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Harm Reduction in Relation to Drug (Heroin) Addiction: A Comparative Analysis from Medical and Islamic Perspectives

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Abstract
In the early 1980s, drug addiction was announced as a threat in Malaysia. "Cold Turkey" treatment and methadone replacement therapy has been initiated to address the problem. So far the treatment approaches did not achieve the expected target. Substitution therapy and harm reduction by supplying needless to the addicts to reduce infection especially HIV, has resulted in objections by certain groups and organizations from among Muslim community. Several issues related to *shari'ah* perspective on harm reduction have been raised also. This paper discusses medical and *shari'ah* perspectives on harm reduction in the treatment of drug abusers.

Keyword: *Drug addiction, heroin addicts, treatment, harm reduction, shari'ah perspective*

Abstrak
Penagihan dadah telah diumumkan sebagai satu ancaman di Malaysia pada awal tahun 1980 an. Rawatan "Cold Turkey" dan terapi penggantian metadon telah dimulakan untuk menangani masalah tersebut. Beberapa isu berkaitan dengan syari'at telah dibahas merupakan pendekatan negara dalam menangani isu tersebut. Pendekatan rawatan setakat ini tidak mencapai sasaran yang diharapkan. Terapi gantian dan pengurangan kemudaratan dengan membekalkan jarum suntikan untuk penagih bagi mengurangkan jangkitan terutamanya HIV, telah menyebabkan bantahan oleh kumpulan dan organisasi tertentu dari kalangan masyarakat Islam. Kertas kerja ini membincangkan aspek perubatan penagihan dadah dan isu-isu yang berkaitan bagi mengurangkan kemudaratan dalam rawatan penagih dadah, dan juga sebagai cadangan mengikut syari'at yang berkaitan dengan isu-isu tersebut.

Kata kunci: *Penagihan dadah, penagih heroin, heroin addicts, pengurangan kemudaratan, perspektif shari'ah*

Introduction

Drug abuse presents a real danger to both national security and socio-economic stability of many nations in the world. In June 2012, and on the occasion of the United Nations' International Day against Drug Abuse and Illicit Trafficking, one of the main agenda of the UN general assembly was a thematic debate on drugs and crime as threat to development (UN General Assembly, 2012). Though this debate addressed a number of security, social and economic problems, it has given a particular attention to illustrate the scale of drug abuse. The threat of drug abuse, according to this debate, has reached unprecedented scale worldwide, which might eventually harm the economic and social stability of many nations. In some countries like the United States of America, the economic liability alone is immense, and "estimated at nearly $215 billion (U.S. Department of Justice, 2010)." This economic damage of drug abuse is reflected in the overburdened law enforcement authorities, particularly involving police and courts, "a strained healthcare system, lost productivity and environmental destruction." (U.S. Department of Justice, 2010).Drug abuse also forms a threat to the national security; whereby in some studies show a strong connection between criminal activities that "contribute to the development of opportunistic relationships between criminals and extremist groups;" (Aning & Pokoo, 2014). To put the security threats of drug abuse under control, the government feels obliged to arrest illicit drug dealers and putting them to trial. From arrest, trial in the court, impediment and post-release supervision for the addicts, the government has to spend money from the public fund, which constitutes a burden to the national budget. Besides security and economic implications, drug abuse also leads to physical and emotional damages, and thus negatively affects the health condition of addicts often

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leading to sickness and disease. In many cases, users die prematurely from drug overdoses or other drug-associated illnesses. Some users are parents, whose deaths leave their children in the care of relatives or in foster care. (Aning & Pokoo, 2014). It also damages family relations, which eventually leads to broken family and other social problems.

In Malaysia, the problem of drug addiction had been declared as a threat to the nation by Tun Dr Mahathir Mohamed, the then honorable Prime Minister of Malaysia, at the national level on 19th February 1983. The declaration was made based on the fact that; *first*, the problem of drug addiction would reach epidemic proportion if no actions are taken in prevention. *Second*, the main target in addiction is the younger generation which is the productive group of the society. *Third*, the problem of addiction and illicit trafficking of drugs will threaten the social, economic and cultural well-being of the society and ultimately will threaten the security of the nation. The outcome of uncontrolled drug addiction in the society will result in a number of things; (a) loss of human resources, (b) loss of income generation talents, and thus in the long run generates economic burdens in the society, (c) damage or loss of property as a result of increased criminal offences such as stealing and robbery by the addicts. In 1985 the number of identified addicts was approximately 110,000. The number is increasing and currently it has reached > 350,000. The majority (approx. 80%) is related to Heroin addiction, and it has permeated to all level of society.

There are a number of useful academic works on the harms of drug abuse, as well as the ethical and legal responses to the related issues from Islamic and conventional perspectives including, among others, *al-Mukhadirat Bayna al-Tibb wa al-Fiqh* (*Drug Abuse Between Islamic Jurisprudence and Medicine*), (Rayan, 1984) written by Ahmad Ali Taha Rayan. The book provides a comparative analysis on how to deal with drug abuse threats from legal and medical perspectives. While highlighting the commonly abused drugs, the writer compares the position of the Muslim jurists on drug abuse to the opinions of medical practitioners. In another book, *al-Mu'malah al-Jina'yah Limuta'ati al-Mukhadirat* (*Drug Abusers and the Criminal Law*) (Al-Hadi, 2003), al-Hadi Ali Yusuf Abu Hamzah addresses the harms of drug abuse from the perspective of Islamic criminal law. He addresses the common behavior of drug abusers and how to deal with such behavior through educational programs as well as preventive laws. Similarly, in *Crime, Drugs and Social Theory*, (Allen, 2007) Chris Allen, presents a phenomenological approach towards dealing with the harms of drug abuse. His analysis covers a wide spectrum of topics, related to drug abuse related crimes. Another useful book is *Uqubat Ta'ti al-Mukhdirat wa al-Itjari Biha Bayn al-Shari'ah wa al-Qanun* (*Legal Punishment of Drug Abusers and Drug Smugglers Between the Shari'ah and Conventional Laws)*." (Abdul Sami'i, 2008). It covers a variety of topics related to harm reduction in drug-abuse related threats, with particular emphasis on preventive laws. It draws jurisprudential background of Islamic teachings against illicit drug addiction. Another useful study on drug abuse is *Combating Drug Abuse and Related Crimes*, by Francesco Bruno (Bruno, 1984). This study is funded by the *United Nations Fund* for drug abuse control, under the *United Nations Social Defence Research Institute* provides comparative analyses on the effectiveness of socio-legal preventive and control measures in different countries on the interaction between criminal behavior and drug abuse. Another useful piece of academic work is *Foundations of Islamic Antidrug Abuse Education*, (Idid et al., 2012) which explores the rationale and jurisprudential foundations of Islamic antidrug abuse education. While highlighting the philosophical background of the Islamic antidrug teachings, the paper exposes the jurisprudential foundations of legal penalties of drug-abusers.

Important Aspects in Drug Addiction

There are three important aspects in drug addiction that need to be considered in addressing the problem of drug addiction; *first*, the Pharmacological properties of the drug; *second,* the individual characteristics, and *third*, the environment. Some individuals are more prone to develop addiction than others (Goodman et al., 2006). This can be seen for instance in tobacco addiction. Some individual can stop smoking at will while others do not. Studies have shown that individuals with hedonistic characteristics are easily being addicted if compared to those who are not (Galbraith, & Bullock, 2007). The environment also plays an important part. During the Vietnam War a large number of American soldiers were on drugs. However after the war upon returning to the United States quite a number of them stop taking the drugs. It is not unreasonable to assume that if they are back into a situation like that in Vietnam then they would certainly be back on drugs. This is also one of the factors that a high proportion of treated addicts were back on drugs when they are released back to the society and environment from where they developed the habit. The Pharmacological properties of the drug are a very important aspect to consider especially when it comes to treatment. The addictive potential, apart from the individual characteristics and the environment, depends on the type of drug involved (Hanson, 2008).

Drug addiction has two essential pharmacological characteristics; it is a psychotropic drug/agent and causes psychological dependence. Psychotropic drugs are drugs that have effects on the psyche and these effects include; euphoria (the feeling of ecstasy), feelings of increase mental efficiency and reduce awareness to external stimuli/environment, as well as feeling of tranquility, relieve, sedation and alteration to the perception. Other factors that increase the addictive potential are, among others, the development of tolerance (the need to increase the dose in order to achieve the same effect previously). It also causes physical dependence of the body to the presence of the drug in the body. Its absence would cause physical symptoms such as muscle cramps, salivation, abdominal colic (pain) etc.

The addictive potential of a drug depends on a number of factors, including the pharmacological properties of the drug as mentioned above, the dose administered, the frequency of administration, (and how it is administer) and the duration of use.

A drug which causes a rapid and high peak effect has higher addictive potential than a drug which has a slower onset of action and a lower peak effect even if they belong to the same group of drug. The rapidity of action and the peak effect depend on the way the drug is administered. Generally it increases via oral administration, subcutaneous administration, inhalation and intravenous administration.

Drugs of addiction can be divided in different ways, by chemical grouping, and by their effects either stimulants or depressants etc. However from the medical point of view and treatment it can be classified into:

1. Drugs that cause psychological and physical dependence:
   The Narcotics
   a. Opium and its derivatives
      i. Morphine
      ii. Codeine
      iii. Heroin, etc.
   b. Opiod synthetic agents
      i. Pethidine (Meperidine)
      ii. Phenazocine
      iii. Methadone, etc.
2. The sedative-hypnotics:
      i. Ethanol
      ii. Barbiturates
      iii. Choral hydrate
      iv. Benzodiazepine, etc.
3. Drugs which cause Psychological dependence with minimal Physical dependence:
   a. Amphetamine group
      i. Amphetamine
      ii. Dexamphetamine
      iii. Methyphenidate, etc.
   b. Partial antagonists / agonists of the narcotic
      i. Nalorphine
      ii. Levallorphen
      iii. Pentazocine.
4. Drugs which cause Psychological dependence only.
   a. Cocaine
   b. Hallucinogens
      i. LSD
      ii. Psilocybin
      iii. Mescaline
      iv. Dimethyltryptamine
   c. Organic / volatile solvents / Glue
   d. Cannabis
      i. Marijuana
      ii. Hashish
      iii. Tetrahydrocannabinol.
   e. Tobacco, Coffee, Tea.

Ethical and religious concerns in the treatment for drug addiction

With regards to moral and *shari'ah* concerning drug abuse, there are a number of questions to be addressed. For instance, there are various degrees of addiction. First, to what degree of addiction is acceptable to Islam? The medical problems related to drug addiction, include acute and chronic toxicity, withdrawal syndrome and infections of veins (thrombophlebitis), skin (abcesses), lungs (abcesses), heart (endocarditis), liver (hepatitis, abcesses), blood (Septicemia, Tetanus and HIV); liver Cirrhosis (Glue, Solvents, Alcohol); kidneys (renal insufficiency/failure -Hydrocarbon, Amphetamine), Central Nervous System (psychosis-Amphentamine, LSD) and Dementia.

Pharmacological treatment of narcotic addiction decreases heroin use, infectious disease transmission and criminal activities. Medications used to treat heroin addiction work through the same opiod receptors as the addictive drug. When people addicted to opiod first quit, they undergo uncomfortable symptoms (withdrawal state) such as pain, nausea, diarrhea and vomiting which may be quite severe. Medication can be helpful in this detoxification stage to ease craving and other physical symptoms. This itself is actually an initial step before the treatment of addiction. The hypothesis in the development of withdrawal syndrome/state is that when a person takes opiod/narcotic for some time the natural or endogenous opiods (enkephalins, five amino acids polypeptides) level in the brain /body will decrease as a result of biofeedback decrease in synthesis. If the exogenouse opiod e.g heroin is withdrawn suddenly there will be lack of the endogenous opiods (enkephalins) action resulting in the manifestation of the withdrawal

symptoms. It takes some time for these endogenous opiods to be synthesized to the normal level. There has to be a certain level of opiods endogenous or exogenous for the body to function normally.

Methadone has been used since the 1960s to treat heroin addiction. This drug is made available through approved outpatient treatment program where it is dispensed to patient on a daily basis. Replacement is given to avoid the withdrawal effects of stopping Heroin abruptly. Methadone is less additive because it remains in the body longer (longer T ½) therefore, the 'peak effect' is very much reduced and would prevent the withdrawal symptoms from manifest. Although the withdrawal symptom can be eliminated, the psychological dependence remains. The dependency is shifted from that of Heroin to that of Methadone which is an active narcotic drug. Another alternative therapy is to withhold the Methadone and let the Heroin addict to undergo the withdrawal symptoms (Cold turkey treatment). The withdrawal symptoms, if properly under control, do not usually cause serious harm to the addict.

Another alternative therapy is to give a medication that acts like Heroin but with limited efficacy/effectiveness and has less addictive potential such as Buprenorphine (a partial opiod/narcotic agonist), which is given orally.

Second, is it permissible from the Islamic perspective to transfer from one addictive drug to another even though it is potentially less addictive in order to avoid the withdrawal state/ syndrome? For example, in the treatment with methadone, gradual reduction of the methadone may allow the natural opiods (enkephalins) to be synthesised back to normal level and this procedure may avoid the withdrawal state. However, the outcome has been poor, with the number of addicts going back to taking the drugs is unacceptably high (approx. 90%). One of the ways to reduce relapse is to provide/give a drug (a narcotic antagonist, Naltrexone) that would prevent the narcotic/Heroin from acting in the body and causing the addiction. However, this method do not provide satisfactory results either, as the addicts when knowing that the effects of the Heroin does not happen as expected, do not readily take this medication.

Third, in the early 2000, the concept of harm reduction was introduced. It has become apparent that the spread of HIV and other blood borne infections (Viral Hepatitis B, C etc) were common amongst the addicts through the practice of sharing of infected needles. The practice of supplying the addicts with Methadone was introduced to reduce the spread of HIV and other blood borne infectious diseases. Drug addicts are encouraged to register into this program to reduce the reservoir of these infectious diseases in the community. So the question is, is it permissible to let the patient go through the withdrawal state and suffer when a replacement therapy with methadone is an alternative and able to avoid the suffering of the withdrawal state?

Fourth, is encouraging drug addicts to register and allow them to continue their habits acceptable even though the drugs given are less addictive?

Fifth, what about the practice of supplying the Heroin addicts clean needles to reduce infection and allowing them or accepting them to continue their addiction habits?

The *shari'ah* perspective on drug abuse

Muslim jurists mention three categories of mind-altering substances; "*first*, *al-muskirat*, which are alcoholic substances that produce states similar to drunkenness. *Second*, *al-mukhadirat* which are substances that numb or suppress emotions and intellectual activity (heroin would be a perfect example of this category). *Third*, *al-muftirat* which are substances that diminish human ability and motivation, leaving the person desiring only to be in the state induced by the drug (examples of this are marijuana and cocaine)." (Idid, Idid, & Hashi, 2012). Because of the analogous resemblances between the effects of *khamr, muftirat and muskirat,* which are all intoxicative substances that together or separately affect negatively the physical and emotional well-being of the person, Muslim jurists analogically, extended the prohibition of *khamr* (stated in the Qur'an) to all intoxicative substances (Al-Asqalani, 1978; Al-Nawawi, 1925; Al-Zarkashi, 1990; Ibn Qayyim, 1986). In addition, abuse of illicit substance leads to health problems, economic and social problems, and thus goes against the objectives of the Islamic Divine Law (*Maqasid al-Shari'ah)*. The prohibition is also due to several reasons; (a) one of the basic objectives of the Islamic Divine Law (the *shari'ah*) is to protect life (*The Qur'an* 5:3). This is based on the Qur'anic commands such as "do not kill yourselves (nor kill one another)" (*The Qur'an* 4:29), and "make not your own hands contribute to (your) destruction; but do good."(*The Qur'an* 2:195) While the first verse prohibits direct killing such as murder, suicide and homicide, the second verse prohibits all kinds of ill-behaved conducts, such as drug abuse, alcohol, and etc., which might one way or another contribute to taking life.(*The Qur'an* 17:33) (b) In addition, as stated in chapter 5, verse no. 90, (*The Qur'an* 5:90) and elsewhere in the Qur'an, another objective of the Islamic Divine Law is to protect the intellect (*hifz al-aql*), hence consumption of all types of intoxicants and mind altering substances, ("Sahih Muslim, The Book of Drinks, Book 23, Hadith 4963,"

n.d.) including alcoholic drinks and drug abuse, are prohibited. (c) Similarly, in the Islamic tradition, abusive behavior (*israf*) is generally prohibited in all aspects of life. For instance, this principle implies that, consumption of given halal foods and drinks is permitted, however exceeding the limits of normality in consumption turns permissible status of given *halal* things into impermissible. This is the reason why all forms of extremism are prohibited in Islam. Hence, while medically prescribed drug additions are permitted, however drug abuse involves excessiveness and contribute to abusive behavior, and thus it is a prohibited conduct.

These three behaviors, namely "taking life", "mind altering", and "abusive behavior", together or separately, lead to inflecting harm, in different degrees on public or private interests, which run counter to the spirit of the Islamic teachings. This is so because, among the basic principles of the Islamic law is: "*la darara wala dirara*, i.e., harm should not be inflicted nor reciprocated, which denotes that an individual should not cause any hardship for himself, and in the meantime should not inflict harm on others. In this regard harm includes whatever that can cause health problems, physical injuries, mental damage and psychological complications for the individual including, drug-abuse alcoholic-drinks and smoking. Drug abuse should be prevented because it constitutes a severe harm, which causes damage to the body and mind of the drug abuser and it remains a potential threat to society. It lowers inhibitions and impairs judgment, leading to unsafe behaviors, and eventually leading to an untimely death. Thus, since drug-abuse dismantles the proper functioning of the neurological cells, and disturbs physiological state of the person, it must be avoided. This principle of abstinence seems to be very much related to the control and prevention of drug-abuse, and commands that all necessary measures should be taken to prevent any kind of drug-abuse from happening. Thus in principle, all degrees of drug abuse are not acceptable in Islam.

Shari'ah rules of prioritization in harm reduction

Because the behavior of drug abuse contributes to "taking life", and it involves "mind altering", as well as "abusive behavior", therefore in the Islamic tradition, drug abuse, is seen as a prohibited thing. However, if there are instances in which drug abuse has already taken place, the harm of which is imminent and real, what are the acceptable measures of harm reduction in Islam? What are the rules of mitigation in difficult circumstances? What is the Islamic guidance on prioritization in harm reduction measures, particularly in the instances of making choices between two evils? Does Islam tolerate committing lesser harm, in order to prevent greater one, whereby for instance, drug abusers are encouraged to register and allow them to continue their habits provided even though the drugs given are less addictive?

Islamic principles of *halal* and *haram* are stated with absolute terms. Unlike the moral theories of relativism and subjectivism, in which moral values are decided on cultural and personal basis, in Islam, the truth of moral judgments transcend subjectivities of time and space as well as cultures and personal desires. Nevertheless, in the instances of difficult circumstances (*mashaqah*) and extraordinary situations (*darurat*), in which we have to choose between two evils or more, the Islamic Divine law allows to apply extraordinary measures, so that the given harms are eventually alleviated. This does not however mean that the Islamic ethical system is a situational one; rather it implies pragmatism and the behaviour of balancing between ideals and realities on the ground. Because extraordinary situations require unusual responses, nonconventional measure is allowed so that the given hardships are eased and thus ordinary conditions are restored. The followings are three dimensions of harm reduction procedures in cases of necessity, including prioritization of drug abusers' rehabilitations.

First, in the extraordinary circumstances or cases of do or die, in which the harm is real or imminent, principles of harm reduction and mitigation are applied. In this regard, *sharia* maxims like "*al-dararu yuzal* i.e., harm must be eliminated", "necessity dictates exceptions, i.e., *al-dharuratu tubihu al-mahzurat*" or "*al-mashaqqatu tujlab at-taysir,* i.e., hardship begets facility" are applied in the emergency situations (Kamali, 1998). In this circumstance, decisions that were not allowed in the ordinary situations are permitted, on case by case basis, until the extraordinary situations are brought back to normal. In line with the above mentioned maxims of *fiqh*, issues related to mitigation in harm reduction programs for drug abusers' rehabilitation could be addressed. Based on these maxims of *fiqh*, relevant agencies and authorities in drug abuse rehabilitation centers can design steps and measures of mitigation in given cases.

Second, though it is permissible to adopt extraordinary measures in the instances of necessity, however "necessity is measured in accordance with its true proportions, i.e., *ad-daruratu tuqdaru bi qadriha."* This is to say that the above mentioned maxim of *fiqh* namely, 'necessity dictates exceptions' is not an open ticket, which allows people to do things out of whims and desires, without apparent necessity, and then justify it with *darurah* (necessity) rules. In this regard, only genuine necessities are set to mitigate the hardships; as long as there is no real and imminent threat or hardship that necessitates the given

extraordinary measures need to be adopted, the rules of necessity are not applicable. Though rules of mitigation is acceptable to alleviate the harms of drug abuse, as mentioned earlier, however the maxim "necessity is measured in accordance with its true proportions", requires relevant agencies and authority to study and classify the given cases of drug abusers, so that only genuine cases would benefit from the measures of mitigation in preventing the harms of drug abuse.

Third, another principle of prioritisation of moral decisions in extraordinary situations is "harm must be eliminated but not by means of another harm, i.e., *al-dararu yuzalu wa lakin la bi-darar"*. In this case, eliminating harm by means of causing similar harm is not acceptable. For instance, withdrawal from abusing one drug to another similar one would not be acceptable; because shifting from the abuse of one substance to another similar one, does not imply harm reduction. It is just moving from one harm to a similar one, hence makes no difference in harm reduction practices. However in the process of optimizing the given situations and cases, causing specific harm is tolerated in order to prevent a more general one (y*utahammal ad-darar al-khaas li-daf'al-darar al 'aam*). Similarly, in the instances in which we are in a situation to choose between two, or more, evils, the *shari'ah* permits to choose the lesser harm (*akhf al-dararayn*). This is to say that, in the process of eliminating harm, causing similar harm is not a desirable act; nonetheless, in order to eliminate a more serious harm, causing lesser harm is tolerated. The tendency to transfer from one addictive drug to another which is less addictive in order to avoid the withdrawal state/syndrome is not an exception from the above mentioned principle of the *shari'ah*. The above mentioned *shari'ah* principles of harm reduction, are very much applicable in the treatment of the given drug addiction cases, according to the extraordinary rules of prioritization in the given situations, as long as other methods of treating addiction withdrawal syndromes are not effective.

Conclusion

Drug addiction is generally prohibited in Islam. However this condition exists in the Muslim world and need to be addressed medically in the interest of community as a whole. Treatment approaches have to take into consideration the sensitivities of the community and for Muslims has to be in accordance to the *shari'ah*.

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