Review article

Incorporating Islam in the Therapeutic Community modality for rehabilitation of substance and drug users. A Malaysian experience

Mohamed MN¹, Marican S²

Abstract

Therapeutic Community (TC) was introduced in Malaysia back in the early 1990's. TC was adopted from Daytop Village after rehabilitation officers attended a series of on-site training. Daytop model do not emphasis on religious aspects but when it was brought to Malaysia, Islam was made one of the primary components of TC. Compulsory five-time daily prayers, "Sunat" prayers, recitation of "doa", "zikir", reading Quranic verses and Prophet's "Sunnah" has been a practice in spiritual-based rehabilitation in Malaysia and many other Muslim countries such as Indonesia and Brunei are incorporated in TC. In addition, program such as daily morning and departmental meetings also discussed daily, weekly and monthly religious programs; maintenance of the mosque is incorporated into the job function and specific budget and time were allocated for religious practices. Clients who do not perform their religious duties will be subjected to queries by both staffs and other clients. Counseling and penalty was imposed for recalcitrant. Studies in Malaysia found that clients readily accept religious inputs in the program, as it will be a part of their life outside the rehabilitation center. For those who are not religiously inclined, rejections are also evident. Encounter group in TC helps them to discover these rejections. Non-Muslim are provided with their own place of worship and religious teachings in accordance to their beliefs, however are invited to interact in Islamic religious program that do not involve worshipping, because it focusses on common good life values. In conclusion, the of Islamic practices and values in TC has shown a positive effect on Muslim clients undergoing substance use treatment in Malaysia

Keywords: Therapeutic Community; drug addiction; alcoholic Anonymous

International Journal of Human and Health Sciences Vol. 01 No. 01 January'17. Page : 7-17

Introduction

The subject of spirituality, religion and rehabilitation has been frequently debated over the decades because of its philosophical approaches to human behavior. Religion is associated with guidance of human belief and behavior; it is often seen as prescribing to the moral model, while rehabilitation is a social-medical process of realigning, redeveloping the person affected with some ailment as to enable them to achieve a functional life. In the final analysis, the two will merge to the same objective.

Many Islamic countries around the world such as Afghanistan, Bangladesh, Brunei, Iran, Indonesia, Malaysia, Pakistan, some Middle Eastern and

African nations, not mentioning Muslims in non-Islamic countries like Thailand, India, UK, the US and some European countries are facing the problem of drug use and abuse. This problem also translates to more serious situation such as HIV infections among the injecting drug users especially among its younger population. Even though most of these countries have systematic governmental drug treatment and rehabilitation policy and facilities, it is simply inadequate to address the alarming drug issues. Most of them also depend on NGOs from within or outside the country to deal with their drug problem. Even with both effort put together, the drug problem is still large and continuing to be problematic to the

1. Mohamed Mahmood Nazar, Asia Metropolitan University & Professor of Psychology, Cyberjaya University College of Medical Sciences, Malaysian
2. Marican Sabitha, Social Policy, Faculty of Economic and Administration, University of Malaya, Malaysian

Correspondence to: Mohamed Mahmood Nazar, Asia Metropolitan University & Professor of Psychology, Cyberjaya University College of Medical Sciences; **e-mail:** mahmoodnazar@gmail.com

development of the country.

The goal of any country's drug program is to, as much as possible; eradicate the supply and the demand to use drugs, consequently reducing the danger of drug onto the society. Various demand and supply reduction strategies have been implemented. Some has put harm reduction approach to practice, but in most Muslim countries, religion seems to be on of the important approach to drug treatment and rehabilitation.¹

Therapeutic Community

The Therapeutic Community (TC) program for drug abuse treatment and rehabilitation has existed for more than 50 years. It is a drug-free residential setting which provides a highly structured pro-social environment for the treatment of drug abuse and addiction.^{2,3} TCs are residential drug treatment programs where clients or inmates usually are housed in separate units in the facility.² identifies '*therapeutic*' as denoting the social and psychological goals, namely changing the individual's lifestyle and identity, while '*community*' denotes the primary method or approach employed to achieve the goal of individual change. The community is used to heal individuals emotionally and to train clients in the behaviors, attitudes and values of healthy living^{4,5} National Institute of Drug Abuse⁶ defines TC as drug free residential settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. TC use peer influence, mediated through a variety group process to help individuals learn and assimilate social norms and develop more effective skills.^{2,4} There are two types of TC, the concept-based and the self-help approach. The concept-based TC is known for its departure from traditional mental health care. Recovering substance users and addicts who helped themselves to the path of total recovery developed this type of TC that was designed to assist substance abusers. Some of the best examples of concept-based TC are Daytop, Synanon and Phoenix House^{2,3,7} and mainly delivered in community TC setting. The recovering drug addict self-help TC has become widely accepted as a legitimate and effective treatment approach for drug addiction and other anti-social problems.^{2,3,8-10}

Secondly, the self-help approach. TC is a residential approach that comes out of self-help TC such as Alcoholic Anonymous (AA) and Narcotics Anonymous (NA). These groups are generally run by persons in recovery. They use

a "12 Step to Recovery" model, developed in the late 1930s for the treatment of alcoholism and incorporated into self-help groups for drug addiction.² A major goal of the self-help approach in altering the fundamental negative beliefs and unhealthy lifestyles of participants. By taking responsibility for one's own problems individuals can gain control over their situation and develop a new sense of self-respect and competence. Support and guidance is provided by credible role models who have experienced the changes they profess. In addiction treatment, extensive personal support is provided by peer group networks. The entire approach results in far-reaching changes in personal lifestyles and social relationships. In general, the self-help movement successfully instills self-reliance and responsibility².

TC differs from other treatment approaches principally in its use of the recovering people or aptly termed as the "community" as the key agent of change, in which treatment staff and recovering clientele interact in both structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use. Overall, studies find that therapeutic community (TC) participants show improvements in substance abuse, criminal behavior and mental health symptoms.^{1,11-14} The structure and function of an organization gives ample evidence on how a therapeutic community can be helpful in the psychosocial and socio-cultural rehabilitation of persons suffering from chronic mental illness like schizophrenia. This is especially true of participants who enter treatment with the most severe problems.^{3,15}

The effectiveness of TC program is often measured by retention of clients in the program. Studies consistently find a relationship between duration of treatment in a TC (i.e., retention) and aftercare participation and subsequent recovery.^{3,15,16} Dropout is a concern with all treatments for addiction, and TCs are no exception. Dropout is most likely during the first few months of treatment.¹⁵ TC has been used in many settings, and prison setting has shown positive results.¹⁷ For most TC studied in the Asia region, a retention of 70 to 85% is observed.¹

Religion and substance use disorder

There have been many studies that had considered the relationship and importance of religion, religious practices and spirituality with the problem of substance use and addiction. Religion and spirituality are constructs that has gained much

attention among clinicians because of its close association with twelve-step modalities and its perceived role in the promotion of meaningfulness in recovery from addiction.^{18,19} Since the 60's and 70's, many studies have focused on the relationship between religious practices and rehabilitation²⁰, for example, looked at the similarities between the church and a mental hospital, and concluded the importance of religion in recovery and rehabilitation cannot be denied. Many mental institutions employed religious practices to aid in the rehabilitation of their patients and they found it to be more meaningful when it is done in combination as compared to treatment alone.^{18,20,21} It is also a strong belief that religion can deter behavior related to substance use and abuse^{21,22} investigated about 147 studies that suggest religion may be a deterrent to alcohol or drug abuse in adolescents and adult populations. In Malaysia, Mahmood²³ and Mahmood and Mohd Yunos²⁴ found good correlations that youth who are not involved in problematic social behaviors (bullying, gangsterism, pre-marital sexual relationships, substance use and abuse) engaged in more religious practices as compared to their counterparts that are involved in more social ill behaviors. From these studies, they concluded that the mechanisms for reducing substance use through religiosity include daily religious practices as prescribed by one's religion, reducing the likelihood of choosing friends who use or abuse substances, instilling higher moral values, increasing positive and proper coping skills, and reducing the likelihood of turning to alcohol or other drugs during times of stress.

Naturally, there are also opposing views on how religiosity can increase the risk of substance use. These include inducing guilt and suppressing aggressive or sexual drives, which may lead to increased problems with alcohol and substance use as means of releasing tension or a demonstration of rebellious behaviors.²⁵⁻²⁷

Some of the religious concerns are the use and abuse of substances among adolescents that has been linked to increased risk for early sexual activity²⁸, which increases the risk for sexually transmitted diseases and early pregnancy. This is unacceptable in many religions, thus deemed as unacceptable behavior amongst youth. Therefore, a lot of focus has been given to youth with such inclination as an initial step to prevent further non-moralistic and decaying behaviors.

Koenig and colleagues²¹ also discuss the role of

churches in substance use treatment. According to them, the first church-based substance use programs were Protestant, but in recent years the Catholic Church has become more involved. They also note that although most church-based programs emphasize faith in God and religious values, they have tended toward more secular treatment models. According to Muffler, Langrod and Larson²⁷ many church-based programs are confined to sponsoring Alcoholics Anonymous and Narcotics Anonymous meetings. Some congregations, however, offer other social services and referrals.

However, only a small number of the church-based substance use programs have been evaluated in a systematic or scientific way.³⁰ Some studies, including a report by Hess⁹ about Teen Challenge, which bases its treatment on conservative religious doctrine, found that this program has a differential retention rate that varies with the religiousness of the person coming into the program. Muffler et al²⁹ evaluated four programs, including two mainline and two conservative churches, and found that these programs have demonstrated successful outcomes comparable to secular treatment regimes. However, Koenig et al²¹ also note that these researchers "were unable to ascertain whether the religiousness of participants changed or played a role in mediating outcomes." Similarly, a study by Galanter²² examined substance use among people participating in the Unification Church and found that one-third of participants said that their substance use had decreased since joining. This shows that some claimed improvements over their addiction problems when they were more involved with religion.

There are other religious based treatment and rehabilitation practiced by other major religion in the world such as Muslim, Hinduism and Buddhism. In general, it was observed that some approach used purely spiritual content but most of these practices mix the spiritual approach with popular scientific-based drug treatment package such as detoxification, group therapy and individualized counseling.

Substance use treatment and religion

Glasser³¹ trace the origins of the drug-free therapeutic community. He found that virtually all TC programs in North America may be traced to Synanon, which in turn may readily be traced back through Alcoholics Anonymous to the so-called Oxford Group. He also examined various aspects of the background and career of Dr. Buchman,

founder of the Oxford Group, suggests a strong link with the Protestant Reformation and, through it, with the forms and practices of primitive Christianity. He suggested that the present-day therapeutic community is only the most recent re-embodiment of a religious organization.

Galanter³² investigated studies from physiology, psychology and cross-cultural sources to examine its nature and its relationship to substance use disorder. He found that in spiritually oriented recovery movements like Alcoholics Anonymous, meditative practices, and treatment systems for the dually diagnosed, there were several potentials and limitations as a component of treatment. Carrico, Gifford and Moos³³ also found that spirituality and religiosity promotes acceptance among participants of 12-step movement.

The reputation of Twelve-Step programs has also led to increased attention on the assumed role of spirituality in recovery from substance use disorders. Galanter, Dermatis, Bunt, Williams, Trujillo and Steinke³⁴ developed a 6-item Spirituality Self-Rating Scale designed to reflect a global measure of spiritual orientation to life. They measured recovery from addiction and treatment response in three diverse treatment settings: a general hospital inpatient psychiatry service, a residential therapeutic community, and methadone maintenance programs. Findings suggest that, for certain patients, spiritual orientation is an important aspect of their recovery. Furthermore, the relevance of this issue may be underestimated in the way treatment is framed in a range of clinical facilities.

Similar findings were noted by Aromin, Galanter, Solhkhah, Bunt and Dermatis³⁵ who sought to determine which adolescents being treated for substance use in a residential Therapeutic Community would endorse spirituality and Twelve Step oriented approaches as part of their treatment. By identifying individual difference characteristics associated with preference for spirituality and Twelve Step oriented approaches, integrated substance abuse treatments can be targeted to appropriate subgroups of adolescents. A total of 181 adolescents completed a survey assessing their substance use and attitudes toward spirituality and Twelve Step oriented approaches that were like a survey completed by 322 adults in the same residential TC program. In the adolescent sample, three spirituality related characteristics: perceived connectedness to others, frequency of prayer, and spiritual orientation to life were

associated with preference for both spirituality and twelve step oriented approaches being featured more in TC treatment. Adolescents were less likely than adults to express a preference that both approaches be featured more in TC treatment.

Although Alcoholics Anonymous and other Twelve-Step interventions are among the most widely utilized self-help options by persons with chemical dependency, little is known concerning whether this approach should be integrated with non-spirituality based self-help approaches. Dermatis, Galanter and Bunt³⁶ assess the extent to which clients receiving inpatient treatment in a residential therapeutic community (TC) felt that spirituality based interventions should be featured in TC treatment. Three hundred twenty-two members of the Daytop TC completed a survey assessing personal orientation to spirituality and attitudes towards spirituality based treatments. Most clients believed that the TC program should feature spirituality more in treatment. Nearly half agreed that the Twelve-Step (AA) approach should be more a part of TC treatment. Preference for Twelve-Step meeting interventions was positively correlated with past attendance at Twelve-Step meetings. Personal spiritual orientation to life was positively correlated with endorsement of spirituality based interventions in TC treatment. These findings highlight the importance of integrating treatment approaches which address the spiritual needs of TC residents.

The relationship between spirituality and recovery from alcoholism was also studied. Carroll³⁷ defined spirituality as the extent of practice of Alcoholics Anonymous Steps 11 and 12 and was measured by a Step Questionnaire developed by the researcher. Step 11 suggests prayer and meditation and Step 12 suggests assistance of other alcoholics. Expressed degree of purpose in life was also seen as a reflection of spirituality. It was postulated that the extent to which Steps 11 and 12 were practiced would be positively correlated with the extent of purpose in life reported by 100 Alcoholics Anonymous members. The major findings of this study are significant positive correlations between practice of Step 11 and purpose in life scores and between Step 11 and length of sobriety. Number of Alcoholics Anonymous meetings attended was significantly correlated with purpose in life scores and length of sobriety. These findings suggest that a sense of purpose in life increases with continuing sobriety and practice of the spiritual principles of Alcoholics Anonymous.

The findings discussed above show that there are significant relationships between religious and spiritual practices with a positive perception to treatment and rehabilitation. Clients in TC setting expressed a sense of purpose and achievement in life when undergoing drug and alcoholic treatment. Clients had also expressed preference for both religious and rehabilitative approaches to be used in their treatment process. Hence the importance of integrating treatment approaches which address the spiritual needs of TC residents is something worthwhile to consider in their treatment process.

Drugs, substance use and Islam

For Muslims, the Islamic Law or *Syariah* seeks to protect faith (*belief in one God, Allah s.w.t.*), promoting life (*prevention suicide, homicide, abortion*), maintaining property (*ownership*) and state of mind (*intoxicants*).³⁸ As such, the Islamic view on drugs is very clear. Drugs are substances that affect the mind, which is one of the elements that must be protected to maintain the proper condition towards the remembrance of God, Allah s.w.t. and for prayers. Allah s.w.t, God Almighty, our creator and sustainer who care for us sent down the following revelation mentioned in the Holy Quran as follows:

“They ask you concerning wine and gambling. Say: ‘In them there is a great sin, and some profit for men, but sin is greater than the profit’ Al-Baqarah (2:219)

“O you who believe! Approach not prayers with a mind befogged, until you can understand all that you say” Al-Nisa (4:43)

“O you who believe! Intoxicants and gambling (dedication of) stones, and (divination by) arrows, are an abomination of Satan’s handiwork: Avoid such (abomination) that you may prosper” Al-Maidah (5:93)

“Satan’s plan is to sow enmity and hatred among you with intoxicants and gambling, and to hinder you from the remembrance of God and from prayer. Will you not give them up” Al-Maidah (5:93)

These verses are from the Holy Quran, among others specifically pointed the prohibition on the use of alcohol, drugs and other intoxicating substances, and that not only we were asked to distance ourselves from the usage, but also the production, growth, cultivation, processing, storing, transporting, selling, trading and any the other commercial and non-commercial activities related to the substance.

In addition, the Sunnah of Prophet Muhammad

s.a.w. also mentioned about these intoxicants. The prophet says, *“every intoxicants is a khamr, and every khamr is unlawful”* (Reported by Muslim); *“Of that which intoxicates if taken in large amounts, a small amount is (also) haram”* (Reported by Ahmad Abu-Dawaud and Al-Tarmizi), and that *“intoxicants are the mother of all evils”* (reported in Al-Bukhari).

Why Islam opposes drugs and intoxicating substances? This is because drugs and intoxicants contain chemicals that have no direct benefit to the human physical, mental and spiritual state. Chemical in these psychoactive substances will cause the user to be intoxicated, thus losing consciousness and control over their physical and mental state. This could lead to a surfeit of unsolicited and non-moralistic behaviors.

Although the Holy Quran did not explicitly mention the word “drug”, but it is implicated due to its intoxication characteristics. Quoting the words of Prophet Muhammad s.a.w., that there will be among his followers who will take and abuse things which are intoxicating and that they will use different names to make it halal. *“There will be among my Ummah who will consume (eat, drink, smoke, inject) alcohol (drugs) and then they will call it by different names”* (Reported by Ahmad and Abu Daud). This is forbidden in Islam.

In Islam, all substances that are consumed, drink, eaten, smoked or injected that causes the person to be intoxicated is haram by the Islamic law. As such, these substances must be hindered by all means. These are said so with reference to the Sunnah of the Prophet Muhammad s.a.w. *“All substances that cause intoxication are haram”* (Reported by Muslim).

These hadiths clearly state that any substance in whatever type or form that cause the user to be intoxicated is haram and thus, is forbidden to be consumed by whatever means. This can be seen using the word “*kulla*” which means “all” (taken in the general term). This hadith is strengthened by another hadith reported by Al-Bukhari, Muslim and Abu Daud, which state, *“Any substance that cause intoxication is haram”*, and the phrase “any substance” can be in different form such as solid, liquid, powder or even gas. However, there are always exclusions to these rules, where if the substance is taken for a good cause (use morphine to block pain) in still acceptable provided there are no other alternatives.

Islamic approach to helping substance users

If we look at the person addicted to drugs, the

act of taking the substance itself is not something that is *wajib* (must be done) or *sunnah* (should be done), and by no means that it is forced upon the person to consume it. Substances such as illicit drugs are used because they want to experiment with it; they want to know the feeling of being under the influence, to enjoy and to have fun with it. It basically attends to the wants of the person that is the “*nafs*” (desire) of the individual. Without realizing it, the person is already addicted to the substance, and they must maintain the habit to avoid pains related to drug withdrawal.³⁹

Islam holds strong to the principle to stop the wrong at the very beginning, at the inception and not at the end. Therefore, in this context, there is no such thing as a “safe drinking age”, or “safe drugs”, or even “lesser dangerous drugs”. It starts with total prohibition and abstinence is required. The parents are given the responsibility to make sure their children do not practice behavior which is not permitted by the teachings of Islam. Therefore, Islam put a lot of focus on good parental skills and parent-child relationship to enhance good behaviors.^{38,39}

In other words, Islam blocks all avenues to any wrongdoings. As a result, it is not only drug taking is *haram* due to its intoxicating characteristics, but also casual and free socializing of sexes, obscenity or illegal behavior which all can lead to drug taking is not permitted.²⁴ In the case of alcohol, not only drinking wine is prohibited, but also making it, serving, selling, keeping, advertising, storing or even growing grapes for the sole purpose of making wine is prohibited by the Prophet s.a.w.

Hence, the person who consumes alcohol or drugs, which has been said as *haram* and forbidden by Islam, is committing a sinful act. The person should stop immediately and say his penitence to this behavior, and not to repeat it again. However, if a person unwillingly takes the drug (use morphine to stop pain when there are no other alternatives) and get addicted to it, then he must be treated so that he can be brought back to the path of Allah s.w.t.

Naturally, there is never an easy solution. In Islam, we try to stop the harm of alcohol, substance and drugs by preventing it from happening. Precursors to alcohol and substance use such as carefree behavior, not remembering Allah s.w.t. are issues which must be attended by parents so that their children do not succumb to the psychoactive substances. Therefore, the focus on drug education and other preventive measures is one important

aspect to tackle the problem at its very root.^{38,39}

Also, there will be persons who care less about the rules and regulations in Islam, and that they will lead a carefree life and who will also succumb to addiction. For these persons, it is the responsibilities of the parents or the nearest relatives, friends, neighbors and the society at large to treat and rehabilitate him to get him back to the right path set forth by Allah s.w.t. This is *fardhu kifayah* for Muslims, where it is ones’ responsibility to reduce harm especially if there is a potential harm in the society. Even though taking intoxicating substance is *haram*, and thus a sin especially during his involvement with drugs, these will be forgiven when the person says his penitence not to repeat his mistakes again.

In Malaysia, Islam is the official religion, and almost 65% of the population are Muslims. The practice of Islam can be seen throughout the country. Malaysia also permits the practice of other religion such as Buddhism, Hinduism, Christian and others.

Because about 80% of people who abuse substances are from the Malay ethnic origin and Muslim, many of the substance use treatment and rehabilitation centers in the country, government or private, place high emphasis on the practice of Islam, and mold their programs in line with the teachings of Islam. There are also treatment centers who practice treatment according to their own religious beliefs. Therefore, in most rehabilitation centers, these are some of the Islamic approaches that are being practiced.^{1,13,23,39}

- a. Make all Muslim residents understand the five pillars of Islam (Shahadah - sincerely reciting the Muslim profession of faith; Salat - performing ritual prayers in the proper way five times each day; Zakat - paying an alms tax to benefit the poor and the needy; Sawm - fasting during the month of Ramadhan; and Hajj - pilgrimage to Mecca), These are learnt and memorize by rote learning and group work. This is then practice to the capacity in the rehabilitation center like Shahadah, Salat and Ramadhan Fasting).
- b. Explain how Islam can help them to path their future. Work with them to identify their life goals, what to do to invest their time and energy to benefit in the present life and the afterlife. It is important to note that the concept of ‘*akhirat*’ or afterlife is almost absent in many substance users.

- c. Encourage them to perform the obligatory prayers together (*jemaah*) and after which, together they perform the *zikr*. This is to enhance the sense of kinship and brotherhood amongst Muslim. It is customary that clients are required to recite '*salawat*' and shake hands with other clients after prayers.
- d. Invite religious leaders to talk to clients, and convince them that their sins can be forgiven with their repentance (*taubat*), and they must be hopeful, to continuously pray and '*doa*' to Allah s.w.t. for forgiveness, success in treatment and their livelihood. Clients are also invited to relate and share their *taubat* in front of other clients. This will usually lead to a state of heightened emotion of regret and repentance.
- e. Conduct group therapy to talk about their religious belief, family, hope in life, and their future projects. Sharing their visions and future plans with each other promotes bonding and esteem among clients.
- f. Identify '*jemaah*', groups and family that can help them later (ex-residents) to cope with their stressors after leaving the rehabilitation centers. The religious-family concept is also promoted by Pengasih House (such as using live examples to show positive recovery, reciting the '*Yasin*' and '*Tahlil*' and getting together during the '*Aidil Fitr*' celebration) to enhance support between ex-residents while showing good recovery prospect to the clients of the treatment house.

What works

From the experience of treatment providers, most of the above-mentioned activities were well accepted by most clients and ex-residents; however, there are some who do not participate in all these activities. Specifically, we observed that the following had worked well with the clients:

- a. Teaching and creating awareness of the tenets of Islam, to show that we must practice religion to submit to Allah s.w.t. and follow the teachings of his prophet Muhammad s.a.w.
- b. Social support in their time of need (show of the brotherhood of Islam) demonstrate that clients too must help fellow substance users to overcome their problem of dependency. This caring attitude can be seen while they are in the treatment facilities and after they are rehabilitated.
- c. Prayers, *zikr* and the recitation of '*doa*' helped the clients to be hopeful towards being a normal

individual, and that they can always cope by using religious method by surrendering to Allah s.w.t after trying our best.

What does not work

While many efforts produce positive outcomes, however we also observed some actions can be counter-productive. Among those that are frequently observed are as follows:

- a. When substance users were repetitively told that that what they have done are acts of sins, and that their sin are not forgiven if not properly repented, this will cause them to reject any religious approach. Such actions do not create hope for these clients to be drug free and that they are able to live a normal life.
- b. Even before receiving treatment, substance users are sometimes rejected and sanctioned by parents, siblings, peers and society at large. They are always equated with scums and thieves, always want to steal or do harm to others. Even some '*imam*' or the religious leader are very cautious when receiving them to their mosque fearing that they will steal or damage something. Sometimes these negative actions are even translated to the treatment facilities, for example the words used to describe them upon entry such as addicts, scums of society, garbage and others creates a barrier for them to receive treatment. Many seeking treatments do not even say proper *Shahadah*, perform prayers or recite verses from the Holy Quran. Sanctioning and labelling will not help clients to be open to Islam, its teachings and practice. A positive, warm and caring approach will.

Integrating Islam in therapeutic community

The family values that were emphasized in TC are in line with Islam that looks at fellow humans as brothers (family). This fulfills the psychological needs of the clients who desire for attention, acceptance and unconditional love.^{1,23} These are elements that can be provided by family members in the due course of a person's rehabilitation.

TC also belief that every person has the potential to achieve success in life, and gain abstinence from drug and substance use with feat. In Islam, it is promised that people who strive for betterment will be guided by Allah s.w.t. This is clearly stated in the Holy Qurah as follows:

"As for those who strive in Our cause, We shall surely guide them to Our Ways. Indeed, Allah is with those who do good" (Al-Ankabut verse 29:69)

The TC approach also stresses on self help values and helping one another by guiding and reminding each other of their errs. These values are being long highlighted in the Quran as follows:

“By the time! Lo! Man is in a state of loss; save those who have faith and do righteous deeds, and counsel each other to hold on to truth and counsel each other to be steadfast”. (Al-Asr verse 103:1-3)

One of the main emphases in treatment is to develop responsibility for one's act and behaviors, whether it is on himself or towards others. For substance users, they lack self-respect, self-esteem and self-confidence. Consequently, using substance gave them this false sense of esteem and confidence. In Islam, this is also emphasized through the following verse:

“Whoever does good, does so to his own benefit; and whoever does evil, will suffer its evil consequence. Your Lord does no wrong to His servants”. (Al Fussilat 41:46)

Readiness to be responsible and improve one's weaknesses is one of the important factor to achieve success in the treatment process. It is expected that clients of TC must contribute towards building an ideal family – this can encourage family members to change from a state of hopelessness to a situation of acceptance, appreciative and esteemed. This has been emphasized by the Prophet s.a.w (Narrated by Muslim): *“Every son of Adam is innocent and the best of the guilty is the one who repents.”*

The awareness and need to improve oneself will be able to generate positive behaviors to improve one. This has been stressed by Imam Ghazali: *“Those who are aware of what they are lacking are good people.”*

Strong family bonding provides a safe environment in the drug treatment facility will act as the prime mover to elicit change and betterment. In TC, group and peer pressure are purposely fashioned in programs to provide advice, sanctions and motivation for family members to change for the better. These concerns towards others are very much in line with the Sunnah of Prophet Muhammad s.a.w: *“None of you believes until he loves for his brother what he loves for himself”* (Narrated by Anas)

The main input to drug treatment in TC is the psychological rehabilitation which focus on the attitude. Islam also stresses on having the right attitude towards life.

The basic tenets of TC states that a person who is addicted to substance and drugs cannot escape

from his past problems and disappointments. However, with the help of other family members in TC, a person can identify, recognize and accept his past weaknesses and this will enhance his rehabilitation process. This will encourage the TC family member to repent (*taubat*) his past mistakes and will try not to repeat them. Islam requires its followers who repent their sins to (i) leave behind the sinful act; (ii) regret his behavior related to the sinful act; and (iii) not repeat the act in the future. Human make mistakes, however if they repent, Islam belief that Allah s.w.t will forgive them and show them to the right path in life.

When clients are aware, recognize and pledge not to repeat their past mistakes, the next approach frequently used in TC is to aid them in relearning new behaviors, and this is done through the concept of “man help man to help himself”. In Islam, we belief that “God will not change the destiny a person if he himself does not change it.

Strict rules practiced virtually in all TCs such as ‘No Drugs, No Sex, No Violence’ and as such are also values which are emphasize by Islam and many other religions. These rules are practiced in all TC in Malaysia.

Islam is present in many daily activities at the treatment center starting with pre-dawn or “*subuh*” prayers, followed by a morning meeting session that will plan the activities for the day and recap events that had happened yesterday that has significant learning experience to the clients. Other activities follow during the day until the night wrap up session that reinstate what the family has gone through during the day. In Islam, this is termed as “*muhasabah*”, i.e. recounting and learning from one's experience.

Every group session is conducted with good intention. It will start with the recitation of “*Al Fatihah*” and prayers and will be closed with the recitation of the *Al-Asr* verse.

When confronting clients with behavioral and disciplinary issues, guidelines proposed by Imam Ghazali in his book *Ihya' Ulumuddin* should be followed: Initially, confrontation is done in a soft manner that does not put shame to the resident, and if there is no behavioral change observed, then the intensity of the confrontation will increase to bring about change. This must follow with a session that will explain the confrontation done to the resident.

In the “talk to” session, it is usually conducted by a panel of three other clients, but only one person will talk to the resident in a soft and mellow

nature, telling him of the mistakes that was done. However, in the “dealt-with” session which is also conducted by a 3-person panel, all three panel members will confront the resident in a harsher manner. Finally, the “hair-cut” session which is typically conducted by a 5-member panel will voice up reminders, advice, instructions and will confront the resident from a soft conduct to a very harsh approach.

What is important in TC is that there are times when one will be told, informed, advised and even confronted when their behaviors are not in line with the family norms and practices. This is also practiced in Islam, where when a person makes mistakes, they must be told of the mistakes that they made. Telling them of them err must be done in a wise and approachable manner so as not to hurt their feelings.

In general, it is not difficult to integrate Islam into TC. The original TC structure is rough, tough and harsh at times, demanding clients to acknowledge their errors, mistakes and wrong doings in front of the family or the senior clients. With Islamic approach, these are done in a softer manner in line with the teaching of the Prophet s.a.w. and were much more acceptable to the clients to bring about behavioral change.

Conclusion

It is important for treatment and rehabilitation of substance use disorder must be done in the context of culture. A person is brought up by his family in the context of the culture they live in. In the Malaysian culture, religion is central to the conduct and behavior of a person. A Chinese or Indian background in Malaysia may use alcohol privately or openly, however for a Malay Muslim,

since it is forbidden by Islam, the use of alcohol is not readily observed. Therefore, when a person is rehabilitated from drug use, he will reenter back into society and the culture that he was brought up in.

TC can manage and change the addiction culture. A person who is addicted to drugs carries with him specific culture that must be change to reenter society and the mainstream culture again. Islam is in the center of the Malay and Malaysian culture; thus, it must be integrated into treatment. During treatment, person addicted to drugs will be made aware of Islam, its belief and practices so when they are back to their society, they will not feel being rejected or self-reject themselves. This may lead to relapse, and they will return to the comfort of their addiction subculture.

Integrating Islam and its values in treatment setting especially TC and it has been proven to be effective. Clients in TC setting expressed a sense of purpose and achievement in life when undergoing drug and alcoholic treatment. They are made to be aware, recognize and pledge not to repeat their past mistakes, and TC aid them in relearning new behaviors. These new behaviors, most of it follow the practice of Islam such as respecting parents, elders and others, self-preserving behavior, practice the teachings of religion, be good to others and many more. However, treatment houses must observe not to push religion too hard to clients who never practice it before because it may spell rejection. Using the teachings of Prophet Muhammad s.a.w. Islam must be gradually and gently introduced so self-acceptance will occur at its own pace.

References

1. Mahmood NM. Therapeutic Community in ASEAN: 5 country comparison. Paper presented at *ISAM 2007: Addiction Medicine: Current Advances and Future Directions*. Cairo, Egypt, 22-25th October, 2007.
2. DeLeon G. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Co, Inc, 2000.
3. De Leon G. Is the therapeutic community an evidence-based treatment? What the evidence says. *Therapeutic Communities* 2010;31:104-128.
4. Kennard D. *An Introduction to Therapeutic Communities*. London: Routledge and Kegan Paul, 1983.
5. Kennard D. Foreword. In Hirst, O. and Paget, S. (Eds). *Service Standards for Therapeutic Communities* (4th Ed). London: Community of Communities, CRU035, 2005. NIDA. Retrieved Aug 7th 2017. 2003. <http://www.nida.nih.gov/researchReports/Therapeutic/Therapeutic.html>
6. Rosenthal MS, Biase DV. 'Phoenix Houses: Therapeutic Communities for drug addicts'. In H.I. Kaplan and B. Sadock (Eds.) *Group and Drugs*. New York: Aronson, 1972.
7. DeLeon G. Therapeutic Communities. In: Galanter M, Kleber HD, Brady KT, (Eds). *The American Psychiatric Textbook of Substance Abuse Treatment*. 5th ed. Washington, DC: American Psychiatric Publishing Inc. p:511-530, 2015.
8. Hess CB. A seven-year follow-up study of 186 males in a religious therapeutic community. In, Schechter, A., Alksne, H. and Kaufman, E. (Eds.). *Critical Concerns in the Field of Drug Abuse*. New York: Marcel Dekker, 1997.
9. Wexler HK. The success of therapeutic communities for substance abusers in American prison. *Journal of Psychoactive Drugs*, 1995;27(1),57-66.
10. DeLeon G, Ziegenfuss Jr. J. *Therapeutic Community for Addictions*. Springfield IL: Charles C. Thomas, 1986.
11. Foster M, Nathan S, Ferry M. The experience of drug-dependent adolescents in a therapeutic community. *Drug and Alcohol Review* 2010;29:531-539.
12. Mahmood NM, Mohd YP, Hassan M, Dzahir K, Don, Y. Program evaluation of Pengasih House, Malaysia. Some reflections on the differences in self-esteem and personality traits. *Proceeding of the 5th AFTC International Conference*. Bangkok: National Council on Social Welfare, Thailand (NCSWT), 2003.
13. Wexler HK, Melnick G, Lowe L, Peters J. Three Year re-incarceration outcomes for amity in prison therapeutic community and aftercare in California, *The Prison Journal* 2003;79(3):321-336.
14. Vanderplasschen W, Colpaert K, Autriquem M, Rapp RC, Pearce S, Broekaert E, et al. Therapeutic communities for addictions: a review of their effectiveness from a recovery-oriented perspective. *Scientific World Journal*, 2013;2013:1-22 <http://dx.doi.org/10.1155/2013/427817b>
15. Vanderplasschen W, Vandevelde S, Broekaert E. Therapeutic communities for treating addictions in Europe: evidence, current practices and future challenges. *European Monitoring Centre for Drugs and Drug Addiction*. Retrived Aug 1, 2017 from http://www.emcdda.europa.eu/system/files/publications/779/TDXD14015ENN_final_467020.pdf
16. Wexler HK, Falkin GP, Lipton DS. Outcome evaluation of a prison therapeutic communities for substance abuse treatment. *Journal Criminal Justice & Behavior* 1990;17(1):71-92.
17. Miller WR. Spirituality, treatment, and recovery. *Recent Development in Alcohol* 2003;16:391-404.
18. Zemore SE, Kaskutas LA. Helping, spirituality and alcoholics anonymous in recovery. *Journal on Study of Alcohol*. 2004;65(3):383-391.
19. Lowe MC. The healing community: Church and mental hospital, *Pastoral Psychology* 1969;20(8), 55-59.
20. Koenig HG, Mc Cullough ME, Larson, DB. *Handbook of Religion and Health*. New York: Oxford University Press, 2001.
21. Galanter M. Overview: Charismatic religious sects and psychiatry, *American Journal of Psychiatry* 1982;39:1539-1548.
22. Mahmood NM. Therapeutic Community and Spiritual Healing: The Case of Inabah Drug Rehabilitation Program, Malaysia. *Proceedings of the 20th World Federation of Therapeutic Communities (WFTC): The 20th World Conference Proceedings* 2001, San Francisco: Walden House,.
23. Mahmood NM, Mohd YP. The role of family in preventing drug addiction. Paper presented at the *2nd Asian Seminar on Family Support Group Network*, 3-7 May 2004, Colombo, Sri Lanka.
24. Walters OS. The religious background of fifty alcoholics. *Quarterly Journal of Studies of Alcohol* 1957;18:405-416.
25. Zucker DK, Austin, F, Fair A, Branchey L. Associations between patient religiosity and alcohol attitudes and knowledge in an alcohol treatment program. *International Journal of the Addictions*, 1987;22:47-53.
26. Waisberg JL, Porter JE. Purpose in life and outcome of treatment for alcohol dependence. *British Journal of Clinical Psychology*, 1994;33:49-63.
27. Rosenbaum E, Kandel DB. Early onset of adolescent sexual behavior and drug involvement. *Journal of Marriage and the Family*, 1990;52:783-798.
28. Muffler J, Langrod JG, Larson D. There is a balm in Gilead: Religion and substance abuse treatment. In, Lowenson, J.H. Ruiz, P. Millman, R.B. and Langrod, J.G. (Eds.). *Substance Abuse: A Comprehensive Textbook*. Baltimore, MD: Williams and Wilkins, 1992; p:584-595.
29. Peteet JR. A closer look at the role of a spiritual

- approach in addictions treatment. *Journal Substance Abuse Treatment*, May-Jun; 1993;10(3):263-267.
30. Glaser FB. The Origins of the Drug-Free Therapeutic Community, *Addiction* 2006;76; 1,13–25.
 31. Galanter M. Innovations: Alcohol & drug abuse: spirituality in Alcoholics Anonymous: a valuable adjunct to psychiatric services. *Psychiatry Service* 2006a;57(3):307-309
 32. Carrico AW, Gifford EV, Moos RH. Spirituality/religiosity promotes acceptance-based responding and 12-step involvement. *Drug and Alcohol Dependency* 2007;89(1):66-73.
 33. Galanter M, Dermatis H, Bunt G, Williams C, Trujillo M, Steinke P. Assessment of spirituality and its relevance to addiction treatment, *Journal of Substance Abuse Treatment* 2007;33(3):257-264.
 34. Aromin RA, Galanter M, Solhkhah R, Bunt G, Dermatis H. Preference for spirituality and twelve-step-oriented approaches among adolescents in a residential therapeutic community, *Journal of Addiction Disorder* 2006;25(2):89-96.
 35. Dermatis H, Guschwan MT, Galanter M, Bunt G. Orientation toward spirituality and self-help approaches in the therapeutic community. *Journal of Addiction Disorder*. 2004;23(1):39-54.
 36. Carroll S. Spirituality and purpose in life in alcoholism recovery, [*Journal on Study of Alcohol*](#) 1993;54(3):297-301.
 37. Hawari D. The religious (Islamic Concept) in the war against NASA (Narcotics, Alcohol and Substance Abuse). Paper presented at the 1st. *International Pan African Congress of Psychiatry*. Cairo-Egypt. 16-18 December 1998.
 38. Mahmood NM, Ishak I, Che Din S. *An Islamic approach to drug rehabilitation*. Paper, National seminar on Islamization of Psychology organized by the Department of Psychology, International Islamic University Malaysia and International Institute of Islamic Thought Malaysia, 1996.
-