequently, they abide by the scientific measures at all the levels available in the international research in this field.

According to certain statistics, no need to go into them now, some experts and researchers estimate the number of industry laborers in Egypt who use hashish only without any other drug by 345839 laborers approximately (about 21615 of whom are addicts i.e. they use it on a regular basis).[10] Opium users (and these use opium with hashish) are estimated to be 41006 laborers (about 2563 of whom are addicts), while the number of pharmacological substances abusers from the same category of laborers is estimated by 54400 laborers approximately (about 3400 of whom are addicts).[11]

Confrontation Efforts

Since the 1980s there has been a number of general characteristics indicating a positive change in the awareness of the society and the government in Egypt regarding the phenomenon of substance abuse. This is as follows:-

(1) An awareness that the phenomenon has reached a threatening situation for the society, which might endanger its security and at the same time impede the development plans the government makes. Consequently, serious confrontation of this phenomenon has become an essential part of social planning. This awareness was materialized in the continuous support that the government gives to the combating organs and to "The Standing Project on Drug Abuse Researches" ... etc.

(2) An awareness that the confrontation should be comprehensive, including the confrontation of drug supply via security combating organs and amending the law in accordance with the changes in the situation of the phenomenon (law no. 122 for the year 1989), encouragement and support of international and regional conven-

tions as well as giving due concern and attention to the issue of drug supply and demand reduction - following the guidance of the international organizations like the United Nations International Drug Control Program (UNDCP), the World Health Organization (WHO) and others, as the belief that confrontation can be left entirely to the legislative and security combating organs has already been proven wrong through confrontation experiments in different societies. Consequently, it has become essential for all confrontation policies to support the awareness efforts aiming at the prevention of misuse as well as providing and improving treatment and rehabilitation services. The real materialization of this new perspective of the problem was the issuing of the Presidential Resolution No. 450 for the year 1986 to form "The National Council for Addiction Management and Therapy" headed by the highest executive authority (the Prime Minister) and with the membership of all the ministers and the heads of concerned organs. Also the issuing of "The National Integrated Strategy for the Prevention and Treatment of Drugs and Addictions in Egypt" in 1992.

Security Efforts in Combating Drug Supply

The main combating organ in this field is the Anti-Narcotic General Administration affiliated to the Ministry of Interior Social Security Sector. It performs its role through coordination of efforts with the different concerned governmental bodies like the Frontiers Corps (ministry of interior), the Customhouse (ministry of finance), the Central Pharmaceutical Administration and the General Administration for Psychiatric Health (ministry of health). It also collaborates with some of the ministry of interior organs such as the Central Security Forces, the Police Academy, the Ports Security Administration, the General Security Sector, the Local Police... etc, as well as cooperating with various international bodies like the United Nations International Drug Control Program (UNDCP), the International Criminal Police Organization (Interpol), the International Customs Organization ... etc. At the Arab level, it cooperates with the Secretariat of the Arab Ministries of Interior Council, the Anti-

Narcotic Bureau of the Arab League, the Arab Center for Security Studies ... etc.

It wouldn't be possible in this paper to report in details the security efforts during the recent years, but we can generally highlight a number of important indications since the beginning of the 1990s as follows:-

1 - The security efforts in combating the smuggling operations through the international frontiers and the legal entrances into the country as well as the drug dealers seizing campaigns have led to a rise in the prices of most drugs (except bhang).[12]

2 - Since the beginning of the 1990s, the combating organs launched heavy campaigns to destroy the illicit cultivation of cannabis and poppy.[13]

3 - Strengthening the control over the chemicals that can be used in the illicit manufacturing of drugs and psychotropic substances in coordination with the concerned ministries.

4 - Tracing and confiscating the fortunes of the eminent drug dealers and establishing a special unit for combating the illicit drug money laundry.

5 - Activating and encouraging cooperation with the ministry of health Central Pharmaceutical Administration in order to control the licit trafficking of medicinal and scientific drugs and prevent their infiltration into the illicit traffic market.

The Legislative Measures in Combating Drug Demand

The issuing of the law no. 122 for the year 1989 which amended some articles of the law no. 182 for the year 1960, expressed a real change in the attitude of society towards the drug user or the addict who is now regarded as a sick person needing treatment and psycho-social support. According to this law, the court has the right to order that the addict be put in a hospital for treatment. According to it also, it is illegal to press criminal charges against the addict who seeks treatment voluntarily or at the request of his family.

Treatment Efforts

Addiction treatment takes place in four governmental centers affiliated to the ministry of health. Three of these centers are located in Cairo; Al-Abbassiya Center (38 beds), Al-Khanka Center (100 beds) and Helwan Center (22 beds). The fourth one is Al-Ma'mourah Center (60 beds) in Alexandria.

Through a quick study on the clients of one of these centers, Al-Abbassiya Center in Cairo, the following indications can be pointed out:

* Throughout the four years 1988, 89, 90 & 91 the numbers of clients in this center were consecutively the following: 255, 278, 161 and 139 cases.
* The total distribution of clients among the different kinds of drugs at the same center and during the same four years was as follows:-

  Hashish (12 cases), Opium (36 cases), Heroine (218 cases), Injection (26 cases), Tablets (301 cases), More than one substance (231 cases), Alcohol (9 cases), Total (932 cases).
* The distribution of clients among the different jobs was as follows:-

  Merchants (159 cases), Employees (83 cases), Students (62 cases), Laborers (479 cases), Unemployed (43 cases), Soldiers (5 cases), Lawyers (one case), Artists (one case), Total (833 cases).

On the basis of the detailed figures which needn't be mentioned here - about the clients of this treatment center (Al-Abbassiya), the "National Integrated Strategy" states that the substances with the highest number of clients seeking treatment from were the tablets. This is as regards the kind of substance abused, but as regards age, the phase from 20 to less than 40 years was the highest, and as regards occupation, the laborers category (mostly craftsmen) was the highest; then the merchants. What's noteworthy here is the relatively big category of poly-drug abusers[14] and the unavailability of a systematized record regarding the non-governmental treatment centers (whether private ones or those affiliated to non-governmental organizations).

Awareness Efforts

The governmental institutions and non-governmental organizations play their roles in the field of awareness via various means such as the radio and television, the press, religious symposiums and preaching. Also some of the mass media material, in the broad sense of the word, might unintentionally have a positive or a negative influence in this regard.

Nevertheless, there still is some doubt about the due attention given to awareness and its essential role in the field of drug demand reduction in the Egyptian society.

What verifies this point is that while regulatory records about the security and legislative combating efforts, treatment efforts... etc. are available, at least as regards official efforts, on the other side there isn't any systematic record that can be used as a reference while making an accurate computation about the awareness efforts exerted whether on the part of governmental institutions or non-governmental organizations.

As a whole, the general characteristics of these efforts can be described as follows:-

1 - Focusing on the moral side and the warning against involvement in drug misuse. (i.e. focusing on prevention in the first place not the second or the third).

2 - Direct instructional characteristic as regards the harms of drug use and addiction.

3 - Frequently picturing the social atmosphere of hashish use in a positive way in the movies and TV drama, while on the other side showing the devastated state that addicts of other drugs, like heroine for example, reach.

Dr. Mohei El-Din Hussein states the media problems in this respect as follows:-[15]

1 - Sudden treatment.

2 - Unintegration of the different mass media programs whether among themselves or between them and the programs of other instructional and educational institutions.

3 - Unavailability of sufficient data with the people responsible for the preparation and presentation of programs.

4 - Lack of communication skills.

5 - Lack of precaution towards arousing the curiosity of the public.

6 - Inability to classify the public.

7 - Lack of evaluation of what the mass media presents to the public in its various programs.

Issues for Consideration and Discussion

(1) The Role of Religious Belief in the Field of Awareness

Undoubtedly, religion plays an important and basic role in warning against the dangers of drugs. This role has been increasingly recognized by the international organizations and scientific community in the recent years. Nevertheless, the problem lies in confining to the spiritual-religious approach while dealing with the phenomenon of drug abuse. It is important to emphasize that this role cannot by any means substitute the use of strict scientific rules in the fields of research, prevention or treatment and that the application of this important element "should be carried out through precise planning and as part and parcel of a comprehensive program".(16) It is also important to provide special training to the people in charge of this type of awareness and to supply them with accurate information and proper understanding of the phenomenon. "Also, trainers' attitudes should be adapted to the different societies and the group or religious leaders." In this respect, it is noteworthy to mention that preaching alone does not change the behavior of an addict or a deviant person. The best thing would be to take the positive tenor of religious instructions and include it in a comprehensive program.(17)

(2) Attitude towards Using the Mass Media in the Field of Awareness

The attitude of specialists and experts differ towards this issue; some of them believe in the importance of using the widespread mass media - such as radio, TV and press - in the field of awareness. This group rests its case on the principles of "The right to knowledge",

"The right to information" and "The individual responsibility". On the other hand, using these means on a large scale might cause some serious damages.

We previously referred to the experts' notes on the use of public mass media. Therefore, it is important to put in mind the guidance provided by the international bodies experienced in this field. For example, the World Health Organization (WHO) believes that "although this speech is delivered positively ... just repeating it might be enough to give the situation a certain kind of interest and consequently lead to results entirely opposite to what was sought." It also believes that "disseminating information (about drugs) via public mass media, even if this information has been carefully prepared, will make it reach some groups of individuals that were not targeted by this message in the first place."[18] Some experts believe that using these means is a "double-edged weapon".

The "National Integrated Strategy" favors the symposiums held among youth gatherings and considers them to be the most useful approach, because their public is confined to the vulnerable categories (those most likely to get involved in drug abuse according to research findings).

(3) The Importance of Reconsidering the Preventive Speech

Preventive speech means any communication message aiming at awareness and prevention against drug abuse, whether this message is conveyed through a religious speech, an awareness symposium or through the radio, TV and press.

As we previously mentioned, the current preventive speech is inclined to moral preaching and relies on too much scaring, intimidation... etc. Importunity and frequent raising of the subject, just like picturing the social atmosphere of drug abuse in a positive way, might encourage some adventurous youth to plunge into such an experience.

It is also important to correct some of the illusions and wrong ideas that some people have about drugs and their effects. Like, for example, believing in the connection between drugs and the increase of creative ability or sexual ability or the increase of endurance in

performing toilsome tasks. On the other hand, the preventive speech should be appropriate to the public it addresses. For instance, giving inaccurate and exaggerated information about the effects of using certain drugs with lesser effects like hashish, might cause the preventive speech to lose its credibility and the one delivering it might no longer be respected and trusted if the addressed youth had previously experienced drugs and know the different effects of the different kinds of drugs. The ones responsible for awareness should be trained to distinguish between a public that needs prevention of the first degree and another public that needs prevention of the second or third degree.

(4) The Role of Educational Institutions in the Field of Awareness

The role of educational institutions and how to use curriculums in warning against drugs and addictions raise arguments similar to the arguments raised regarding to the use of mass media. While some experts are more inclined to the idea of the educational institutions playing a direct role in this matter and introducing some instructional and guiding subjects in the curriculums, many educational experts believe that "Students, to a large extent, lack immunity against the dangers of drug abuse and that any preventive program involving schools could be a double-edged weapon, as it increases the children curiosity. Probably, schools can best be used as model communities for healthy life-styles."[19] Experts also warn not to introduce special curriculums directly tackling the problem of drugs. What's required is to reconsider the existing curriculums or to modify them to be really capable of achieving the educational objectives, particularly those related to the building and development of the personality."[20]

References

(1) ■ The Annual Reports issued by the Anti-Narcotic General Administration (from 1980 to 1990). Any data from other sources of the administration will be mentioned in the references.

■ National Integrated Strategy for the Prevention and Treatment of Drug Use and Addictions in Egypt (Final Report), The National Council for Addiction Management and Therapy, (Scientific Consultants Committee), Cairo, 1992.

(2) General Mohamed Sharawy, The Current Situation of Drug Illicit Trafficking in Egypt (February 1997), Anti-Narcotic General Administration, A report presented to the International Conference on Drug Demand Reduction in the Middle East organized by the United Nations Drug Control Program (UNDCP), Abu-Dhabi, UAE, 2-4 March 1997.

(3) General Mohamed Sharawy, Reference previously mentioned.

(4) General Mohamed Sharawy, Reference previously mentioned.

(5) General Mohamed Sharway, Reference previously mentioned.

(6) General Mohamed Sharawy, Reference previously mentioned.

(7) National Integrated Strategy, pp. 58-59.

(8) General Mohamed Sharawy, Reference previously mentioned.

(9) Here we relied on data and tables from the "National Integrated Strategy", pp. 63-68.

(10) National Integrated Strategy, p. 83.

(11) National Integrated Strategy, p. 84.

(12) General Mohamed Sharawy, Reference previously mentioned, p. 9.

(13) The February 1997 campaign gives clear indication that characteristic change has occurred in the campaigns in Sinai as helicopters were used in reconnaissance, orientation and landing of air forces. More than two thousand officers and soldiers from the police and the military forces participated in this campaign which lasted for 12 continuous days and managed to seize 953 poppy plantations of about 884 feddans, in addition to 567 cannabis plantations of about 343 feddans, as well as large amounts of cannabis leaves

(bhang), poppy seeds, raw opium, some fire arms and ammunition and some cultivation tools and requirements.

(14) National Integrated Strategy, p. 110.

(15) Mohei El-Din Hussein, Training of Mass Media People and Mass Media Rationalization. National Symposium on Drug Combat and Treatment of Addiction, 29-30 October 1994, National Council for Addiction Management and Therapy (Scientific Consultants Committee), Cairo, 1994.

(16) Ahmed Mohiet, Treatment and Rehabilitation from Drug Abuse, International Conference on Drug Demand Reduction in the Middle East, United Nations Drug Control Program (UNDCP), Abu-Dhabi, UAE, 2-4 March 1997, p. 19.

(17) Ahmed Mohiet, Reference previously mentioned, p. 19.

(18) WHO Techn. Rep. Ser. No. 551, Geneva, 1974, pp. 46-47.

(19) Ahmed Mohiet, Reference previously mentioned, p. 20.

(20) Fouad Abu-Hatab et. al., Unpublished report, Educational Committee report, Consultative Meeting on "Drugs, Confrontation and Challenge", Islamic Organization for Medical Sciences, Kuwait, 6-8 April 1996, p. 7.

Fourth Day of the Conference
Wednesday, 21 May, 1997

Second Session

Chairman : Dr. Fereydoun Mehrabi
Moderator : Dr. Khalid Al-Saleh

Speakers:

1 - Dr. Abdullah Ibrahim Al-Sharif
2 - Dr. Adel Al-Zayed

CARING FOR THE DRUG ABUSER AND THE DRUG ADDICT INSIDE AND OUTSIDE THE HOSPITAL

Dr. Abdullah I. Al-Sharif
SAUDI ARABIA

Caring for the Drug Abuser and the Drug Addict Inside and Outside the Hospital

Dr. Abdullah I. Al-Sharif

SAUDI ARABIA

INTRODUCTION

The social care of the drug abuser and the drug addict patient is considered one of the major treatment parameters that must be followed to secure the patient's safety and to prevent his relapse. The economical, social, educational and rehabilitational aims are to enable him to return to normal life and eventually lead him to a drug free environment.

To achieve these goals and objectives, the hospital provides patient's social care by means of:

I. Social care inside the hospital

II. Social care after patient's discharge from the hospital.

ASPECTS OF SOCIAL CARE

I. SOCIAL CARE INSIDE THE HOSPITAL

This stage commences when the patient is admitted for treatment. The patient is evaluated by the following methods:

A. Social Assessment:

This assessment includes the primary statements and personal history, childhood history, family rules and restrictions about social influence that leads to drug addiction and abuse. Also, at the end of social worker's assessment, the educational, employment, criminal and sexual history conclude the causes that led to drug addiction as well as learn about patient's family and his social problems. A study within the principle of recovery could then be planned out and by intervention help the patients recovery.

B. Social Services Intervention:

Social services intervention plans are conducted through the following:

B1. Individual sessions in dealing with patient's problems by using individual treatment such as:

a. acceptance,
b. listening,
c. supporting,
d. encouragement,
e. explanation and interpretation,
f. giving a chance to express feelings and ideas,
g. confrontational training on rehabilitation and stress.

B2. Family intervention and meetings in the hospital to help solve patient's problems with his family by explaining the addiction concept that is a disease that the family should understand. Every opportunity should be given to family members to express their feelings in order to help them overcome the negative attitude towards the patient. This will make the family members understand the disease concept and convince them to trust the patient through understanding the various stages of addiction, to be aware of the circumstances leading to relapse and be able to deal with the problem in an educated manner. These are all essential for the effective treatment operation of the patient.

B3. Follow-up and document about the patient's participation in the treatment activities and if necessary, change the social intervention according to what may transpire to the patient in his participation in treatment programs. In addition, provide the treatment team with patient information that the social worker considers necessary in the assessment of the integrated treatment plan.

B4. Conducting educational lectures for patients in the hospital.

B5. Set-up a patient discharge plan and solve patient's social problems by removing all psycho-social environmental encumbrances and practices that lead to patient's relapse and to help the patient be aware of his abilities and environment for the development of a better relationship with family members and

friends. Therefore, the social worker will be entrusted with the task of allowing the patient treatment leave for one (1) or two (2) days for orientation and guidance of outside community challenges. Social worker should encourage unemployed patients to be involved in rehabilitation programs such as computer training programs and vocational training conducted in the hospital.

II. SOCIAL CARE AFTER PATIENT DISCHARGE

The hospital service is provided to the patients through participation in Continuing Care Unit (CCU) activities. The social services have been made available through the following:

A. The male and female social worker meet the patient's family to resolve social problems that the patient will encounter after discharge from the hospital to a drug free environment outside the hospital.

B. Advise the patient's family to understand the patient's role in the family under the present circumstances.

C. The female social worker will educate female members of the family on ways on how to support the patient in the development of his personality and strengthening of morale and to give the patient an active role among family members.

D. The social worker will recognize and address the patient's social problems caused by his family and/or friends after his discharge from the hospital and help him take a positive social stance.

E. Refer the patient to other members of the CCU treatment team, such as Psychologist, when psychological problems are discovered.

F. Coordinate with Patient Relations Officer and Chemical Dependency Counselor (CDC) to solve patient's employment problem with his employer.

CONCLUSION

The social care of the addicted patient must not be limited to the services provided within the hospital. It must also be extended after discharge and followed up in the Continuing Care Unit (CCU) in order to secure the patient's safety and prevent relapse that will eventually lead him to a drug-free environment as a productive citizen.

SITUATION OF NARCOTICS IN KUWAIT BEFORE AND AFTER IRAQI INVASION

Dr. Adel Al-Zayed
KUWAIT

Situation of Narcotics in Kuwait before and after Iraqi Invasion

Dr. Adel Al-Zayed

KUWAIT

Introduction

Few attempts have been made to identify the problem of addiction in Kuwait. Some studies have focused on the social aspects of substance misusers (Demerdash et al, 1981), other studies are concerned with follow up care (Bilal & Khattaf, 1992), personality traits (Amir, 1994), and attitude of people towards this group of patients (Bilal et al, 1990). However, not a single study tried to evaluate the effect of the Gulf war on the drug misuses in Kuwait.

This type of research is needed to understand the size of this problem from its different aspects and to evaluate the results of the national measurements that is used by the appropriate governmental departments to control it, as it was found that drug/liquor smuggling are the most common crimes in Kuwait after invasion (Fido & Al-Jabbaly, 1993). Also, it helps to assess the treatment plans and re-evaluate the current ways of management.

Hence, the present work is an attempt to highlight the problem of substance use disorders in Kuwait before and after invasion.

Methodology

The sample consists of 2135 files which constitute all the files that were available in the filing department of the psychological medicine hospital in Kuwait during the period of the study.

The files were reviewed, and information concerning age, and substance used have been collected.

Statistical analysis of the collected data revealed the following results.

Results

From figure 1, which represents the age distribution, we can see

that, in 1988 the age group (30-39) represented 45% of the addicts, in comparison the age group (20-29) represented only 10% of the addicts.

Inspite of the significant increase in the number of the addicts in the age group (20-29) during 1992 and 1995 still the highest number of addicts were in the age group (30-39).

In 1997 a remarkable increase in the number of addicts was observed in the age group (20-29) as they represented 47% of addicts compared with 30% in the age group (30-39).

The other important change is the remarkable decrease that happened in the number of addicts in the age group (>40) over the period from 1988 till 1997 as the percentage were 38% and 15% respectively.

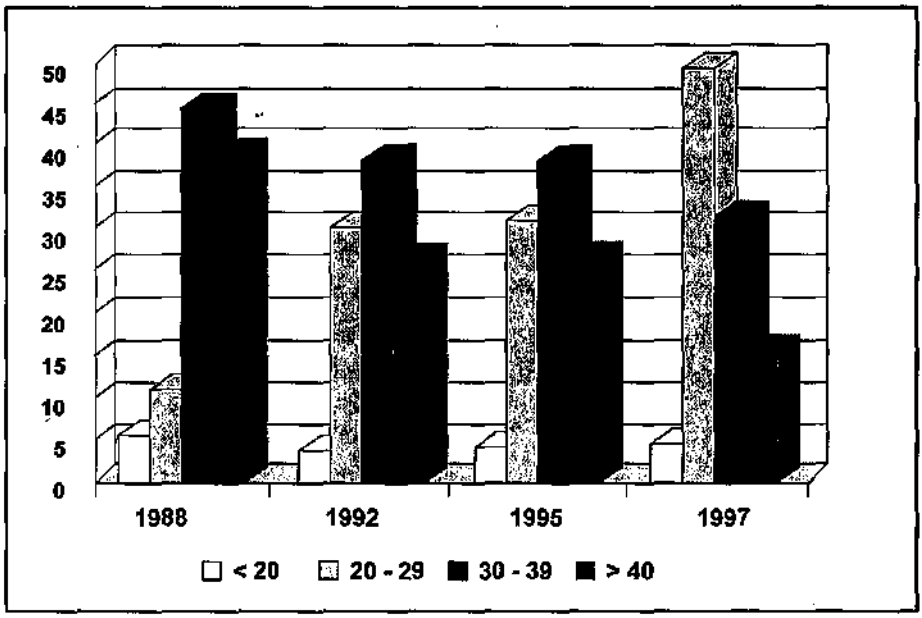

FIGURE 1

In 1988, alcohol was the most common abused substance (59%), compared with only 13% in 1997. Heroin abuse showed little increase in 1992 (22%), in comparison to 1988 (18%). However, in 1997, heroin was the most common abused substance (71%; Figure 2).

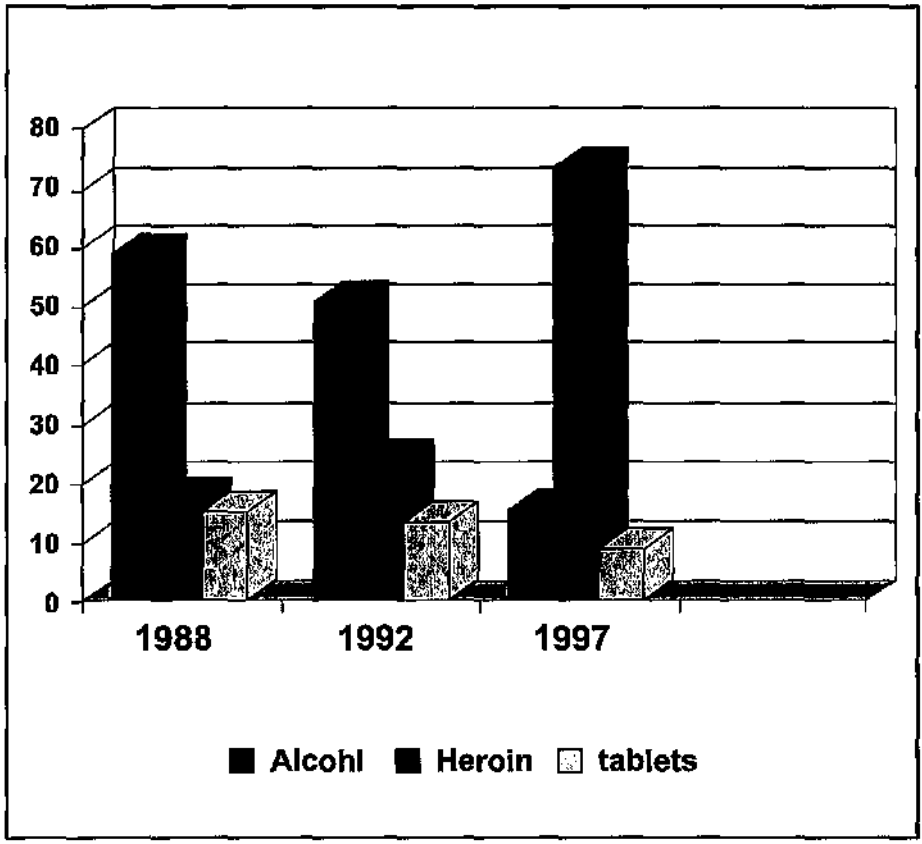

FIGURE 2

Discussion

Alcohol used to be the most abused substance till 1994 (Darwish 1994), and this was even consistent with another study done 16 years ago (Demerdash, *et al* 1981). In this study, however, it was noticeable that heroin was the most commonly abused drug in 1997. Addicts tend to start their addiction behevior at a younger age in the period after the invasion.

Fourth Day of the Conference
Wednesday, 21 May, 1997

Third Session

Chairman : Dr. Fouad Abu Hattab
Moderator : Mr. Abdel Hamid Al-Belaly

Speakers:

1 - Dr. Fereydoun Mehrabi
2 - Dr. Malik H. Mubbashar
3 - Dr. Ahmed El-Kadi

DRUG AND ALCOHOL ABUSE IN IRAN BEFORE AND AFTER ISLAMIC REVOLUTION

Dr. Fereydoun Mehrabi

IRAN

Drug and Alcohol Abuse in Iran before and after Islamic Revolution

Dr. Fereydoun Mehrabi

IRAN

1. Introduction

1.1. General Information about Iran

Population of Iran is about 60,000,000. Iranians are composed of different ethnic groups like Fars people including Zoroastrians, Arabs, Lors, Kurds, Azerbaijanies, Armenians, Asyrians, Baluchis and Turkamans. The official and national language is Farsi (Persian), but ethnic languages and many local accents, some quite distinct, (like Gilak and Mazandarani) are spoken by different people. These include Arabic, Turkish, Kurdish, Armenian, Asyrian, Baluchi and Turkman. The main official religion is Islam. Zoroastrianism, Christianity and Judaism are other officially accepted religious minorities with members in the parliament. More than 97 per cent of the population are muslims. The area of the country is 1,648,195 sqkm (16th country of the world).

Iran is bordered in the North with Newly independent republics of the former Soviet Union (2013 kms). Eastern border is with Afghanistan (945 kms) and Pakistan (978 kms). Western border is with Turkey, and Iraq (1609 kms).

Tehran has been the capital city for the past 200 years. Being a small village in the beginning; it has now turned to a huge metropolitan with about 10,000,000 population. Tehran is the major cultural, economic and educational center of the country. The country is divided to 26 provinces. Major cities beside Tehran are Mashíhad in the northeast, Esfahan in the center, Tabriz in the northwest, Shiraz in the south, Kermanshah in the west, Kerman in the southeast, Ahwaz in the south near Persian gulf and Rasht in the north near Caspian sea.

Since 1979 Iran is an Islamic Republic. The economy has traditionally been oil-dependent, but recently many attempts to build

the countryís infrastructure has been made and dependence on oil is continuously decreasing.

The country has been quite successful in the health and education sectors. Infant Mortality Rate has dropped from 145 per thousand live births in 1960 and 104 per thousand live births in 1979 to 35 per thousand in 1995. This has been achieved through a comprehensive, integrated health network of Primary Health Care system under the supervision of a new ministry in charge of the whole activities of health and medical education. Mental Health has been integrated in this system and is now a part of the countryís Primary Health Care (PHC) activities with coverage for more than 8,000,000. Adult Literacy rate for men and women has increased from respectively 61 and 37 per cent in 1980 to 78 and 60 in 1995[1-2].

1.2. History of Drug and Alcohol Abuse in Iran

The medical consumption of opium in Iran has been common for centuries. Avicenna and Rhazes, two of the most famous Iranian physicians have been quite familiar with its medical and pharmacological effects. In Iranian classical poetry, Sa,edi and Hafiz have both talked of opium very positively, one describing it as an antidote for suffering and the other referring to it as the treatment for all ills. Consumption of opium for connival purposes starts during Safavid dynasty, about 400 years ago. French John Chardin mentions the consumption of opium as a tranquilizer by the high society of Persians in his memoirs of traveling to Iran. John B. Taverniere[3] describes the drinking of Kookonar syrup made of opium by ordinary people. Both of these writers visited Iran during Safavid period. During Qajar dynasty, that started about 200 years ago the consumption of opium increased dramatically. Smoking opium and widespread cultivation of poppies started during Nassereddin Shah of Qajar dynasty.[4] It is from this time that smoking opium in presence of others and inside the houses became a socially acceptable behavior, almost similar to consumption of alcohol in the west. The export of opium also started at the same time.

The trend of opium consumption is upwards during Pahlavi dynasty until the year 1955[5], when the first law for prohibition of poppy cultivation was passed. This, however did not change the scene to any large extent. Cultivation continued in many remote areas and smuggling also started from neighboring countries. The first cases of heroin abuse were reported around 1960. In 1969 a new legislation was passed by the parliament allowing limited cultivation of opium. The reasons for enacting such a law were given as: 1- Combating heroin abuse. 2- Controlling opium addicts, and 3- Combating the smuggling of narcotic drugs. In this connection, considering the very large number of addicts and the lack of enough facilities for detoxification and rehabilitation of them the law allowed a system of opium rationing for people above 60 years of age and the ones who had severe and disabling physical problems. Therefore, for the first time, registered addicts appeared in Iranian drug scene.[6]

Very soon after the Islamic revolution of 1979 a new law was enacted to combat drug abuse. Based on this new law, addicts were regarded as criminals and were taken to special camps for treatment. Extremely strong measures were taken against drug traffickers, with emphasis on border control and strong law enforcement activities. These measures were so strong that according to the last available statistics in 1996 about sixty per cent of all prisoners (66000) are there for some drug related offense.[7]

Production and drinking of alcohol was free before Islamic revolution and the per capita consumption, although much lower than non Islamic countries, showed an increasing trend between the years 1970-1979.[8] During these years, alcohol consumption in Iran was relatively higher than some other Muslim countries that had reported their annual consumption. It was lower than some others. Following the Islamic Revolution of 1979 the production and consumption of alcohol was totally banned in the country, alcohol factories were turned to produce non alcoholic beverages and medical and industrial alcohol. Of course, some degree of smuggling and home production is illegally continuing. There is no reliable statistics of the total alcohol use and no official body is responsible for production of such statistics. However, judging from all social indicators one can safely claim that the consumption of alcohol particularly among ordinary and working class people has decreased dramatically.

2. Drug Scene in Iran

2.1. General Considerations

Apart from tobacco, the most important substances that are abused in Iran are opium and heroin. There is some consumption of hashish and morphine. Recently there have been sporadic reports of cocaine inroad to the high society consumers.

2.2. Supply Side

All opium and heroin that is consumed in Iran comes to the country through eastern borders with Afghanistan and Pakistan. Iran is a transit route for these drugs to Europe and other parts of the world, but it is said that its importance as a transit route has decreased during recent years. The reasons are many, including the emergence of newly independent republics of the former Soviet Union as new transit routes, transit through airports in the Gulf countries and severe law enforcement measures in Iran. It should be noted that Iran has about 2000 kms of common border with the eastern neighbors. Most of these areas are rough terrain and no matter how strong the law enforcement measures, it is almost impossible to stop such traffic.

The following is the official statistics of seizures or narcotic drugs in the years 1990-1996. This statistics have been provided by The Iranian National Headquarters to Combat narcotics. The total seizures shows a 5 times increase between 1990 and 1996. (From 32 tones in 1990 to 156 tones in 1996). The breakdown of this total amount to different substances shows that during this period the following trends existed. Cannabis seizure has increased 2.5 times. With the exception of an unexplained sharp increase in 1992 heroin seizure has remained almost unchanged and morphine seizures has doubled. However, the most dramatic increase belongs to opium which shows a more than six times increase from 20 tons in 1990 to 122 tons in 1995.[9]

2.3. Demand Side

The exact number of people with abuse problem is not known. Epidemiological studies in the area of dependencies is not easy. These

studies become particularly difficult where addiction is regarded as a criminal activity and not a disease. The modern history of performing epidemiological studies on dependencies in Iran goes back to a study in 1955.[10] This study puts the rate of narcotic addiction as 75 per thousand of male population above 15 years of age. The second study done in 195810 gives a rate of 10 per thousand that is about 8 times less. The methodology of this second study have been widely criticized and it is commonly believed the first rate have been more indicative of the facts. A report by The US National Institute of Drug Abuse (NIDA)[10], here quoted from a publication by Iranian Welfare Organization, puts the number of addicts in Iran in the year 1975 at 400,000. In 1977-78 a nationwide epidemiological study was done by Iranian government in collaboration with WHO to establish the rate of mental illnesses and drug addiction. At present we only have access to the results of this study for 4 provinces. This study shows the overall rate of 90 per thousand in adult male population of above 15 years of age. In one province (Hormuzgan) the rate have been dramatically high (170 per thousand). The methodology of this study was based on urine sampling.[11] In the same year (1978), another study put narcotic addiction rate in the rural areas of north Iran as 69 per thousand.[12]

After revolution, in 1980 the government took a new stand against drug abuse. In this year the addicts were given a chance to either seek treatment in a period of 6 months or face criminal charges and transfer to prison like rehabilitation centers. The data given at the beginning of this programme puts the number of registered addicts at 154,000. In the same year 278,000 addicts came to the government centers for treatment.[10]

In 1984 the Iranian ministry of health reported the number of addicts to be about 800,000. The reported number in response to an official questionnaire of the eastern Mediterranean Regional Office of World Health Organization in 1993 is 600,000.[13]

As it can be appreciated and was mentioned earlier, all these figures are to be taken as estimates, but in general some observations can be made on the demand scene in Iran:

a - Attitudinal issues: Stigma attached to using opium is relatively low in Iran. It can be said with certainty that it is lower than stigma of using cannabis and much less than the same for heroin. True narcotic addict in the eyes of Iranians is the heroin addict.

b - Economic issues: In spite of all the law enforcement activities availability of narcotics in the country is high, and the reasons are mainly outside Iranian borders. Such availability keeps the prices down. It is particularly true for the eastern provinces.

c - Still in some of the remote rural areas of the country the first cultural choice of treating many diseases is opium. The cultural beliefs commonly accept and recommend using opium for a range of problems from chronic pain to depression, from colitis to sexual dysfunctions. This is of course rapidly decreasing with the expansion of health services and increased literacy rate.

3-Recent Changes and Developments

The harsh law enforcement measures adopted following the revolution were a natural response to the extent of addiction in the country. These measures were undoubtedly effective in decreasing and slowing down the transit of narcotic drugs through Iran. However, as far as drug dependence in the country was concerned, it was gradually realized that law enforcement measures alone were not enough.

In response to this new realization, in 1995[14] the government started a new direction for addressing the problem of addiction through a multisectoral workshop with participation of the Eastern Mediterranean Region of World Health Organization. This workshop also concluded that law enforcement measures alone were not sufficient enough to address an issue with such dimensions. It recommended activities in the areas of public education, research and the use of scientific methods of treatment and rehabilitation. Last month (April 1997), the new åNational Programme for Prevention and Treatment of Substance Abuse'[15] was approved. This new programme envisions deep involvement of health and welfare sectors in these areas. The existing legislation that regards addiction a criminal offence and not a disease is also under revision by judicial and parliamentary authorities.

4.Conclusions

1 - It seems that in relation to alcohol there is no major cause for concern. Being an Islamic country Iran has not been a major consumer of alcohol even before the revolution. Consumption is illegal now and although no official figures are available it is safe to say that it is much less than the past.

2 - As regards narcotic drugs, based on the available statistics opium is the major drug of abuse in Iran. However, the danger of heroin and particularly the injection use should not be underestimated.

Some of the most important reasons for high rate of opium abuse in Iran are:

* Long standing cultural acceptance for both medical and connival use.
* Consumption of opium had not been banned by Shiite religious authorities before the revolution. It was of course banned after the revolution.
* The presence of a very long border with the eastern neighbors and also uncontrollable cross border passing due to conditions in Afghanistan.
* Possible replacement of opium for alcohol in certain social occasions and gatherings.
* Very cheap price compared with many other countries and general income of the people.

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SITUATION OF PREVENTION AND TREATMENT OF ALCOHOL AND DRUG ADDICTION IN PAKISTAN

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PAKISTAN

Situation of Prevention and Treatment of Alcohol and Drug Addiction in Pakistan

Prof. Malik H. Mubbashar

PAKISTAN

Out of the day and night A joy has taken flight, Fresh spring, and summer, and winter roar, Move my faint heart with grief, but with delight No more.... oh, never more!

Shelley

INTRODUCTION

Pakistan is located in Southeast Asia, bordered by India on the East, Afghanistan and Iran on the Northwest and West respectively having a population of 130 million.

The country is divided into four administrative units, the provinces: The Punjab, Sindh, NWFP, and Baluchistan.

The areas comprising present day Pakistan have a long history of cannabis and poppy cultivation, however it was not threatened by the onslaught of drugs until the late 1970's.

The drug abuse pattern in Pakistan has changed at least twice during the past 35 years, from traditional drug abuse during the sixties when opium, bhang, charas (hashish), and alcohol were abused by low-income segments of society, a new situation emerged when charas abuse picked up in the late sixties. Some writers attribute this change to so called "hippie culture". At this stage, the use of cannabis expanded beyond subculture groups into medium to high income segments of the society and especially among the student community.

Whereas the phenomenon of traditional drug abuse in Pakistan was in a way adapted to the socio-cultural fabric and negative effects (even of protracted use) appeared to have been manageable, the second change in drug abuse pattern was observed during the early eighties when "heroin" was introduced and within a short span of five years, the number of heroin addicts increased from 20,000 in 1981 to 365,000 in 1995. The estimates for 1988 revealed that there were 1,080,000 heroin abusers in Pakistan. This switch from traditional

drugs to heroin becomes even more startling when the increase in the percentage of heroin abusers was observed. While only 0.4% of all drug abusers were heroin abusers in 1980, this figure jumped to 22.8% in 1985 and in 1988, the percentage of heroin abusers in all drugs stood at 48.1%.

The impact of heroin on the abusers was immediate and of different dimensions, e.g. impairment of working capacity and efficiency, decreased income, unemployment, adverse effect on health and familial/marital relations. All these were experienced within a short time, obviously affecting the personality of abusers adversely and soon changing his way of life and pattern of living and prospects for future. Drug abuse and the concomitant profound effects ultimately altered the entire course of the affected families.

Although it is important to know what caused this dramatic change in drug abuse, it is equally significant to evaluate the socio-psychological problems caused by these drugs. For this purpose it is vital to have the latest information about the number of drug abusers in the society, their socio-economic profile, the frequency and pattern of drug abuse, criminality aspects associated with drug abuse, and the availability of health facilities for drug abusing patients in Pakistan because ignorance is one important factor in spread and sustainability of the menace of drugs/alcohol addiction.

ANALYSIS OF CURRENT SITUATION

According to the recent estimates approximately 3.01 million drug abusers exist in Pakistan.

This range includes abusers of all drugs listed in the international conventions together with alcohol (135,000) which is prohibited in Pakistan, and other substances including petrol, paint, dhatoora, and naswar (174,000).

Heroin remained the most common drug being abused by 50.7% or approximately 1.52 million drug abusers. The second most preferred drug was charas (hashish) which was used by 29.5% or 0.89 million drug abusers. This was followed by other drugs (5.8%), opium

(5.7%), alcohol (4.5%), bhang (2.3%), tranquillizers (1.1%), and Mandrax (0.1%).

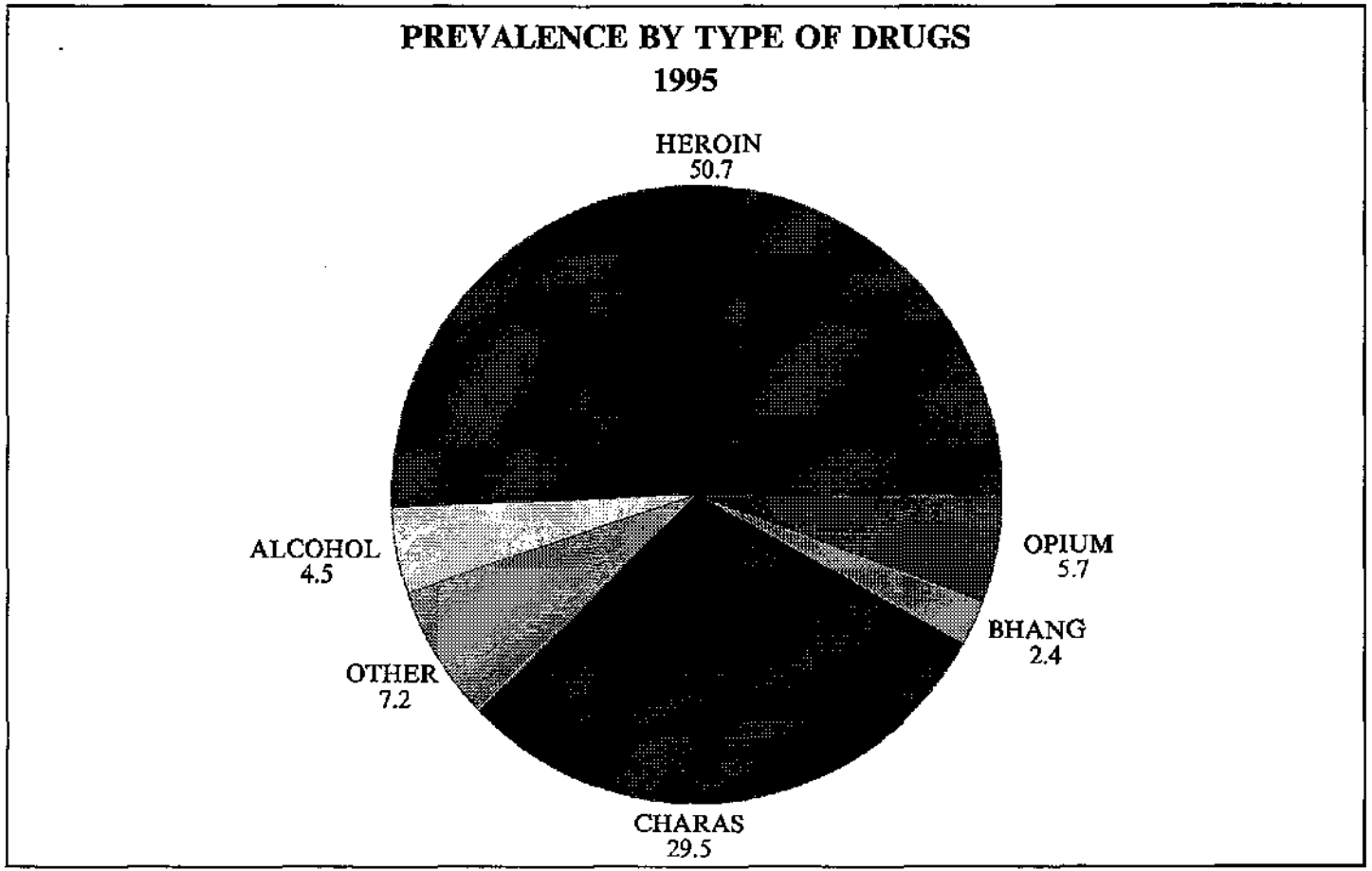
In 1988 these proportions were 2.10% and 2.32% for urban and rural areas respectively. This data suggests that drug abuse is increasingly associated with urban environments in Pakistan. Positive aspects which has emerged is that the rapid increase in drug abuse witnessed between 1982 to 1988 was 12% as compared to 7% between 1988 and 1995.

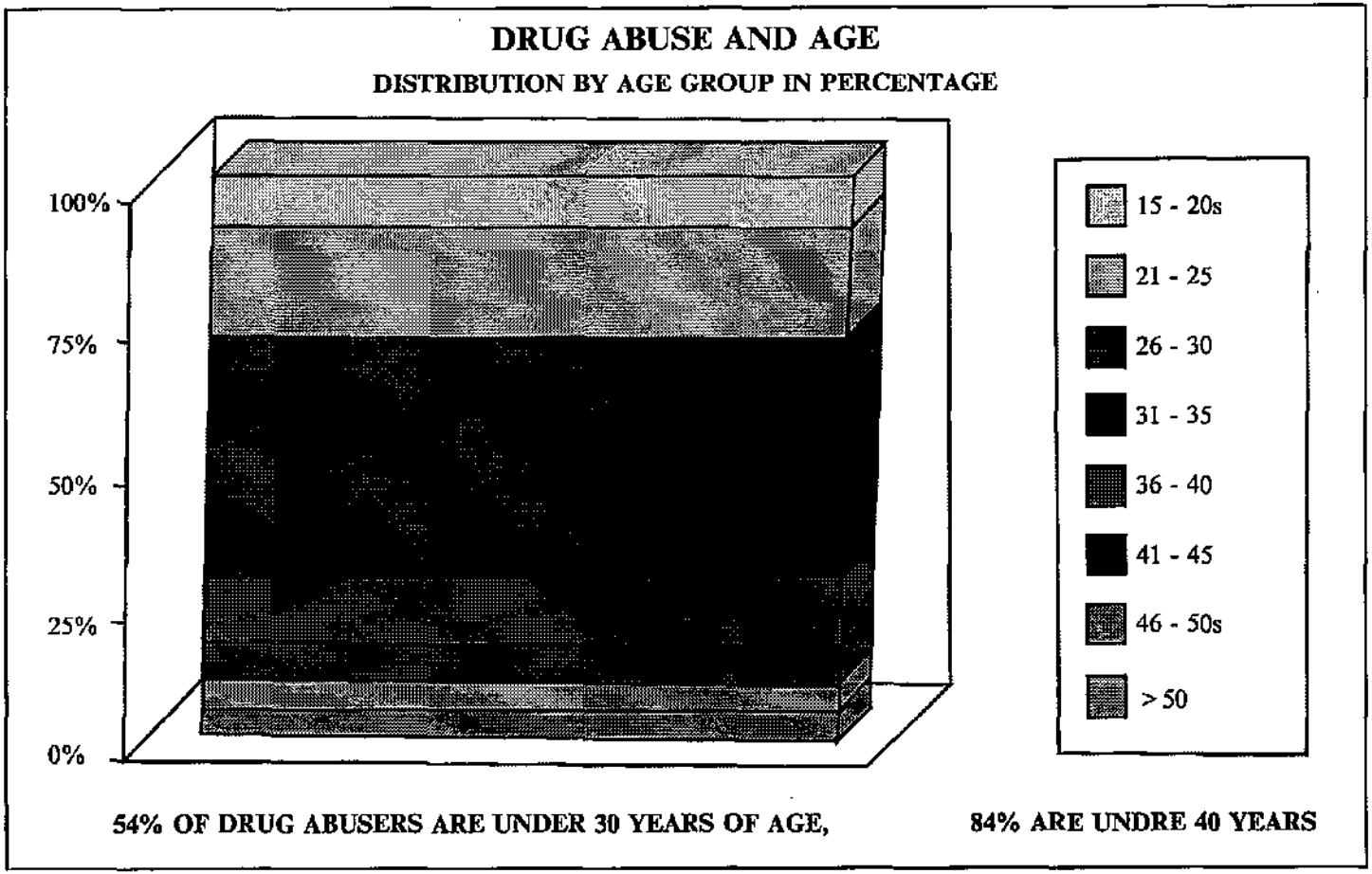
An examination of social and demographic factors reveals that 71.5% of drug abusers were under 35 years of age with the highest proportion in the 26 - 30 years age group. Of all drug abusers almost 60% were literate and surprisingly a similar percentage were employed. Among occupational categories, the frequency of drug abuse was highest (50.8%) for those in skilled and unskilled labour categories, followed by sales (16.8%), agriculture (7.4%), and students (5.4%). The average monthly personal income of drug abusers was Rs. 3054 and the estimated monthly expenditure on drugs was Rs. 1259.

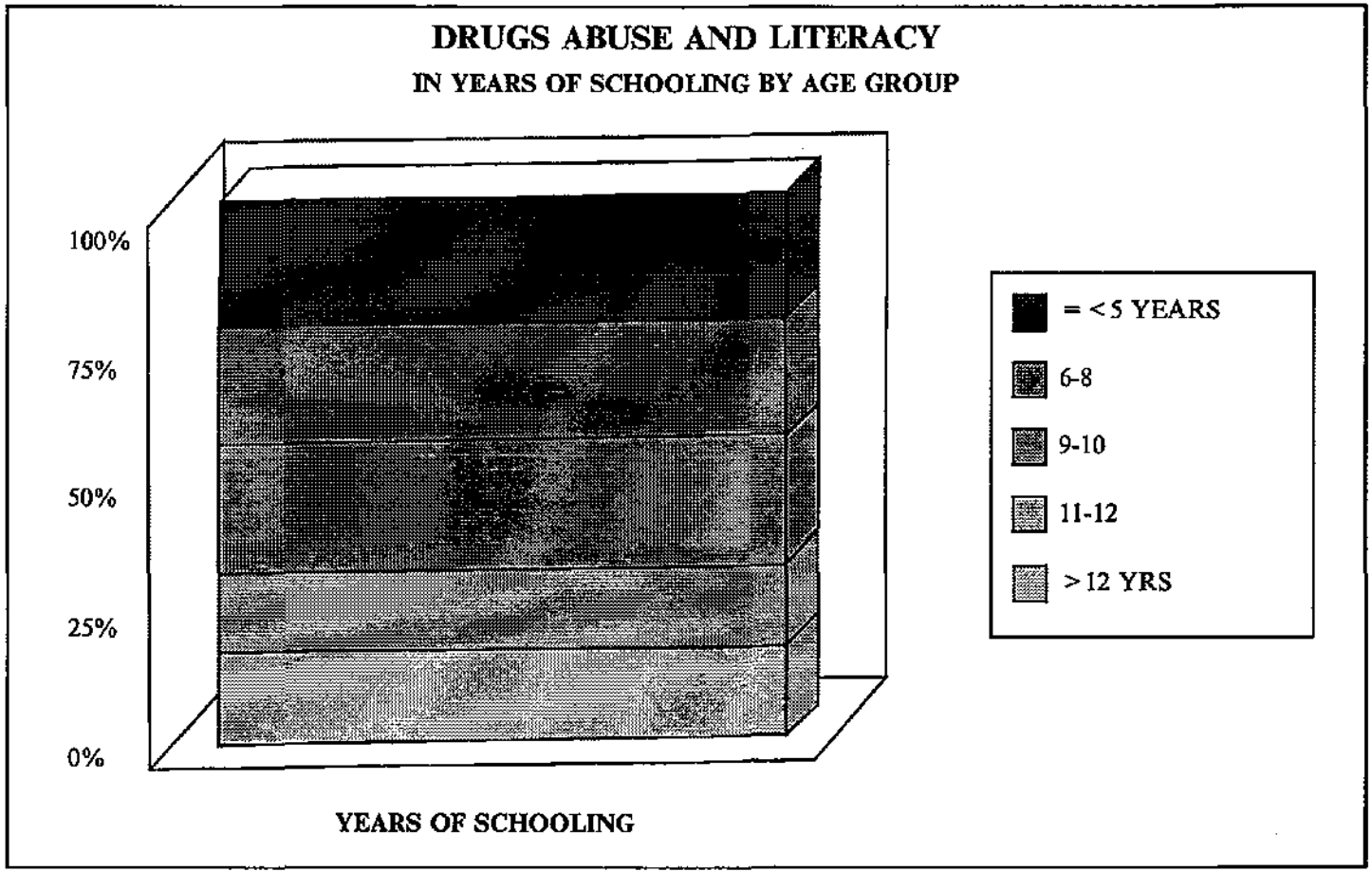
Within the survey sample of 1000, the drug abuse profiles included 97.2 per cent male respondents. Among them 42% were single and 54% were married. The average family size was 8 members of which approximately 3 were economically dependent upon the drug abusers. These findings together with conviction or arrest records in 32.9% of the sample suggest serious social and economic implications for the families of drug abusers.

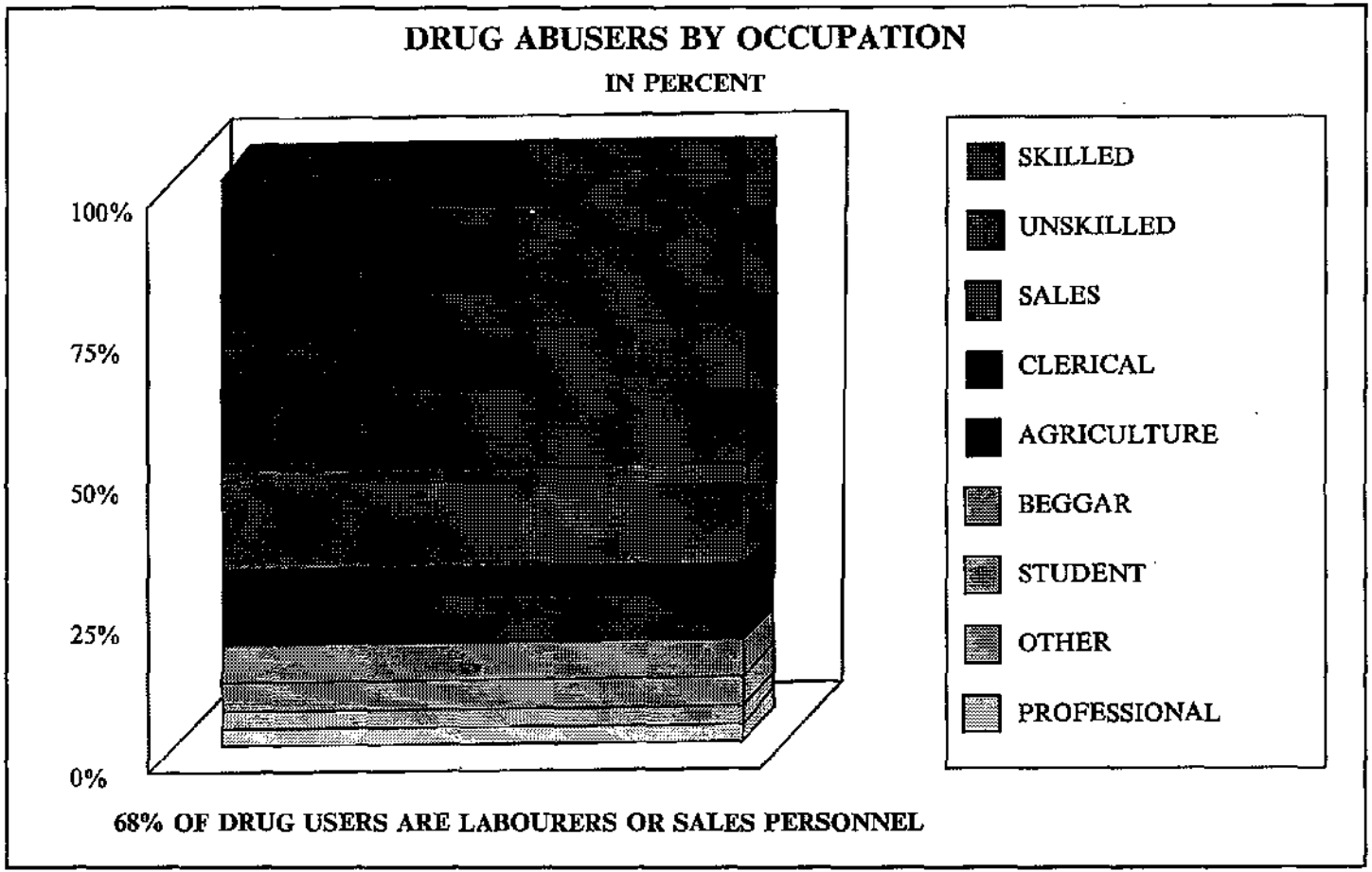
Sources of introduction to drugs were mostly attributed to friends in 68.6%, and to casual acquaintances or drug pushers in another 15% of the cases. Family members made up another 8.9% of the cases. 69.2% of respondents were using drugs at least 2 or more times daily during the past thirty days. Similarly, poly drug abuse was also found in 78.2%.

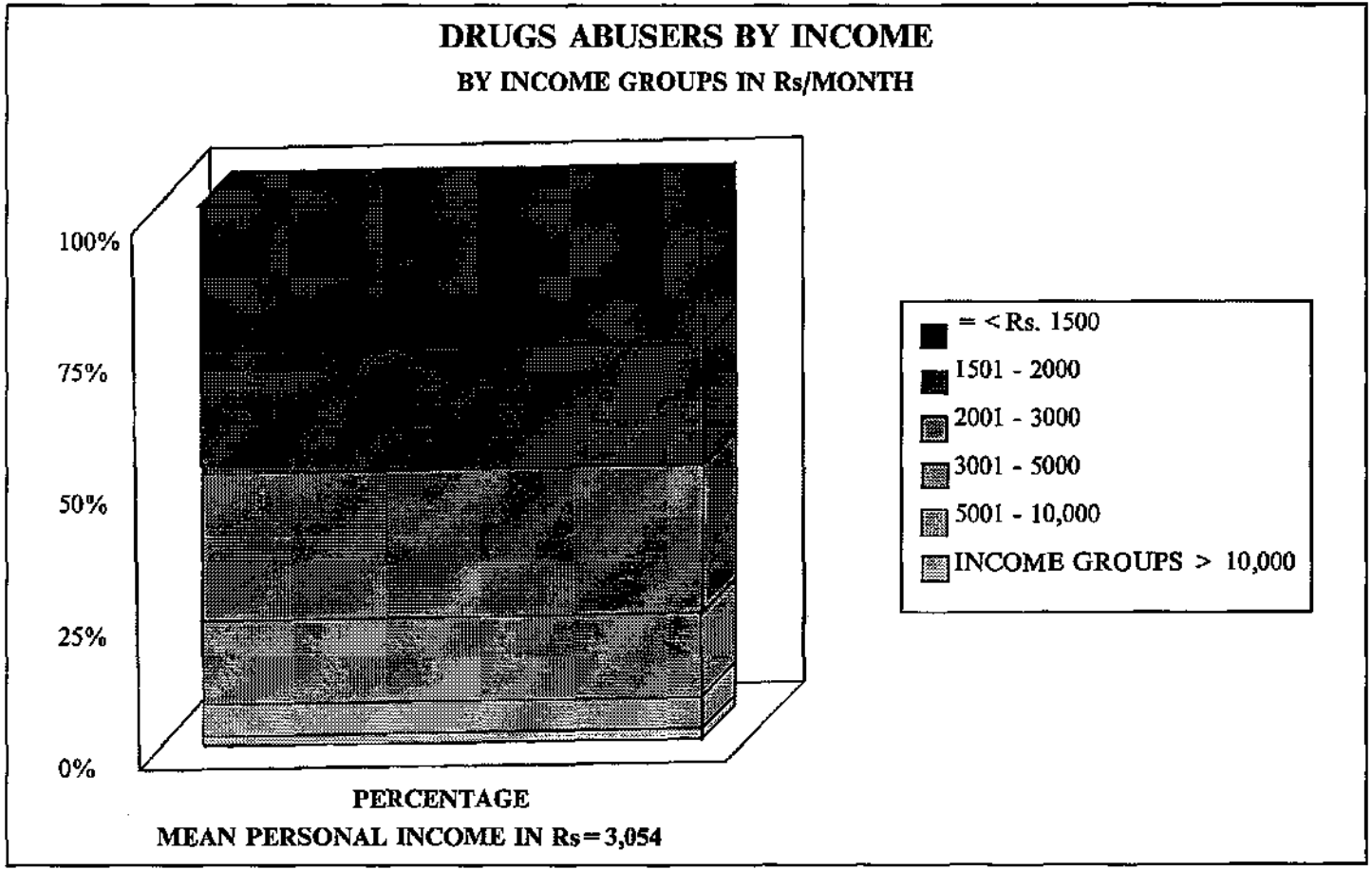
Regarding methods of drug administration, evidence suggests that almost in all cases, opium, bhang, alcohol, and tranquilizers were taken orally. Heroin was mostly smoked or the fumes were inhaled while charas was smoked by the vast majority of drug abusers. A

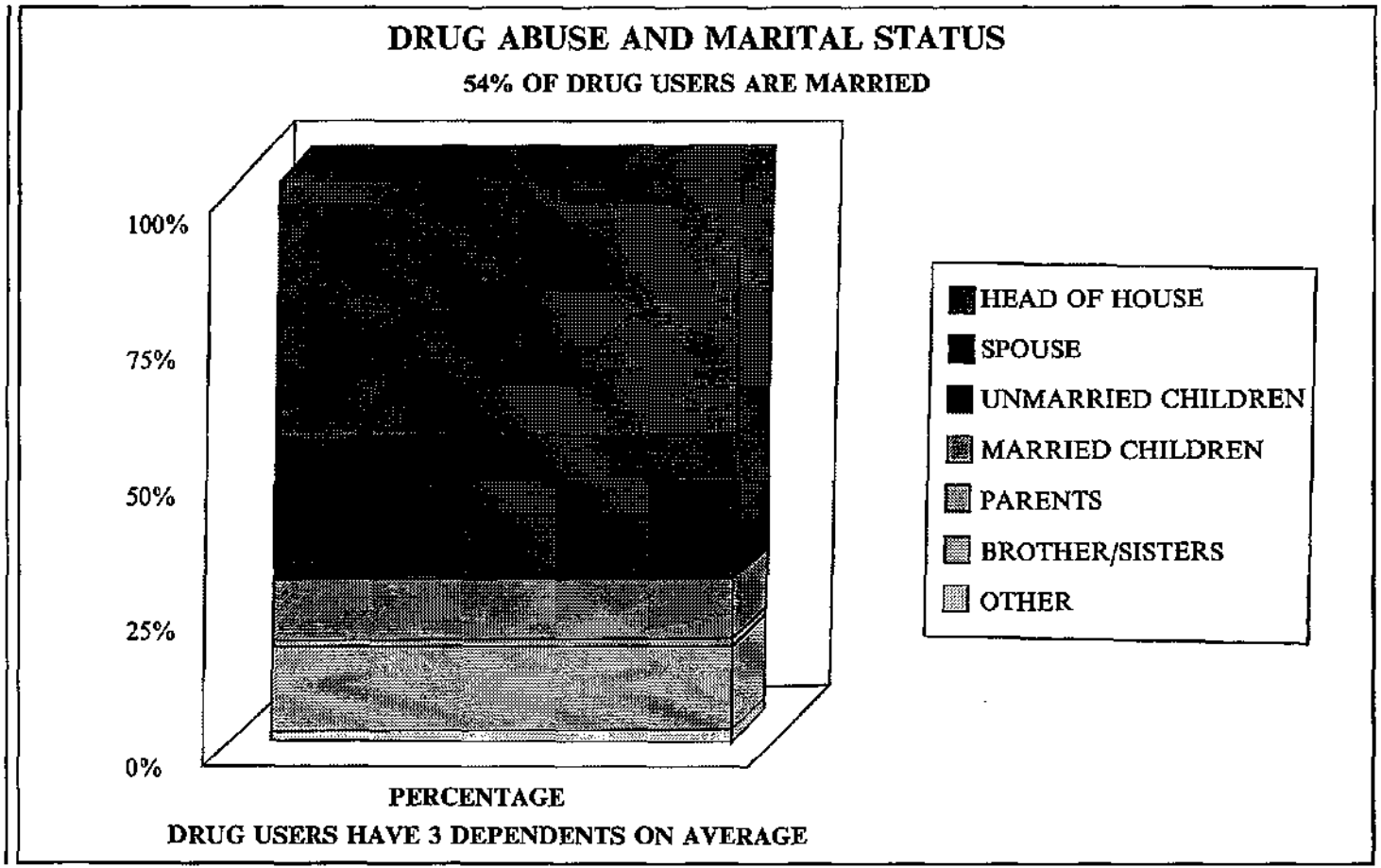

PREVALENCE BY TYPE OF DRUGS
1995
HEROIN
50.7
OPIUM
5.7
BHANG
2.4
CHARAS
29.5
OTHER
7.2
ALCOHOL
4.5

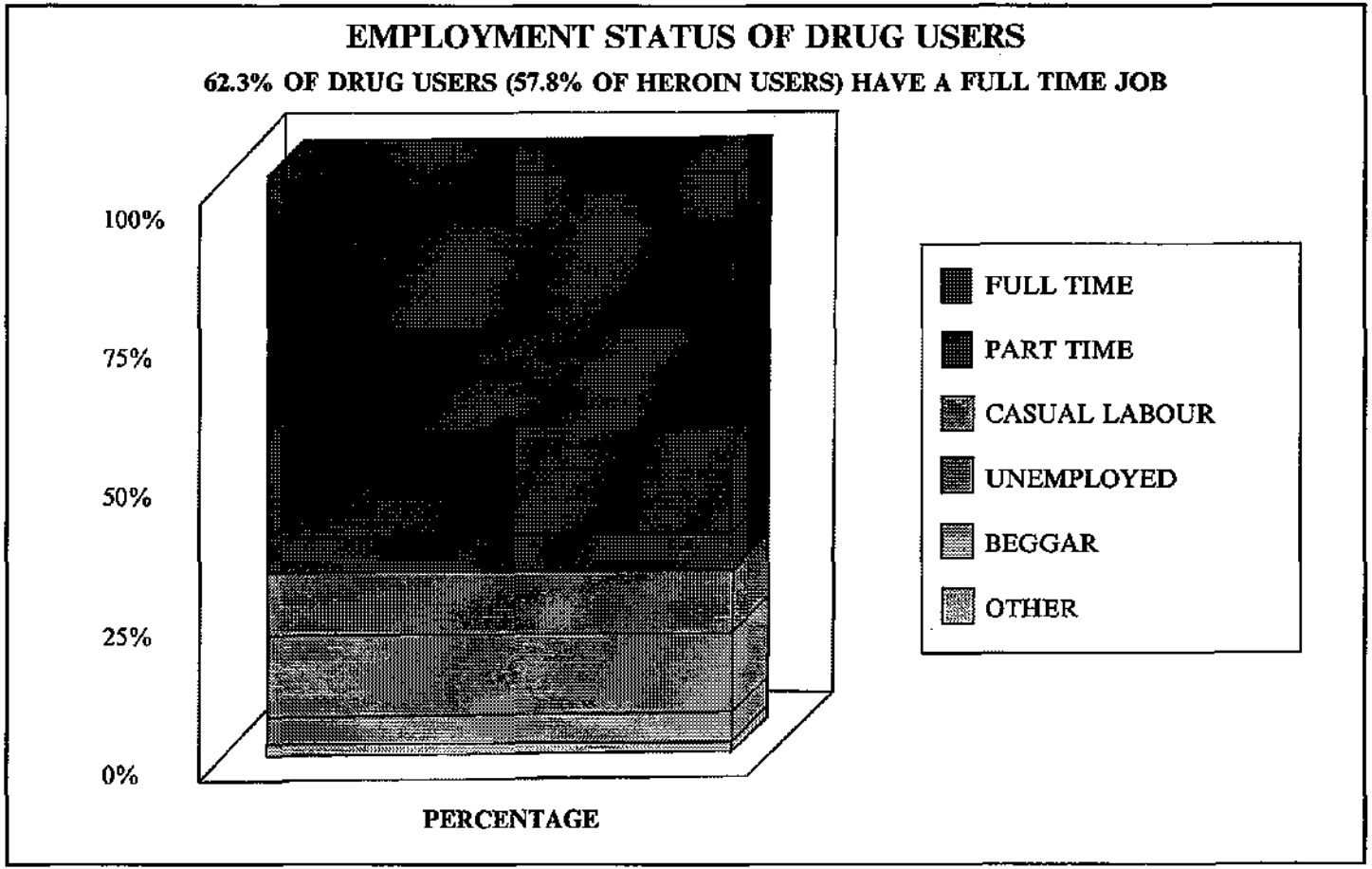

DRUG ABUSE AND AGE
DISTRIBUTION BY AGE GROUP IN PERCENTAGE
100%
75%
50%
25%
0%
15 - 20s
21 - 25
26 - 30
31 - 35
36 - 40
41 - 45
46 - 50s
> 50
54% OF DRUG ABUSERS ARE UNDER 30 YEARS OF AGE,
84% ARE UNDRE 40 YEARS


DRUGS ABUSE AND LITERACY
IN YEARS OF SCHOOLING BY AGE GROUP
100%
75%
50%
25%
0%
YEARS OF SCHOOLING
= < 5 YEARS
6-8
9-10
11-12
> 12 YRS


DRUG ABUSERS BY OCCUPATION
IN PERCENT
100%
75%
50%
25%
0%
SKILLED
UNSKILLED
SALES
CLERICAL
AGRICULTURE
BEGGAR
STUDENT
OTHER
PROFESSIONAL
68% OF DRUG USERS ARE LABOURERS OR SALES PERSONNEL


DRUGS ABUSERS BY INCOME
BY INCOME GROUPS IN Rs/MONTH
100%
75%
50%
25%
0%
PERCENTAGE
MEAN PERSONAL INCOME IN Rs=3,054
= < Rs. 1500
1501 - 2000
2001 - 3000
3001 - 5000
5001 - 10,000
INCOME GROUPS > 10,000


DRUG ABUSE AND MARITAL STATUS
54% OF DRUG USERS ARE MARRIED
100%
75%
50%
25%
0%
PERCENTAGE
DRUG USERS HAVE 3 DEPENDENTS ON AVERAGE
HEAD OF HOUSE
SPOUSE
UNMARRIED CHILDREN
MARRIED CHILDREN
PARENTS
BROTHER/SISTERS
OTHER


EMPLOYMENT STATUS OF DRUG USERS
62.3% OF DRUG USERS (57.8% OF HEROIN USERS) HAVE A FULL TIME JOB
100%
75%
50%
25%
0%
PERCENTAGE
FULL TIME
PART TIME
CASUAL LABOUR
UNEMPLOYED
BEGGAR
OTHER

small number of heroin injection cases (1.8%) have begun to emerge in the Karachi area. This pratice is newly observed in comparison to earlier studies, raising concern about the increased risk of transmitting blood borne diseases such as hepatitis and HIV/AIDS through the process of needle sharing.

More than half of heroin abusers (66.3%) tried to abstain at some point. For those using charas as the drug of first choice, approximately 48.8% had tried to quit.

Of those who tried to abstain, approximately 29.2% entered some form of supervised treatment; a hospital, doctor, specialized center or NGO. The remainder attempted self treatment, mainly in the form of detoxification. The successful duration of abstinence from drugs for a period of 1 - 2 years was found in 8.3%, a further 8.5% reported no drug use for more than two years.

There are 26 Drug Addiction Treatment Centers (DATC) staffed by one psychiatrist, two medical officers, ten nurses, two social workers and one statistician in teaching hospitals all over Pakistan.

In addition to the Government facilities, there are more than 350 drug abuse treatment and rehabilitation centers being run by NGOs and General practitioners (National Directory of Drug Treatment and Rehabilitation Services, 1994).

Overwhelming majority of these centers are providing detoxification facilities, only with hardly any rehabilitation activities, and raw opium is used in government facilities for detoxification while clonidine, benzodiazepines and naltrexene are being used in non-governmental facilities.

Furthermore these facilities are concentrated in the urban centers of the country. No facilities are available for the rural population of Pakistan and the involvement of the community in the decision making and implementation of programmes aimed at combating the menace of drug/alcohol abuse is surprisingly lacking.

It is in the light of these problems that the Institute of Psychiatry has started a community based rural mental health programme.

The phases of programme are:

1. Four Phases of Development of the Community Mental Health Programme.

Phase I:

Collection of demographic data about the project area.

Assessment of knowledge, attitude and practices about mental health illness. Need and demand appraisals.

Sensitization of community members regarding the mental health needs. Sensitization of of administrators, regarding mental health services provision.

Phase II:

Development of teaching and training material for primary care physicians, multipurpose health workers, lady health visitors and traditional birth attendants.

Teaching and training of primary care personnel, in a decentralized manner.

Phase III:

Stimulation of community efforts by using innovative methods like addressing religious congregations and setting up of community mental health committees and development of referral channels using colour coded cards. Generation of data regarding case indentification, case holding, case referral and case cure by using an indigenously developed information system, for various types of health professionals.

Phase IV:

Evaluation of impact of community based rural drug abuse prevention programme is during this phase, it was realized that schools can be a powerful medium and can play an effective role in stimulating community efforts for mental health care provision. This realization led to the development of SCHOOL MENTAL HEALTH PROGRAMME at Gujar Khan that has been now extended like the community mental health programme to the whole of the Rawalpindi division and covering the largest population possible.

2. Four Phases of the School Mental Health Programme

FAMILIARIZATION PHASE: Sensitization of education administrators regarding the application of mental health principles to the field of education.

Collection of data regarding the knowledge attitudes about mental health among the school teachers and students.

TRAINING OF TEACHERS: Male and Female teachers were trained with the aim to provide knowledge and counselling skills.

REINFORCEMENT PHASE: Visits to the schools by the community support team. Organisation of parent teachers associations. Organisation of speech and essay contests about mental health. Development of the slogans carrying primary, secondary and tertiary prevention messages.

EVALUATION PHASE: The effects of programme were assessed according to the following parameters: the number of students scoring better grades; the number of absentees and dropouts; and the number of case referrals to the health centers both for general and mental illness. (Currently working phase).

It is in light of experience in the community that a community based rural drug abuse prevention programme was initiated with the following objectives.

AIMS AND OBJECTIVES:

- To increase the awareness of the community about harmful physical, mental and social effects of use of psychoactive substances.

1. Development of community based programmes for treatment and rehabilitation of individuals suffering from disorders associated with use of psychoactive substances, involving the NGOs already working in community.
2. Involvement of professional bodies like journalists teachers associations, medical and pharmaceutical associations and NGOs to increase awareness amongst its members about the potential of abuse of psychoactive substances and their harmful effects.
3. Development of public awareness material, including spots for television, adds for newspapers, wall chalking, posters and public gatherings.
4. Development of teaching and training manuals for PHC staff, teachers, NGOs for early identification, treatment and prevention.

- Development of research projects to identify risk factors for substance abuse/misuse in the community.

- Development of indicators for evaluation of the programmes including cost:benefit analysis and standards of care in substance abuse treatment.

5. Development of programmes for identification, treatment and rehabilitation of high risk and marginalised groups.

The brief outline of the concept of prevention can be understood by using a swimming pool model. The pool itself is a "society" or the "world" into which individuals are plunged and they learn to float or else sink.

See diagram

i. Great majorit becomes swimmers. They learn to float and swim and flourish with relative safety, even in the presence of drugs and adverse circumstances. Learning to swim is "important" and essential item of prevention.

ii. Those who are not good swimmers tend to become SUBMARINERS, already vulnerable with precarious control, hence early intervention is very important to prevent sinking.

iii. SINKERS are those, who have not learnt to swim. They are clearly distressed, damaged and perhaps drowning, even though they would be hidden, propped up or not realising or admitting it.

IDENTIFICATION AND PRELIMINARY ASSESSMENT OF TWO COMMUNITES

The two areas which have been identified for this purpose are Mandra (demonstration area) and Taxilla (Control area), which are situated at a distance of about 25 km from Rawalpindi on the main Grand Trunk road, and are linked with rail and road with the rest of the country.

A drug abuse monitoring system was developed to calling out the preliminary assessment of the two communities. The information was gathered from drug abuse treatment facilities, hospitals, NGOs, community leaders, loca bodies and law enforcement agencies.

According to the Drug Abuse Monitoring System developed at the Institute of Psychiatry, the data for the two areas is as follows:

		Mandra	Taxilla
Total # of drug abusers		412	316
Age	20-34	53%	56%
	35-44	27%	31%
Sex	Male	99%	99%
Marital status	Married	40%	42%
	Single	50%	49.2%
Educational status	Illiterate	36%	39%
	1-6 yrs	34%	34%
	7-12 yrs	24%	24%
Employment	Employed	79%	89%
	Government employee		32%
	Self employed	24%	
	Drivers	23%	28%
	Sales/clerical staff	9%	19%
Agrobased/skilled/unskilled labour		8% EACH	18% EACH
Primary drug	Heroin	82%	86%
	Poly drug	54%	52%
Method	Smoking/chasing the	80%	78%
	Dragon injecting drugs	5.5%	5.5%
Indicators of	Arrested	152	102
law enforcement	Seizures	393	
Confiscated	Opium	2.873 KG	
	Heroin	5.846 KG	
	Cannabis	6616 KG	
	Boottles of alcohol	2883 KG	

CONCLUSION AND FUTURE DIRECTIONS

Our experience has shown that there are five questions in search of answers - The answers which we all need to develop in light of our community's needs, perceptions and demands.

These questions are:

1. WHY DRUGS? AND WHY NOT?
2. WHOSE SIDE ARE YOU ON! DOCTOR?
3. REDUCE SUPPLY OR REDUCE DEMAND OF DRUGS?
4. WHAT IS THE FUTURE OF UNCHECKED EPIDEMIC?
5. THE BARIERS, LAW, SOCIETY, FAMILY, CAN THEY STOP?

The only glimmer of an answer which I can offer is that there should be a greater emphasis placed on studying and involving people rather investigating drugs per se, thus requiring a shift from preocupation with pharmacological effects to the meaning and function of drug use and the behaviour of user and their social milieu.

As such planners and policy makers should begin to address themselves more intensely to such issues as who comprises the various sub-populations of users; what motivates them to become users and sustain their use; how and where do they obtain drugs and what is the frequency, intensity, and duration of use; under what conditions and circumstances are drugs used; what stimulates shifts in patterns of drug use, what problems of a physiological, psychological or social nature are encountered by various individuals, to what extent does escalation from or to hard drug use takes place and what proportion of the various categories of drug users can we expect to become physically or psychologically dependent upon given classes of drugs. How to help the drug addicts and their families, what are the resources indigenous to the communities not only in terms of health belief models but also in term of social support networks, community institutions like religious, health and educational institutions and how to invigorate the community to take the lead in decision making and implementation of programmes aimed at curbing this problem.

A MULTIMODALITY APPROACH IN THE TREATMENT OF DRUG ADDICTION

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A Multimodality Approach in the Treatment of Drug Addiction

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Introduction

The problem of drug addiction and the use of addictive drugs has reached an epidemic proportion. The incidence of the use of addictive drugs is increasing in all age groups, as are the resulting complications of such use, at least in the US and in Western Europe[1-5]. The mobilization of governmental and private efforts with a very high monetary expenditure does not appear to be effective, and the problem continues to escalate. In an attempt to find an explanation for this dilemma, an honest review of the matter rapidly points to a certain observation. The drugs that cause the highest degree of harm and damage to health, life, and the economy of the society are Tobacco and Alcohol. In the U.S. Tobacco alone causes 400,000 deaths per year, which amounts to 20-25% of all American mortality from all causes, including 3,000 non-smokers[6], while Alcohol is causing 100,000 deaths per year, which amounts to 5% of all American mortality[7]. All other addictive drugs combined cause only 3% of all American mortality[6]. Both Tobacco and Alcohol are responsible for causing a huge list of diseases, involving practically every organ and organ system in the body[6,7,9-29]. When it comes to cost to the nation, Alcohol takes the lead by costing America $136 Billion per year[7] while Tobacco follows with costs of $53 Billion per year[8]. The addictive nature of Tobacco smoking, until a couple of months ago, had always been denied by the cigarette manufacturers even when investigated under oath. Recently, one of the cigarette manufacturers confessed that they all had been lying and hiding the truth from the public and from the government. Now - after CNN and other mass media carried this news, the matter has become public knowledge. Ironically, for years, evidence of the serious and damaging addictive nature of cigarette smoking was well known to the medical community through

many good scientific studies[30-36]. Similar scientific proof about the serious and damaging addictive nature of Alcohol has been known to the medical community for many years[7,37-39]. In spite of this overwhelming evidence that Tobacco and Alcohol are more addictive and damaging than all other addictive drugs combined, we find that these very two drugs - Tobacco and Alcohol - are still legal, are advertised for in the mass media and during sports events, are consumed openly in public, and are sold in grocery stores and supermarkets side by side with baby formulas, fruits, and vegetables. Such an illogical situation is not a mystery at all if we realize that most of the decision-makers and planners - including legislators, politicians, health care professionals, educators, and even clergy - are regular users of either Tobacco, Alcohol, or both. How can we expect "addicts" to fight and treat the addiction epidemic successfully? Such a strong statement has a very disturbing effect. First because the word "addict" carries an insulting connotation. This psychological hurdle can be easily overcome if we understand the true meaning of the word "addiction." Addiction to any addictive drug - including and beginning with Tobacco and Alcohol - is a serious illness that carries a high degree of morbidity and mortality, and must therefore be adequately treated. Once we get over this psychological hurdle with addiction, we face a second hurdle which is to find an effective treatment with lasting success.

Proposed effective treatment for drug addiction

For a treatment to be effective, there are **two prerequisites**: one in the treatment provider and one in the patient. The requirement in **the provider** is that he/she **must not be a drug user** - of any drug, including and beginning with Tobacco and Alcohol. This should include all those who participate in the decision and policy making. The requirement in **the patient** is that he/she **must acknowledge** the fact that **he/she is an addict and needs help**. This is a fact recognized by revealed knowledge. The wrongdoing or the issue to be corrected or changed has to be acknowledged first before it can be corrected, erased, or forgiven.

"OTHERS HAVE ACKNOWLEDGED THEIR WRONG-DOINGS: THEY HAVE MIXED AN ACT THAT WAS GOOD WITH ANOTHER THAT WAS EVIL. PERHAPS GOD WILL TURN UNTO THEM (IN MERCY), FOR GOD IS OFT-FORGIVING, MOST MERCIFUL."

Quran, 9:102[43].

"WE HAVE NOW RECOGNIZED OUR SINS, IS THERE ANY WAY OUT (OF THIS)?"

Quran, 40:11[44].

"AND THOSE WHO HAVING DONE AN ACT OF INDECENCY OR WRONGED THEIR OWN SOULS, REMEMBER GOD, AND ASK FOR FORGIVENESS FOR THEIR SINS, AND WHO CAN FORGIVE SINS EXCEPT GOD? AND (THOSE WHO) ARE NEVER OBSTINATE IN PERSISTING KNOWINGLY IN THE WRONG THEY HAVE DONE. FOR SUCH, THE REWARD IS FORGIVENESS FROM THEIR LORD, AND GARDENS WITH RIVERS FLOWING UNDERNEATH, AN ETERNAL DWELLING. HOW EXCELLENT A RECOMPENSE FOR THOSE WHO WORK AND (STRIVE)!"

Quran, 3:135-136[45].

Alcoholics Anonymous is an organization that uses much the same principle. The initiation of a new member requires him/her to stand, face the crowd, and acknowledge that he/she is an Alcoholic and needs help46. This may be why this organization is fairly successful.

Next on the treatment list are **love and compassion** that are basic qualifications in anyone who is involved in the healing arts. Of course, some professional knowledge, skill, and experience are needed too. However, if some knowledge, skill, and experience are lacking, love and compassion - when present - will make the therapist or healer spend enough time and effort to acquire whatever is needed of knowledge, skill, and experience. Next is **detoxification.** There is usually a need for a "drying up" or "sobering up" period, during which careful observation and proper medication are available to detect and deal with any significant withdrawal symptoms or manifestations. Although the words "drying up" or "sobering up" may appear to be only appropriate for alcohol intoxication, they are - at least in

principle - equally appropriate for any type of addiction due to any type of addictive drug, even if it were just nicotine or caffeine. As we proceed with the treatment modalities, we have to keep in mind the holistic nature of the program, meaning that each modality complements the other and augments its effect. No modality by itself is as effective as when used with the entire program. This fact will become obvious as we proceed through the various treatment modalities and review their role and purpose. Unlike the conventional drug treatment programs, our detoxification - like everything else in our program - is quite different and unconventional.

Diet and nutritional supplements come in place right here. From the detoxification period and throughout the life of the patient - and, for that matter, the life of the healer - **diet and nutritional supplements** play an essential role. Although a meal or a drink may not have the same powerful effect of an injection or a concentrated pharmaceutical pill, food and drink have to be used all the time. The cumulative effect of the diet can therefore be quite substantial, positively or negatively, depending on what kind of food or drink is ingested. We do not consider nutritional supplements, i.e.. herbs, vitamins, minerals, and enzymes as medication. We view nutritional supplements as an extension of the diet. We recommend a diet that is 90% vegetarian (i.e.. 90% of the meals per week or per month on the average), that is natural as much as possible (i.e.. not processed, not refined, and not polluted with artificial additives), and that is 50-60% live (i.e. plants and their juices that are not cooked, not processed, and not treated with chemicals or radiation)[47-48]. Such a diet has a detoxifying effect, and reduces cravings.

The effect of the diet can be greatly augmented with certain natural supplements, such as ginger, thyme, garlic, and black seed. Ginger and thyme have been found to have a tranquilizing effect without having any sedating or addictive side effects like those of most chemical tranquilizers[49-50]. This tranquilizing effect is very useful during the detoxification period in treating acute withdrawal symptoms, and throughout the treatment program in coping with cravings. Ginger is also known to be a thromboxane antagonist[51-53], and to have a stimulating effect on the adrenal medulla to secrete catecholamine[54]. Ginger is also effective in the treatment of addiction through its activation of the dopamine reward system, and/or the activation of beta-endorphins[55]. Beyond the tranquiliz-

ing and craving reducing effect of ginger and thyme, the detoxifying effect of thyme and garlic can be of additional help. The main benefit of these supplements, however, is their immune enhancing effect. Some - if not all - addictive drugs do have and immune suppressive effect[10,36,47,48,56-58]. Most, if not all drug addicts are therefore expected to have significant immune deficiency or dysfunction of some type and to some degree. A good drug treatment program must include an immune enhancing component for the purpose of restoration of good health. The above-listed diet and nutritional supplements are the foundation of such an immune restorative program. The four herbs mentioned above, i.e., ginger, thyme, garlic, and black seed, were all documented to have an immune enhancing effect[50,59-64]. We recommend adding Vitamin C (Ascorbic Acid) or better still a Mineral ascorbate with bioflavonoid complex, and any preparation that contains Royal Jelly and Bee Pollen in adequate amounts as these two supplements will greatly augment the immune restorative effect of the above-mentioned four herbs[47,65,70].

Intravenous **chelation therapy** is another treatment modality that may prove very useful in a drug treatment program. Under normal circumstances, a person is exposed to a large number of environmental pollutants containing - among other things - toxic heavy metals such as lead, cadmium, and nickel. Patients with amalgam dental fillings have an added exposure to mercury[47]. Drug users have heavier exposure to cadmium, nickel, and other heavy metals. Tobacco and other addictive drugs contain a great deal of cadmium and nickel that enter the body with inhaled gases[71-74]. Hair analysis is a good screening test to check for abnormal deposits of toxic heavy metals in the body. A provocative urine test with urine samples taken before and after one chelation therapy infusion with 3000mg EDTA (Ethylene Diamine Tetra Acetic Acid) gives a quantitative and more accurate measurement of the involved toxic heavy metal, if present. Doing these tests routinely, we have discovered that a large number of the population has excessive heavy metal deposits in their bodies. We are talking about normal people without unusual occupational hazards or exposure and without direct exposure to addictive drugs. They just live on our planet earth with all the power plants, automobiles, and industrial activities. Persons who happen to have excessive exposure to pollutants - whether through their occupations, the use of drugs, or just by living in heavily polluted neighborhoods - will be more likely

to be contaminated with these toxic heavy metals. A specific protocol for chelation therapy is sponsored by the American College of Advancement in Medicine, and is approved by the American Board of Chelation Therapy75,76. By carefully following this protocol, chelation therapy proves not only to be very effective but also very safe. The presence of excessive toxic heavy metals in the body leads to various harmful effects from immune suppression to increase of chemical free radicals, increased tissue aging and cellular damage, and general interference with the healing and repair processes. However, the effect of chelation therapy is not limited to the elimination of the deposits of toxic heavy metals. Chelation Therapy also helps - to a certain degree - with elimination of abnormal calcium deposits in the body, reduction of chemical free radicals, enhancement of immune functions, and improvement of circulation and tissue perfusion47. All these benefits contribute to better healing and tissue repair. However, it cannot be stressed enough that chelation therapy will give greater benefits and longer lasting success if given within a complete program of healthy diet, nutritional supplements, a healthy life style, and - above all - a positive mental, emotional, and spiritual attitude.

Now we move to the next modality which is **counseling to teach how to eliminate negative emotions**. This modality is the most difficult one to teach and also the most important single modality in the whole program. The presence of harbored negative emotions is harmful in two different ways. One way is through the direct harmful effect of harbored negative emotions since they have proven to be the most powerful immune suppressors47,77-81. The other way in which harbored negative emotions - if present - cause harm is by interfering with the compliance with other modalities or components of the treatment program. For the treatment program to be successful, it is crucial that patients develop a special extraordinary personality free of fear and hesitation, free of depression, helplessness, and hopelessness, and free of anger, hatred, and rage. They have to be full of love, to be giving and forgiving. They have to be full of hope, courage, and determination. They have to be full of self-confidence and full of confidence in their Creator and in His Mercy, Love, and Justice. We also have to be aware of an important fact: It is not enough to teach patients an effective method or technique to eliminate negative feelings

and to acquire positive ones. Unless **patients** have the proper **skill** that enables them to use the taught method or technique, the whole process is useless. This skill can be developed, but it takes daily training and practice of specific mental exercises over a period of one to three months or even longer, or whatever it takes until the necessary degree of skill is achieved. Patients must also by taught the signs that will enable them to recognize that they have achieved the required skill. This skill will enable patients to gain mastery over their emotional and spiritual condition. Once this has been achieved, it becomes easier to achieve mastery over their physical condition as well. We find that revealed knowledge is rich with the concepts that are very effective in helping the patient - the human being - to get rid of negative feelings, to acquire positive ones, and to find the right orientation in life[82,83]. We call it the mental, emotional, and spiritual alignment or realignment. These very effective concepts are totally nondenominational, meaning that they suit and fit human nature regardless of religious affiliation. They come from the Creator who made human nature, and He is the best one to know the makeup and needs of His creatures.

Counseling - as outlined above - is actually the same as what we called the **non-denominational educational program stressing spirituality and guided by revealed knowledge** (Fig. 8). The remaining modalities such as **acupuncture, biofeedback training, physical exercise, and guided imagery** are simply ancillary means to help the patient achieve the **mastery** mentioned above. Acupuncture has proven to be very effective in detoxification[84] and in controlling cravings, provided the patient is motivated and **wants** to get off the habit. Acupuncture is also an effective immune enhancer[85-87]. Biofeedback training helps the patient achieve the **skills** of relaxation and control[88-90] which enables the patient to make full use of therapeutic guided imagery. Moderate physical exercise has proven to have an immune enhancing effect, and to promote healing[91-95]. So far, the treatment modalities have been geared towards the patient. However, the patient does not live in a vacuum. Unless the patient is receiving support from family members, continued compliance with the treatment will be very difficult. **The family must therefore be educated** on the value of each treatment

modality, what to expect from it, and how they will need to support the patient on his/her road to recovery. Since many drug addicts often have a problem keeping their job, and may suffer from financial instability and other problems, they need help in dealing with their socio-economic circumstances.

The final question we should ask is: Why are we so confident that this holistic program will succeed? The answer is simple. First, because it makes good sense. The more comprehensive the care - covering all aspects of the patient's life where attention is needed, the less chance of a setback that can be precipitated from an area of physical, emotional, or spiritual weakness, and where the breakdown could spread and lead to failure. The second reason for our confidence is the fact that the same concept of comprehensive holistic treatment has been tried for the past 10 years with medical problems as challenging or even more challenging than drug addiction, and the results have been very rewarding[96,97]. We strongly feel that, if we follow the same steps, we - God willing - will achieve the same results. However, we have to be aware of one thing. When a patient gets well, it is not because of our treatment but because healing comes from God. We only do what we can, and if we do our best, God usually takes care of the rest.

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NAMES OF IOMS PARTICIPANTS

In The 41st ICAA International Conference

Names of IOMS Participants

In The 41st ICAA International Conference From 17 to 22 May, 1997

(Arranged in Alphabetical Order)

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2 - **Councillor Abdullah El-Essa,**
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3 - **Mr. Abdul Hameed Al-Belaly,**
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