



Research paper

A mosque-based methadone maintenance treatment strategy: Implementation and pilot results



Rusdi Abd Rashid^a, Khosrow Kamali^{a,*}, Mohammad Hussain Habil^a,
Mohamed Hatta Shaharom^b, Tahereh Seghatoleslam^a, Majid Yoosefi Looyeh^c

^a UMCAS University Malaya, Malaysia

^b Cyberjaya University College of Medical Sciences, Malaysia

^c Tehran Islamic Azad University, Iran

ARTICLE INFO

Article history:

Received 4 March 2014

Received in revised form 6 July 2014

Accepted 7 July 2014

Keywords:

Methadone maintenance

Islamic intervention

MMT in mosque

Malaysia

ABSTRACT

Background: This paper describes the rationale, implementation and operation of a “world first” Islamic inspired methadone maintenance treatment project delivered in a mosque setting and presents the outcome for the first group of participants. The project explored the viability of expanding addiction recovery services through the network of mosques in Muslim communities.

Methods: The project combined methadone maintenance with peer and religious counseling. Participants consisted of 36 male Muslim heroin users who went through the project. Urine tests and self-reported measures on various dimensions relevant to drug use and quality of life were collected at baseline and 12 months.

Results: The project had a 12 month retention rate of 80%. At 12 months all but one participant tested negative for opioids and other substances. Self-report measures showed significant reductions in the degree and variety of drug use, improvements in general health, and psychological and social functioning of participants. Qualitative data showed that availability of methadone, convenient location and religion were the main reasons drawing participants to the program.

Conclusions: Mosques are viable venues for offering medication assisted recovery services and offer an alternative approach for managing addiction in Muslim communities. The prospect of mobilizing community resources to offer community-oriented long-term recovery management programs in mosques and other places of worship deserves consideration.

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Introduction

Malaysia is a religiously and culturally diverse country with a population of 28 million, a vibrant economy, and a serious illicit drug use problem. Heroin was introduced to the country in the 1960s and became the drug of choice among the majority Muslim Malays. This paper describes a “world first” Islamic inspired methadone maintenance treatment (MMT) project delivered in a mosque in Malaysia and presents the outcome for the first group of participants.

The project was recognized as Best Practice in Asia for harm reduction and fighting HIV/AIDS by the World Health Organization (WHO, 2011). It has received local and international media

attention (Aljazeera, 2011; Bernama, 2013; CCTV, 2013; NYTimes, 2012) and has attracted the interest of addiction specialists and health officials from different faiths and countries.

There are compelling reasons for considering mosques as a suitable setting for offering addiction rehabilitation services. The idea of using mosques, and potentially other religion's places of worship, for addiction recovery is a logical extension of the mounting evidence pointing to the positive role of religion, spirituality, and psycho-religious approaches to the treatment of physical and mental health problems (Borras et al., 2010; Galanter, Dermatis, Post, & Sampson, 2013; Galanter, 2006; Hill & Pargament, 2008; Miller & Thoresen, 2003; Seeman, Dubin, & Seeman, 2003). Historically, religious rites and places of worship with rich traditions and symbols have offered a medium for reflection, devotion, redemption, and physical as well as emotional healing. In all faiths, religious pilgrimage is as old as the religion itself. Mosques have always served as a base for religious as well as community activities, social services and in recent times family counseling (Ali, Milstein, & Marzuk, 2005). The network of mosques in Muslim

* Corresponding author at: UMCAS University Malaya, Level 21 Wisma R&D, 59990 Kuala Lumpur, Malaysia. Tel.: +60 129195519.

E-mail addresses: drkamali@um.edu.my, khosrowkamali@gmail.com (K. Kamali).

communities offer economical and readily accessible venues for drug rehabilitation that can attract and engage drug users in early treatment, reintegrate them into the community and help to sever ties with the drug culture. Also mosque-based services present a unique opportunity to project a constructive image of recovery from addiction reducing stigma and marginalization of drug users (Luoma, Kohlenberg, Hayes, Bunting, & Rye, 2008).

The Spiritually Enhanced Drug Addiction Rehabilitation (SEDAR) project

Increasing awareness of the benefits of medication assisted treatment (MAT) and the corresponding rise in the number of heroin users seeking treatment prompted the University Malaya Medical Center to propose a pilot program combining MMT with religious and psychosocial counseling to be offered within the grounds of a local mosque. It was believed, if successful, the pilot project would open the possibility for offering community-oriented addiction recovery and drug education and prevention programs in mosques in areas with high drug use problems. The proposed project, *the Spiritually Enhanced Drug Addiction Rehabilitation* (SEDAR), was supported by the Ministry of Health, the National Religious Affairs Department, and the National Task Force on Harm Reduction. The long-term objectives of the project were to: evaluate the feasibility of offering MMT on mosque premises, assess the willingness of opiate users to receive treatment in a mosque setting, investigate the efficacy of combining MMT with Islamic religious/spiritual practices, and assess the cost–benefits of offering MMT in religious settings compared with government sponsored clinics.

The proposal was approved by the University Malaya Medical School Ethics Committee Review Board and funded by the University Malaya with generous support from the Ministry of Health. A working group representing religious leaders, law enforcement officials, the university's Academy of Islamic Studies, the Malaysia AIDS council, the National Anti-Drug Agency, the relevant NGOs, and addiction specialists were entrusted to plan and monitor the project. Considering the political and religious sensitivities, the working group represented the widest possible range of stakeholders and the community's values and beliefs. The religious scholars and addiction specialist members of the group developed the Brief Spiritual Intervention (BSI) component of the program based on Islamic teachings and practices. The working group reviewed and endorsed the operational and management procedures of the program.

The SEDAR project commenced operations in early 2011 in Ar-Rahman Mosque adjacent to the University Malaya campus. The mosque officials had welcomed the opportunity to be part of a pioneering project and participated in the working group. Most mosques in Malaysia are independently managed by a board of directors selected from the communities they serve. In 2012 the management of the Ar-Rahman mosque changed. The new leadership imposed several restrictions on the project including limiting the frequency and duration of working hours of the clinic. The expressed rationale included risks to the reputation of the mosque, concern with crime, and disturbing regular prayers. During the period prior to the change of management, there had been no complaints from the regular mosque patrons, incident of crime, or abuse of the mosque facilities that could be traced to the SEDAR project participants. The new conditions were counter to the service and quality ethos of the program.

Subsequently, the project was relocated to Surau Ad-Deeniah a fairly large facility designed for prayers that functions as a mosque. The building is located on the grounds of the University Malaya Medical School Center (UMMC) and almost exclusively is used by the university community. Surprisingly, the new location did not

entirely escape passive disapproval and opposition from members of the university community. For example, a number of thefts and parking violations were erroneously attributed to the SEDAR clients. Clearly, government support, the extensive and lengthy consultations with national religious authorities, advocacy by the academic community and backing from NGOs had not changed the views of some ordinary people and influential opinion makers. Despite the disapproval the SEDAR program has continued to stay operational.

The SEDAR Clinic (the Clinic)

The Clinic is located within the mosque complex and staffed by an addiction medicine practitioner and counselors. Prior to enrollment applicants receive medical and psychiatric evaluation, are assessed for suitability for assisted medication therapy, and receive blood screening tests (liver function; HIV and hepatitis B/C). Participants with acute medical problems or psychiatric disorders are referred to specialist services at the UMMC and excluded from participation simply because the Clinic does not have the resources to manage them. The positive cases for HIV and hepatitis are also referred to the respective specialists for further assessment and management. The enrollment process is quick with a minimum of paper-work. Applicants who meet the criteria for enrollment in the program are accepted the same day they request service and receive detailed information about MMT and peer-counseling from a former heroin user. The peer counseling is focused on acceptance and commitment to a long-term treatment, change of lifestyle and preventing and managing potential relapse. Following evaluation for the optimum methadone dosage prescriptions are dispensed at the nearby UMMC Pharmacy. Methadone induction starts with daily dosage of 20–30 mg and gradually increased to a maximum maintenance dosage of 120 mg. Participants attend weekly follow-up visits during the induction phase and monthly visits during the maintenance phase. On each visit participants receive medical checkups, adjustments to methadone dosage, counseling support, and participate in the Brief Spiritual Intervention. Urine test are taken weekly during the induction phase and monthly at random sessions during the maintenance phase. Emergencies are referred to the nearby UMMC. After the 12 months participation in the pilot study, participants are referred to the nearest government sponsored MMT Clinic for follow-up and treatment.

The Islamic view of addiction

According to the current Islamic teachings in Malaysia addiction arises from a disconnection between the physical and the spiritual existence. Mental health interventions must facilitate the addicted person to reconnect with his/her spiritual self through renewing belief and relationship with God. Genuine faith in God (*Tauhid*) embraces the conviction that God is with them all the time, they are not alone in coping with addiction, and if they ask God for help, they can find inspiration and courage to overcome problems. Genuine belief requires following the wisdom handed down through the Holy Quran, traditions of the Prophet (*Hadith*), and the normative way of life prescribed for Muslims based on the teachings and practices of the Prophet and interpretations of the Quran (*Sunnah*). These teachings provide guidance to Muslims to do what is right and good and avoiding what is wrong and improper. Individuals with addiction require religious and spiritual guidance in order to develop self-discipline, regain physical and mental well-being and improved quality of life. The renewed belief and hope for earning the compassion and mercy of God is an essential ingredient in helping drug users to overcome their addiction.

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