Commentary

Islam and harm reduction

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ABSTRACT

Although drugs are harmful and therefore prohibited in Islam, illicit drug use is widespread in many Islamic countries throughout the world. In the last several years, increased prevalence of this problem has been observed in many of these countries which have been turned into emerging drug use driven HIV/AIDS epidemics across the Islamic world. While some communities have recently responded to the threat through the implementation of harm reduction programmes, many others have been slow to respond. In Islam, The Quran and the Prophetic traditions are the basis for the legal rules and principles that guide the Muslim's way of life and by which policies and guidelines for responses including that of contemporary social and health problems can be derived. The preservation and protection of the dignity of man and maintaining away from harm and destruction are central to the teachings of Islam. When viewed through the Islamic principles of the preservation and protection of the faith, life, intellect, property and wealth, harm reduction programmes are permissible and is also provide a practical solution to a problem that could result in the greater damage in the society at large if left unaddressed.

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INTRODUCTION

It might be thought that adherence to Islamic tenets could theoretically provide protective benefits against the risk of HIV. Strict adherence to these tenets which include prohibition of extramarital sex and homosexuality which could reduce the risks of unprotected sex and thus could theoretically confer protective benefits against the sexual transmission of HIV. Circumcision which must be practiced by all Muslim males and which has recently been shown to reduce the probability of HIV transmission from an infected female to her uninfected male partner provides further benefits against the acquisition of HIV via sexual transmission (Weiss, Haskins, & Buckon, 2009). Furthermore, prohibitions against alcohol and drugs may reduce risky sexual behaviour that is associated with these intoxicants. In the only analysis of its kind, Gray observed that the percentage of Muslims within a given country negatively and significantly predicts the prevalence of HIV amongst sub-Saharan African countries (Gray, 2004).

From the perspective of Islamic scholars, Ashurah or Arabic term which literally means “to shroud” or “to cloud” refers to any substance that introduces the risk causing the person to lose self-control as a result of the effects of the substance. Aside from alcohol-based substances, shamer may also include drugs. Contemporary Islamic scholars have now agreed that any kind of substance that causes introduction is harm (not permissible for the preservation of Islam as the preservation and protection of the faith is one of ad-darayyit-al-ahsa: the preservation and protection of the faith, life, intellect, property and wealth, the fundamental principles governing the Islamic shariah law (Al-Ghazzali, 1937; Kasar, 1964). Unfortunately Islamic teachings and Muslim beliefs alone are not enough to prevent against the spread of HIV as can be seen by the rates of HIV infection in many Muslim majority countries outside sub-Saharan Africa where risks other than heterosexual transmission of HIV exist. We examine the extent of the HIV epidemic in relation to drug use in the Islamic world and the role that Islamic teachings and principles have played in response to this twin problem.

Epidemiology of illicit drug use in Islamic countries

The Islamic world is home to over 1.7 billion people which span across three continents. Within this, approximately 40% or more of the populace practices some form of Islam. To a background of differing histories and cultures (Kelly & Michalis, 2005). Despite being banned and prohibited, illicit drug use is widespread in many predominantly Islamic countries throughout South, South East and Central Asia and increasingly in North Africa and the Middle East (Mathers et al., 2008; UNODC, 2006c,b). In 2008, there were between 8.4 and 11.9 million adult opiate users in Asia alone with an estimated 2.3–4.5 million in East and South East Asia (UNODC, 2009).