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Empowering Youth in High-Risk Areas: Assessing the Impact of a Psychospiritual Prevention Program on Drug Abuse Prevention

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Abstract

Substance or drug abuse is one of the biggest threats to the nation. One of the main factors contributing to the failure of staying abstinent is the lack of social support from the community. The models of prevention programs are mostly adopted from the Western model, which seems to be unfit for the local context. Hence, there is a significant need to explore new strategies in which the protective and spiritual elements are practiced in the community in Malaysia against drug abuse. The emerging themes for Malaysians' protective and spiritual factors are useful for conceptualizing and developing a psychospiritual prevention module for the community in Malaysia using the Sidek Module Development Model (2005). The objective of this research is to evaluate the influence of a psychospiritual prevention module on (1) spiritual awareness, (2) locus of control, (3) knowledge, and (4) self-assertiveness. To achieve this, participants were assigned to either an experimental or control group during both the initial assessment and follow-up evaluation. This study employed a quasi-experimental design involving two distinct youth cohorts, each consisting of 33 individuals in both the experimental and control groups. The experimental group participated in a psychoeducational intervention conducted in seven sessions by trained staff, whereas the control group received no intervention. The comparative analysis between the pre- and post-tests revealed a significant increase in the mean scores for spirituality (from 172.24 to 188.12 in the post-test and 191.79 in the follow-up test), locus of control (from 68.76 to 76.79 in the post-test and 87.52 in the follow-up test), knowledge (from 28.91 to 41.48 in the post-test and 72.09 in the follow-up test), and self-assertiveness (from 99.48 to 106.42 in the post-test and 119.42 in the follow-up test) in the experimental group. In contrast, the three variables examined did not exhibit noteworthy increases within the control group. The new evidence-based module can create synergy between government agencies and the community in drug prevention.

Keyword: Psychospiritual, Drug Abuse, Youth, Counseling, SUD

1. INTRODUCTION

Substance abuse is a severe problem that plagues the world, and Malaysia is no exception. According to data from the UNODC's 2020 World Drugs Report, 284 million persons worldwide, primarily men between the ages of 15 and 64, were projected to have taken drugs within the previous year. This figure represents a 26% increase from 2010 when it was projected that 226 million individuals took drugs, and the prevalence was 5%. It equates to approximately one in every 18 people in that age group or 5.6 percent (UNODC, 2022). Meanwhile, in Malaysia, until January 2023, 103,760 people were involved in substance abuse (AADK, 2023). This figure is very worrying compared with the entire population of Malaysian citizens. It reaches 0.34% of the total population. Unfortunately, most drug abusers in Malaysia are youths, comprising 59.6% of all users (AADK, 2023). This condition is a significant loss. This is because they are a productive age group expected to support the country's economy. In addition, it has been determined that drug and alcohol usage increase the risk of workplace accidents, absenteeism, medical expenses, and compensation claims. Alcohol and drug misuse has been linked to low productivity, significant workforce turnover, and criminal activity (UNDP, 2004). This risk is further increased by the designation of 155 high-risk areas for drug activity throughout the country as determined by the National Anti-Drugs Agency (NADA) Malaysia in 2020 (AADK, 2023).

According to NADA (AADK, 2020), the relapse rate among recovering addicts has increased for three consecutive years, namely in 2017, 2018, and 2019. This indicates that individuals involved in drug addiction are highly likely to relapse. If things like this continue, the efforts and funds that the government has released will be in vain, and the collection cycle will be challenged to end. This is because when an individual has been involved in drug abuse, they will experience challenges in maintaining full recovery. Therefore, prevention strategies must be strengthened and improved to prevent young people from engaging in drug abuse, especially those living in high-risk areas.

A person can be considered to be at high risk when the existing risk factors are much more dominant than the protective factors (Razali, 2010). The most effective prevention programs are implemented in high-risk areas or against high-risk groups (Wazir et.al, 2020). Those at risk are those who are prone to any negative behaviour and are especially prone to substance abuse behaviour. Therefore, prevention is the best way to help people living in high-risk areas to protect themselves from engaging in such behaviours. Prevention reduces risk factors and increases protective factors (Hogan et.al, 2002; SAMSHA, 2019; NADA, 2004). Risk factors are defined as factors that increase a person's risk of becoming involved with drugs, whereas protective factors protect a person from risk factors (SAMSHA, 2019; NADA, 2004; Hawkins et.al, 1992).

This youth-threatening condition is causing much concern among Malaysians and requires more efforts to investigate the causal factors and solutions to mitigate this complex problem. Responding to this problem carefully, the increase in the number of drug users can trigger us to review prevention strategies, such as what we have done so far, that can reduce the number of drug addicts in the country. The Malaysian government has allocated substantial funds to combat the drug issue. Undeniably, it has introduced diverse drug prevention initiatives, including the "Endless Drug War" (*Perangi Dadah Habis-habisan* or PDH), aimed at decreasing drug abuse instances in high-risk areas. According to the National Anti-Drug Agency (NADA) report from 2019, a total of nine prevention programs were implemented during 2018 and 2019. The programmes are the Family on Alert (FOA), Smart Camp, *Sayangi*

Hidup Elak Dadah Selamanya (SHIELDS) camp, Tomorrow Leader, *Tempat Kerja Bebas Dadah* (TEKAD) in the public, private, and agronomy sectors, and *Program Masjid Hentian Bebas Dadah* (MAHABAH).

In addition, non-governmental organizations such as PEMADAM have acted as the country's central voluntary organization to implement drug prevention programs. In addition, anti-drug education has been delivered in schools through programmes such as Tunas, INTIM camp (Student Intellectual Excellence Camp), and *Program Intervensi Pelajar* or PIP (Student Intervention Program). Although various prevention efforts have long been implemented to prevent young people from becoming involved in drug addiction, youth involvement increased from 2018 to 2019 (AADK, 2020).

The Covid-19 pandemic is seen as a challenge in addressing the drug issue at present. The short-term and long-term effects of the pandemic on drug abuse and substances will result from drastic changes in the socioeconomic status of the community as a whole, increasing the risk factors for future involvement in drug abuse.

Furthermore, the pandemic's impact has led to a decrease in voluntary admissions by drug addicts in 2020, amounting to 1.7% compared to 2019. This is because the voluntary admission process must comply with strict Standard Operating Procedures (SOP) throughout the Movement Control Order (PKP).

Statistics indicate a decline in those receiving treatment at AADK Voluntary Rehabilitation Centers (PUSPEN Sukarela). The total number of client admissions for 11 PUSPEN Voluntary in 2020 was 740. In addition, clients receiving non-residential treatment at 37 AADK service centres numbered 170 individuals, and those attending services at 49 Community Treatment Centers totaled 1,840 people nationwide. The decline in voluntary admissions is due to AADK taking risk reduction measures through the control and prevention of infections resulting from the specific pandemic.

Table 1: Number of drug abusers and addicts 2018–2020

Drug Category	2018	2019	2020	Comparison between 2019 and 2020
ATS (Amphetamine-Type Stimulants)	4147	2827	2230	-21,1%
Marijuana	320	131	129	-1,5%
Opiates	364	161	69	-57,1%
Psychotropic Pills	3	59	33	-44,1%
Others	57	111	95	-14,4%
Total	4891	3289	2556	

Source: AADK (2020)

Table 1 illustrates the trend of drug misuse from 2018 to 2020. In 2020, ATS drugs recorded the highest usage among teenagers aged 13-18, accounting for 87.2 %. The other drug categories contributed only 5.0 % and below. A comparison of data between 2019 and 2020 shows a decrease in all drug categories; however, this decline is due to reduced operations and arrests following the Movement Control Order (PKP) implemented in March 2020.

AADK (2020) highlighted that due to the Movement Control Order, operations could not be carried out, so the statistical figures remained unchanged. The decrease in cases is seen as the highest decline since 2015, with a reduction of 20.85% in the number of cases (AADK, 2020). However, according to Suhaila Ibrahim and Ishak (2021), the crime index in Malaysia, which has decreased by 50% in 2020, is attributed to the country facing the COVID-19 pandemic and the Movement Control Order (PKP) restricting the movement of the population.

From the programmes that have been implemented, the researcher observed a lack of application of psychospiritual values in the prevention programs. Rehabilitation programs frequently incorporate a psychospiritual approach, as exemplified by initiatives such as the Spiritual and Religious Program at the Caring Community House (CCH), Inabah Treatment, *Rakan Setia Masjid* (Loyal Friends of the Mosque Program), *Rakan Setia Komuniti* (Loyal Friends of the Community), and the *Program Islah Remaja Permata Dunia* (Wazir et al., 2020). Utilization of this psychospiritual approach in the treatment programme has demonstrated positive outcomes among individuals recovering from substance addiction, as noted by Khalid in 2008. However, the psychospiritual approach to prevention programs is limited (Wazir et. al, 2020; Felipe et.al, 2013).

Moreover, Drug Information 2020 (AADK, 2020) also showed that the influence of friends was the most significant factor contributing to drug abuse symptoms for five consecutive years from 2016 until 2020, with more than ten thousand cases. This situation demonstrates the importance of having internal psychological values and skills to help handle negative influences from friends. As a response to this challenge, psychological skills such as self-assertiveness (Hollandsworth, 1977; Ganji et.al, 2022; Semple et.al, 2011) and belief related to drug issues (Bryan et.al, 2000; Grim & Grim, 2019; Stein, 2022). Therefore, besides the psychospiritual values, these psychological skills must also be included in the module as an integrated unit. Therefore, this study objective is to test the validity and reliability of the Psychospiritual Substance Abuse Prevention Module. Nevertheless, to achieve that objective, the examination of the effectiveness of the module on spiritual variables, belief in drugs, and self-assertiveness was also carried out.

2. MATERIALS AND METHOD

Research Design

The purpose of this experimental investigation was to evaluate the impact of the psychospiritual module on two groups. Creswell (2015) defines experimental research as a study to assess a proposal, procedure, or practice to ascertain its effects on the variable being investigated. Shaughnessy et al. (2012) added that this study is particularly effective in establishing cause-and-effect relationships, enabling researchers to determine whether an intervention or treatment can influence the targeted behaviour.

In detail, Chua (2013) emphasizes that this research designs assess program effectiveness by comparing two or more sets of data, providing confidence that the observed study outcomes are a result of the program's effectivity. Based on type of experiments, Creswell (2015) classifies experimental research into factorial designs, quasi-experiments, and pure experiments. While true experimental studies, involving completely randomized samples, are considered the most robust, the difficulty of obtaining random samples from the entire population in Malaysia led to the selection of a quasi-experimental study to investigate the success of the module.

In the quasi-experimental research, two distinct sample groups, namely the control group and the experimental group, undergo both a pre-test and a post-test. What sets it apart from a purely experimental study is the non-randomized selection of participants. This method is commonly employed in research assessing the effectiveness of teaching strategies, modules, or programs in real-world settings where a purely experimental approach is impractical (Chua, 2013; Gribbons & Herman, 2011; and Newman, 1991). However, Creswell (2015) highlights that quasi-experimental studies come with various risks that may impact study outcomes, including factors like history, maturity, and interaction with the targeted groups.

Sample and Research Location

This experimental study included 33 subjects in the experimental group and another 33 in the control group, selected from a hotspot in a state in northern Peninsular Malaysia identified by the AADK as having substance abuse problems. The researchers began selecting the sample by contacting the Majlis Belia Daerah (District Youth Council) to obtain a list of registered youth organisations. For the experimental group, all youth association members were asked pre-test questions and those with medium or low scores were selected. The control group consisted of those with low pretest scores. The study was conducted with the aim of evaluating the effectiveness of the module after its implementation.

Data Collection

In the phases of pretest and post-test, the researcher obtained informed consent and distributed pretest instruments to identify samples with mean scores indicating medium or low levels on the dependent variables. Sixty-six respondents with low scores were then selected and divided into an experimental group and a control group. Four moderators were appointed, trained, and facilitated the module in the experimental group. Following the completion of the module, post-test instruments were distributed to both groups.

Data Analysis

For data analysis, Statistical Programme for the Social Sciences (SPSS) version 23 software was utilized. T-test analysis was employed to investigate the impact of the module on spirituality, beliefs regarding drugs, and assertiveness within the experimental group. The independent samples t-test was used to assess the differences between the pretest scores in the control and treatment groups, and the Shapiro-Wilk method was applied for the analysis of small samples. A significance level of $p < 0.05$ was considered when evaluating the differences between the two groups in the pretest.

3. RESULTS

Demographic characteristics

The following table elaborates the profile of the respondents. Table 2 summarises the frequency of gender, ethnicity, age, and type of group of the participants. The data is as follows:

Table 2. Demographic data of samples

Demographic Factors	Type of group	Respondent type	Frequency	Percentage (%)
Gender	Experiment	Male	7	21.2
		Female	26	78.8
	Control	Male	10	30.3
		Female	23	69.7
Age	Experiment	Under 20	33	100
		21-30	0	0
		31-40	0	0
		41-50	0	0
	Control	Under 20	33	100
		21-30	0	0
		31-40	0	0
		41–50	0	0

Race	Experiment	Malay	31	93.9
		Chinese	1	3.0
		Indian	1	3.0
	Control	Malay	29	87.9
		Chinese	0	0
		Indian	4	12.1
Education level	Experiment	Foundation/Matriculation/STPM/STAM	33	100
	Control	Foundation/Matriculation/STPM/STAM	33	100
Area of residence	Experiment	Kuala Muda Yan	33	100
	Control	Kuala Muda Yan	33	100
Residency period	Experiment	< 5 years	0	0
		6 – 10 years	0	0
		11 – 15 years	1	3.0
		16 – 20 years	32	97.0
		21 yeas above	0	0
	Control	< 5 years	2	6.1
		6 – 10 years	2	6.1
		11 – 15 years	3	9.1
		16 – 20 years	26	78.8
		21 years above	0	0

Table 1 presents the demographic profile of respondents who participated in the study. The total number of respondents were 66 respondents, which involved 17 (25.8%) male and 49 (74.2%) female below 20 years old. In this study, the participants are among three main ethnic group in Malaysia, which included 60 (90.9%) identifying as Malay, 5 (7.6%) as Indian, and 1 (1.5%) as Chinese. The longest residency period is 16-20 years which involved 58 (87.9%) among the respondents, while residency period of 11-15 years involved 4 (6.1%) respondents and only 2 (3.0%) respondents involved for both residency period of 6-10 years and below 5 years. All the respondents are divided equally between experiment group 33 (50%) and control group 33 (50%).

Effectiveness of psychospiritual-based Drug Prevention Module towards Psychospiritual Scale, Locus of Control, Drug-related Knowledge, and Assertiveness

A paired sample t-test was used to examine the causal effect of the module towards each dependant variables which are psychospiritual, locus of control and knowledge. The mean and significant level is shown in the following section for each variable.

Table 3: Pre-test and post-test mean difference of participants' scores

Variable	Group	Mean	SD	t	df	sig. (2-tailed)
Spirituality	**Experiment**					
	Pre-test (n = 33)	172.24	25.520	-3.686	32	0.001

	Post-test (n = 33)	188.12	6.014			
	Control					
	Pre-test (n = 33)	176.00	21.832	1.377	32	0.178
	Post-test (n = 33)	170.61	8.370			
Knowledge	**Experiment**					
	Pre-test (n = 33)	57.97	4.012	-7.912	32	.000
	Post-test (n = 33)	65.61	2.999			
	Control					
	Pre-test (n = 33)	58.09	4.653	1.023	32	.314
	Post-test (n = 33)	57.06	4.555			
Locus of control	**Experiment**					
	Pre-test (n = 33)	68.76	10.744	-3.303	32	.002
	Post-test (n = 33)	76.79	9.450			
	Control					
	Pre-test (n = 33)	75.21	10.585	1.700	32	.099
	Post-test (n = 33)	71.09	10.546			
Self-Assertiveness	**Experiment**					
	Pre-test (n = 33)	99.48	7.608	-2.143	32	.040
	Post-test (n = 33)	106.42	14.830			
	Control					
	Pre-test (n = 33)	101.18	13.242	.130	32	.897
	Post-test (n = 33)	100.76	12.124			

A) Spirituality

A paired sample t-test was performed to assess the disparity between the pre-test and post-test scores for spirituality. Notably, there was a significant contrast in the scores within the experimental group during the pre-test phase (M=172.24, SD= 25.520) and post-test (M=188.12, SD= 6.014) conditions; t (32) = -3.686, $p < 0.05$. In contrast, there were no

significant differences observed in the control group for pre-test (M=176.00, SD= 21.832) and post-test (M=170.61, SD= 8.370) conditions; t (32) = 1.377, p > 0.05. These results suggest that the module increases the level of spirituality.

B) Locus of control

A paired sample t-test was carried out to examine the scores of locus of control between the pre-test and post-test. Notably, there was a significant divergence in the scores within the experimental group during the pre-test phase (M = 68.76, SD = 10.744) and post-test (M = 76.79, SD = 9.450) conditions; t (32) = -3.303, p < 0.05. In contrast, there was no significant differences were observed in the control group for pre-test (M = 75.21, SD = 10.585) and post-test (M = 71.09, SD = 10.546) conditions; t (32) = 1.700, p > 0.05. These results suggest that the module really increases the level of locus of control.

C) Knowledge

A paired sample t-test was executed to evaluate the scores of knowledge between the pre-test and post-test. Importantly, there was a noteworthy contrast in the scores within the experimental group during the pre-test phase (M = 57.97, SD = 4.012) and post-test (M = 65.61, SD = 2.999) conditions; t (32) = -7.912, p < 0.05. In contrast, there was no significant differences were observed in the control group for pre-test (M = 58.09, SD = 4.653) and post-test (M = 57.06, SD = 4.555) conditions; t (32) = 1.023, p > 0.05. These results suggest that the module really increases the level of knowledge.

D) Self-Assertiveness

A paired-sample t-test was performed to assess the score of assertiveness between the post-test and follow-up test. Significantly, there was a notable difference in the scores during the post-test (M=106.42, SD= 14.830) and follow-up-test (M=119.42, SD= 7.168) conditions; t (32) = -6.233, p < 0.05. In contrast, there were no significant differences observed in the control group for post-test (M=100.76, SD= 12.124) and follow-up test (M=96.42, SD= 14.742) conditions; t (32) = 1.967, p > 0.05. These follow-up test results suggest that the module increased the level of assertiveness.

Table 4: Post-test and second post-test mean difference of participants' scores

Variable	Group	Mean	SD	t	df	sig. (2-tailed)
Spirituality	**Experiment**					
	Post-test (n = 33)	188.12	6.014	-3.283	32	.002
	Follow up-test (n = 33)	191.79	2.724			
	Control					
	Post-test (n = 33)	170.61	8.370	.781	32	.441
	Follow up-test (n = 33)	170.30	8.183			
Knowledge	**Experiment**					
	Post-test (n = 33)	65.61	2.999	-.9498	32	.000

	Follow up-test (n = 33)	72.09	3.385			
	Control					
	Post-test (n = 33)	57.06	4.555	1.447	32	.157
	Follow up-test (n = 33)	56.06	5.297			
Locus of control	**Experiment**					
	Post-test (n = 33)	76.79	9.450	-6.179	32	.000
	Follow up-test (n = 33)	87.52	4.032			
	Control					
	Post-test (n = 33)	71.09	10.546	1.418	32	.166
	Follow up-test (n = 33)	68.48	14.063			
Self-Assertiveness	**Experiment**					
	Post-test (n = 33)	106.42	14.830	-6.233	32	.000
	Follow up-test (n = 33)	119.42	7.168			
	Control					
	Post-test (n = 33)	100.76	12.124	1.967	32	.058
	Follow up-test (n = 33)	96.42	14.742			

A) Spirituality

A paired-sample t-test was performed to assess the score of spirituality between the post-test and follow-up test. Significantly, there was a notable difference in the scores during the post-test (M=188.12, SD= 6.014) and follow-up-test (M=191.79, SD= 2.724) conditions; t (32) = -3.283, $p < 0.05$. In contrast, there were no significant differences observed in the control group for post-test (M=170.61, SD= 8.370) and follow-up test (M=170.30, SD= 8.183) conditions; t (32) = 0.781, $p > 0.05$. These follow-up test results suggest that the module increases the level of spirituality.

B) Locus of control

A paired-sample t-test was carried out to examine the score of locus of control between the post-test and follow-up test. Importantly, there was a significant contrast in the scores during the post-test (M= 76.79, SD= 9.450) and follow up-test (M= 87.52, SD= 4.032) conditions; t (32) = -6.179, $p < 0.05$. In contrast, there was no significant differences were observed in the control group for post-test (M= 71.09, SD= 10.546) and follow-up test (M= 68.48, SD= 14.063) conditions; t (32) = 1.418, $p > 0.702$. These follow up test results suggest that the module increases the level of locus of control.

C) Knowledge

A paired-sample t-test was executed to evaluate the score of knowledge between the post-test and follow-up test. Notably, there was a significant contrast in the scores within the experimental group during the post-test. ($M = 65.61$, $SD = 2.999$) and follow-up test ($M = 72.09$, $SD = 3.385$) conditions; $t(32) = -.9498$, $p < 0.05$. In contrast, there was no significant differences were observed in the control group for post-test ($M = 57.06$, $SD = 4.555$) and follow-up test ($M = 56.06$, $SD = 5.297$) conditions; $t(32) = 1.447$, $p > 0.05$. These results suggest that the module really increases the level of knowledge.

D) Self-Assertiveness

A paired-sample t-test was performed to assess the assertiveness score between the post-test and follow-up test. Significantly, there was a notable difference in the scores during the post-test ($M=106.42$, $SD= 14.830$) and follow-up-test ($M=119.42$, $SD= 7.168$) conditions; $t(32) = -6.233$, $p < 0.05$. In contrast, there were no significant differences observed in the control group for post-test ($M=100.76$, $SD= 12.124$) and follow-up test ($M=96.42$, $SD= 14.742$) conditions; $t(32) = 1.967$, $p > 0.05$. These follow-up test results suggest that the module increased the level of assertiveness.

4. DISCUSSION

The result confirmed that the Psychospiritual-Based Drug Prevention Module significantly increased spirituality, locus of control, drug knowledge and assertiveness. Even after 3 months of the prevention module, the experimental group recorded significant increases.

Emmons (2000) defined spirituality as a non-material realm that guides individuals to find relationships and meaning in life. Robinson et al (2007) pointed out the importance of daily spiritual practises as they correlate with alcohol abstinence. Crocq (2007), Miller (2007) and Bonelli & Koenig (2013) have demonstrated a protective link between spirituality and drug dependence. Furthermore, Heinz et al. (2007) concluded that spirituality promotes a positive attitude towards traumatic situations and helps to cope with them. In a general context, spirituality is broader than faith. Reese (1997) considered that "discriminative stimuli" and "reinforcing stimuli" go beyond individual esteem and contribute to the formation of a community.

Arshad et al. (2020), Jailani & Osman (2015) and Shamsalina et al. (2014) investigated Islamic spirituality and substance abuse prevention. Spiritual practises such as prayers, zikr, mathurat, selawat and halaqah contribute to the rehabilitation of hospitalised patients (Arshad et al., 2020). Shamsalina et al. (2014) concluded that spirituality contributes positively in the recovery of Muslims, while Jailani & Osman (2015) stated that Islamic psychospiritual approaches is significant in the prevention of substance abuse.

Studies on the correlation between drug abuse and the locus of control come to different conclusions. This discovery implies that the correlation between locus of control and drug dependence may vary and depend on individual and contextual factors. Ersche et al. (2012) and Hall (1978) found no significant correlation between drug abuse and locus of control. Hafiz and Bhau (2020) discovered that drug addicts with low self-esteem were more likely to have an external locus of control. Pearlstein (1980) found different results depending on the type of drug. Drug addicts are more inclined to trust an external locus of control compared to heroin and alcohol addicts.

Studies on the correlation between knowledge and substance use concluded that this variable together with other social factors are significant towards drug dependence. Parental divorce,

family conflict, and peer pressure are significant towards drug abuse and therefore suggested the importance of knowledge and altering attitudes (Beatty & Geramian et al., 2012). Bhattarai (2018) added that the level of education together with other social variables such as family profession and relatives with drug addiction are significant factors in determining the level of knowledge related to drug.

It is expected that a higher level of self-assertion will reduce the tendency to take drugs. Several studies have consistently found a negative relationship between assertiveness and drug dependence. Horan et al. (1975) and Lindquist et al. (1979) found that drug users were less assertive than non-users. Lindquist et al. (1979) also found that those with low assertiveness tends to have high aggression in drug addicts. Williams et al (1981) further differentiated between types of drug use and found that alcohol and marijuana users were less assertive and more compliant than users of "hard" drugs. Vojudi and Otared (2015) confirmed these findings, reporting that drug-dependent individuals were less assertive and more interpersonally sensitive compared to non-dependent individuals.

The influence of the module on control beliefs can be seen in the significant increase in values observed in the experimental group. This means that the participants are moving towards an internal control belief and emphasising personal responsibility and control over their lives. In contrast, no significant changes were observed in the control group, supporting the hypothesis that the module has significant effect in increasing participants' sense of control.

The effectiveness of the module in improving drug-related knowledge is emphasised by the remarkable improvement in scores in the experimental group. This indicates that the intervention successfully improved the participants' understanding of drug-related issues. In contrast, the control group showed no significant changes, emphasising the clear contribution of the module to knowledge improvement.

Further follow-up studies confirm the long-term effects of the module. For the experimental group, spiritual beliefs and locus of control improved sustainably in the follow-up tests, which emphasises the lasting effect of the intervention. Although the increase in knowledge scores in the second post-test was not statistically significant, this indicates a sustained positive trend in the experimental group.

These results suggest that the Psychospiritual-Based Substance Abuse Prevention Module has a positive impact on the psychospiritual dimension, control beliefs and drug knowledge. Future research should investigate the long-term effects of the module, taking into account longer follow-up periods. In addition, the inclusion of qualitative measures may provide deeper insights into the subjective experiences and perceptions of participants and improve our understanding of the impact of the module.

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