# Islamic Spiritual Intervention for Heroin Dependence Syndrome

Workshop on Managing Addiction in the Mosque

February 2011


**UMCAS report**

**University Malaya Center for Addiction Science**

**21st Floor, Wisma R&D University of Malaya 50400 Kuala Lumpur**

**www.umcas.com**

# Introduction

University Malaya Center for Addiction Science organized the workshop on the used of Islamic Spiritual Intervention on 22nd and 23rd February 2011.

National experts in the fields of addiction, Islamic scholars, Malaysian AIDS Council, NGO's and private practitioners were sharing ideas of how we can used ISI (Islamic Spiritual Intervention) and placing heroin treatment clinic in the mosque to help those who have problem with heroin addiction.

The participant discussed basic concept for addiction, how latest treatment work to treat heroin addiction and the basic principle of ISI as a psycho spiritual treatment.

The workshop addresses three major questions:

1) How to integrate psycho spiritual treatment in the mosque and MMT?
2) How to improve ISI model?
3)How to implement ISI psycho-spiritual model of treatment at the national harm reduction program?

# Participant

**Chairmain:**

**Prof. Dr. Hussain Habil**
Director University Malaya Center for Addiction Science (UMCAS)
Professor Psychiatry and Addiction

**Co-chairs:**

**Dr. Rusdi Abdul Rashid**
Psychiatrist University of Malaya

**Key note speaker:**

**Dr. Abdul Ghaffar Surip**
JAKIM
Ketua Penolong Pengarah Bahagian Keluarga, Social Komuniti

**Dr. Muhammad Muhsin Ahmad Zahari**
Psychiatrist University of Malaya

**Mohamad Ali Bin Hasan**
Masjid Ar- Rahman
Associate Professor , Chair person

**Dr. Muhammad Nawar B. Ariffin**
Pemuda Masjid Malaysia

**Zamzuri Abdul Malik**
Malaysian AIDS Council (MAC)
Malaysian AIDS Foundation
Manager, Training and Capacity Enhancement

**Dr. Hj. Mohammed Khafidz**
President Insaf Murni Malaysia (IMAM)

**Dr. Rusdi Abd. Rashid**
Psychiatrist University of Malaya

**Participants:**

**Faidzul Fahmi B. Isnan**
AADK
Pen. Pegawai Hal Ehwal Islam

**Shahrizal Hj Idrs**
AADK
Pembantu antidadah

**Mohd Yusri B. Mohd Yusoff**
AADK
Pembantu antidadah

**Mohd Azan B. Muhammad**
Jab. Kesihatan Wilayah Persekutuan Kuala Lumpur (JKWPKL)
Penolong Pegawai Perubatan

**Eisa B. Zakaria**
University Malaya Center for Addiction Science (UMCAS)
Project Manager

**Imran B. Abd Rahman**
JAKIM
Pen. Pengarah (bahagian Dakwah)

**Mohd. Rashidi B. Mohd Jamil**
JAKIM / SEDAR
Pen. Pengarah (Bahagian keluarga, sosial, komuniti)

**Mohd Akmal Abd Aziz**
Imam masjid Ar-Rahman

**Hairul Izham bin Mohd Ashari**
AADK
Pen. Pegawai antidadah selangor

**Mohd Zhafran Helmi**
AADK
Pen. Pengarah (Agama) 1 Bahagian Rawatan dan Pemulihan AADK

**Dr. Hazli Zakaria**
Pusat Perubatan Universiti Kebangsaan Malaysia & UMCAS
Lecturer/Psychiatrist

**Dr. Aida Syarinaz**
University Malaya Medical Centre (UMMC)
Lecturer / Psychiatrist

**Megat Haris**
UMCAS

**Shahroom B. Mahmud**
UMCAS

**Wan Azlinda Irnee**
University Malaya center of Addiction Science (UMCAS)
Research assistant

# Purpose

The purpose of this paper is to report on the key issues and topic discussed by participant of the workshop.

The topic include:

- Overview of addiction problems and MMT program in Malaysia
- Pilot SEDAR program: Challenges and future directions
- Islamic counseling and practices in managing addiction
- Addiction as chronic relapsing brain disease
- Dual diagnosis/Psychiatric co Morbidity
- Roles of mosque staffs in managing addiction
- Roles of Dewan Pemuda Masjid Malaysia in SEDAR program
- Roles of Malaysian AIDS Council in SEDAR program
- Guideline for National MMT program
- Proposal to get grant for methadone project

# Background

This workshop was initiated based upon on our experience in SEDAR project in Ar-rahman Mosque University Malaya . In the project we integrate methadone program with psycho-spiritual intervention and after one year duration it showed that the retention rates and the average dose of methadone given in this mosque clinic were significantly better in TAU clinics.

Among feedback given by therapist was also showing that those patients went to the program were more discipline and less difficult with procedure of treatment

It also showed that family were much more forthcoming in bringing patients to clinic mosque than to TAU mosque.

# Meeting Format

The format of this workshop was initially started with lectures from multi-sectors and multidisciplinary perspectives. The main issue discussed was how to in cooperate Islamic therapy to enhance compliant and increase effectiveness of methadone maintenance treatment

# Keynote address

# Islamic spiritual intervention for heroin addiction

Dr Abdul Ghaffar Bin Surip
Deputy Director family ,social and community JAKIM

# Concept of religion and spiritua

- **There is no specific concept of psychotherapy in Islam but the concept of psychotherapy or counseling might include *advice, Irsyad, practicing Amar Ma'ruf in daily life and to avoid Nahi Mungkar***

- **Counseling in Islam is term as *Al Taujih Wal Irsyad.***

- ***According to Prophet Muhamad SAW " Religion is is about good advice".***

# Treatment principle

- To advice.
- Encourage healthy activities.
- to get blessing from Allah
- To have ambition in doing goods and avoid sinful activities.
- Help patients to improve themselves and avoild destructive behavior.
- Islamic counseling should be done by the expert who undergo specific training

- It should be done voluntarily
- It has to be done according to shariah law

# The function of Islamic counselir

- To solve patients problem
- Help patients to understand how problem arises and to cope effectively
- To approach life problem rationally according to religious principle and avoid using lust and influence from satan in making decision.
- Encourage patients to have honest, harmony, kindness with others.
- Guide patients how to avoid negative activities which include promiscuity, using drugs and alcohol
- Encourage patients to practice good discipline in life

# ISI Concept

- **It based on the teaching highlighted in al-Qur'an, Sunnah, Ijmak Ulama'(Aziz Salleh 1993)**
- **The main objective is to help those who experience problem in life (Yusuf Hussin 1993)**
- **It has to be conducted with sincerity.**
- **It has to be conducted professionally**
- **It include issues related faith, belief in God, sin and reward and also life after death**

# Characteristic of Muslim counse

**Strong faith in Islam and Taqwa**

**Sincere**

**trustworthy**

**Non judgmental**

**Patience**

**Show  good manners and able to interact well**

**Tolerance**

**Good communication skill**

**Not hypocrite**

# Counseling procedure

- Ready to accept patients for treatment
- Introduce with Salam and doa
- Every session to start with Basmallah and Ummul Qur’an.
- Taaruf
- Ba’ah Ula.
- Understanding self
- Inabah
- Ilaj/Islah
- Bai’ah At’taniah
- Process of concluding the session

# Manners while doing counseling

- Express honesty to Allah.
- To greet Salam to counselor.
- Observe punctuality.
- To take ablution and wear descent dress.
- Have intention to improve oneself
- To use the session as to get good knowledge and guidance

# Manners during counseling

- Sitting position according to zikrullah position
- Start with al-Fatihah , selawat  and zikr munajat.
- Discuss with low tone voice
- Avoid quarrel and argurement
- Avoid humiliation.
- Avoid joking .
- Avoid falling asleep during the counseling .

# Self responsibility

- Counselor and patients should show respect to one another
- Express regret and ask forgiveness to Allah.
- Think to Allah and practice zikr
- Practice simple prayer to improve oneself
- Never feel helpless, frustrated and always belief that Allah is the most merciful
- Always practice Islamic rituals according to the teaching of Islam
- Avoid from doing meaningless activities

# Overview of addiction problems and MMT program in Malaysia

Dr Rusdi Abd Rashid

Psychiatrist UMMC,

Vice President of Insaf Murni Association of Malysia(IMAM)

# Background:

- **AIDS 4th major cause global deaths**
- **30% of these due injecting drug use**
- **Asia = ½ world's population**
- **Most Asian countries IDU major cause of HIV**
- **57-79 % HIV Malaysia IDUs**
- **Now high level commitment achieve HIV control Malaysia**

# SWOT Analysis

**Strengths**

- **Strong support highest political level**
- **Strong support religions**
- **OST expanding much faster than before**
- **Diverse range OST sites: hospitals, health clinics, NGOs, AADK, prisons**
- **Prison MMT started April 2008 – now 4 prisons, but numbers treated still small**
- **Strong, growing demand OST suggests programs are attractive**

# SWOT Analysis(2)

**Weaknesses**

- **Coverage 22%?**
- **Is expansion fast enough to control HIV?**
- **Dispensing only by doctors, pharmacists**
- **OST too expensive for many IDUs**
- **Is OST flexible enough e.g. Haj travel?**

# SWOT Analysis(3)

**Threats**

- **Now ↑ heroin production Golden Triangle**
- **Many use short acting benzodiazepines**
- **Increasing ATS consumption**
- **Are police integrity mechanisms enough?**
- **Deaths children methadone overdose**
- **Global financial crisis: ↓ funding controversial programs for unpopular populations**

# SWOT Analysis(4)

**Opportunities**

- **Global financial crisis - ↑ cost-effective**
- **Increased collaboration with other Asian countries**
- **Build on collaboration with Iran**
- **Establish independent professional organisation of doctors/health care workers**

# Reported HIV Transmission, Malaysia 1986 - 2002

| MODE OF TRANSMISSION | EFFICIENCY PER SINGLE EXPOSURE | REPORTED CASES |
|---|---|---|
| Blood / Organ Trans | >90% | 27 Cases |
| (mother to child) | About 30% | 337 (0.7%) |
| Sexual Intercourse | 0.1-1.0% | |
| (Heterosexual) | | 6,191 (12.1%) |
| (Homo/Bisexual) | | 442 ( 0.9%) |
| Sharing needles while injecting drugs | 0.5%-1.0% | 39,095 (76.3%) |
| Needle sticks. | <0.5% | 0% |

# MMT and Hepatitis C

- Revealed another horror of total abstinence policy
- 34 out of 50 (68%) Hepatitis C positive
- 2 out of 50 ( 4%) HIV positive
- 2 out of 50 (4%) Hepatitis B positive
- 40% married
- Cost of hepatitis C medication RM 15,000 per month VS RM 150 per month of Methadone

# Method Used

- Needle exchange and HIV/needle collection?
- Distributing detergents to addicts
- Distributing condoms
- Using pure heroin : honey effects
- Methadone/ buprenorphines maintenance therapy

# Direct harm due to heroin

- Short acting, more easily get tolerance and dependence----- IVDU risk is high
- Less stable socially
- IVDU and dirty needle
- IVDU and adulterant
- IVDU and sharing needles
- Risk of infections and spread to others.

# The goal for harm reductions

- Harm to the individual who uses a drug
- Harm to those social networks e.g. families, friends, neighbors and hospital staff
- Harm to the broader society
- Involve health , legal and social damage.

# Buprenorphine/methadone comparison studies

| | Methadone | | | | Buprenorphine | | | |
|---|---|---|---|---|---|---|---|---|
| Author, year | Dose (mg) | n | Retention (%) | Urine (%) | Dose (mg) | n | Retention (%) | Urine (%) |
| Johnson et al., 1992 | 20 | 55 | 20 | 29 neg | 8 | 53 | 42 | 53 neg |
| | 60 | 54 | 32 | 44 neg | | | | |
| Kosten et al., 1993 | 35 | 34 | 82 | 51 pos | 2 | 28 | 54 | 27 pos |
| | 65 | 35 | 63 | 52 pos | 6 | 28 | 39 | 24 pos |
| Ling et al., 1996 | 30 | 75 | 45 | 68 neg | 8 | 75 | 47 | 68 neg |
| | 80 | 75 | 68 | 79 neg | | | | |
| Schottenfeld et al., 1997 | 20 | 30 | 58 | 68 pos | 4 | 29 | 48 | 74 pos |
| | 65 | 28 | 72 | 40 pos | 12 | 29 | 65 | 57 pos |
| Strain et al., 1994 | 54 (50–90) | 80 | 56 | 47 pos | 8.9 (8–16) | 84 | 56 | 55 pos |

# Methadone maintenance as harm reduction

- As a tacit acknowledgement of the acceptance of a lesser goal
- Achieving the impressive health, social and economic improvement
- Public health point of views for methadone maintenance as tools to prevent spread of HIV, hepatitis and other contagious diseases.
- Using the program in severely disadvantaged population provides them with better opportunity and potentials

# Methadone Myth

- Methadone make addiction in Malaysia to get worst
- Methadone as sinners drugs
- Methadone do not give any good effects
- Methadone kill a lot of addicts

# Challenges with buprenorphine

- Demand are overwhelming and good business
- Threat of diversion and injection
- Greed and careless prescriptions = Buprenorphine as Sinners drug i.e. ban the drug
- Many genuine doctors become a victim of circumstances

# The Idea is now in place

- Policy change from long term rehabilitation 2 years to 6 month
- Health workers seen as partners in managing heroin addicts
- Capacity Building e.g.  Training program for primary care Doctors , employers and  police officers
- Setting up harm reduction task force as consultative media for relevant agencies and stake holders
- Research to the latest concept of managing addictions
- The AADK role on enforcement ,primary prevention, counseling and strengthening after care program while Ministry of health are given more role in treatment

# Malaysia drugs policy since 2003

- **Increasing focus on client groups other than dependent opiate users**
- **Integrated  treatment structure other than rehabilitation program**
- **Harm reduction service philosophy**
- **Early intervention priority**

# Table of comparison between the three pilot programs

| | TYPES OF MMT PROGRAM | OFFICE-BASED | AADK AFTERCARE | PRISON |
|---|---|---|---|---|
| 1 | Program starts | October 2005 | December 2007 | April 2008 |
| 2 | Agencies involved | MOH, UMMC, GPs, AADK. | AADK, MOH, UMMC. | Prison Dept, MOH, MAC, UMMC. |
| 3 | Number of clients | 1250 | 150 | 50 |
| 4 | Places/ Settings | 25 centers: -MOH -UMMC -GPs | 3 AADK Centers: -Wilayah -Johor -Penang | Pengkalan Chepa Prison |
| 5 | Methadone Supply and dispensing | KKM | KKM | KKM |
| 6 | Client characteristics | Out-patient (Main stream) | Out-patient (Under parole) | In–patient (Institution) |
| 7 | Doctors involved | MOH, GPs, UMMC | UMMC | Prison doctor, UMMC specialist consultation help |

| | | | | |
|---|---|---|---|---|
| 8 | Monitoring work | MOH | MOH | MOH |
| 9 | Psychosocial intervention | AADK counsellors | ADK Counsellors | Prison and MAC councillors, |
| 10 | Progress/stages | Up-scaling stage >5000 clients. Targeting up to 25,000 clients in 2010 | Pilot stage | Pilot stage |
| 11 | 1 year retention rate | 88 % | 94% up to 3 months | Pending |
| 12 | Initial induction dose | 20mg | 20mg | 5mg |
| 13 | Side-effects | Rare | Rare | Common |
| 14 | CPG/SOP | MOH | Modified AADK version | Modified Prison version |
| 15 | Advantages | Main stream | Adherence with parole system | More cost effective, reduced recidivism / post-release overdose death/ diversion. |
| 16 | Pitfalls | Dots Vs. Take away doses, diversion issues, concomitant BDZ, Stigma public, Police and DHEA raid. | Non-clinical setting, straight Dots, conflicting approach in treatment, expensive and costly. | Inmate eligible but refused, side-effects are frequent, conflicting approach, inadequate training of prison doctors. |
| 17 | Needs and future plans | Training of doctors and supporting staffs, public awareness program | Needs of own medical units in AADK, Training program especially in concept of addiction. | Awareness program among the prisoners/families, training prison councillors, increase participating centres. |

# OST achievement

- MMT in Government ~7,000+ clients
- 2006: DST in GP ?? ~10,000 Clients (2006) mainly Buprenorphene.
- Target:
  - 25,000 up to 2010
  - 76,000 up to 2015 ( 60% from 120,000 of registered IVDUs )

# Conclusions:

1. **Need to ↑ coverage & maintain quality to achieve MDG # 6: BMW or Daihatsu?**
2. **Can only ever achieve coverage with large GP OST but quality?**
3. **Hospital, health clinic, NGOs, AADK better quality, smaller numbers?**
4. **MDG # 6 is achievable in Malaysia but not at current rate expansion**

# Working groups

- The working group were divided into 5 major groups. Each of the group were headed by moderators who were in charge of giving guideline on the topics to be discuss.

- The group members consist of those who have Islamic knowledge, medical officer, addiction specialist and NGO's.

- At the end of the discussion they need to come out with the suggestion that will help addicts through psycho spiritual intervention and medical treatment.

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# Group Work on Individual ISI Practice.

# INDIVIDUAL PRACTITES MODUL

Pre ISI ›

- Inform about manners on ISI counseling
- written contract to perform the counseling

Post ISI ›

- practice checklist
- Follow up session

# **ADAB KETIKA** PRA ISI

- **Surrender only to Allah.**
- **Greeting  therapist with Salam**
- **Take ablution and descent dressing in every session.**
- **Avoid socialization while in the session.**
- **Express concern of improving oneself.**

**Sambungan**

- Sit down in good manner and follow instruction.
- Practice Zikr and selawat while waiting in the waiting room.
- Do not disturb others.
- Respect others

# Spiritual activities

- Ablution and doa.
- Enter with right leg
- Do solat tahiyatul masjid and  dhuha
- iktikaf in the mosque
- Read zikr ma’thurat/zikr/selawat
- Doa syifa’

# Group therapy

1. Adjunct to individual therapy
2. Encourage feeling of togetherness to overcome addiction problem
3. Encourage supporting others as to help oneself
4. To get feedback from others about your performance

**Type of group activies**

1. Self help group

2. Religious group activities
   a) Solat Jemaah

   b)Usrah

   c)Zikr Munajat

3. Community activities example cleaning mosque and other voluntary activities organized by mosqu

# Group religious activities

- Attending religious classes given by Imam and religious teachers
- Attending religious program in the mosque.
- Attending Usrah in the mosque.
- Involve with other activities run by Mosque for example  jemaah prayers and cleaning mosque .

# Monitoring & Evaluation

## Medical Outcomes

•Retention Rate in treatment
•Drug use and % urine negative (OTI)

## Assessment tool

Monitoring for Baseline at Day 1 ,then after 3 month ,after 6 month and after 12 Month period by using
•Opiate Treatment Index (OTI)
•Quality of Life-WHO (QOL)
1.HIV risk behavior
2.Islamic understanding scale (SPI)

# BAHAGIAN A- SKALA PEMAHAMAN ISLAM (SPI)

## Pemahaman Islam

| | Diminta anda untuk menjawab soalan di bawah dengan teliti. | Ya | Tidak pasti | Tidak |
|---|---|---|---|---|
| 1 | Adakah anda mengetahui rukun Iman,dan jika anda mengetahui sila nyatakan. | 2 | 1 | 0 |
| 2 | Adakah anda mengetahui rukun Islam,dan jika anda mengetahui sila nyatakan. | 2 | 1 | 0 |
| 3 | Adakah anda menyempurnakan solat fardu 5 kali sehari? | 2 | 1 | 0 |
| 4 | Adakah anda kerap menunaikan solat berjemaah di masjid ? | 2 | 1 | 0 |
| 5 | Adakah anda berzikir setiap hari ? | 2 | 1 | 0 |
| 6 | Adakah anda kerap membaca Quran ? | 2 | 1 | 0 |
| 7 | Adakah anda menjadikan Quran sebagai panduan hidup? | 2 | 1 | 0 |
| 8 | Adakah anda berpuasa pada bulan Ramadhan? | 2 | 1 | 0 |
| 9 | Adakah anda membayar zakat setiap tahun? | 2 | 1 | 0 |
| 10 | Adakah anda kerap menghadiri majlis ilmu Islam ? | 2 | 1 | 0 |

# Self reflection

| No | Diminta anda untuk menjawab soalan di bawah dengan teliti. | Ya | Tidak pasti | Tidak |
|---|---|---|---|---|
| 1 | Selain daripada dadah adakah anda pernah ingin mencuba untuk mengambil minuman yang memabukkan. | 0 | 1 | 2 |
| 2 | Adakah anda mengetahui hukum mengambil dadah /Minum arak adalah perkara yang dilarang oleh ALLAH . | 2 | 1 | 0 |
| 3 | Adakah anda meghisab diri setiap hari untuk menyedari dosa-dosa diri ? | 2 | 1 | 0 |
| 4 | Adakah anda pernah sembahyang taubat untuk menghapuskan dosa-dosa ini ? | 2 | 1 | 0 |

# Part A- SKALA PEMAHAMAN ISLAM (SPI)

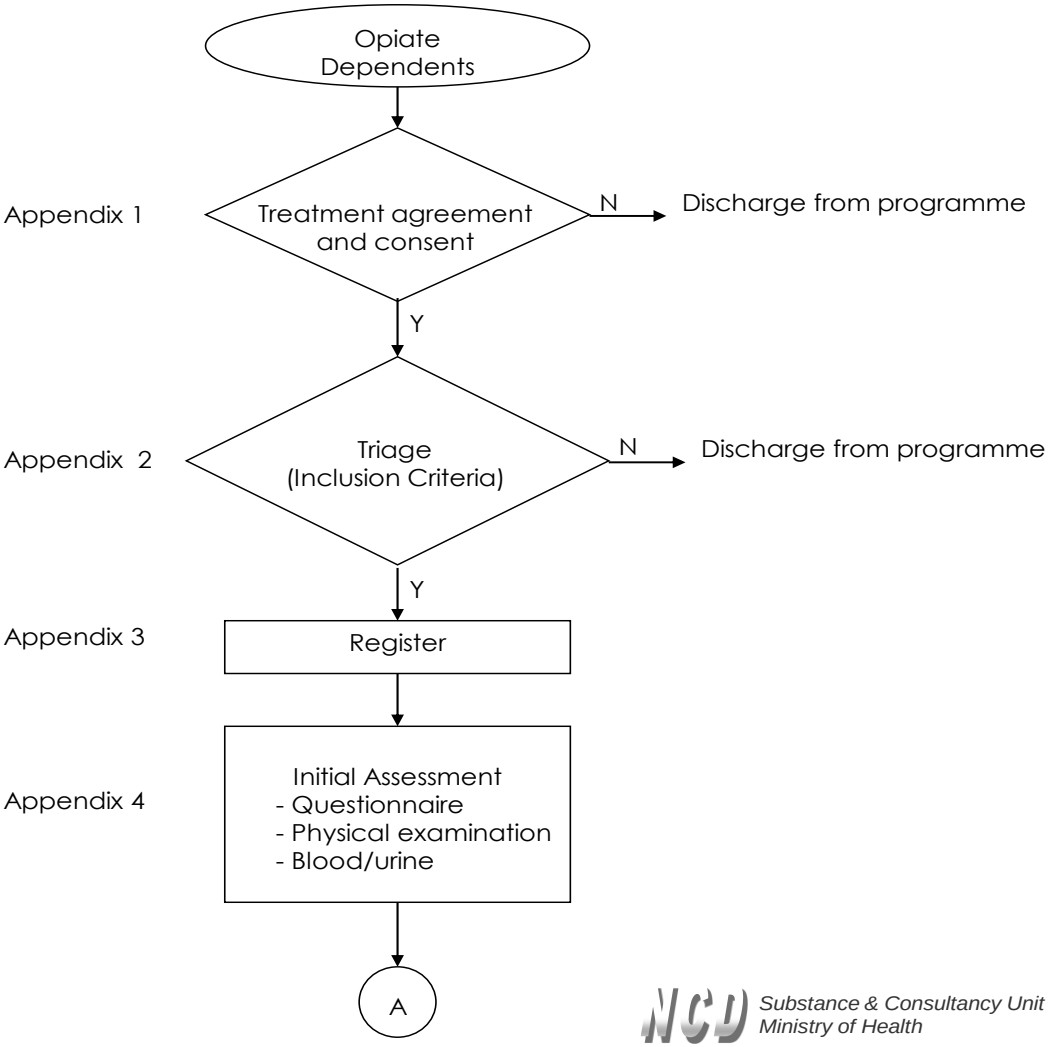
**SPI scoring**

- 0-9 ~ poor (Brief Religion Intervention)
- 10-15~ moderate ( brief  Islamic spiritual counseling)
- >15- 24 good (advice to join Islamic mosque activities)

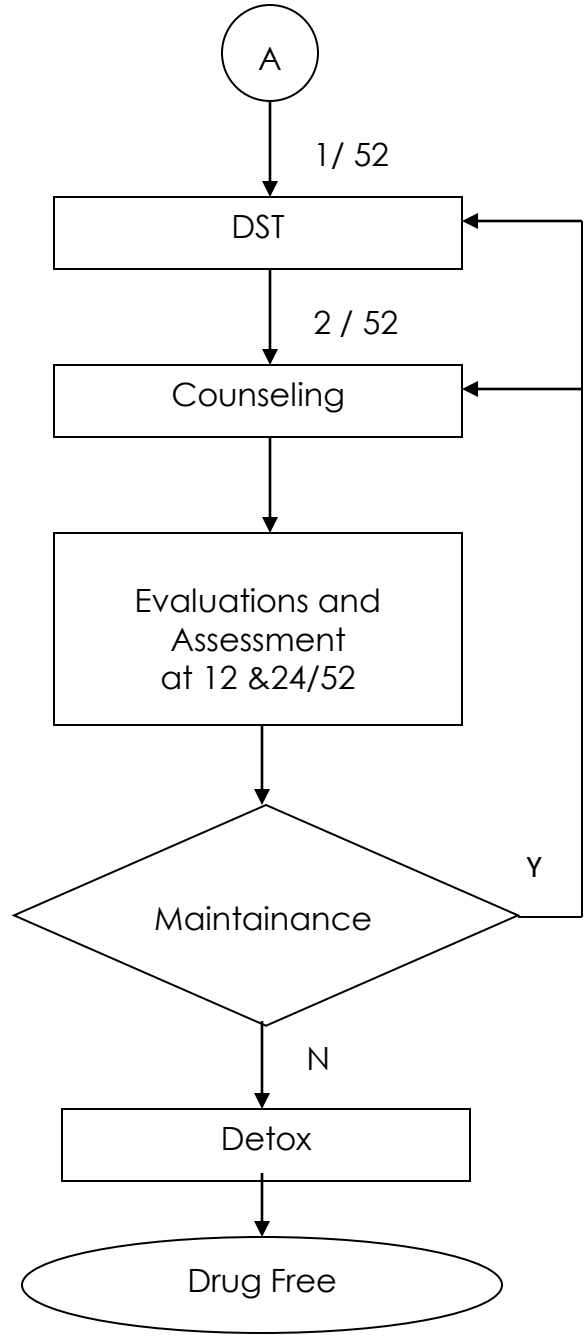
- **BRIEF RELIGION INTERVENTION (BRI)**

Brief Religion Intervention under religious teachers supervision

# Flow chart for the methadone maintenance program in the AR-RAHMAN mosque.




NCD Substance & Consultancy Unit
Ministry of Health




Appendix 8
-Summary of Visit
-Manual OTI

# COUNSELING SESSIONS & ATTENDANCE REPORT AT DST CENTRE

A Counseling Sessions Schedule

| No | Objectives | Weeks |
|---|---|---|
| 1 | Individual Counseling | 2, 3 & 4 |
| 2 | Individual & Family Counseling | 5 |
| 3 | Group Counseling | 7, 9, 11, 13 & 15 |
| 4 | Individual Counseling | 18 |
| 5 | Group Counseling (Final) | 21 |
| 6 | Individual Counseling (Final) | 24 |

# COUNSELING SESSIONS & ATTENDANCE REPORT AT DST CENTRE

**B.Counceling Sessions Monitoring Record**
**Please tick (/) where applicable.**

**Client's Name** : _____
**IC No** : _____

| No | Target | Weeks / Attendance | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | 4 | 5 | 7 | 9 | 11 | 13 | 15 | 18 | 21 | 24 |
| 1 | Individual Counceling | | | | | | | | | | | | |
| 2 | Individual & Family Counceling | | | | | | | | | | | | |
| 3 | Group Counceling | | | | | | | | | | | | |
| 4 | Individual Counceling | | | | | | | | | | | | |
| 5 | Group Counceling (End) | | | | | | | | | | | | |
| 6 | Individual Counceling (End) | | | | | | | | | | | | |
| Counceling Date | | | | | | | | | | | | | |
| Councellor's / Medical Officer's Sign | | | | | | | | | | | | | |

**Councellor's/Medical Officer's Name** : _____
**Stamp** : _____

# Individual practices module

**Group A :**

- Dr. Abd Ghaffar Surip
- En. Megat Mohd Haris
- Hj. Mohd Taquiddin B. Abdullah
- En. Faidzul Fahmi B. Isnan

- Brief spiritual intervention
  - Doa Shifaq, tahiyatul masjid praying
  - Al-Mathurat
  - Quran

# Group practices module

**Group B:**

- Hj. Shaharom
- Ustaz Mohammad Akmal
- En.Imran
- En. Zamzuri
- En. Eisa Zakaria

-12 steps
-Therapeutic community
-Usrah
-Qiamullail
-Ceramah Umum (dadah)

# Job description

**Group C:**

- Dr Rusdi
- Dr Mohd Ali Hasan
- En. Mohd Rashidi
- En. Mohd Zafran
- Dr. Aida

Job description for:

-GP doctor

- Medical assessment and induction of methadone
- Blood taking
- Dispensing of methadone
- Health education, psycho-education
- Referral HIV, Hepatitis, TB specialist

-clinic assistant officer

- Help doctor in clinic
- Urine test
- Follow up arrangement
- Collecting treatment fee

# Cont.....

-mosque staff:

- Counseling spiritual and spiritual assessment
- Conduct USRAH, Quran teaching/recite, Qiammulail
- Community program: gotong-royong, qurban event, etc.
- Mosque activities: helping bilal, siak, etc.

-AADK:

- Addiction counseling
- Job placement

-Pharmacist:

- Dispensing methadone

-Pemuda masjid:

- Run Islamic counseling/advice

-Malaysia AIDS Council (MAC)

- Outreach worker
- Support group activities
- Referral from NSEP to MMT
- Drop in centre

# Training Module

**Group D**:

- Dr Muhsin
- En. Mohd Azan
- Dr. Mohd Nawar
- En. Shahrizal
- En. Mohd Yusri
- Hairul Izham

-spiritual input training
-MMT training
-topik-topik ceramah umum
-topik-topik ceramah khusus (berkaitan dadah)
-psychoeducation
-Health education: HIV, Hepatitis, TB illness and drugs issues

# Monitoring

**Group E:**

- Prof Hussain
- Dr Khafidz
- Dr Hazli
- Ms. Wan Linda

Outcomes domain of for the program (Assessment tools):
Medical Outcomes

- Retention rate in treatment
- Drug use and % urine negative (OTI)
- HIV risk behavior (BDRC)
- Quality of life (WHO-QoL)
- Reduction of prevalence drug use/HIV seroconversion

Spiritual improvement:

- Hatta Religious Scale (HRS96)
- Islamic Spiritual Intervention (ISI)

Legal outcomes:

- Recidivism in prison/PUSPEN

# Future direction

- To implement ISI and mosque clinic program in at least 2500 mosque throughout Malaysia
- To share ISI psycho spiritual program for addiction with the OIC members
- To use ISI not only to treat heroin addiction but to use it in the treatment of any form of addiction.
- To provide standard model of ISI which can be implemented in clinical practice other than in the mosque.
- To initiate interest for research either PhD or master thesis.

# Conclusion

Islamic spiritual interventions(ISI) is a new way to tackle addiction especially among Muslim. The study that was first conducted in Malaysia using ISI in combination with MMT among heroin addicted showed it benefit in term of improved compliance, good discipline and improve quality of life

Our hope is to create more research on the use of ISI and share experience with other centers through out the globe

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