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MUSLIM PSYCHIATRISTS AND ISLAM

Dear Sir,

Prof. Mufti has raised some very important issues in his article about psychiatry and spirituality¹. Whilst some psychiatrists are only recently coming to realise the importance of religiosity, it seems our patients beat us to it long ago. Psychiatrists in Islamic countries will be familiar with the phenomena of a. traditional healers being the first port of call for Muslim patients and b. the attribution of mental health-related symptomatology to Jinn Possession and Magic. In Malaysia, for instance, three quarters of Malays newly presenting to psychiatric services will consult a "Bomoh" (a type of witch doctor utilising a combination of herbs, Islam and spirits) before they come to the psychiatrist².

We must look at ourselves to try to understand why so many Muslim patients are coming into treatment at an advanced stage of illness. Muslim doctors often struggle to reconcile modern medicine with the fact that Jinn Possession and Magic are legitimate and orthodox Islamic beliefs. It is hardly surprising that Muslim patients are distrustful of mainstream medical doctors in contrast to traditional healers who are perceived to be cognisant of the spiritual dimension of illness even though many of them, such as the Malay Bomohs, are engaged in highly unorthodox and sometimes pagan practices.

Recent research in the United States suggests that psychiatric patients are probably quite right to be concerned³. Not only were psychiatrists found to be the least religious of all physicians, even religious-minded physicians were less likely than non-religious physicians to refer patients to psychiatrists. These findings may not necessarily generalise to psychiatrists in the Islamic world but they are nevertheless cause for concern. There are a number of papers in the literature which strongly point towards the protective benefits of religiousness in patients with respect to mental health.

In the world of evidence-based medicine, the Muslim psychiatrist should, therefore, have no fear of combining an Islamic approach with modern medicine. The way forward is to find an acceptable medium between rejection of Jinn Possession, Magic and the like and the other extreme of total attribution of symptoms to these

phenomena and this requires the understanding and practice of Islam on the part of the psychiatrist. Clearly, evidence-based mental health in an Islamic setting should not be restricted to the study and appraisal of medicines but also of religious beliefs with the help of authoritative Islamic scholars.

REFERENCES

1. Mufti K A. Psychological Medicine, Spirituality and Islam. J Pak Psychiat Soc 2007; 4: 55-6.
2. Salleh R S. The Consultation of Traditional Healers by Malay Patients. Med J Malaysia 1989; 44: 3-13.
3. Curlin FA, Odell S V, Lawrence R E, Lantos JD, Meador KG, Koenig H G. The Relationship Between Psychiatry and Religion Among U.S. Physicians. Psychiatr Serv 2007; 58: 1193-8.

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DRUG ADDICTION IN PAKISTAN: A NEGLECTED AGENDA

Dear Editor,

World Health Organization defines health as 'a state of complete *physical, mental and social* well-being and not merely the absence of disease or infirmity'. Though, all encompassing, this definition hardly brings relief to countless individuals with mental illness, who suffers in silence. It is estimated that around 25% World population suffer from any mental disorder during any time in their life. At a particular time roughly around 450 Million are estimated to have a diagnosable mental illness around the globe. This has led to huge burden of disease in terms of economics liability and quality of life. A World Bank Report (1993) estimates global burden of disease, a marker of magnitude of mental health problems, to be 10.5%. This is estimated to increase up to 15%, if unchecked by 2020¹. A major determinant in behaviour related problem is the menace of substance abuse. Though, there are flurry of reports and original articles on the risk factors and determinants of substance use in Pakistan, the bigger, geo-political situation is hardly ever talked about.

Substance misuse is a poly-faceted problem. There are many factors which determine its ubiquitous use in the context of Pakistan. Personality and mental health vulnerability is only one factor. Availability of harmful substance is another important factor in determining the magnitude of this problem. National Survey on Drug Abuse 1993 is the last available representative survey carried out by Pakistan Narcotic Control Board. According to the survey there are 3 Million drug addicts in Pakistan of which 51% are heroin abusers. Concerning fact is that 72% of drug users are in the age range of 24-30 years. Pakistan Narcotic control board was dismantled in 1993².

Recently United Nation's anti-narcotics chief warned that Afghanistan burgeoning opium production was leading to the emergence of new "golden Triangle" of lawlessness on the country's borders with Pakistan, Iran and Turkmenistan. "Illegality is very pervasive and trafficking (is) going on," said Antonio Maria Costa, executive director of the UN's Office on Drugs and Crime.

Afghanistan is a land lock country. Mountain regions in Pakistan provide entry and exit point for trade and trafficking. Recent reports show that Afghanistan saw a record harvest of 8,200 metric tons (9,000 short tons) of opium in 2007, a 34% increase over 2006. The export value of the country's opium is estimated at \$4 billion (euro 2.73 billion), up 29% on last year and equal to more than half of Afghanistan's legal gross domestic product.

Tribes in NWFP, Pakistan have traditional link with Afghanistan, making easy flow of people and products in and out of the area. Concurrently political unrest has allowed a culture of lawlessness, thereby developing a tax free black economy in Pakistan. The narcotics smuggled through these regions finds market in US and other countries of American Continent. Since heroin, cannabis and opium products are readily available, vulnerable individuals fall prey to them. In the context of Pakistan, this is considered to be a collateral damage.

Although the burden of mental health problem is great, little has been done to change the prevailing circumstances. The National Action Plan for Non-commu-

nicable disease (NAP-NACD) have been charted which gives mental health problems a public health perspective. Though this is a good step in the right direction, more needs to be done. World health Organization, leads National program for mental health (NPMH) is also there, giving a five yearly plan since 1987. These are small flickers in the darkness of ignorance. Most programs are based on data that have unsound base. We are in need of more Population based surveillance. Steps should also be taken in creating awareness – which is pre-requisite for behavioral change.

A strong political will is required in order to address the root causes behind the menace of drug use. Kalashnikov Culture needs to be curtailed if we are to address the lawlessness that goes with the drug trafficking. It has been proven vividly, through robust research that availability of the misused substance has a strong determining influence on the over-all prevalence of the problem³. Other psycho-social determinants also needs to be addressed besides this political will.

REFERENCES

1. Murray CJ, Lopez AD. The Global Burden of Disease: A comprehensive assessment of Mortality and Disability from Disease, Injury and Risk Factors in 1990 and projected to 2020. Boston: Harvard School of Public Health, WHO and World Bank 1996.
2. Pakistan Narcotic Control Board (PNCB): National Survey on Drug Abuse in Pakistan – 1993. [Online] 1994 [Cited on 25 November 2007] available from: http://www.pakistan.gov.pk/divisions/ContentInfo.jsp?DivID=11&cPath=101_106_286&ContentID=2992.
3. Gelder M, Mayou R, Cowen P. Misuse of Alcohol and Drugs. In: Shorter Oxford Textbook of Psychiatry, 4th ed. Oxford University Press; 2001: 533-79.

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