










# The Effectiveness of a Drug Abuse Prevention Module Based on Self-Assertiveness, Spirituality and Belief in the Detriments of Drug Abuse (MPDASK)

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## Abstract

A study on the effectiveness of a spirituality-based drug and substance abuse prevention module was carried out by researchers on youth living in a high-risk area in the north of Peninsular Malaysia. The study was done to investigate the effectiveness of the spiritual drug abuse prevention module based on (1) self-assertiveness, (2) spirituality, and (3) their belief concerning substance and drug abuse. The study sample was divided into an experimental and control group for the pre and post stages. This study used a quasi-experimental design involving two youth groups from different zones, each consisting of 33 people (experimental and control groups). A psychoeducational intervention of seven meeting sessions was carried out on the experimental group, while the control group was not given any intervention. The results of the pre-and post-test comparison showed that there was a significant increase in the mean value of self-assertiveness (mean value from pre-test 99.45 to 106.42 post-test), spirituality (mean value from pre-test 172.24 to 188.12 post-test) and beliefs about drug abuse (mean value from pre-test 28.91 to 41.48 post-test) for the experimental group that went through the intervention given by the trained facilitator using this spirituality module. The mean results of the control group showed no mean increase for the three variables studied. In conclusion, the spiritual module for preventing drug abuse can help the youth from being involved in substance and drug abuse and enjoy a more positive life.

## INTRODUCTION

On February 19, 1983, in connection with the observance of National Anti-Drug Day, Tun Dr. Mahathir Mohamad, the former prime minister of Malaysia, declared drugs to be the nation's number one enemy. The government has discovered that the drug problem is no longer just a social problem; they have begun considering it a threat to national security. The National Drug Policy was established in 2004 in response to growing public awareness of the risks posed by drugs to become Malaysia drug-free by 2015 to protect social cohesion, preserve national

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stability, and foster resilience. However, eight years past 2015, the problem of drug abuse still threatens the country, and the government is still working hard to combat this problem.

United Nations Office on Drugs and Crime (UNODC, 2020) reported on global drug statistics that as of 2017, 271 million people, or 5.5% of the world's population between the ages of 15 and 64, engaged in drug abuse. Meanwhile, National Anti-Drug Agency (AADK) stated statistics on drug abuse in Malaysia, and there was an increase in cases in 2019 compared to 2018, totaling 26,080 (National Anti-Drug Agency, 2020). The government has spent much money to combat the drug problem in Malaysia. The population of youth is a workforce that the country desperately needs. The impact of the increased involvement of youth with drugs has led to criminal behaviors and increased police surveillance costs, healthcare costs, and welfare costs for addicts. In the long term, it also profoundly affected the national economy.

The government has implemented various drug prevention programs, such as the *Perangi Dadah Habis-habisan* (or End the Drug War) (PDH) initiative, to reduce the number of drug abuse cases in high-risk areas. According to Drug Information (National Anti-Drug Agency, 2020), nine prevention programs have been done throughout 2018 and 2019. In addition, rehabilitation programs using psychospiritual approaches have been widely implemented, such as the *Program Kerohanian dan Keagamaan* (or Spiritual and Religious Program) at Caring Community House (CCH), *Rawatan Inabah* (or Inabah Treatment), *Program Rakan Setia Masjid* (or Loyal Friends of the Mosque Program), *Rakan Setia Komuniti* (or Loyal Friends of the Community), and the *Islah Rejama Permata Dunia* Program (or *Islah Rejama* World Jewel Program) (Wazir et al., 2019). This treatment program using the psychospiritual approach has positively affected former drug addicts (Hamimah et al., 2011; Izwan & Azhar, 2015). However, prevention programs that adopt this psychospiritual approach are limited (Wazir et al., 2019). Few studies have focused on applying spiritual values in drug prevention programs (Wazir et al., 2020). Existing prevention programs carried out by the National Anti-Drug Agency (AADK) are often general and do not focus on psychospiritual elements such as the *Program Intelek Asuhan Rohani* (or Intellectual Spiritual Nurturing Program) (PINTAR), the *Program Sifar Dadah Sekolah Rendah* (or Primary School Drug Zero Program) (PROSIDAR) *Sayangi Hidup Elak Derita Selamanya* (or Love Life Avoid Suffering Forever) (SHIELDS) and Tomorrow Leader (National Anti-Drug Agency, 2020). Instead, these prevention programs only focus on student awareness about drugs (Walid et al., 2021). Therefore, the researchers of this study identified the need to build a prevention module by using elements of spirituality and self-assertiveness and evaluate its effectiveness.

## Problem Statement

From 2016 to 2019, AADK (2019) reported increased drug abuse cases among youth under 18. This situation is a significant concern as it will negatively impact the country. Statistics by AADK (2020) also showed that relapse cases in drug abuse have increased for three consecutive years from 2017 to 2019. This increase in drug addiction relapse demonstrates that individuals involved in drug addiction will have difficulty achieving full recovery.

Some literature has stated that resources on prevention based on psychospiritual, or spiritual approaches are limited (Wazir et al., 2020). Therefore, by conducting this research, researchers can contribute to developing new knowledge about prevention. A critical analysis and comparison of pre-and post-test results in control and experimental groups can be reported through this research to determine the effectiveness of spirituality-based prevention modules for substance abuse.

The awareness of drug abuse is a concept pioneered by Bryan (2000) through knowledge, attitudes, and beliefs about the symptoms of drug abuse. According to Bryan (2000), community awareness of the dangers of drug abuse is essential to ensure that the government's policies can be followed and implemented. In general, there is a need to develop public

awareness to receive knowledge related to drug abuse. Therefore, in this study, awareness of the belief regarding the detriments of drug abuse will be examined as a crucial element for prevention. From the discussion above, the psychological value of drug awareness, self-assertiveness, and locus of control is seen as valuable in helping the youth to face the risk of negative influence from their peers. Nevertheless, the potential of spiritual value as a protective factor for an individual has received less attention in research on prevention programs. Based on this study gap, the researchers built a prevention module based on psychospirituality by combining psychological and spiritual values.

## Literature Review

### ***Spiritual Approach***

Wazir et al. (2020) stated that a form of spiritual therapy based on Islamic principles and drawn from divine sources is known as Islamic psychospiritual therapy. According to (Rahman et al., 2022), the essence of Islamic spirituality is the awareness of monotheism (Allah being the One God). According to al-Ghazali (Yatimah & Ninggal, 2008), the spirituality of a Muslim can be formed through four components: belief, worship, purification from the nature of *mazmumah*, and completing oneself with the nature of *mahmudah*.

Various research on the spiritual approach has been conducted in Malaysia and abroad because spirituality is seen as a value that can help humans distinguish between good and terrible things and control themselves not to do things forbidden in religion. According to (Az-Zahrani, 2005), treatment and training based on psychospirituality are necessary because restoring the stability of the soul strengthens the heart and the spiritual aspect of an individual. In a study conducted by Noor, (2012), the basis of al-Ghazali's theory was used in constructing the "*Tazkiyah An-Nafs*" Guidance Module aimed at teenagers to test the variables of religiosity and resilience. Another study conducted by (Abdullah, 2014) also used al-Ghazali's model as a backup in constructing a guidance module for university students to overcome anxiety problems.

Drug prevention has been placed as the core of the country's drug policy as it relates to its effectiveness and importance (Wazir et al., 2020). As is well known, prevention is better than cure. Preventing drug abuse through Islamic psychospiritual approaches effectively returns people to their nature as servants of God (Jailani & Osman, 2015). The Islamic psychospiritual approach can be a therapy to treat mental illness, fill the void in oneself, strengthen one's identity, and build good character (Wazir et al., 2019). All these things are seen to form a strong drug prevention strategy. One famous Islamic scholar and figure is Imam al-Ghazali. His prominence in the world of science and his expertise in Sufism, recognized by the Islamic world, are among the reasons his work was selected for discussion (Wazir et al., 2020).

### ***Belief in the Detriments of Drug Abuse***

According to Marican (2005), awareness is sensitivity to things, events, objects, treatments, and their effects on individuals. Hoey (2014) defines awareness as knowledge or understanding of a matter, issue, or situation. Humans can see things or situations around them. In this research, awareness is focused on human understanding of the knowledge of drug abuse among youth. Awareness is a person's level of knowledge about something happening around them (Azhar, 2004). Hence, awareness of drug abuse among youth is vital to prevent them from getting involved in drug addiction.

Siddiqui & Salim (2016) conducted a study involving youth that showed a positive correlation between substance abuse awareness and their attitudes toward drugs. In this study, a sample involving 1,100 high school students was randomly selected to examine their level of substance abuse awareness. The study revealed that students' awareness level was different according to age. This means that older students had better awareness than their younger

counterparts. A total of 82.4% of students had sufficient awareness of substance abuse. There was also a significant relationship between awareness and age, year of study, subject, and Saudi citizenship status. The study also found a strong correlation between awareness and parental education, family income, and the status of cohabitating parents.

However, the study conducted by Ahmad et al. (2015) showed different research findings. The study was conducted in Kashmir to study the awareness about drug addiction by involving as many as 400 youths among the student population. Most youths in Kashmir were found to be attracted to drugs as others easily influenced them and began taking drugs or smoking regularly before the age of 18 years. The study found that the respondents did not have a good awareness of drug addiction. This is because most respondents did not control their drug use and considered illegal drug use as everyday drug use. This shows that awareness about drugs is essential to prevent someone from getting involved in drug addiction. To gain awareness about drugs, an individual must have the proper knowledge.

### Research Objectives and Hypotheses

The study examined the effectiveness of the Substance Abuse Prevention Module (*Modul Pencegahan Dadah, Asertif Kendiri, Spiritual, dan Kerpercayaan* or MPDASK) based on the variables of Spirituality, Belief, and Self-Assertiveness for youth in at-risk areas based on spirituality, belief, and self-assertiveness. This included: (1) To examine the effects of the MPDASK drug abuse prevention module on spirituality among the experimental and control groups at the pre-and post-levels, (2) To examine the effects of the MPDASK drug abuse prevention module on self-assertiveness among the experimental and control groups at the pre-and post-levels, and (3) To examine the effect of the MPDASK drug abuse prevention module on beliefs about drug abuse among the experimental and control groups at the pre-and post-levels. The following are the research hypotheses (1)  $H_o^1$ : There was no significant difference in self-assertiveness between the experimental group and control group at the pre-and post-stage after the experimental group went through the MPDASK module, (2)  $H_o^2$ : There was no significant difference in spirituality between the experimental group and control group at the pre-and post-stage after the experimental group went through the MPDASK module, and (3)  $H_o^3$ : There was no significant difference in belief between the experimental group and control group at the pre-and post-stage after the experimental group went through the MPDASK module.

## METHODS

### Research Design

This experimental study aimed to examine the effects of the researcher's spirituality module on the study sample. Creswell (2015) defines experimental research as a study to test an idea, procedure, or practice to see if it affects the tested variable. According to Sidek (2002), a design study of 64 experiments was conducted to identify cause and effect with a group with intervention and compare the results with a control group without intervention.

Shaughnessy et al. (2012) stated that the strength of experimental research is that this method is highly effective in showing cause-and-effect relationships. Experiments also allow the researcher to decide whether the intervention or treatment can change the studied behavior. Chua (2013) stated that the experimental research design is designed to evaluate the effectiveness of a program by emphasizing the comparison between two or more sets of data. The experimental design gives the researcher confidence that the study's observations result from the program's influence. According to Creswell (2015) experimental studies that compare sample groups are divided into pure experiments, quasi-experiments, and factorial designs.

The true experimental study is the strongest in examining an intervention's effectiveness as it involves an entirely random sample. Meanwhile, a quasi-experimental study is a study that



obtains a sample without using a completely random sampling method. According to Creswell (2015), quasi-experimental research methods are widely implemented in studies with the challenge of obtaining random samples. Thus, due to limitations in obtaining samples from the entire population in Malaysia, a quasi-experimental research method was chosen to study the effectiveness of this drug prevention module.

The quasi-experimental study method is often considered like the pure experimental study as it involves two different sample groups, namely the control group and the experimental group, and subsequently, these two groups will undergo a pre-test and a post-test. The difference between a quasi-experiment and a pure experimental study is the technique in sample selection, as this study did not involve a completely random selection of respondents (Frankle & Wallen, 2009). This approach is frequently utilized in studies examining a teaching strategy, module, or program's efficacy in various contexts where the pure experimental approach is impractical, particularly in real-world settings (Newman, 1991; Omar, 2008; Gribbons & Herman, 2011; Chua, 2013).

However, Creswell (2015) stated that quasi-experimental studies have several threats that may affect the study's findings. Among the threats are history, maturity, regression, selection of study respondents, mortality, and interaction with the selection of study respondents.

### **Sample and Research Location**

This study is an experimental study that involved 33 people selected to be members of the experimental group and another 33 people in the control group. This study was conducted in a hot spot in a state north of Peninsular Malaysia. This area is one of the areas identified by the AADK as a place with drug abuse problems. The following are the steps carried out by the researcher in sample selection: (1) The researcher contacted the *Majlis Belia Daerah* (the District Youth Council) to obtain a list of youth associations registered under the council, (2) For sample selection for the experimental group, all members from the youth association were given questions for the pre-test in a form. These pre-test questions involved three measurement tools selected to measure the module's effectiveness, (3) The researcher selected a sample with a medium or low mean score in the pre-test to be used as a sample for the experimental group, and (4) The researcher chose a sample with a low mean score for the pre-test as they wanted to see the module's effectiveness after the module was run.

### **Data collection**

The following are the steps in collecting data during the pre and post-test stages of the experiment: (1) After obtaining approval, the researcher sent the informed consent form and the pre-test instrument for the respondents to fill out, (2) This pre-test was implemented to identify samples with medium or low mean scores for the three dependent variables, (3) The researcher selected 66 respondents with low scores and divided them into experimental and control groups, (4) After determining the respondents for the experimental group, the researcher appointed four facilitators as module implementers, (5) The researcher trained these facilitators to understand the module's objectives and how to implement the module. Then, the facilitator implemented the module in the experimental group, and (6) After completing the module's implementation, the researcher distributed the instrument again as a post-test to be filled out.

### **Data analysis**

The data for this study were analyzed using Statistical Programme for the Social Sciences (SPSS) Version 23 software. The data analysis for each objective is shown in Table 1. The researcher used t-test analysis to examine the effects before and after the module was carried out on the dependent variables of spirituality, beliefs about drugs, and self-assertiveness by comparing the effects of the module on the experimental group with the treatment group at the

pre and post stage. According to Saad et al. (2018), the t-test is used to identify the significance level of an experiment. The t-test is a statistical analysis to determine the increase or decrease after the learning process (Hashim, 2015). To evaluate the difference in the pre-test results for the control and treatment groups, the researcher used the independent sample t-test to determine whether there was a difference in the test for the two classes. Meanwhile, according to Pallant (2011), the Shapiro-Wilk method is suitable for analyzing a small sample that is less than one hundred (100). For the independent sample T-test, a p-value of  $0.000 < 0.05$  was used to see the difference in the pre-test results for the control and treatment groups.

## RESULTS AND DISCUSSION

### Results

The subject's characteristics included age, weight (BW), height, and BMI, as indicated in Table 1. The results of the independent sample t-test analysis ( $p < .05$ ) show that there was no difference ( $p > .05$ ) in terms of age ( $p = 1.00$ ), BW ( $p = .98$ ), height ( $p = .75$ ), and BMI between groups control and trial ( $p = .94$ ). These findings show that there is no difference in the characteristics of each research subject between the control and trial groups; thus, the two groups can be compared because they have similar characteristics or homogeneous. The table below shows the pre-and post-test results between the control and experiment groups. The results indicate the effectiveness of the prevention module after being tested on 66 respondents divided into experiment and control groups.

### *Effects on Spirituality for Experimental and Control Group*

Based on Table 2. above, the t-value for the experimental group was  $-3.686$  ( $p = .01 < .05$ ). The t-value for the control group was  $-3.848$  ( $p = .387 > .05$ ). Therefore, the null hypothesis was rejected. This means there was a difference between the experimental group before and after going through the MPDASK module in terms of spirituality because there was an increase in the mean value at the pre-and post-stage of this group (Pre-test = 172.24, Post-test = 188.12). The result of the experimental group is contradicted with the control group because the results for the control group show there is no difference between the control group before and after going through the MPDASK module in spirituality, as there was a decrease in the mean value in the pre-and post-stages of this group (Pre-test = 179.85, Post-test = 176.12). In terms of between group post-test for the experiment and control group, the mean for the experimental group is higher than the control group (experiment group = 188.12, control group = 176.12).

### *Effects on Self-Assertion for Experimental and Control Group*

Based on Table 2 above, the t-value for the experimental group was  $-2.143$  ( $p = .040 < .05$ ). Therefore, the null hypothesis was accepted. The t-value for the control group was  $-.580$  ( $p = .566 > .05$ ). Therefore, the null hypothesis was accepted. This means that there was a difference between the experimental group before and after going through the MPDASK module in terms of self-assertiveness because there was an increase in the mean value at the

Tabel 1. Data Analysis Method Based on Research Objective and Measurement Used

No	Objective	Data Analysis	Measurement
1	To study the effectiveness of spiritual variables.	T-Test	Muslim Spiritual Quotient Inventory (MSQI)
2	To study the effectiveness of self-assertion variables.	T-Test	Rathus Assertiveness Schedule (RAS)
3	To study the effectiveness of beliefs on the detriments of drug abuse variables.	T-Test	ACREDA Awareness Scale

Table 2. Pre and Post-Test Results Between Control and Experimental Group for All Variables

Variable	Group	M	SD	t	df	p
Spirituality	Experiment					
	Pre-test (n = 33)	172.24	25.520			
	Post-test (n = 33)	188.12	6.014	-3.686	32	.001
	Control					
	Pre-test (n = 33)	176.00	21.832			
	Post-test (n = 33)	170.61	8.370	1.377	32	.178
Assertiveness	Experiment					
	Pre-test (n = 33)	99.48	7.608			
	Post-test (n = 33)	106.42	14.830	-2.143	32	.040
	Control					
	Pre-test (n = 33)	101.18	13.242			
	Post-test (n = 33)	100.76	12.124	.130	32	.897
Belief	Experiment					
	Pre-test (n = 33)	28.91	2.810			
	Post-test (n = 33)	32.91	1.926	-7.407	32	.000
	Control					
	Pre-test (n = 33)	30.18	3.186			
	Post-test (n = 33)	29.82	4.384	.344	32	.733

pre-and post-stage of this group (Pre-test = 99.48, Post-test = 106.42). However, this is different compared to the control group. For the control group result, there was a decrease between the control group pre and post-test regarding self-assertiveness (Pre-test = 12.83, Post-test = 101.18). In terms of between group post-test results, the experiment and control group, the mean for the experimental group is higher than the control group (experiment group = 106.42, control group = 101.18).

### Effects on Belief About Drug Abuse for Experimental and Control Group

Based on Table 2 above, the t-value for the experimental group was -9.769 ( $p = .000 < .05$ ). Therefore, the null hypothesis was rejected. The t-value for the control group was -14.213 ( $p = .000 < .05$ ). Therefore, the null hypothesis is rejected. This means that there was a difference between the experimental group before and after going through the MPDASK module in terms of beliefs about drug abuse because there was an increase in the mean value at the pre-and post-stage of this group (Pre-test = 28.91, Post-test = 41.48). There was a difference between mean results for the control group pre and post-test regarding beliefs about drug abuse because there was a decrease in the mean value at the pre-and post-stage of this group (Pre-test = 40.61, Post-test = 30.18). In terms of between the group post-test for the experiment and the control group, the mean for the experimental group is higher than the control group (experiment group = 41.48, control group = 30.18).

### Discussion

The tested MPDASK module positively impacted the experimental group regarding the pre-and post-study mean results. Improving the results of the three variables of spirituality, self-assertiveness, and beliefs about the detriments of drug abuse at the post-stage can help increase awareness and good coping skills to deal with drug abuse.

Following this, prior literature has shown a significant documented protective relationship between spirituality and substance dependence (Miller, 2007; Bonelli & Koenig, 2013). A study by Heinz et al. (2007) posits that religious/spiritual experiences facilitated the development of positive attitudes towards stressful situations and better coping without relapse. A standard definition of spirituality is a non-material element that helps individuals find

relationships and the meaning of life rather than just themselves. It can expand an individual's knowledge (information gained by methods other than the usual ones) and help individuals to develop compassion. This information can be obtained via devoted study of a particular religion, belief system, culture, value, and custom (Emmons, 2000). Daily spiritual experiences and a sense of purpose or meaning in life are related to alcohol abstinence at six months and involvement in Alcoholics Anonymous (Robinson et al., 2007). This finding implies that spirituality and religion can influence the success of alcoholism therapy (Robinson et al., 2011).

Substance use disorder and spirituality have coexisted in society for millennia (Crocq, 2007). Different types of drugs have been used to induce trance. A study by Shamsalina et al. (2014) stated that spiritual-based psychotherapy plays a crucial role in the onset and maintenance of recovery for Muslims. Spiritual activities, including prayers, *zikr*, *Halaqah*, *selawat*, *Mathurat*, and others, are considered elements of mind, body, and soul in developing the approach and technique for rehabilitating the patient (Arshad et al., 2020). Based on Jailani & Osman (2015), preventing drug abuse through Islamic psychospiritual or spiritual approaches effectively returns humans to their nature as servants of God.

In a more comprehensive understanding, spirituality is not only in the aspect of belief but is closely related to actions based on belief (Reese, 1997). Therefore, spirituality is not only seen as "discriminative stimuli" but also as "reinforcing stimuli" (Reese, 1997). Spirituality is not limited to individual appreciation but is formed and rooted in the community. Therefore, developing a supportive community is closely related to this spirituality (Chile & Simpson, 2004). Based on these considerations, in this module, spirituality is practiced not merely as a dogma but as a value system that must be practiced. The modules are arranged according to the personal assets of spirituality, namely self-knowledge. This is presented through an activity entitled "Who am I?" and "Meaning of Life." This activity intends to recognize oneself as an essential part of life. Knowing the core self is vital for achieving other objectives, namely understanding, setting life goals, listing steps to achieve life goals, and reflecting on what has been achieved in life, whether it is following the goals set or not.

Moving on from the spiritual concept in the personal aspect, the module also reviews how these spiritual values must be brought into community life. Moving on from the spiritual concept in the personal aspect, this module also reviews how these spiritual values need to be brought into aspects of people's lives. Spirituality in this aspect of community life means that spirituality needs to be applied in social life to help oneself and others to develop their full potential (McDonald, 2012). This module builds the interaction between personal spirituality and community life into activities focusing on friendly interactions. The activities in the module related to the topic are activities with the theme "Friends are a reflection of yourself," "Which one is good, which one is bad?", "Increase positive behavior" and "Reduce negative behavior."

The objective of this activity is the importance of choosing friends and how friends influence us in our lives. In addition, another goal of this activity is to identify various positive behaviors that have been and want to be improved, and vice versa. All these spiritual activities are presented with active and reflective activities. This means that the activities carried out in the module are accompanied by various simulations and active activities between participants, ending with a reflection on strengthening each value.

Meanwhile, Horan et al. (1975) examined the relationship between self-assertiveness and drug use among university students. The study's results found that students involved in drug abuse had lower self-assertiveness scores than students who did not use drugs. Beliefs about the harms of drug abuse are essential to increase awareness. Bryan (2000) explained the concept of drug awareness, which is knowledge, attitude, and belief toward drug abuse. According to Chakravarthy et al. (2013), the awareness of the dangers of drugs is seen as a crucial element in prevention.



In the study conducted by [Omura et al. \(2017\)](#) assertiveness training to strengthen the skill of "saying no" is a systematic intervention method where students are taught the correct social behavior to express their feelings, attitudes, desires, views, and interests so that they can express ideas, beliefs, feelings, and emotions quickly and without fear and anxiety.

An experimental study conducted by [Ganji et al. \(2022\)](#) found that before the assertive training program began, the mean for drug use propensity score was not significantly different between the intervention and control groups, and both groups had similar scores. Nevertheless, after the intervention group completed the intervention process, the likelihood of using any substance was significantly lower for the intervention group than the control group following the assertiveness training, which was conducted over eight-hour sessions. This shows the positive efficacy of the assertiveness training program in reducing the tendency to use drugs.

Assertiveness is not only in the cognitive aspect of understanding but also a skill that needs to be mastered. Based on this understanding, in this module, the assertiveness activities are titled "Assertive not harsh" and "Cut and Action." One thing that is focused on is the "Cut and Action" section, where participants make a role-playing and simulation to be assertive in various situations provided. Simulation and role-playing have been widely implemented in various settings to increase assertiveness ([Temple & Robson, 2003](#); [Semple et al., 2011](#); [Ganji et al., 2022](#); [Maulinsari & Purnama, 2022](#)). This finding is also consistent with a study conducted by [Muomah et al. \(2020\)](#), which compared the assertiveness and self-esteem of individuals in drug addiction treatment facilities with those of non-users. The study showed a statistically significant difference in variables between the two groups. Drug addicts demonstrated lower levels of self-esteem and self-assertiveness than the control group.

In discussing the aspect of belief in the detriments of drug use, The Theory of Planned Behaviour (TPB) introduced by [Ajzen \(1991\)](#) was instrumental and coincided with studying these issues. This model assumes that an individual's perceived need is a component of the intention to seek treatment and that specific acts (such as seeking or utilizing treatment) are preceded and predicted by that person's intention ([Ajzen, 2001](#); [Ajzen, 2002](#)). Three diverse types of beliefs include attitudes and beliefs about the behavior and its effects, beliefs about the social norms associated with the behavior (perceived norms), and beliefs about the person's capacity to engage in the behavior and his control over the behavior (perceived control)—are also present before the intention. In addition, a study by [Palamar \(2013\)](#) found that beliefs and opinions guided by incorrect information can harm drug users.

Belief protects both women and men against substance abuse. The finding of this study about the element of belief is consistent with the health belief model, which proposes that individuals are most likely to take preventative action if they perceive the threat of a health risk to be serious if they feel they are personally susceptible and if there are fewer costs than benefits to engaging in it ([Rosenstock et al., 1988](#)). Individual attitudes about health conditions, which influence individual health-related behaviors, are a crucial focus of the Health Belief Model. According to the model, an individual's perceived susceptibility to illness or disease (perceived susceptibility), belief in the severity of consequences (perceived severity), potential benefits of action (perceived benefits), perceived barriers to action, exposure to factors that prompt action (cues to action), and self-efficacy are the key factors that influence health behaviors.

In contrast to the Health Belief Model, according to a 2011 study by the National Centre on Addiction and Substance Abuse in the United States, adults who do not place a high value on their religious belief are more than three times as likely to binge drink and are nearly four times as likely to use illegal drugs. The survey also discovered that those who never attend religious services are more than five times as likely to use illicit drugs and are nearly seven times as likely to binge drink compared to those who do so at least once a week. According to the study, "religion and spirituality can play a powerful role in the prevention and treatment of disease," and "people with strong religious or spiritual beliefs are healthier, heal faster, and live

longer than those without them." (National Center on Addiction and Substance Abuse, 2011). The study emphasized religious belief rather than the personal belief of drug abusers toward drug addiction.

### Limitations and Future Directions

This study was only done in a hot zone location identified by AADK, not the entire hot zone listed. This study was only conducted briefly on youth from the experimental group and did not look at the long-term effects. Therefore, the researchers will conduct another experiment and see the long-term effects of 3 to 6 months after going through the MPDASK module.

### CONCLUSION

This study can help academics, government agencies, and community leaders to identify the extent to which the effectiveness of this spiritual prevention program can increase spiritual values, beliefs on the detriments of drug abuse, as well as individual self-assertiveness to reduce drug abuse cases in Malaysia. This study can also contribute to the field of science to show how spiritual elements play a significant role in being a shield in preventing the youth from substance and drug abuse. The three elements (self-assertion, spirituality, and belief in the detriments of drug abuse) help prevent substance abuse among youth who go through the MPDASK module.

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