

## **TREATMENT OF DRUG DEPENDENTS IN THE TRADITIONAL SETTING: THE CASE OF *INABAH*<sup>#</sup>**

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*At present, even the carefully scheduled drug treatment and rehabilitation programmes still faced with the problem of recidivism amongst its patients; some reported as high as 90% for halfway houses programmes. It is to these limitations that some practitioners revert to the traditional and spiritual approaches to treat and rehabilitate drug dependents. This study presents the *Inabah* drug treatment programme, one which blends traditional, Islamic spiritual approach with modern day therapeutic community modality in rehabilitating psychoactive drug dependents. Rehabilitation center shows a 16% relapse rate at the twelfth week. This shows that traditional and spiritual model in rehabilitating drug dependents can be viewed as an effective alternative method for the treatment of drug addiction.*

Drug addiction treatment and rehabilitation programmes worldwide are faced with the challenge of successfully treating and rehabilitating drug addicts (Bratter, Pennachia, & Gauya, 1985; Gold, 1991). It is generally agreed that the rate of success is very much determined by the rate of recidivism amongst dependents who had undergone specific treatment programme (Brownell, Marlatt, Lichenstein, & Wilson, 1986; Freeman, 1988; Mahmood, 1995). Various studies show that the success rate for the

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rehabilitation of psychoactive drug dependents ranges from 50 to 70 percent (Crowley, 1983; Simpson & Savage, 1980; Tims, 1981), and it is to these challenges that researchers and practitioners make continuous efforts to look for better modalities in treating psychoactive drug addicts.

This study presents the *Inabah* method (literally translated as "Back to the path of ALLAH") in the treatment of drug dependents where a combination of Islamic, traditional and modern day Therapeutic Community (TC) approach were used to rehabilitate drug dependents. The study also looks at the effectiveness of the *Inabah* program.

## DRUG ADDICTION TREATMENT AND REHABILITATION IN MALAYSIA

The drug problem scenario in Malaysia was first noted in 1970 with the detaining of 711 psychoactive drug addicts nationwide (Mahmood, 1989). The problem then was still considered a social predicament, due to the relatively small number of the population involved with the psychoactive substance (Mahmood 1991a; 1994). However, by 1983, the problem had gotten quite serious, where a total of 12,205 addicts identified in the country, which is at the incident rate of 82.8 per 100,000 population; with 44.6% relapse cases (Mahmood, 1995). At this point, the "war" on psychoactive drugs (or *Dadah*, the term widely used in Malaysia) was declared, and the status from a social problem was redefined as a national security problem, thus receiving special attention from the government.

The current success rate for rehabilitating drug dependents in Malaysia is around 35% to 40% (Narcotic Report, 1994). Popular current treatment modalities have been employed in the country since 1983, namely detoxification, physical, psychosocial, and psychological treatment via various modes such as, full time in-house treatment schedules (the Serenti programme), therapeutic community, halfway houses, and the out-patient programmes (Mahmood, 1991a, 1995).

Treatment and rehabilitation program starts off at almost the same time as the identification of the drug abuse problem, but a more holistic treatment programme was established in 1983 with the setting up of the Drug Treatment and Rehabilitation Division (DTRD), under the flagship of the Home Affairs Ministry. Three important elements of the current treatment and rehabilitation programmes are detention and detoxification; institutional rehabilitation; and supervision and aftercare (Narcotic Report, 1994).

The drug rehabilitation strategy, which is very much undiluted over the years, is aimed at severing dependency on illicit drugs and preventing

the continuous occurrence of recidivism (Anti Dadah Task Force and National Security Council, 1987; Mahmood, 1991a; Narcotic Report, 1994). Rehabilitation programme reforms addicts from the state of addiction to being drug free. The treatment and rehabilitation concept practiced in this country is generally based on a "cold-turkey" approach, where rehabilitation is carried out without the use of substitute substances (Narcotic Report, 1994).

The reality of the drug addiction scenario in this country is probably the same with other developing countries, there are simply not enough facilities to treat and rehabilitate all the drug dependents. Some drug dependents have their own preferences as to which modality is more suitable for them. Therefore, several alternative modalities and approaches have been set up throughout the country, either as private facilities that are sponsored by specific NGOs, or government treatment centers. By the end of 1994, there are about 38 centers, some employing the traditional, spiritual, or religious method of rehabilitation. These centers compliment the role of the government sponsored treatment facilities, and more drug dependents are seeking treatment at these localities.

## THE INABAH APPROACH

There have been some studies done in Malaysia (Heggenhougan & Navaratnam, 1979; Rohana, 1984) that looks at traditional modality of drug rehabilitation, in which this quantity shows that little focus has been given for this modality. The traditional rehabilitation centers that are covered in this study are the *Inabah* centers, located at Pulau Bidin, Langgar, in the State of Kedah (*Inabah 1*), and the Adolescence *Inabah* Center of Kampong Sungai Ikan, in the state of Terengganu, Malaysia (*Inabah 2*). Both centers employed the Islamic model of treatment which was originally established in Suralaya, Indonesia. Both of these *Inabah* centers are also recognized as Aftercare Centers by PEMADAM (The National Association for the Prevention of Drug Abuse).

## FOUNDATION AND APPROACH

The foundation of the Islamic method of treatment (drug addiction and other ailments) has its source in the Holy Quran, the *Sunnah* of Prophet Mohammad s.a.w., and *Ijtihad*, or views of the *ulama* (*Ijma*\*\* and *Qias*\*\*). The *Inabah* center uses these sources with an inclusion of the *Tasawuf*\*\* method (*Tarikat Qadariyyah Naqsyabandiyyah*). The *tarikat*

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\* Village    \*\* no translation provided by the author

practices the concept of *Zikrullah* to treat diseases which has its source in the human soul. In the case of drug addiction, its basic objective is to cleanse the drug dependents from the influence of the psychoactive substance via several traditional and spiritual methods and to put them back to the ways of *Allah* s.w.t. based on five principles; *Iman* (Faith in *Allah*), *Amal* (Good deeds), *Ilm* (knowledge), *Taqwa* (devotion to *Allah*) and *Jihad* (for the course of *Allah*).

*Inabah* practices an open concept of rehabilitation, where drug dependents who usually have tried other means of treatment but failed to have abstinence from drug taking behaviour come to an agreement or contract with the center for treatment to abide by its written rules and unwritten norms for the duration of treatment term. If referral is made by the parents or some significant others, the contract also binds them to be involved in the treatment process. However, if it is self-referral, no contractual inclusions are made with the parents or significant others. Therefore, drug dependents seeking treatment here are free to leave the center. The *Inabah* center at Pulau Bidin reports a modest 80 to 85 per cent full program participation, whilst the center at Terengganu at 60% completion rate (Mahmood, Shuaib, & Ismail, 1996).

## TREATMENT PROCESS

The basic approach to the treatment process practiced at these centers is basically "cold turkey". The *Inabah* treatment process involves a three, 45 days session (*Inabah* 1 Pulau Bidin), and 12 to 24 months at the *Inabah* 2 Kampung Sungai Ikan Center. The difference in time is due to the extended after care facilities provided at the Kampung Sungai Ikan center, where dependents seeking treatment are given some vocational training and expertise. Other than this variation, all *Inabah* centers (including centers in Indonesia and Southern Thailand) practice the same treatment processes and methods.

Upon entry to the *Inabah* center, all addicts are required to undergo detoxification for a period of seven to ten days to shed off the rest of the physical dependence towards the addictive substance. After completing detoxification, the addicts will perform a cleansing bath, shave their hair, and will proceed to the following stages specifically *taubat*\* bath, *zikir*, prayers and community service.

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\* Repentance; praise worthy

Several treatment processes conducted by the *Inabah* Center fit the familiar treatment nomenclature of popular rehabilitation programmes. Departing from the previously mentioned approaches, there are four basic processes practiced by the center, namely the *Taubat* Bath; Regular *Wajib*\* Prayers, inclusive of several *Sunat*\* Prayers; *Zikir*, and Community Services (mainly practiced at the Sungai Ikan Center, and minimally done at the Pulau Bidin Center). Counseling and regular meetings with the *guru* and counselors are also arranged for the drug dependents to discuss their predicaments. Each of these processes will have the company of a group of *Inabah* facilitators, who they themselves have been rehabilitated by using the same methodology.

#### a. *Taubat* Bath

The *Taubat* Bath is carried out by all drug dependents at about 4 a.m. in the morning (this is about three hours before daybreak). The bath has a special purpose (other than the normal "cold turkey" treatment process), that is for the drug dependents to seek penance or repent from its previous behaviour of taking substance by continuously cleansing oneself. Similar act of induced vomiting treatment method practiced by Buddhist monks in the Northern Thailand area can be synonymously related to this act of repentance. This pre-dawn bath which is carried out daily for 40 days will accelerate the drug addict's elimination of his physical dependency to the psychoactive substance.

#### b. Prayers

Muslims must carry out their daily *Wajib* Prayers, specifically five times in a day: pre-dawn (*Subuh*), high noon (*Zuhur*), afternoon (*Asar*), sunset (*Maghrib*) and evening (*Isya'*). Besides these Prayers, the drug dependents at *Inabah* will have to perform a series of *Sunat* Prayers immediately after their *Taubat* Bath, specifically the *Sunat Tahajjud* (12 *rakaat*), *Sunat Tasbih* (4 *rakaat*); and in every *rakaat*, one has to recite *tasbih* for 75 times besides *zikir* to Allah s.w.t as much as possible. Prior to the *Subuh* *Wajib* Prayer, several *sunat* prayers have to be performed, namely *Sunat Witir* (3 *rakaat*) and *Sunat Fajri* (2 *rakaat*); and after the *Subuh* Prayer, one has to further perform the *Sunat Subuh* (2 *rakaat*), *Sunat Lidofil Balai* (2 *rakaat*), and *zikir* (165 times). After sunrise, another

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\* Compulsory; Non-compulsory

series of the *Sunat* prayers will be performed, namely the *Sunat Isroq* (2 *rakaat*), *Sunat Listiadah* (2 *rakaat*), and *Sunat Sirullah* (2 *rakaat*). Consequently, before and after each of the five *wajib* prayers, one has to perform several *rakaat* of *sunat* prayers, and each set of prayers with *zikir* will consume as long as 1 to 1 1/2 hours, and up to 2 1/2 hours before and after the *Subuh* prayers. Each prayer must be performed in accordance to its specific requirements as outlined by the *Al Quran* and the *Sunnah* of the Prophet Muhammad<sup>s.a.w</sup> (Peace Be Upon Him) This means that total concentration must be devoted to the prayers, thus, departing oneself from the needs and wants of the addictive substance. Prayers and *zikir* also teach oneself to adhere to strict discipline and patience, subsequently providing an excellent avenue for the drug addicts to concentrate to something other than their craving for the substance. At a higher existential level, one's shift from worldly attention to the total submission of faith to *Allah* (s.w.t) will gradually assist them to shed dependence on the substance and alternate the dependence to *Allah*. This has been frequently seen amongst the treated addicts undergoing this treatment schedules.

### c. *Zikir*

Two forms of *zikir* were practiced at the *Inabah* center, *Zikir Jahar* and *Zikir Khofi*. *Zikir Jahar* is the utterance of certain phrase (*Lailahailallah*) with a certain verbal loudness. Meanwhile, *Zikir Khofi* is the recitation of specific verses in the heart, without any form of verbalization. The utterance of *zikir* has to be performed with the upmost concentration, thus providing an avenue for one to abscond oneself from the craving of the psychoactive substance. Conducted over a period of four months, this itself provide a training to oneself to relocate attention to something other than drugs. Paired with strong faith to *Allah* (s.w.t), and self-discipline, the sense of dependency will be rerouted to religion instead of the harmful effects of drugs. This has been the experiences of several drug dependents who had maintained abstinence for a period of more than three years upon completing their *Inabah* programme.

### d. *Community Service*

All drug addicts at the *Inabah* Treatment Centre must carry out some form of community service, which includes serving the community in various forms, agricultural activities, farming (poultry, fresh water fish and livestock), manufacturing simple products, food business (eatery), and

many others. These activities helped the drug dependents' reintegration into society, besides providing them with some basic occupational skills for them to sustain some income generating activities.

#### e. Other Therapeutic Approaches

Various sessions conducted in individualized, group, or family setting provide ample opportunity for the drug addicts at the center to communicate about their experiences, predicaments, and problems with the *gurus*, counselors, and peers. All of the counselors conducting these sessions are ex-addicts themselves, thus therapeutic community concept is being practiced. The only difference with traditional Therapeutic Community's (like Daytop, Phoenix House, etc.) is that the base for counseling and advisement is Islamic-laden, using specific examples from the *Sunnah* to elicit awareness and repentance amongst the addicts. Thus, elements of Islamic teachings are prominent.

### THE EFFECTIVENESS OF THE *INABAH* APPROACH

This study reports some preliminary findings on the effectiveness of the *Inabah* approach towards the rehabilitation of drug dependents. The present study which is still being conducted for a period of 18 months, with the current stage focused on the follow-up study of 24 dependents (out of 71) respondents who are randomly selected for the study) who had been discharged from the centers.

All respondents are male; their age ranges between 17 and 38 years (*mean* = 28.4 years); most of them are still single (83.3%); completed their secondary education; and 37.5% attended religious school.

Qualitative analysis were conducted via the aid of several instrumentations which acted as a guideline for the structured interview. Instruments used at this preliminary stage are Functional Analysis and Behavioral Assessment Checklist; Attitudinal Change Checklist; Drug Use Questionnaire; and The Life Event Holmes and Rahe Stress Scale. The results of the qualitative analysis were as follows.

#### a. Functional Analysis

Respondents showed significant increase in their basic psychological functioning such as mood and affect control; cognitive ability such as retention of memory and reasoning; and a greater adaptive functioning with the surroundings.

**b. The Self**

A heightened self-esteem and self-efficacy were observed. They have a better confidence on themselves, besides appreciating their strengths and weaknesses. Their value system are quite well defined, as they can path a clearer vision and life projects. The need to share their experiences with other peers was also observed.

**c. Social Support**

All the respondents reported that they get better support from their peers at the center as compared to their peers before entering the center. They also sense that the counselors provide them with adequate guidance for self exploration and introspection. They feel cared for and valued by the significant others around them. The environment is suitable for growth and self-actualizing.

**d. Behavioral Change**

There are clear indications that the respondents have departed from their past behavioral patterns to a more adaptive behaviors. Addictive behaviors, such as seeking immediate gratifications, escapism, blaming others had reduced drastically. Instead, adaptive behaviors, such as assuming responsibilities for one's action and delaying gratification emerged. These are mainly contributed by the practice of *sunat* prayers and *zikir*.

**e. Attitudinal change**

The attitudes towards others are more positive, they relinquish themselves from the usual negative stance towards all around them. The inculcation of basic Islamic values such as sharing, patience, honesty, genuineness, sincerity, and many others in the course of counseling sessions and regular therapeutic sessions with the *gurus* have taken shape.

**f. Stress**

In general, life is less stressful as compared to when these respondents were drug addicts on the streets. They do not have to put up with the threat of being apprehended by the authorities, or seeking supplies to meet their craving for the substance. In other words, the respondents have



demonstrated that they have learnt to manage their stress through meditation and prayers.

In addition to these qualitative changes observed by the researchers and though self reports verbatims, a follow-up study of the drug dependents who were staggeredly discharged from *Inabah 1* and *Inabah 2* were conducted. At present, a total of 71 respondents were involved in the study, and 24 dependents had been discharged. Out of this number, 11 were mortality cases, where at this point, the researchers were unable to trace them, although at the initial stage of trace (the first week), respondents reported that they maintained abstinence from taking drugs. Most of these respondents left their hometown to seek for jobs else where.

Thirteen respondents were traced and interviewed every week by telephone. The main theme of the interview is to check whether they slip back into taking drugs. If during the course of the trace, the respondents took psychoactive drugs for 1-2 days intermittently, but maintained abstinence the following days, this will be defined as "slip", if drugs are taken for 3-4 days continuously but abstinate afterwards, this will be defined as "lapse", but if respondents continuously took the psychoactive substance, this will be defined as "relapse". The incidence of relapse for the first 12 weeks is as shown in Figure 1 and the relpase rate (%) by week is as shown in Figure 2.

The incidence of relapse for respondents in the first 12 weeks stale off after the mortality cases has been identified. Except for cases of slips for the first group, the other subjects managed to remain drug free up to the twelveth week. Two subjects from group "b" and "c" relapsed at the eleventh and twelveth week, other 10 individuals from the original 24 respondents monitored still maintained their abstinence. Therefore, if the mortality cases are maintained as non-relapsed cases, the rate of relapse for this group is at 16.4%, thus 83.6% maintaining their abstinence (Figures, 1 & 2; Pp. 84-85).

## CONCLUSION

Diseases and deviant behaviours, over the centuries have been studied from a multitude of perspectives, most common categories being the medical or scientific approach and the traditional approach, which consist a lot of mysticism, arcane and metaphysical explanations.

In the matter of drug addiction, it is interesting to study the mystical powers of the mind, faith, and self-motivation in eliciting behavioral change, as opposed to the modern scientific methodology in this technology

Figure 1. Incidence of Relapse for the first 12 weeks

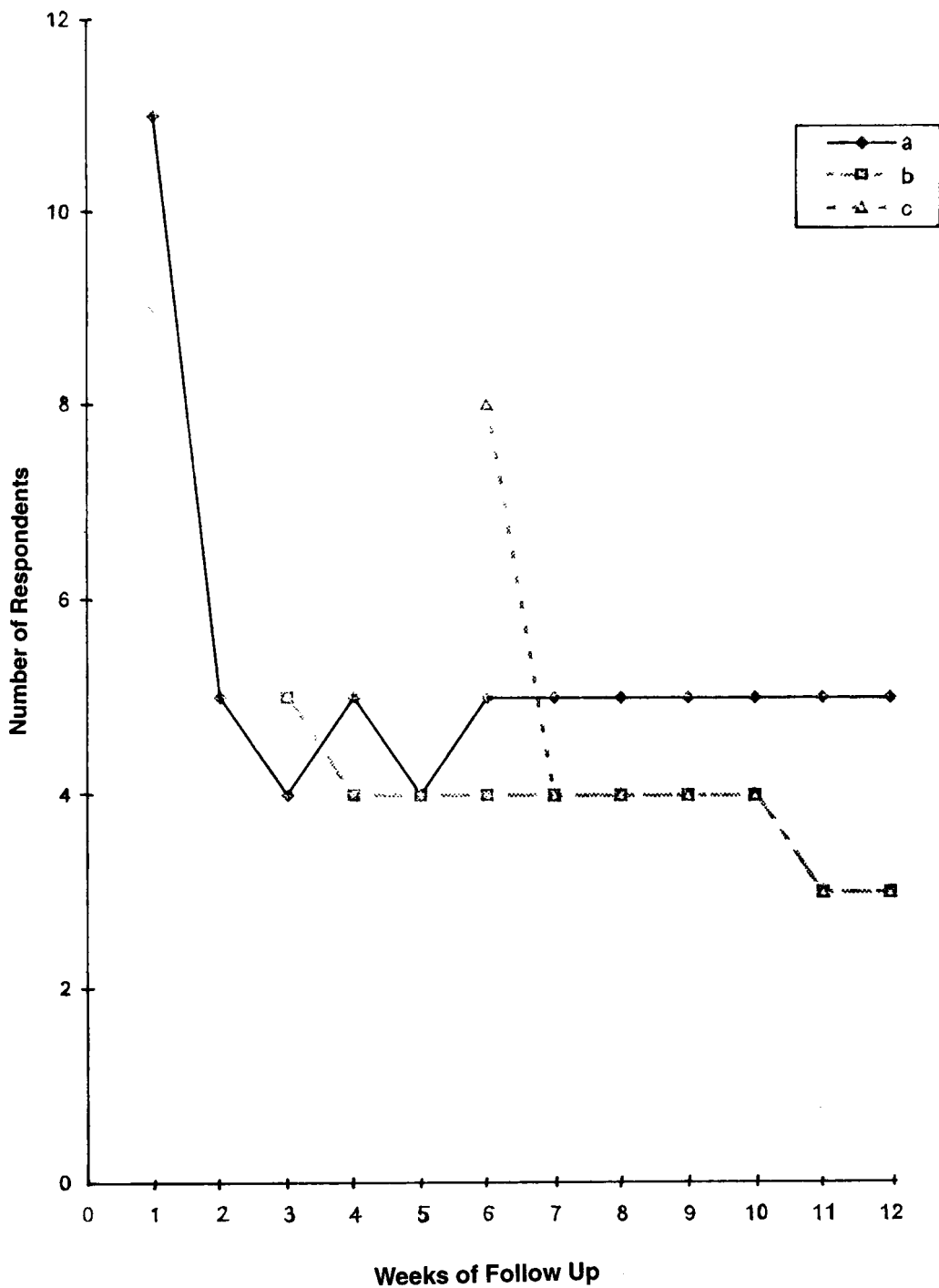
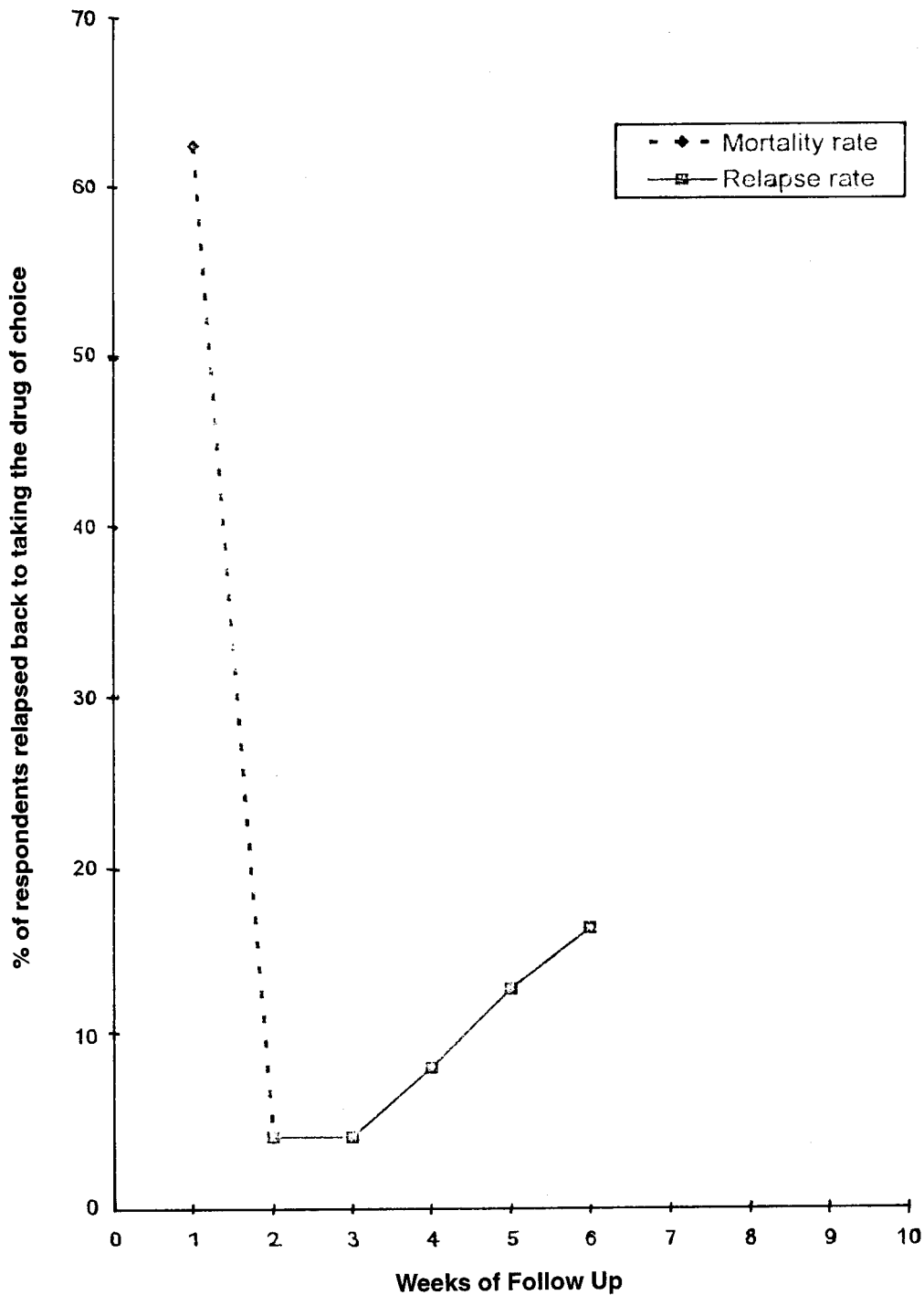


Figure 2. The relapse rate (% of relapse as to the total number of respondents)



oriented society. The *Inabah* traditional method of treating and rehabilitating drug dependents adhere strongly to the belief that the inner strength of faith and motivation of the individual holds the true power of change. Thus, the treatment processes practice exactly this belief, that one has to try to change oneself and after all the efforts has been geared towards that goal, one must put faith in God. This combination of spiritual-physical-psychological treatment and rehabilitation showed some interesting and positive results that definitely demand further effort to gain a better understanding of the modality. Also, the prospect for greater demand for this approach is good and its application to other drug rehabilitation modality can be well considered.

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