

# Spiritual-based relapse prevention program in community setting

## Short communication

Spiritual based SUD treatment and prevention program has been widely accepted though it is not strongly evidenced-based. In many developing countries, especially with the Muslim, Hindu, Buddhist and many others, this practice is common. This short article is based on observational study to share the outcome of an Islamic based program in Malaysia.

When recovering drug users left the institutional drug treatment program, most of them still need guidance to maintain abstinence and re-enter their society.<sup>1-3</sup> Many will use the government facilities, such as the Drop-In and Community Service Centres and other Community-based programs to gain the confidence and prevent relapse. There are a multitude of programs that they can follow, one of which is the spiritual and religious program.<sup>5-7</sup> (Table 1).

For the Islamic program practiced in many Islamic countries including Malaysia, most of the community-based program also contains the followings:

- Taqwa (faith) enhancement program.
- Solat (prayers) program.
- Capacity building and enhancement.
- Spiritual and religious recovery mentoring.
- Visits of the community religious leaders.
- Dakwah (religious teaching) methodology courses. These were often done with collaboration of the local religious heads in the community.<sup>8-10</sup>

**Table 1** Some of the Community-Based Islamic Programs and its Expected Outcomes

No.	Program/activities	Objective
1	Halaqah	Provide continuous religious classes to recovering drug addicts and their families, besides group meetings to enhance recovery
2	Islamic art and culture	Provide Islamic entertainment, arts and culture for recovering drug addicts
3	Ibadat camp	To provide an intensive program to study Fardhu 'Ain & Fardhu Kifayah to recovering drug addicts
4	Mosque as foster parents	To aid recovering drug addicts and their families in the recovery process by using the spiritual approach
5	Friends of the mosque	To encourage recovering drug addict to be close to the mosque institution. It can act as a temporary shelter for them when they re-enter the community
6	Volunteer work in the community mosque	To encourage recovering drug addicts to contribute back to the society besides preparing them to be reintegrated back into the community
7	Outreach to other drug addicts	Outreach work to recovering or drug addicts & families in the community

What is the outcome of these religious inputs? Malaysian National Anti-Drug Agency,<sup>2,10</sup> in its implementation documents stated that the desired outcomes would be clients that perform social and religious practice in their everyday life; clients practice Islam as a way of life; religion can deviate

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clients away from negative life influences and decisions; there are some improvements on the clients' physical, emotional social and spiritual quality of life. The question is how to measure these outcomes in a short time frame.

This study conducted at 10 Community-Based Cure and Care Service Center (CCSC) showed that there are positive changes perceived by the clients after they undergo at least 12 months of religious programs using three rehabilitation models as part of their rehabilitation.<sup>4</sup> (Table 2).

**Table 2** Measuring outcomes at 10 CCSCs

Pre-post Interview at CCSC Indicators of Change	Model A		Model B		Model C	
	Pre	Post	Pre	Post	Pre	Post
Maintain good relations with parents	95	121	76	92	17	22
	63.10%	84.60%	55.90%	70.20%	50.00%	64.70%
Maintain good relations with parents	100	130	87	108	19	28
	48.00%	87.20%	64.00%	79.40%	55.90%	82.40%
Involved in societal Voluntary program	80	131	65	104	15	25
	53.70%	87.30%	48.10%	76.50%	44.10%	73.50%
Perform prayers regularly	55	140	69	121	15	28
	36.90%	93.30%	51.10%	89.60%	44.10%	82.40%
Practice religious teachings	57	118	45	88	10	30
	38.00%	78.70%	33.30%	65.20%	29.40%	88.20%
Learn to increase knowledge	47	81	38	68	5	18
	31.30%	54.00%	27.90%	50.00%	14.70%	54.50%

Model A is the program operated by government officers; the programs at model B are being operated by government and NGOs; and Model C programs are operated by NGOs. Almost in all models, there have been positive changes on many indicators. Specifically, religious indicators such as “perform prayers regularly” and “practice religious teachings” saw the largest and significant perceived change, respectively from 36% to 93% and 29% to 88%. Most of the religious programs are being conducted by religious officers and these positive perceptions among residents can attribute to its positive outcomes.<sup>4</sup> The occurrence of relapse is also reduced.

## Conclusion

the inclusion of religion and spirituality into drug treatment has been found to have positive effect in preventing relapse among residents and clients. Outcomes such as increase in church attendance that was associated with reduction in cocaine use,<sup>11</sup> to regularly performance of one's religious obligations,<sup>5</sup> such a positive effect, though not widespread has help to improve the quality of life of recovering drug addicts.<sup>4</sup> There are studies that showed good outcomes to the religious programs conducted in Malaysia; however, there are also studies that showed little change over a longer period of time.<sup>7,11</sup> These studies also pointed out spiritual and religious inputs must be conducted together with other evidence-based drug treatment modalities. Those who conduct the religious program in isolation have shown to be of little effect,<sup>11</sup> as compared to those conducted with other programs such as detoxification, behavioural interventions, therapeutic communities and others.

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## Conflict of interest

The author declares no conflict of interest.

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