Components of Spirituality for Clients in the Drugs Rehabilitation Process

Nur Azizah[1](✉), Muhammad Azhar[2], and Akif Khilmiyah[2]

[1] Muhammadiyah University of Yogyakarta and UIN Prof. K.H. Saifuddin Zuhri Purwokerto, Yogyakarta, Indonesia
nurazizah@uinsaizu.ac.id
[2] Muhammadiyah University of Yogyakarta, Yogyakarta, Indonesia
azhar@umy.ac.id

Abstract. Drug abuse has evolved into a social issue that necessity requires all parties' involvement its spread. The drug rehabilitation facility is one of the institutions used to provide social rehabilitation for drug addicts, and its execution requires a spiritual approach. This research aims to determine the spiritual component of drug rehabilitation. The researchers used qualitative primary exploratory methodologies to interview mental and spiritual instructors, therapists, and addiction counselors from three rehabilitation institutions. The spiritual component, according to the study, comprised religious belief, inner serenity, patience, self-confidence, and spiritual therapy to increase self-awareness and recovery motivation (healthy). These aspects aid in the recovery of drug rehabilitation patients.

Keywords: Spiritual · rehabilitation · Drugs

1 Introduction

The spread and abuse of drugs is a social problem that causes many victims. Indonesia is also the target of illicit drug trafficking transactions, evidence of many cases, and the disclosure of significant cases involving drug dealers, their networks, and syndicates. This fact is increasingly worrying not only on large-scale drug use but also on small-scale drug consumption through drugs sold freely in stalls that are easily obtained. This causes addicts and drug users to increase. Besides that, the impact of drug use and abuse can be seen physically, psychologically, and socially [1].

Drug abuse cannot be considered normal because it can affect the nation's next generation. Where Drug Abuse (abuse of drugs, narcotics, psychotropics, and other addictive substances or substances), when improper use exceeds the dose or is outside the treatment prescribed by the doctor, causes drug dependence and disrupts physical and mental health, as well as changes in behavior that are not reasonable, prone to committing crimes. Crime disrupted activities and others [2].

Drug abuse in Indonesia is increasingly a problem requiring extra handling. Data on drug abuse is increasing in Indonesia. The National Survey on the Development of Drug

Abuse in Indonesia by BNN Research with the UI Research Center in 2017 showed that the prevalence of drug abuse in Indonesia is 1.77% or around 3,376,115 million people from the total population of Indonesia (aged 10–59 years. The increase occurred at 20% in 2018, and in 2019, it increased again by 24%-28%. While the National Narcotics Agency (BNN) 2019 released drug users, reaching 3.6 million [3].

Drug addiction is also common in the younger generation Kids typically come into contact with drugs when they are in the early stages of development, a period marked by a rise in cognitive abnormalities, particularly personality disorders. Children and young people require different multi-focused preventative and intervention strategies to tackle drug abuse [4]. Tackling drug abuse and illicit drug trafficking requires the cooperation and participation of all parties, countries, nations, and people, with a comprehensive, integrated and sustainable approach [5].

Healing drug victims requires a process that is not easy. Being free from drugs requires all parties' desire, motivation, and support. For this reason, treatment and social rehabilitation are needed for addicts to recover both physically and mentally and to demonstrate their social functions in social life fully. Individuals who use drugs have low emotional control, and drug users have bad relationships, self-destructive tendencies, and self-defence. Negative societal stigma makes victims less optimistic, unable to solve problems, and lacking confidence in themselves [6].

One of the forms of the Attention program in drug social rehabilitation is mental and spiritual therapy (according to the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 16 of 2020 concerning Social Rehabilitation Assistance, CHAPTER I Article 14 paragraphs 5 and 6) in its implementation using spiritual and religious values, morals to help align the state of mind, physical (body) and soul to prevent the emergence of anxiety and depression through meditation, religious worship, nature therapy, art therapy, as well as the support of assistive devices [7].

The genesis, diagnosis, symptomatology, treatment, and prognosis of mental diseases are all influenced by religion, both directly and indirectly. Religious beliefs and moral principles are significant in life. As a result, spirituality and religious traditions must be included in therapeutic methods [8]. DSM4, V 62.89 (American Psychiatric Association, 1994) encompasses three categories: typical spiritual and religious experiences, spiritual and religious issues that contribute to mental illnesses, and spiritual and religious issues associated with mental illnesses [8].

Faith, the quest for life's meaning and purpose, a feeling of community, and self-transcendence are characteristics of spirituality. These traits lead to a sense of inner peace and well being. Strong spiritual ties might improve a person's feeling of life satisfaction or enable disability accommodations [9].

Spirituality plays a role in individual health processes in achieving psychological, physical, mental, and social well-being [10]. Spirituality and mental health are solutions to depression, anxiety, and substance abuse because spiritual beliefs often provide comfort and hope [11]. Mental health and the mediation of spirituality also play a role for drug users [12]. The effect of religious beliefs or spirituality on medication adherence or adherence to undergoing therapeutic interventions [13].

According to the World Health Organization, the fourth component of health is spirituality. However, there is no agreement on what "spirituality" genuinely entails

one perspective among the primary "old" and "modern" spiritual traditions. The "old" conventional kind of spirituality is theocentric and based on religious principles. People can satisfy their personal spiritual needs by participating in organised religion and having faith in God. Infinite characteristics like beliefs, finding meaning in events, and creativity are all part of the "new" shape. According to the European Palliative Care Association (EAPC) task group, spirituality is connected to one's experiences, expressions, and desire for transcendence and meaning, as well as how people interact with the present, other people, and the cosmos [14, 15].

Both excellent physical and mental health and spirituality are related. A person's capacity to understand the meaning and purpose of existence via interacting with a higher power with both oneself and others is referred to as spirituality. Cognitive, functional, and emotional realms are all involved in the diverse, dynamic process that is spirituality [16].

Religious education and teaching have an essential meaning, where religious education is discussed in terms of faith, holiness, morals, and worship. Thus, religious education is also associated with moral and spiritual development, which can underlie human behaviour in various fields of life. Meditation and psychotherapy, for example, have been demonstrated in a systematic study to significantly lessen the symptoms of anxiety, stress, and depression [17].

Various services in the drug rehabilitation process are also provided through the provision of multiple therapies. The therapeutic models given to drug residents through the SEFT (Spiritual Emotional Freedom Technique) intervention to reduce anxiety were chosen because they are easy to use and practical [18]. Social psychology intervention is also needed to identify and develop awareness and create social awareness for drug users to live good life [19]. Therapy by reading the Qur'an is also carried out as a spiritual strength for drug users [20]. Character building for victims of drug abuse is also carried out using the Community Therapy (TC) method (Oktariani & Abdulkarim, 2019). Drug rehabilitation is also performed in correctional institutions where drug users repair and serve their sentences [21].

Rehabilitation is an effort to restore mental and physical health to addicts who have undergone a healing program. The goal is for addicts to stop using drugs and not have related diseases such as damage to the body (nerves, brain, blood, heart, lungs, kidneys, liver, and other conditions). Mental impairment, personality changes to negative social comorbidities, such as HIV/AIDS, hepatitis, syphilis, and others caused by past drug use [22].

Rehabilitation is an effort to restore mental and physical health for drug users undergoing a detoxification program. The goal is to stop and not get sick from previous drug use [22].

Drugs always leave mental and physical dependence. Some people managed to defeat him relatively quickly, but some had to fight for a lifetime to conquer it. Therefore, rehabilitation for drug victims must include efforts to help victims day by day to create awareness and fulfillment of a meaningful and quality life in all physical, spiritual, mental, and social domains [23].

The various services in social rehabilitation for drug abuse are adjusted to the characteristics of each rehabilitation institution, which still refers to the rules from the Ministry

of Social Affairs of the Republic of Indonesia to help victims of drug abuse overcome drug dependence and gradually escape from drug dependence. It also requires the participation of the government, related institutions (both government and non-government or private), drug rehabilitation centers, the community, parents, and the environment are also crucial in providing social support to victims of drug abuse to get back up and feel optimistic in undergoing life for the better. This research is one of the means for developing Spiritual in the drug rehabilitation process, which can serve as a reference in assisting in the drug rehabilitation process.

Spirituality is the process of making sense of and learning about human and natural identities based on intrinsic meaning, moral commitment, and the capacity to be morally bound. It cannot be separated from religion, where religion is a way to know spirituality, and spirituality is a form of religious practice in the world [24].

Spirituality is self-discovery or growth to discover the meaning and purpose of life. Their spirituality fundamentally impacts the whole health and well being of a person. Spirituals often compare eternal truths about the importance of life to worldly things. Still, they also sometimes believe in supernatural forces mentioned in religious texts or that they have personally encountered. Spirituality is about seeking transcendent meaning by expressing spirituality in religious practice. Still, others only say their spirituality about nature, music, art, a system of philosophical views, or their interpersonal interactions with friends and family [25]. Spirituality also refers to the transcendent individual or group relationships. Even while not everyone practices a religion, it may be claimed that everyone who seeks the ultimate or most transcendent meaning possesses spirituality [25].

A notion known as spirituality entails faith in and submission to an all-powerful being (known as God), who is responsible for the creation of the cosmos and controls human fate. This has to do with how individuals accomplish their life's objectives, look for meaning in their lives, and feel a connection to the cosmos. Spirituality is accessible to people of many faiths and cultural backgrounds. Additionally, it is individual and unique to each person's spirituality. Humans that practice spirituality develop traits like love, honesty, tolerance, compassion, a feeling of detachment, faith, and hope. Recent research has demonstrated that various brain regions, particularly non-dominant ones, are engaged in appreciating and fulfilling spiritual ideals and experiences [8].

Spirituality provides answers about who a person is, and what (existence and consciousness), and religion offers solutions about what one should do (behavior or behavior). In essence, humans are religious creatures (homo-religious), namely those who have the nature of understanding and accepting the value of truth that comes from religion while using spiritual truth as a reference (reference) for attitudes and actions [26]. Spirituality can mean different things to different people [27].

Spirituality is typically linked to desirable or positive traits (e.g., expanding self-awareness). Therefore, spirituality is more individualized and consists of a "living awareness" connected to a higher force. In contrast, religion is an ordered collection of customs carried out in the heart of a place of worship [28].

People who believe must believe in the existence of God and have a strong foundation and hold fast in their hearts and minds. "Spirituality is not different from religion; it is the inner dimension," according to Islam. This perspective contends that religion is an

expression of mandated religious practices that guide one's life objectives, precisely, a continual relationship with God [29].

Understanding spiritual history requires acknowledging the importance of spirituality or religion in life, valuing rituals, respecting the variety of religious traditions, and evaluating one's spiritual health. Every fundamental aspect of human existence can create joy and sorrow, and the spiritual part is no exception. Many individuals find great solace, purpose, and meaning in religion and spirituality, yet they may also be stressful and complicated [30].

Gaining a feeling of meaning and purpose, enjoying love and harmonious relationships, forgiving others, finding sources of strength, developing better trust, expressing one's particular views and values, engaging in spiritual practice, and expressing ideas are just a few examples of spiritual needs. Who has knowledge of God or divinity [31].

Physical, psychological, social, and spiritual aspects of a patient's life must all be taken into account for health treatment to be truly holistic. According to research, many patients want medical staff to pay attention to their spiritual requirements [25].

Even in the face of life's most challenging problems, spirituality may offer "a context in which individuals can comprehend their lives and feel full, optimistic, and at peace." By definition, spirituality is "one's quest for and sense of connection with the essence of existence, in which the experience of purpose in life and connectivity are essential parts," according to a more contemporary definition by Visser, Garssen, and Vingerhoets [32].

Religion and spirituality have been shown to contribute to the healing process positively. First, faith helps you deal with stress. Second, religion can make the family and its members a vehicle for searching for meaning. Third, religion offers the ability to positively view the illness experienced, redefining illness as helpful for strengthening one's spirituality [33].

Spirituality is the awakening or development of the self to achieve life's purpose and meaning. Spirituality is integral to a person's overall health and well-being [34]. Spiritual is universal. Spiritual means there is a sincere heart to serve God to run a life where humans carry out their duties as caliphs on earth [35].

Mental health therapies with a spiritual foundation are known as spiritual. Islamic intervention is founded on holistic medicine, which incorporates elements of the mind, body, spirit, and morality [36].

Aspects of "holistic medicine" (mental-spiritual) involve spiritual, psychological, physical, and moral elements based on the Qur'an and hadith. Healing strives to establish a wholesome atmosphere that will positively impact the development of the person's physical, mental, and spiritual selves. On a physical level, the Qur'an and Sunnah advocate for a healthy diet and forbid using drugs, alcohol, or other substances that might harm one's body [36].

In a healthy soul, the incoming sensation is processed into reasoning, and empathy, then interpreted spiritually into God's verses [37]. To avoid drug addiction that causes physical and psychological harm, religious counseling as an informal education strategy is a successful rehabilitation via prayer, memory, recitation, rukyah, spiritual, nature tourism, religious tourism, and herbal therapy. This is followed by a process that involves

strengthening faith and identity, always practicing worship, doing good, preventing evil, and restoring human identity as a blessing [38].

Indicator of the fulfillment of spiritual needs is a sense of harmony, mutual intimacy between oneself, others, nature, and a relationship with the Almighty. Islam in the spiritual realm exemplifies fulfilling spiritual needs when one can develop gratitude, patience, and integrity. Spirituality is not a religion, but religion can be a way to achieve spirituality. Indicators of a person's spiritual needs are met [39], including:

1. It was forming a positive personal meaning about the goals that exist in the world.
2. Develop the meaning of suffering and believe in the wisdom of events and suffering.
3. Build positive and dynamic relationships through solid faith, trust, and love.
4. Cultivate personal integrity and self-esteem.
5. Strengthening the direction of life through hope and belief
6. Building positive interpersonal relationships.

Spirituality and religiosity are the unity of the individual self, become personal characteristics, and form indicators of the quality of individual mental health [40].

Various research results show the relationship between religiosity to spirituality with multiple effects, but it can be concluded that spirituality and religiosity are related to mental health [41]. Spiritual Meaning The meaning of spirituality [42] is:

a. Feeling life is valuable
b. Sense of belonging in the community
c. Feeling connected to nature
d. Spiritual category

The practical side of spirituality or religion is a spiritual or religious practice. There are five categories listed [31]:

a. Religious practices (going to mosques, participating in religious activities, praying, and wearing religious symbols privately);
b. Humanistic approaches (practicing good deeds, helping others, helping others or giving charity, etc.);
c. existential approach (reflecting on the meaning of life, increasing self-awareness);
d. Gratitude/reference (appreciating diversity, gratitude, and admiration);
e. Mind and body practice (meditation, religious rituals, and mind-body discipline)

Measurement Domain Spiritual and Religious Measurement Domains in Health Services [25] are:

a. Religiosity; Strength of belief, the practice of prayer and worship, intrinsic versus extrinsic
b. Coping and Spiritual/Religious Support; Spiritual language, attitudes, practices, and sources of spiritual assistance in response to stress Spiritual
c. Welfare; Spiritual state or level of spiritual distress as a dimension of quality of life
d. Spiritual Needs; Conversations, prayers, rituals; on spiritual matters.

Spiritual Consequences Spiritual consequences [9] are:

a. Inner Peace. Everyone is spiritual, and higher spirituality is a feeling of heightened inner power, personal knowledge, and acceptance of the outside world, expressed as inner calm. A more spiritual individual could find happiness in financial or spiritual pursuits.
b. Supporting adaptation or health. Healing is firmly in the spiritual domain.

Levels of spirituality, There are three levels of human spirituality [43], including spirituality as awareness, Spirituality is a response to what is received in consciousness, leading to increased awareness; spirituality is a way of life in which the response to consciousness is generalized to embrace the whole of life as a permanent disposition, including disciplinary acceptance of a mode of transformation towards human fulfillment.

The stages of mental-spiritual implementation, according to Musafir bin Said Az-Zahrani, the implementation of mental-spiritual [44] includes:

a. The initial stage, for performance and diagnosing conditions that are felt to have not been implemented.
b. Stage. We carry out mental and spiritual services, such as prayer, remembrance, fasting, and others.
c. Evaluation. We are assessing the results of mental and spiritual implementation.

2   Method

This research uses exploratory research. This exploratory research is also to find new knowledge about issues that are or can occur. Explorative research has the flexibility to allow researchers to be creative and more adaptable to research conditions [45]. This study uses primary exploratory data from subjects through interviews, namely mental and spiritual instructors, therapists, and addiction counselors in drug rehabilitation institutions.

Subject selection criteria were based on:

a. Tasks and roles in implementing spiritual and mental services (although there were subjects with additional studies).
b. Accompanying and providing material on mental and spiritual

Research on spiritual components in the drug rehabilitation process was carried out in three (3) locations or drug rehabilitation institutions, namely:

a. "Satria" Center in Baturraden
b. IPWL Annur H. Supono Purbalingga
c. Foundation IPWL Islamic Education Foundation Nurul Ichsan Al-Islami Purbalingga.

Non-participants carried out data collection techniques. This was followed by interviews with mental-spiritual instructors and therapists who were in three research locations: the "Satria" Center in Baturraden, IPWL of the Annur H. Supono Purbalingga Foundation, and IPWL of the Nurul Ichsan Al-Islami Purbalingga Islamic Education Foundation.

Data analysis uses the constant comparative analysis technique (Constant Comparative Analysis), which in research can combine patterns so that material can be sorted into categories and presented in written text [46].

Researchers used constant comparative analysis techniques (Constant Comparative Analysis) to compare the findings in research on spiritual componens in the drug rehabilitation process in three (3) locations, namely:

Sentra "Satria" in Baturraden, IPWL Yayasan Annur H. Supono Purbalingga, and IPWL Islamic Education Foundation Nurul Ichsan Al-Islami Purbalingga.

3   Results and discussion

Based on spiritual componens activities or programs found, several spiritual components in the drug rehabilitation process, including:

A.   Religious

Beliefs (faith) in clients have differences in each client. Some have not carried out Islamic religious orders, such as Prayers, fasting, the Koran, and the teachings and applications of Islamic teachings. Likewise, some clients have good knowledge of Islam and are still aware of carrying out Islamic orders or instructions. So that there are differences in the religious side of each client, spiritual components program or activity is needed to increase and develop each client's spiritual capacity tailored to their abilities as a form of effort to support the drug rehabilitation process from the mental-spiritual side.

Clients who undergo drug rehabilitation in rehabilitation institutions are also given faith strengthening to increase religious beliefs, especially Muslim clients so that they are mentally and spiritually become more vital to prevent and stop the influence of drugs.

Based on an interview with a mental-spiritual instructor at Sentra Satria in Baturaden, clients undergoing drug rehabilitation have religious beliefs but different capacities depending on their spiritual awareness and worship. Likewise, as conveyed by the therapist, clients at IPWL Foundation Annur H. Supono Purbalingga, that the ability to understand religion and religious education in each client is also different, affecting religious beliefs. Meanwhile, at IPWL, the caregiver conveyed to Nurul Ichsan Purbalingga that efforts to increase spiritual confidence in clients must always be made to help them recover from the influence of drugs.

Faith, a term used to refer to both religion and spirituality, is a potent, essential, and irreplaceable resource for treating addiction. The influence of religion transcends the actions people take (or don't take) because faith comes from people's religious and spiritual beliefs [47].

Religion and spirituality can support a therapeutic process that benefits from a religious/spiritual approach. The emphasis should be placed on religious, spiritual,

and professional competence [48]. Many believe that one of the essential aspects of religion/spirituality is how to view and relate to God [49].

Attention to spirituality has been the topic of several consensus-based recommendations from national and international organizations to integrate spirituality into health care models [50]. Spirituality, not religion, plays a role in helping recovery problems from alcohol or drugs [51].

Relationships with God, nature, other people, and the environment can all be considered spiritual. Spirituality is linked to life's quality and purpose. On the other hand, religion is linked to customs and values exclusive to a community or set of beliefs. Traditions, laws, and culture serve as the basis for faith. A private group or structured system of religious attitudes, ideas, and behaviors is called religion. Service to or adoration of God or other deities is known as religion. Faith is frequently linked to spirituality and religion. Faith is more intimate, subjective, and profound than organized religion and pertains to a connection with God [52].

Religion and spiritual beliefs play an influential role as one of the main components of alcohol recovery and sobriety. This depends on the individual, not on the treatment model chosen. This reflects the importance of including the spiritual dimension as an essential part of the treatment process [53].

Prayer can lead to life satisfaction and serenity [54]. Prayers based on Islamic teachings guarantee peace of mind [55]. Prayers performed five times a day are the second pillar of Islam, which can bring peace to the body and soul [56].

A. Peace of mind

After undergoing the drug rehabilitation process, the client feels peace of mind because it is helped to divert from the influences and effects of drug addiction, even though it is done with the real struggle to release the results of drug addiction.

Clients also obtain peace of mind from mental-spiritual activities or programs that are followed to help them get peace of mind. One of the spiritual componens activities that help in the process of calming the soul is remembrance and night prayer (Tahajud Prayer).

Addiction is a chronic disease that requires long-term treatment and rehabilitation, and it is not easy for drug addicts to stay away from drugs. It takes the ability to have a peaceful mind, body, and soul to assist in the recovery process [57]. People with drug addiction can obtain the care they need, find peace of mind, and build supportive social networks during the drug recovery process so they don't feel alone [58].

A key element in achieving recovery and linked to the cessation of drug/alcohol abuse to form the basis of a customized identity that circularly sustains recovery, leads to a good life, and achieves peace of mind [59].

Dhikr activities can help drug addicts to forget the stressors that still arise so that they can help drug addicts to be free from drug addiction (Muhammad & Omar, 2019). Religiosity and spirituality are relevant to the purpose of life and peace of mind for individuals [60].

B. Patience

The patience of each client also varies due to the influence of drugs or unstable conditions. Even some are still in relapses that carrying out activities and participating in activities in rehabilitation institutions also requires effort, so patience is also needed from managers, employees, social workers, addiction counselors, and especially mental-spiritual facilitators who handle the responsibility of spiritual programs or activities to be well received by clients.

The differences also test the patience of the employees in the personality of the clients who are not yet stable, still rebellious, emotionally unstable, and so on, which require special handling.

Based on an interview with a mental-spiritual instructor at Sentra Satria in Baturaden, in the process of spiritual componens, the material on patience is also given so that clients who are undergoing drug rehabilitation can be patients in undergoing drug rehabilitation and in the process of recovering from drugs. Likewise, as conveyed by the therapist, clients at IPWL Foundation Annur H. Supono Purbalingga, that the client's self-awareness is very influential with the condition during drug rehabilitation and recovery. While at IPWL the Islamic Education Foundation, Nurul Ichsan Al Islami Purbalingga, the caregiver, said that efforts to increase patience for clients apart from mental and spiritual services were also carried out through herbal and godog therapy.

Often a long process in drug rehabilitation requires a lot of patience to help recovering addicts understand the root causes of addiction in each drug addict [61]. The effectiveness of drug rehabilitation, which may be utilized to assist someone in recovering from addiction, is also influenced by structural variables and individual-level factors [62].

The rehabilitation of drug addicts effectively reduces carelessness and increases patience from stressors that arise because they are monitored in activities carried out [57]. Rehabilitation is a comprehensive recovery process for drug addicts, including biopsychosocial and spiritual aspects. It takes a long time and demands will, patience, and consistency [63]. Patience is the path to healing during rehabilitation [64].

Kultur teaches clients patience to undergo the drug rehabilitation process because in the cult are given materials for strengthening faith, monotheism, morals, and worship and are associated with motivation and patience in the recovery process from the influence of drugs.

C. Spiritual Counseling

Spiritual counseling is also an essential service in helping clients to help provide solutions to problems, anxiety, and anxiety related to spirituality, such as fear of death, a lot of sin, fear of not being accepted for their deeds, fear of not getting worship, and so on. Spiritual counseling is necessary as guidance and education in directing clients related to spirituality individually and in groups.

Spiritual counseling in rehabilitation institutions is also carried out by mental and spiritual instructors, therapists, and addiction counselors. They are expected to provide spiritual strengthening and motivation to recover and feel comfortable in rehabilitation to get away from drug dependence.

Spirituality plays a fundamental role in treatment, which can positively impact intervention outcomes. Spiritual care should be carefully structured according to needs [50]. Spiritual counseling with ustadz can explore sources of hope, life stories, and meanings

that can provide motivation and hope for recovery [50]. Spirituality and suffering-related emotions are significantly inversely correlated. Spirituality and quality of life are significantly positively correlated. Self-awareness and spiritual engagement are the best indicators of future spiritual or existential pain. The self-awareness factor is also the best indicator of social connections, quality of life, environmental health, psychological health, and physical health. They enhance spirituality in addicts and entice drug users to engage in constructive endeavors to reduce pain and improve their quality of life [65].

Spiritual-based coping has three main categories: spiritual beliefs, support-based resources, and spiritual evolution, which are designated as spiritual coping strategies against the desire to use drugs again. It is necessary to strengthen spirituality and spiritual beliefs as inhibiting tools to improve support programs in preventing the desire to reuse medicines among former addicts [66]. There is a significant relationship between the meaning of life, hope, and spiritual experience on the severity of alcohol and drug use [67].

To treat behavioral and social issues, use psychosocial rehabilitation. This psychological component can solve moral, spiritual, and religious problems. It is thought that religion and spirituality might help clients cut back on drug use, other high-risk behaviors that are tied to it, and criminal issues. Of the 18 research, 17 of them discovered that drug misuse clients benefit from psychological support and spiritual requirements. Reliance on a psychosocial and spiritual level is advantageous for various reasons, including religious considerations, philosophical or personal convictions, safety concerns with drug misuse, etc. [68].

Spirituality has a positive impact on health outcomes, including protecting against chronic depression as well as alcohol and drug abuse. Spiritual counselors provide spiritual counseling services according to the client's condition [69].

Spiritual health services are presented in four forms in hospitals and clinics [69], namely:

a. Identifying those in need of spiritual counseling
b. Providing spiritual care and facilitating it by nurses
c. Spiritual counseling is carried out by officers who master spiritual issues or can do spiritual counseling.
d. Carry out counseling in the spiritual counseling unit.

D. Motivation to recover

The clients the beginning, entered the drug rehabilitation center with different backgrounds. Some were of their own volition, some were recommended by family/community, some were referred from the BNN or the police, or even from the hospital. This can affect the motivation to recover in clients, so rehabilitation institutions are expected to play a role in reinforcing in providing a basis for recovery for all clients, with the hope of being able to achieve healing and recover from the effects of drugs immediately.

Motivation to recover is given by various approaches, both individually and in groups, by looking at the background of the client's condition, even with treatment that adjusts the level of the drug's effect. As in the "Satria" Center in Baturraden, apart from mental

and spiritual activities, they are accompanied by addiction counselors/psychologists and doctors for health services. The police and the Koramil also guide them to provide understanding to clients. In IPWL, the Islamic Education Foundation Nurul Ichsan Al-Islami Purbalingga, apart from being given through mental and spiritual activities, is also done through herbal therapy and Godog therapy to help remove toxins from the effects of drugs and assistance from addiction counselors. Meanwhile, at IPWL, the Annur H. Supono Purbalingga Foundation also applies rukyah for clients who have just arrived to carry out the drug rehabilitation process, which is carried out to stabilize the client's condition so that they are ready to participate in drug rehabilitation activities and get assistance from therapists and addiction counselors.

The motivation to heal in clients is marked by changes in behavior, mindset, and responsibility, with the choice to recover based on intentions and support from internal and external. Clients must be able to fight stigma or negative perceptions and show positive progress by thinking and behaving positively and having a willingness to increase motivation to recover.

Curing and preventing drug addiction long-term requires support and self-motivation to recover [70]. The existence of an intervention that utilises psycho-spiritual resources requires motivation to allow it to be used in healing and recovery interventions from dependence [71]. The existence of solid spiritual support to rely on and continue the motivation to quit addiction and towards recovery from drug abuse can be fulfilled and internalized as intrinsic motivation [72].

4 Conclusion

The components of spirituality include religious beliefs, peace of mind, patience, spiritual counseling, and motivation to recover. All of these components are aimed at helping clients' awareness and healing during the drug rehabilitation process. Based of the research, the spirituality component is applied to drug rehabilitation institutions, especially at the "Satria" Center in Baturraden, the IPWL of the Annur H. Supono Purbalingga Foundation's IPWL of the Nurul Ichsan Al-Islami Purbalingga Islamic Education Foundation or can also be done at other drug rehabilitation institutions.

The spirituality component in the drug rehabilitation process is expected to be applied by officers (mental, spiritual instructors, therapists, and addiction counselors) in improving mental and spiritual qualities as well as in self-skills adapted to the conditions and abilities of the clients.

The application of the spiritual component in the drug rehabilitation process can provide knowledge and spiritual abilities for victims of drug abuse so that they can help the process of self-awareness, healing, and recovery from the effects of drugs so that later after completing the drug rehabilitation process they continue to carry out religious orders and teachings through worship practices. Every day with complete confidence, awareness, and sincerity as a bull of self-control (self-control) not to fall back into and use drugs so that they can live a happy, prosperous, mentally and spiritually healthy.

References

1. Alhamuddin, M. T. Chaer, and P. Hasim, *Agama dan Pecandu Narkoba: Etnografi Terapi Metode Inabah.* Yogyakarta: Deepublish, 2019.
2. L. Mudzkiyyah, H. F. Nasroni, and R. I. Sulistyarini, "Terapi Zikir Al-Fatihah Untuk Meningkatkan Kesejahteraan subjektif Pecandu Narkoba Dalam Masa Rehabilitasi," *J. Interv. Psikol.*, vol. 6, no. 2, p. 2, 2014.
3. BNN, *Infografis Data P4GN Triwulan Tahun 2020.* Pusat Penelitian, data, dan Informasi BNN, 2020.
4. M. Parolin, A. Simonelli, D. Mapelli, M. Sacco, and P. Cristofalo, "Parental Substance Abuse As an Early Traumatic Event. Preliminary Findings on Neuropsychological and Personality Functioning in Young Drug Addicts Exposed to Drugs Early, Front," *Front. Psychol*, 2015, doi: https://doi.org/10.3389/fpsyg.2016.00887.
5. BNN, *Pencegahan Penyalahgunaan Narkoba Bagi Remaja.* Direktorat Diseminasi Informasi, Deputi Bidang Pencegahan Badan Narkotika Nasional Republik Indonesia, 2012.
6. R. Febrinabilah and R. A. Listiyandini, "Hubungan Antara Self Compassion Dengan Resiliensi Pada Mantan Pecandu Narkoba Dewasa Awal," in *Prosiding Konferensi Nasional Peneliti Muda Psikologi Indonesia 2016*, 2016, pp. 19–28.
7. Peraturan Menteri Sosial, "Nomor 9 Tahun 2017," in *Tentang Standar Nasional Rehabilitasi Sosial Bagi Pecandu dan Korban Penyalahgunaan Narkotika, Psikotropika, dan Zat Adiktif Lainnya*, 2017.
8. Verghese, "Spirituality and mental health," *Indian J Psychiatry*, vol. 50, no. 4, pp. 233–237, 2008, doi: https://doi.org/10.4103/0019-5545.44742.
9. Delgado, "A Discussion of the Concept of Spirituality," *Nurs. Sci. Q.*, vol. 18, no. 2, pp. 157–162, 2005, doi: https://doi.org/10.1177/0894318405274828.
10. R. B. Singh *et al.*, "Mental and Spiritual Health and the Heart: A Viewpoint," *World Heart J.*, vol. 8, no. 3, pp. 233–236, 2016, [Online]. Available: https://experts.umn.edu/en/publications/mental-and-spiritual-health-and-the-heart-a-viewpoint.
11. H. G. Koenig, "Spirituality and Mental Health," *Int. J. Appl. Psychoanal. Stud.*, vol. 7, no. 2, pp. 116–122, 2010, doi: https://doi.org/https://doi.org/10.1002/aps.239.
12. G. Bahamin and F. D. Y. Z. Sadeghifard, "Mediatory Role of Spirituality in Mental Health and Tendency Toward Drug use Summary," *J. Res. Relig. Heal.*, vol. 4, no. 4, pp. 69–79, 2018, [Online]. Available: https://journals.sbmu.ac.ir/jrrh/article/view/19596/15689.
13. P. Zagozdzon and M. Wrotkowska, "Religious Beliefs and Their Relevance for Treatment Adherence in Mental Illness: A Review," *religions*, vol. 8, no. 150, pp. 1–12, 2017, doi: https://doi.org/10.3390/rel8080150.
14. J. Chen, Y. Lin, J. Yan, Y. Wu, and R. Hu, "The Effects of Spiritual Care on Quality of Life and Spiritual Well-Being Among Patients With Terminal Illness: A Systematic Review," *Palliat. Med.*, vol. 32, no. 7, pp. 1167–1179, 2018, doi: https://doi.org/10.1177/0269216318772267.
15. L. A. Nasution, Y. Afiyanti, and W. Kurniawati, "Effectiveness of Spiritual Intervention toward Coping and Spiritual Well-being on Patients with Gynecological Cancer," *Asia-Pacific J. Oncol. Nurs.*, vol. 7, no. 3, pp. 273–279, 2020, doi: https://doi.org/https://doi.org/10.4103/apjon.apjon_4_20.
16. E. Rabitti, S. Cavuto, L. Iani, F. D. V. Simona Ottonelli, and M. Costantini, "The Assessment Of Spiritual Well-Being In Cancer Patients With Advanced Disease: Which Are Its Meaningful Dimensions?," *BMC Palliat. Care*, vol. 19, no. 26, 2020, doi: https://doi.org/10.1186/s12904-020-0534-2.
17. Yaghoobzadeh, M. A. Soleimani, K. A. Allen, Y. H. Chan, and K. A. Herth, "Relationship Between Spiritual Well-Being and Hope in Patients with Cardiovascular Disease," *J. Relig. Health*, vol. 57, pp. 938–950, 2018, doi: https://doi.org/10.1007/s10943-017-0467-0.

18. Asmawati, M. Ikhlasia, and S. L. Panduragan, "The effect of Spiritual Emotional Freedom Technique (SEFT) therapy on the anxiety of NAPZA (narcotics, psychotropic, and other addictive substances) residents," *Enfermería Clínica*, vol. 30, no. 5, pp. 206–208, 2020, doi: https://doi.org/10.1016/j.enfcli.2019.11.055.

19. J. Prasetyo, S. Prawiradiredja, and R. A. E. Jusnita, "Patterns of Therapeutic Communication in Rehabilitation Institution for the Narcotics Users in East Java, Indonesia," *J. Drug Alcohol Res.*, vol. 8, pp. 1–8, 2019, doi: https://doi.org/10.4303/jdar/236078.

20. F. Fansuri, "The Influence of Psychoreligious Therapy to Decrease the Depression Level of Narcotics Prisoners: Living Qur'anic Study in East Kalimantan," *Borneo Int. J. Islam. Stud.*, vol. 1, no. 1, pp. 43–56, 2018, doi: https://doi.org/10.21093/bijis.v1i1.1287.

21. C. Z. Sa'ari *et al.*, "The Development of Islamic Psychospiritual Scale for Drug Addict," *Afkar-Jurnal Akidah &Amp; Pemikir. Islam*, vol. 22, no. 2, pp. 279–312, 2020, doi: https://doi.org/10.22452/afkar.vol22no2.8.

22. S. Partodiharjo, *Kenali narkoba dan musuhi penyalahgunaannya.* Jakarta: Esensi, 2007.

23. L. Somar, *Rehabilitasi Pecandu Narkoba.* Grasindo.

24. B. A. Tualeka, *Nilai Agung Kepemimpinan Spiritual: Memimpin & Menggerakkan.* Elex Media Komputindo, 2014.

25. D. P. Sulmasy, "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life," *Gerontologist*, vol. 42, no. Special Issue III, pp. 24–33, 2002, doi: https://doi.org/10.1093/geront/42.suppl_3.24.

26. S. Yusuf and A. J. Nurihsan, *Landasan Bimbingan dan Konseling.* Bandung: PT Remaja Rosdakarya, 2011.

27. M. B. Abhari, J. W. Fisher, A. Kheiltash, and M. Nojomi, "Validation of the Persian Version of Spiritual Well-Being Questionnaires," *Iran. J. Med. Sci.*, vol. 43, no. 3, pp. 276–285, 2018.

28. M. M. Schlehofer, A. M. Omoto, and J. R. Adelman, "How Do 'Religion' and 'Spirituality' Differ? Lay Definitions among Older Adults," *J. Sci. Study Relig.*, vol. 47, no. 3, pp. 411–425, 2008, doi: https://doi.org/10.1111/j.1468-5906.2008.00418.x.

29. Darvishi, M. Otaghi, and S. Mami, "The Effectiveness of Spiritual Therapy on Spiritual Well-Being, Self-Esteem and Self-Efficacy in Patients on Hemodialysis," *J. Relig. Health*, vol. 59, pp. 277–288, 2020, doi: https://doi.org/10.1007/s10943-018-00750-1.

30. R. F. Paloutzian and C. L. Park, *Handbook of the Psychology of Religion and Spirituality.* New York: The Guilford Press, 2005.

31. T. Casaleiro and S. Caldeira, "Spiritual Aspects of the Family Caregivers' Experiences when Caring for a Community-Dwelling Adult with Severe Mental Illness: a Qualitative Systematic Review Protocol," *JBI Database Syst. Rev. Implement. Reports*, vol. 17, no. 5, pp. 654–659, 2019, doi: https://doi.org/10.11124/JBISRIR-2017-003882.

32. R. M. M. I. Chowdhury, "Religiosity and Voluntary Simplicity: The Mediating Role of Spiritual Well-Being," *J. Bus. Ethics*, vol. 152, pp. 149–174, 2018, doi: https://doi.org/10.1007/s10551-016-3305-5.

33. Subandi, "Agama dalam Perjalanan Gangguan Mental Psikotik dalam Konteks Budaya Jawa," *J. Psikol.*, vol. 39, no. 2, pp. 167–179, 2012, doi: https://doi.org/10.22146/jpsi.6984.

34. S. Purwaningsih, *Hati nurani dalam Al-Qur'an : pengembangan psikologi sufistik.* Semarang: Puslit IAIN Walisongo, 2016.

35. Marzuqi, *Spiritual Enlightment.* Elex Media Komputindo, 2017.

36. N. Isgandarova, "Islamic Spiritual Care in a Health Care Setting," in *Spirituality and health: multidisciplinary explorations*, P. VanKatwyk, T. S. J. O'Connor, and A. Meier, Eds. Canada: Wilfred Laurier University Press, 2005, pp. 85–101.

37. B. Riyono, "Sensing Mentality and the Cognitive-Spiritual Intervention," *Minbar Islam. Stud.*, vol. 12, no. 4, 2019, doi: https://doi.org/10.31162/2618-9569-2019-12-4-1091-1106.

38. Noegroho, A. I. Sulaiman, and S. Suryanto, "Religious Counseling as an Informal Education Approach in Rehabilitation of Drug Addicts," *Int. Educ. Res.*, vol. 1, no. 2, 2018, doi: https://doi.org/10.30560/ier.v1n2p57.

39. N. Yusuf, H. E. Iswari, M. Florencia, and F. Okviasanti, *Kebutuhan Spiritual: Konsep dan Aplikasi dalam Asuhan Keperawatan*. Jakarta: Mitra Wacana Media, 2016.

40. Imaduddin, "Spiritualitas dalam Konteks Konseling," *J. Innov. Couns. Theory, Pract. Res.*, vol. 1, no. 01, pp. 1–8, 2017.

41. Hepi Wahyuningsih, "Religiusitas, Spiritualitas, Dan Kesehatan Mental : Meta Analisis,"*PSIKOLOGIKA J. Pemikir. dan Penelit. Psikol.*, vol. 13, no. 25, pp. 61–72, 2008.

42. T. Phenwan, T. Peerawong, and K. Tulathamkij, "The Meaning of Spirituality and Spiritual Well-Being among Thai Breast Cancer Patients: A Qualitative Study," *Indian J. Palliat. Care*, vol. 25, no. 1, pp. 119–123, 2019, doi: https://doi.org/10.4103/IJPC.IJPC_101_18.

43. Rodger, "Moral, Spiritual, Religious—Are they Synonymous?," in *Spiritual and Religious Education*, V., M. Leicester, C. Modgil, and S. Modgil, Eds. New York: Falmer Press, 2000, pp. 1–351.

44. M. bin S. Az-Zahrani, *Konseling Terapi*. Jakarta: Gema Insani Press, 2005.

45. D. J. Hunter, J. McCallum, and D. Howes, "Defining Exploratory-Descriptive Qualitative (EDQ) research and considering its application to healthcare," *J. Nurs. Heal. Care*, vol. 4, no. 1, pp. 1–7, 2019, doi: https://doi.org/10.5176/2345-7198_4.1.202.

46. M. B. Postholm, "Chapter 7 Analysing the Data Material Using the Constant Comparative Analysis Method and D-Analysis," in *Research and Development in School*, Brill, 2019, pp. 85–109.

47. J. Grim and M. E. Grim, "Belief, Behavior, and Belonging: How Faith is Indispensable in Preventing and Recovering from Substance Abuse," *J. Relig. Health*, vol. 58, pp. 1713–1750, 2019, doi: https://doi.org/10.1007/s10943-019-00876-w.

48. M. Frunza, S. Frunza, and N. O. Grad, "The Role of Spirituality in Therapeutic Practices," http://www.jsri.ro/ojs/public/journals/1/pageHeaderTitleImage_en_US.png, vol. 18, no. 53, pp. 61–74, 2019, [Online]. Available: http://www.jsri.ro/ojs/index.php/jsri/article/view/1076.

49. E. B. Davis, P. Granqvist, and C. Sharp, "Theistic relational spirituality: Development, dynamics, health, and transformation," *Psycholog. Relig. Spiritual.*, vol. 13, no. 4, pp. 401–415, 2021, doi: https://doi.org/10.1037/rel0000219.

50. M. Puchalski *et al.*, "Interprofessional spiritual care in oncology: a literature review," *ESMO Open*, vol. 4, no. 1, pp. 1–12, 2019, doi: https://doi.org/10.1136/esmoopen-2018-000465.

51. F. Kelly and D. Eddie, "The role of spirituality and religiousness in aiding recovery from alcohol and other drug problems: An investigation in a national U.S. sample," *Psycholog. Relig. Spiritual.*, vol. 12, no. 1, pp. 116–123, 2020, doi: https://doi.org/10.1037/rel0000295.

52. G. P. Victor and J. V. Treschuk, "Critical Literature Review on the Definition Clarity of the Concept of Faith, Religion, and Spirituality," *J. Holist. Nurs.*, vol. 38, no. 1, pp. 1–7, 2020, doi: https://doi.org/10.1177/0898010119895368.

53. M. A. Aldiqs and A. M. Hamdan-Mansour, "The Role of Religion and Spirituality in Alcohol Use Treatment and Recovery: An Integrative Review," *Medico-legal Updat.*, vol. 21, no. 1, pp. 599–605, 2021, doi: https://doi.org/10.37506/mlu.v21i1.2377.

54. Tufan, G. O. Basibuyuk, and A. Kilavuz, "Islamic Religiosity Among the Older Adults in Turkey: The Association Among Religious Activities, Health Status, and Life Satisfaction," *J. Aging Long Term Care*, vol. 3, no. 1, pp. 1–9, 2020, doi: https://doi.org/10.51819/jaltc.2020.688088.

55. Hamidi, Z. Bagherzadeh, and S. Gafarzadeh, "Procedia Social and Behavioral Sciences," *Procedia Soc. Behav. Sci.*, vol. 5, pp. 1991–1996, 2010, doi: https://doi.org/10.1016/j.sbspro.2010.07.402.

56. M. Ghous and A. N. Malik, "Health Benefits of Salat (prayer)," *Neurol. Rehabil. Prof. Med. J.*, vol. 23, no. 8, pp. 887–888, 2016, doi: https://doi.org/10.17957/TPMJ/16.3539.

57. V. V. Badwe and S. N. Jaiswal, "Importance of Yoga And Meditation in The Treatment And Rehabilitation Of Drug Addicts," *Multi-Disciplinary J.*, vol. I, no. II, pp. 1–6, 2021, [Online]. Available: http://www.localhost:8080/xmlui/handle/123456789/10010.

58. Ikeda *et al.*, "Required research activities to overcome addiction problems in Japan," *Taiwan. J. Psychiatry*, vol. 35, no. 1, pp. 6–11, 2021, doi: https://doi.org/10.4103/TPSY.TPSY_1_22.

59. Cambridge, *"Seeking peace of mind" – understanding desistance as a journey into recovery and out of chaos*. Cambridge: University College Cork Discipline of Criminology, 2019.

60. M. Francis *et al.*, "The prevalence of religiosity and association between religiosity and alcohol use, other drug use, and risky sexual behaviours among grade 8–10 learners in Western Cape, South Africa," *PLoS One*, vol. 14, no. 2, 2019, doi: https://doi.org/10.1371/journal.pone.0211322.

61. R. Kumar and V. Mittal, "Drug Rehabilitation Decision impacted by Social Marketing Campaign," *Dogo Rangsang Res. J.*, vol. 10, no. 07, pp. 293–250, 2020, [Online]. Available: http://drsrjournal.com/no_1_july_20/22.pdf?i=1.

62. S. De Costa, "Drug Rehabilitation: Is it effective in decreasing the drug epidemic on Long Island, New York," *Sel. Full-Text Master Theses Collect.*, vol. 6, pp. 1–89, 2019, [Online]. Available: https://digitalcommons.liu.edu/post_under_theses.

63. Sari, Ramadania, and W. Pebrianti, "Social Marketing Campaign for Drug Rehabilitation Decision," in *The 2018 International Conference of Organizational Innovation*, 2018, pp. 779–789, doi: https://doi.org/10.18502/kss.v3i10.3423.

64. N. H.. Muhammad, S. H.. Omar, A.. Thoalim, and N. Mohamad, "Prevention of Addiction Based on Islamic Ways," *Int. J. Acad. Res. Bus. Soc. Sci.*, vol. 9, no. 2, pp. 865–875, 2019, doi: https://doi.org/10.6007/IJARBSS/v9-i2/5621.

65. P. Motlagh, Z. Nikmanesh, E. Liaghat, and M. Hematian, "The role of spirituality in feelings of suffering and quality of life in self-introduced addicts," *J Res. Heal.*, vol. 9, no. 2, pp. 111–1, 2019, [Online]. Available: http://jrh.gmu.ac.ir/browse.php?a_code=A-10-629-1&slc_lang=en&sid=1.

66. Vaezi and M. Falahikoskab, "Spiritual Coping against the Desire of Re-using Drug," *J. Qual. Res. Heal. Sci.*, vol. 6, no. 4, pp. 449–460, 2017, http://www.jqr1.kmu.ac.ir/article_91109.html.

67. D. Gutierrez, "Spiritus contra spiritum: Addiction, hope, and the search for meaning," *Spiritual. Clin. Pract.*, vol. 6, no. 4, pp. 229–239, 2019, doi: https://doi.org/10.1037/scp0000201.

68. A. Muhamad *et al.*, "Determining the Effects of Psychosocial and Spiritual Support Among Patients With Substance Abuse: A Scoping Review," *Glob. J. Health Sci.*, vol. 12, no. 7, pp. 48–63, 2020, doi: https://doi.org/10.5539/gjhs.v12n7p48.

69. Damari, A. Hajebi, J. Bolhari, and A. Heidari, "Developing a Training Course for Spiritual Counselors in Health Care: Evidence from Iran," *Indian J. Palliat. Care*, vol. 24, no. 2, pp. 145–149, 2018, doi: https://doi.org/10.4103/IJPC.IJPC_207_17.

70. A. Arshad, M. S. Shabbir, A. Mahmood, S. Khan, and M. A. B. Ali Sulaiman, "An exploration of IQ, EQ, spiritual quotient (SQ) elements in the human reengineering program (HRP) practices: A study on the drug rehabilitation Centre in Malaysia," *J. Hum. Sport Exerc.*, vol. 15, no. 2, pp. S417–S428, 2020, doi: https://doi.org/10.14198/jhse.2020.15.Proc2.32.

71. M. R. M. Hechanova *et al.*, "The Development of a Community-Based Drug Intervention for Filipino Drug," *J. Pacific Rim Psychol.*, vol. 12, no. 12, pp. 1–10, 2018, doi: https://doi.org/10.1017/prp.2017.23.

72. H. Y. Chan, T. W. Lo, C. H. L. Tam, and G. K. W. Lee, "Intrinsic Motivation and Psychological Connectedness to Drug Abuse and Rehabilitation: The Perspective of Self-Determination," *Int. J. Environ. Res. Public Heal.*, vol. 16, no. 11, pp. 1–17, 2019, doi: https://doi.org/10.3390/ijerph16111934.