

50 Model of Psycho Spiritual Therapy Based on al-Quran and Hadith in the Treatment of Drug Addiction

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ABSTRACT

Drug addiction is a global problem and poses a threat to Malaysia. The Malaysian government through National Anti-Drug Agency (NADA) has implemented various approaches to eradicating drug abuse by providing a rehabilitation centre and rehabilitation program. Private institutions also take the same initiative. The approach in the recovery process used is the psycho spiritual therapy based on al-Quran and hadith for Muslim addicts. However, the psycho spiritual therapy program used varies and requires a unity and comprehensive model. The study aims to develop a comprehensive model of psycho spiritual therapy based on al-Quran and hadith in the treatment of drug addiction. This study uses qualitative approach through interviews with treatment centre operators, observation of treatment centre activities and text studies. The study was conducted at several government and private drug rehabilitation centres namely CCRC Tiang Dua, CCRC Sungai Ruan, Pondok Remaja Inabah Negeri Sembilan, Teratak Tautan Kaseh Murabbi, and Persatuan Pengasih Malaysia. The study finds that the developed model takes into account the three main concepts and components of psycho spiritual therapy namely [i] Tazkiyah al-Nafs (Soul purification), [ii] Basic religious knowledge and [iii] Therapeutic support system. The model of psycho spiritual therapy was found to help the government, private institutions and individuals to achieve the recovery of the drug addicts and to address the issue of relapse in drug addiction.

KEYWORDS: Model, psycho spiritual therapy, Quran and hadith, *tazkiyah al-nafs*, drug addiction treatment

1 INTRODUCTION

⁵⁰Nadia Loan, (2012). "Critical Readings: Devotional Reflections in the Pursuit of Quranic Understanding in Contemporary Pakistan." Graduate School of Arts and Sciences, Columbia University. *UMI Number: 3507375*. by ProQuest LLC. (9. p. 4, 5.)

Drug addiction is a negative symptom and a social problem that has plagued the country since the late 20th century. It is a form of non-military threat that has great impact on the country as it involves large numbers of addicts (Othman, Idris, & Druis, 2015). Statistics from the National Anti-Drug Agency (NADA) show that the total number of drug addicts from 2013 to 2017 was 126,098 people (NADA, 2018). According to NADA (2018), in 2017 alone, a total of 25,922 addicts were detected. While every day there will be 72 drug addicts recorded and 51 of them are new addicts and 21 relapse addicts. The total number of Malay only detected by the NADA in 2017 was 20,956 addicts, of which 15,037 were new addicts. Although the number of drug addicts in 2017 was less than in 2016, the trend in previous years showed encouraging signs. This means that the National Drug Policy aimed at creating a country that is free from the threat of drug addictions by 2015 (NADA, 2017) may be misguided.

The Government plans to develop human capital as outlined in the 11th Malaysia Plan, (3rd Core) titled "Enhancing human capital development for developed countries" which aims at developing human capital that focuses on learning from birth to end of life will increase productivity, generate high skilled labour and create a continuous employment creation cycle and generate economic growth and enhance social development (EPU, 2015). These goals and plans will be in vain as many Muslim Malay youth are involved in drug addiction. Funds allocated for the development of human capital will be wasted and will thwart plans to become a developed nation by 2020.

The 11th Malaysia Plan also, (2nd Core) titled "Improve the well-being of the people" positioning Malaysia's vision as a socially advanced nation is to have healthy individuals and happy families living in a united society (EPU, 2015). Therefore, recovery of individuals involved in drug addiction is a key requirement in ensuring that individuals are in good health and living in happy families. This is also in line with the Budget 2017 theme "Securing unity and economic growth, harnessing inclusive spending, maintaining the health of whole life of people" which is from the aspects of the prosperity of the people. But this target has been marred by relapse drug addiction by some drug addicts who have undergone treatment at a government-run centre that would have cost a lot.

During this time, efforts to curb the symptoms of drug addiction and drug rehabilitation involved high costs and were unproductive. For this purpose, the government of Malaysia spent RM1.65 billion in 2013-2017 to curb the problems (NADA, 2018). Meanwhile, the expenditure for 2017 alone was RM357.231 million. The government of Malaysia spends RM45 a day for a resident who is in a drug rehabilitation centre for a year or two for the duration of the sentence imposed by the court (NADA, 2018). These costs are actually borne by Malaysians themselves, which should be channelled to the welfare and development aspects of the country as described in Core 2 and Core 3 above. Drug addiction if not prevented and treated can be a cancer of the community's life by spreading criminal cases such as robbery, rape, housebreaking, and so on.

In addition, the government in Budget 2017 has allocated RM80 million for initiatives to expand the National Mighty Healthy Community Program in addition to preventing dengue and

zika outbreaks. The National Healthy Community Health Program was launched by Datuk Seri S. Subramaniam in July 2013 in an effort to address the growing problem of Non-Communicable Disease (NCD) in the country. This initiative is a transformation of the public health service in an effort to improve the health of Malaysians through strengthening and expanding community involvement in public health programs by integrating existing government mechanisms, especially at the grassroots level. The implementation of this initiative is through an aggressive approach with the establishment of functional units comprising volunteers from communities across the country who will act as health agents of change. This group of volunteers is known as the Malaysian Healthy Movement Team (Ministry of Health, n.d.). Even though this initiative could prevent the diseases mentioned, the spread of contagious diseases by addicts still cannot be solved without special plans and enforcement.

A more serious issue is the issue of relapsing addicts who do not show positive rates of change. Relapse addiction means "the use, consumption or abuse of psychoactive substances after a person has completed treatment and recovery of drug addiction in terms of physical and psychological dependence on drugs" (Ibrahim, Samah, Talib, & Sabran, 2009). In 2013 - 2017 there were 37,360 relapsing addicts. In 2017 alone there were 7,482 relapsing addicts and the majority of relapsing addicts were Malays of 5,919 people. On average, 21 daily addicts are recorded (NADA, 2018). Even more alarming are the inconsistent relapse addict trends each year from 2013 - 2017. In 2013 there was a 54% increase over the previous year (NADA, 2017). While in 2014 there was a 10% increase, in 2015 there was a 22% decrease, in 2016 a 24% increase, and in 2017 a slight decrease of 6% (NADA, 2018). These statistics and percentages of relapse addicts do not indicate significant changes that may lead to incremental increases and declines. This shows a weakness in existing programs in drug rehabilitation in Malaysia (Saiful Amri et al., 2019).

This situation suggests that the existing drug rehabilitation process is not yet effective enough to provide addiction recovery. The number of drug addicts actually recovers after treatment and recovery programs, so small compared to repeated addicts. Wan Mahmood Pawanteh (1988) reports that 90% drug addicts relapse within five years after undergone drug rehabilitation and treatment programs. While according to the findings of the Social Welfare Department only 37% of ex-drug addicts actually recover from drug addiction (Seghatoleslam et al., 2015). This situation raises doubts about the effectiveness of the drug rehabilitation centre provided (Othman et al., 2015; Mohammed & Mokhtar, 1997). This scenario clearly illustrates the need for a more effective model for treating and restoring this drug addict. Adam, Wan Ibrahim, Ahmad, & Sudirman (2011) through their research, they found the need for alternative methods in the existing conventional drug rehabilitation process conducted by the government.

The government recognizes that addiction recovery programs, early childhood education and spiritual based therapy (psycho spiritual therapy) are more effective in addressing drug addiction issues. The NADA has taken the initiative to combine existing rehabilitation programs with psycho spiritual therapy treatment programs in 2015 (NADA, 2018). NADA has used a

psycho spiritual therapy module pioneered by the Pesantren Tasek Malaya, Suryalaya, Indonesia. The institution uses the Tarekat Naqshabadiyyah and Qadiriyyah (TQN) approaches and practices as the main therapeutic program for treating various diseases including drug addiction. The NADA has incorporated this TQN model by renaming it as the Islamic Rehabilitation Approach Program (ISRA). The ISRA model was first launched at the Cure & Care Rehabilitation Center (CCRC) Sungai Ruan, Pahang, Malaysia. This module was then extended to several other CCRCs including the CCRC Tiang Dua Melaka, CCRC Perlop Perak, CCRC Bera Pahang, CCRC Kampung Selamat Pulau Pinang, CCRC Karak Pahang, and CCRC Jeli Kelantan (NADA, 2018).

The ISRA model combines spiritual features and holistic development in the treatment and recovery of drug addicts. The goals of ISRA are to purify the soul, increase confidence and self-efficacy, return to God, provide peace, emphasize self-discipline, and restore the function of a normal human being. ISRA also uses a combined approach of psychosocial programs as supportive therapy. This combined module utilizes eight (8) core programs including *halāqah*, moral modification and psychoeducational programs (NADA, 2018).

Some NGOs and private individuals have taken the initiative to set up their own drug treatment centre. The widely used approaches include psychospiritual, psychosocial, pharmacotherapy and so on. There are also private therapy centres that use psychospiritual therapy as a whole or make it part of a therapeutic approach (Mohd Rushdan & Ahmad Bukhari, 2015). Pondok Remaja Inabah uses a model of psychospiritual therapy that is based on the practice of *taṣawuf*. The *taṣawuf* approach applies the teachings of the Tarekat Qadiriyyah and Naqsyabandiyah (TQN) pioneered by the Pesantren Tasek Malaya, Suryalaya, Indonesia similar to the AADK approach (Saiful Amri et al., 2019). The difference between the NADA approach and the Pondok Remaja Inabah is that the Pondok Remaja Inabah has previously adopted the *taṣawuf* approach to drug addiction treatment while the NADA is still relatively new in its usage of the *taṣawuf* approach.

Persatuan Pengasih Malaysia have also adopted a psycho spiritual therapy approach in their treatment at the beginning of the establishment. Initially, they adopted a full-fledged *tablīgh* groups approach as the centre focused on the rehabilitation of local Muslims. Once known locally and abroad, they are no longer adopting a holistic *tablīgh* groups approach, but include psychosocial elements so that non-Malay and non-Muslim drug addicts can receive treatment at this center (Mohd Rushdan & Ahmad Bukhari, 2015).

Another treatment institution like Pusat Rawatan Islam Manarah also treats drug addictions. The approach used is a psycho spiritual therapy that uses the recitation of Quranic verses to be listened by the addicts. This approach has also shown positive results for drug addicts (Amin et al., 2017). This approach is not the same as in the NADA's CCRC, the Persatuan Pengasih Malaysia and the Pondok Remaja Inabah, which emphasizes religious learning rather than mere recitation of Quranic verses.

The diversity in this psycho spiritual therapy approaches when combined will result in the best drug addiction psycho spiritual therapy model. Each treatment centre has its own approach and varies among themselves. It is based on long period of experiences, trials and improvements that are performed continuously to produce positive results. Psycho spiritual therapy have different effects on drug addicts. Hence, the selection of psycho spiritual therapy elements – Al-Quran and hadith, practices of the two such as prayer, *dhikr*, the application of *sunnah* etc - the best elements/components are essential in ensuring the effectiveness of treatment programs. So far, there has been no special study aimed at bringing together the best psycho spiritual therapy components based on Al-Quran and hadith as a therapeutic model in drug rehabilitation programs in Malaysia.

Objective

The study aims to identify the components and elements of psycho spiritual therapy based on al-Quran and hadith in the drug addiction treatment centres – i) Cure & Care Rehabilitation Centre (CCRC) Tiang Dua, Melaka; ii) CCRC Sungai Ruan, Pahang; iii) Persatuan Pengasih Malaysia, Kuala Lumpur; iv) Pondok Remaja Inabah, Negeri Sembilan; v) Teratak Tautan Kaseh Murabbi, Kedah. This study also attempts to illustrates a model of psycho spiritual therapy based on al-Quran and hadith extracted from all the above stated treatment centre.

Methodology

The study employed the qualitative method whereby the data collection was done through observations, interviews and text analysis. The researchers compared the data of the interview sessions with the observation data and documents. The observation method was used to obtain information from primary sources directly related to psycho spiritual therapy based on al-Quran and hadith from the treatment centres. Semi structured and unstructured interview methods were used to obtain data and feedback from treatment centre operators, drug addicts and staff. As for the document analysis, if any, will be collected from the treatment centres and analysed by using descriptive analysis methods. The respondents from all the treatment centres are listed in the Table 1 below:

CCRC Tiang Dua		
1	Ustaz Norhaizat	Staff/Religious teacher
2	Ustaz Nordin	Staff/Religious teacher
3	Mrs Maznah	Counsellor
CCRC Sungai Ruan		
1	Mr Hadith	Staff
2	Ustaz Fadhil	Staff/Religious teacher
3	Mr Kamaruddin	Addicts in treatment
Persatuan Pengasih Malaysia		
1	Datuk Yunus Pathi	President
2	Mr Azhar	Staff
3	Mr Zaki	Addicts in treatment

Pondok Remaja Inabah		
1	Ustaz Shaifuddin Maulup	President
2	Mr Izwa	Staff
3	Mr Faris	Addicts in treatment
Teratak Tautan Kaseh Murabbi		
1	Ustaz Shah Eryzal	President
2	Ustaz Hanif	Staff/Religious teacher
3	Mr Aiman	Counsellor

Table 1: List of respondents from various drug addiction rehabilitation centres

The data obtained from the interviews, observations and text analysis were analysed by using descriptive analysis by looking at the aspects of relations and factors. Atlas.ti 7 was used for the purpose of encoding the data by classifying them into several names of codes. From the codes, the researchers are able to come up with generals and specifics conclusions, which became the base for the model of psycho spiritual therapy based on al-Quran and hadith.

Result and Discussion

The researcher found that the construction of the new model of psycho spiritual therapy based on al-Quran and hadith in drug addiction treatment consist of a few fundamental elements of religion (Islam). There are three elements of the model which are – i) Main component therapy - compulsory religious knowledge of Islam which is known as *farḍu ‘ayn*; ii) Tazkiyah al-Nafs of Imam al-Ghazālī; and iii) Support therapy – the roles of institution, peer, community and mentor. The combination of these three vital elements provide a balance therapy model for drug addiction treatment.

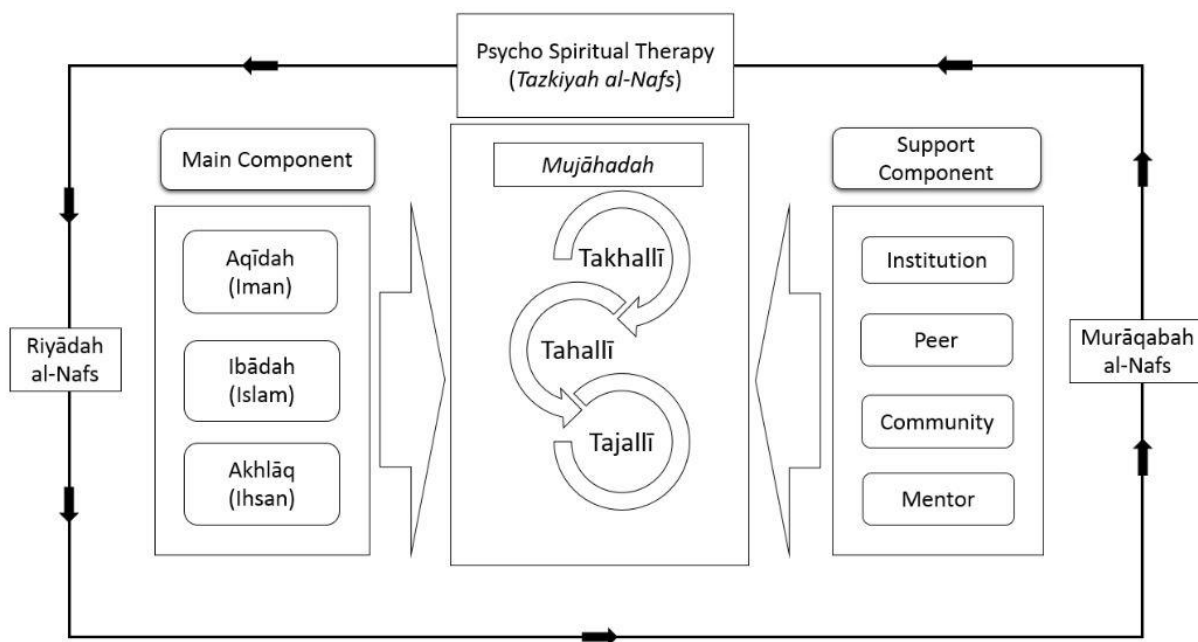


Figure 1: Model of psycho spiritual therapy based on al-Quran and hadith for drug addiction treatment.

Main Therapy Component – Compulsory Religious Knowledge (Farḍu ‘Ayn)

Generally, psycho spiritual therapy approach is not a new born approach from nothing to a model of therapy. Instead it was stemmed from religious teachings and was refined to befit as a model of psycho spiritual therapy. Then, the psycho spiritual therapy of Islam is the compulsory religious knowledge or *Farḍu ‘Ayn* knowledge. *Farḍu ‘ayn* knowledge is the compulsory religious knowledge that has been taught to all Muslim people after they reach *‘āqil* (ability to differentiate good and bad things) and *baligh*. No Muslim could escape from not learning *farḍu ‘ayn* knowledge (Zaizul Ab Rahman, Jaffary Awang, Abdull Rahman, Indriaty Ismail, & Tengku Rohana Tengku Musa, 2018; Suhaya Deraman, Salasiah Hanin, Ahmad Irdha, & Mohamad Izzat, 2017).

The actual problem faced by drug addicts in or before their involvement in drug addiction took place, they have not been taught about *farḍu ‘ayn* knowledge properly and resulting have not lived a religious live. Their live is in disorganization and lead them to take drugs as a mean to fulfil their desire. So, by re-learn *farḍu ‘ayn* knowledge, they will have higher resistance to vices including taking drugs (Muhammad Yusuf Khalid, 2008).

The component of *farḍu ‘ayn* knowledge comprises three parts – *Aqīdah* (creed), *Ibādah* (worship) and *Akhlāq* (morals) (Muslihah Mazlan, Mohd Azam Yahya, & Fatimah Nadirah Mohd Noor, 2016). These three parts of *farḍu ‘ayn* knowledge is important for addicts to learn as a Muslim. Starting by learning *Ruknu al-Imān* (Pillars of Faith) – Allah SWT as the only god, Prophet Muhammad as the last prophet sent, creation and task of angels, holy scriptures, prophethood, hereafter and belief in good and bad destinies. Once learned, they will have strong faith in Allah SWT that has destined everything from the beginning. By fulfilling their emptiness with *aqīdah*, they will have a strong reason to abstain from taking drugs again and make them capable to handle withdrawal symptoms and triggers. Believing in Allah SWT as the only God, the only salvation that they can rely on, it will helped them to go through treatment programs and after they have passed the treatment program and getting involve in society. Relying on outer power (Allah SWT) that apart from human being is the essence of psycho spiritual therapy (Pargament, 2000).

The second part of *farḍu ‘ayn* knowledge is the theory and practical of *ibādah* (worship) of Islam. After they have been filled with strong *aqīdah*, they have to worship Allah SWT as the God who had created them, gave them life and its meaning, and as an act of being grateful. Theory of *ibādah* will prepare them the basic concepts on how they have to perform the worships and the value and philosophy of spirituality behind it. It is important because the practical parts of *ibādah* is the physical manifestation of the theories learned. The practical parts consist of *Ṣolāt al-Farḍ* (compulsory prayer), ablution, fasting, *taharah* (hygiene care),

and etc. These practices of *ibādah* will gradually become their daily habits and thus reconstructs their behaviours from purposeless way of life to God-centred way of life.

The last part is *akhlāq* which can be literally translated as morals and good conducts of a Muslim according to al-Quran and hadith. When addicts completed the first part and second part of the *farḍu 'ayn* knowledge, they have to learn about *akhlāq* which is the final completion of the compulsory knowledge of Islam. Leaving *akhlāq* part behind means the psycho spiritual therapy of this main therapy component is not perfect and prone to produce negative or incomplete treatment. *Akhlāq* can be divided to two parts as well which are theory and practical. Theory of *akhlāq* must be learned beforehand so the addicts will have basic knowledge of *akhlāq*. Then addicts have to practice and apply the theory in real life. Practical *akhlāq* part is the hardest because it involves both explicit behaviour (e.g.: being kind to other people) and implicit behaviour (e.g.: suppressing negative thought about other people) which make this part harder than practical of *ibādah*.

Even though there is separation of parts (*aqīdah*, *ibādah* and *akhlāq*) in this main therapy component, it does not mean the *aqīdah* part must be learned by addicts before *ibādah* part and so do the *akhlāq* part is not the last part to be learned. These three parts cannot be separated in both teachings (theory and practical) by sorting them in a number of priorities, but executing them simultaneously.

Process – Tazkiyah al-Nafs of Imam al-Ghazali

Psycho spiritual therapy in Islamic realms cannot go further without encompassing the concept of *Tazkiyah al-Nafs* (Purification of Soul) by Imam al-Ghazali (Badri, 2000). The concept of *tazkiyah al-nafs* consist of several elements and processes which is important to secure one's soul from deviated from healthy and sound soul which is *nafs al-muṭmainnah* (soul at rest) to another two types of soul which are *nafs al-lawwāmah* (reproaching soul) and *nafs al-ammārah* (soul inclined to evil) (Khairani Zakariya, 2012). To achieve *nafs al-muṭmainnah*, one has to go through processes which takes a lot of efforts and is not an easy feat to do so. As for most of the addicts, the researchers assumed they have fallen to the lowest part of the soul – *nafs al-ammārah* – which can be explained as they are far from religion from before or after they consumed drugs.

The processes of *tazkiyah al-nafs* can be divided into two parts, namely i) the inner process that consist of *takhallī*, *tahallī* and *tajallī*, and the another one is ii) the outer process that consist of *mujāhadah*, *riyādah* and *murāqabah* (Faizatul Najihah & Faudzinaim Badaruddin, 2015). *Takhallī* means the process or phase of emptying one's soul from vices, *tahallī* means the process of filling one's soul with virtue and *tajallī* is the manifestation of the process which can be understood as one will conduct exemplary behaviour. As for the model suggested, this process is not been done by executing them apart or by priority. The *takhallī* and *tahallī* will be executed side by side as the treatment program consist all kind of religious practices that contained elements for *takhallī* (emptying) and *tahallī* (filling). The *tajallī* (manifestation) will come in effects after addicts has been through the first two processes.

The outer process of *mujāhadah*, *riyādah* and *muraqabah* was modified from its original concept but not deviate far from its original purposes. *Mujāhadah* means one's efforts to leave vices behind, *riyādah* means ones practicing to conduct virtue and religious practices, and *muraqabah* means ones is keeping their self in check from not being fallen into vice acts and keep on doing virtue acts (Mohd Suhardi, Mohd Farid, & Jasni Sulong, 2018). For this model of psycho spiritual therapy for drug addiction treatment, the researchers put the *mujāhadah* above the inner processes of *takhallī*, *tahallī* and *tajallī*. The justification for this action of changing the position of *mujāhadah* is because the *nafs al-ammārah* of addicts' soul need to be cleansed and polished greater than any other soul problems. The addicts soul and psychological problems involved the changes of chemical in their brain which makes them crave for drugs and it is hard to deal with. By focusing on *mujāhadah*, they will be able to combat the craves for drugs, thus transforming themselves to a better human being which live in Allah SWT guidance.

In this model, the *riyādah* and *muraqabah* will come side by side as the outer process which regulates all the components of the psycho spiritual therapy. In this sense, *riyādah*'s role is to make sure that the whole processes of the components are being conducted or executed continuously. The *muraqabah*'s role is to make sure that all the processes (inner and outer) being monitored without leaving out any of the components and processes.

Support Therapy Component

Apart from the main therapy component, support therapy component helps the rehabilitation processes of the drug addiction. It is noted that the drug addicts suffer from four major aspects which are i) biological aspects, ii) sociological aspects, iii) psychological aspects, and iv) spiritual aspects. Focusing on the spiritual aspect by preparing psycho spiritual therapy only is not advisable as the addicts will not completely cured and tend to relapse. The support therapy component for this model consists of four aspects which play their respective roles in drug addiction treatment, which are - i) institution, ii) peer, iii) community and iv) mentor.

Institution

The institution's roles for the drug addiction treatment is the big and main component in the support therapy component. The institution is the shelter where all the addicts lived under while receiving and undergoing treatment. Preparing conducive atmosphere by making the institution neat and clean is the most critical aspect to look for. The safety aspect of the institution is a crucial thing to take account as the inmates tend to elope and violate within the first three months because of their lacks in self-control. They also tend to smuggle cigarettes and drugs if they found weaknesses in the institutions.

Besides preparing good structure and therapeutic atmosphere, the institutions must have prepared a place for worships and prayers which is mosque (or *surau*) as a place of spiritual salvation. The mosque in the institutions will act as the centre of psycho spiritual therapy for the addicts. All religious activities are mostly operated in the mosque especially the *Ṣolāt al-Fard* (compulsory prayer). Other activities are reciting al-Quran, *farḍu 'ayn* lessons, Islamic preaching, remembrance (*dhikr*), and etc. The mosque itself, if all the above activities being

carried out correctly, will born a therapeutic atmosphere and thus, helping the addicts in their recovery journey.

Peer

The second support therapy component is peer support. The capacity of institution will determine the number of inmates they will take in and thus create a different range of peer support. The peer support can come with different approaches in the institutions as the inmates in the institutions vary from their ages, batch of intakes, rooms or dorms system they lived in and their respective roles in the institutions. As for the age differences, usually older people have the upper hand in giving encouragement and advice to their fellow younger friends. In the case of addicts, it is quite different from the usual cases which the one who have the seniority and experiences of recovery could be younger than older addicts. Thus, the conflict of seniority between the older addicts and younger addicts would make the peer support weak. So, by adjusting the conflict by giving them clear rules and mindsets will set them in a harmonious relationship between addicts. This will lead to a healthy peer support which comprises positive encouragement, advices, mutual understanding, and promotes faster and resilient recovery.

Batch of intakes will affect the community of addicts in the institutions by parting them to senior and junior sects. The senior already gone through the series of treatment programs which can become role model to their junior. The junior will set their seniors as the one they could rely on in giving positive insight to the recovery. The role of peer in rooms or dorms is important as they will thought that all the room or dorm members are their close friends that could comfort and support them mentally and emotionally. As for the roles assigned for each addict, they will interact as an organisation which emphasis on professionalism. The roles given will give them the sense of responsibility in completing their task and acting accordingly to the characteristics of the roles.

Community

Community support component is different from peer support component if compared to its functionality. Peer support component is largely being implemented in the institution and have full effect towards addicts who live within them. Instead, community support only comes in handy if the institution allows them to do so. The involvement of community varies for each rehabilitation centres. As for NADA's CCRCs, after the addicts gone through a six months rehabilitation program, some of them are allowed to join community program arranged by NADA. The community support program was actually in the form of industrial training at local business or company to prepare them for work opportunities after they finished the rehabilitation programs at CCRC. The only weakness of this approach is, when the addicts was placed outside CCRC, the supervision for the psycho spiritual therapy is not as effective as in CCRC. The addicts tend to forget all the religious knowledges and practices they used to commit in CCRC. Thus, the possibility for them to relapse is high.

Persatuan Pengasih Malaysia, Pondok Remaja Inabah and Teratak Tautan Kaseh Murabbi have about the same approach for community supports. They will organise festive by inviting parents of the addicts and surrounding community to join. The programs can be varied accordingly to the religious and national celebration or the celebration that come up from the institutions itself such as annual assembly, weekly religious programs and visitation from any school or university. As for example, Eid al-Fiṭri, they will invite surrounding communities to participate in preparing foods for the festive and once again inviting them for the festive. The institutions also invite them for Eid al-Adḥā's slaughtering cows and goat programs. The institution also allows the addicts to help for *kenduri* (wedding's food preparation) when the surrounding community ask for their help.

Mentor

All of the above stated rehabilitation centres use mentor as one of their rehabilitation components for treatment. The role of mentor is not the same role as peer support's role. As for the peer support comes from surrounding fellow addicts, while mentor comes from the staff management. The mentor is not always with them all the time during the rehabilitation period, but their seldomly presence could give them new insights and hopes. The mentor act as the idol or role model that all the addicts must follow.

Persatuan Pengasih Malaysia sets Datuk Yunus Pathi, the president of the rehabilitation centre as the main mentor. He will give speech once or twice a week to the addicts. Every Friday, he will hold a gathering for all the addicts specifically to address the unsatisfaction faced by the addicts in the rehabilitation centre. While in Pondok Remaja Inabah, Ustaz Shaifuddin acts as the main teacher for the *tarekat* approach which can be known as *murshid* (ṣufī teacher). He will guide the addicts to the right path of sufism as their main rehabilitation approach. His role as *murshid* could give a significant change to the behaviour of the addicts.

Teratak Tautan Kaseh Murabbi's president, Ustaz Shah Eryzal also acts as the mentor to the addicts. As a former addict himself, he knows how the addicts faced when it comes to the challenge of being in recovery processes. He will give them Islamic motivation value of which could strengthen their faith. He also attends to them with benevolent and compassionate which makes the addicts feel welcomed. For both CCRCs, there is no significant individual or figure that could act as a mentor. Thus, the role of member could be found in peer support only, if any.

Conclusion

The long hunting problems of the country which is drug addiction has deterred Malaysia from becoming a good country for living which cares the health and its people. The continuity of relapse addiction cases makes it hard for the country to strive for a better future. Hence, it is becoming number one threat to the country. The government and private organisations have been making their effort to curb the problems and has its positive outcomes. However, by suggesting the new model of psycho spiritual therapy based on al-Quran and hadith for drug addiction treatment could provide our society with more solid treatment program and decreasing the relapse addict cases in the future.

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