

The Contribution of Anharul-U-Loom in Overcoming The Problem of Drug Addicts in Klong Kam, Krabi, Thailand

Abdulloh Salaehⁱ, Adnan Mohamed Yusoffⁱⁱ, Shumsudin Yabiⁱⁱⁱ,
Mohd Zohdi Mohd Amin^{iv}, Norhasnira Ibrahim^v, Syed
Najihuddin Syed Hassan^{vi}

ⁱⁱProfessor, Faculty of Quranic & Sunnah Studies, Universiti Sains Islam Malaysia (USIM),
ⁱⁱⁱ & ^vSenior Lecturers, Faculty of Quranic & Sunnah Studies, Universiti Sains Islam Malaysia
(USIM), ^{iv}Associate Professor, Faculty of Quranic & Sunnah Studies, Universiti Sains Islam
Malaysia (USIM), ^{vi}Associate Professor, Faculty of Quranic & Sunnah Studies, Universiti Sains
Islam Malaysia (USIM)

Corresponding Author Email: syednajihuddin@usim.edu.my

To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v14-i4/21263>

DOI:10.6007/IJARBSS/v14-i4/21263

Published Date: 26 April 2024

Abstract

Drug addiction has evolved into a global issue that must be effectively addressed. Government and non-government organizations have built a number of institutions to assist drug addicts in recovering control of their lives. This study aimed to analysed the contribution of Anharul-U-Loom in overcoming the problem of drug addicts in Klong Kam, Krabi, Thailand. The Anharul-U-Loom centre is located on an island in the Khlonpraksung, Municipality City, Sub-district, Krabi Province in southern Thailand. The main objective of this study was to identify the success of Anharul-U-Loom in overcoming and treating 90 % of drug addicts who have the potential to recover. This study used a mixed methodology approach and various methods for data collection, such as a planning on the subjects, personal interviews, and questionnaires. The results of the study found that the drug rehabilitation centre in Anharul-U-Loom managed to treat drug addicts due to several factors, including educational procedures and others. The success of the treatment at this centre has attracted the attention of drug addicts, both Muslims and non-Muslims, to register at and seek help from the center. Studies on rehabilitation methods at this drug rehabilitation center should be expanded to other facilities so that more methods can be learned and applied.

Keywords: Anharul-U-Loom, Drug Addicts Therapy, Drug Rehabilitation Center, Klong Kam Krabi.

Introduction

Drug abuse remains as one of the most damaging things that could ever happen to a person, both socially and nationally. One of the key reasons for drug abuse is that the person suffers from emotional and mental disorders. Furthermore, peer pressure to try something new, such as drugs and narcotics, can easily influence one's attitude. As a result, the people around a person, particularly the family, play a significant role in persuading them to not experiment with illegal drugs. When a family disintegrates, and the parents stop caring about their child's existence, social problems arise.

In general, a teenager who abuses drugs does so to forget about their problems and relax mentally. The purpose of misusing drugs is to be able to provide a solution to their problems. As a result, their lives began to change, and their prospects for the future became bleak. If this issue is not resolved, it will have a significant impact on all groups, including the family, community, and country.

Currently, the government has taken steps by attempting to hold projects involving the government, the private sector, and residents. The government has urged all citizens to be vigilant and cautious in dealing with the drug problem. In addition, the government also encourages young drug addicts to abstain from and stop misusing drugs. In this case, the Thai government has enacted several policies. Among them is the illegal drug "Zero-Tolerance," which is the intolerance of manufacturers, distributors, and customers. The government has also imposed strict punishments for all drug-related offences, ranging from detention to execution (MacDonald & Nacapew, 2013).

The Office of Narcotics Control Board is the main defence that can solve Thailand's drug problems by implementing drug-related policies, especially the treatment for drug addicts. It is recognised as an essential step toward remedying Thailand's drug abuse problem. Moreover, before the announcement of Revolutionary Council No. 37 on December 9, 1958, the board conducted drug prevention. They strictly restricted the sale of opium and the smoking of cigarettes. On January 1, 1959, the Revolutionary Council directed the Ministries of Home Affairs and Health to establish hospital facilities and rehabilitation centres for the first time in Thailand to treat drug addicts.

Until then, the drug addiction treatment has become a form of care by assisting and developing drug abusers' ability in dealing with addiction. Currently, Thailand has three procedures in place to treat drug addicts. Among them is the voluntary system, which allows drug addicts who want to stop misusing drugs to do so voluntarily. They are given the option of receiving treatments in either public or private hospitals based on specific procedures. For drug cases and detainees, medical treatments must be sought following the scope of the law and the system (Compulsory System) established by the Rehabilitation Act of 1991. Then, to address the operational issue, it was renamed the Drug Addict Rehabilitation Act of 2002. According to the law, drug addicts must seek treatment at a specific location (Suwannanon, 2013).

The government intended to successfully combat drug abuse in 2003. The government also held a large-scale ceremony to commemorate the victory of the staff and the people working together. In 2004, the Committee and the Ministry of Health provided funding to successfully prevent drug use by the general public. In 2005, the responsible party was assigned a special task to revitalise the villagers' atmosphere and develop the youths in various ways. For example, residents can compete in football and other sports to keep them away from drug addicts, who are everywhere (From Thailand's health section.)

According to the findings of this study, religious studies institutions, such as Pondok are among the best places to rehabilitate drug addicts. The closer a person's relationship with his Creator, the calmer and better his morals will be. His soul will be able to overcome all of his life's problems that have previously dragged him into the environment of addiction. Therefore, the aims of this study were: To explain the syllabus used by Anharul-U-Loom in the process of curing drug addicts, to identify the approach used to treat them, and to review the perceptions of under treatment addicts in the implementation of methods, and systems as well as their adaptation to daily life in the centre.

Problem Statement

1. As an institution that offers curriculum, Islamic education, and religious treatment are up to a successful level.
2. Difficulty in obtaining information due to limited websites and strictly controlled treatment facilities.

Research Methodology

This study employed an inductive approach and analytical methods. The researcher applied a mixed-method approach. To collect data, the researcher conducted interviews with the selected respondents. Besides, the researcher distributed questionnaires to the trainees to delve deeper into some aspects of the study. The thematic analysis was performed on the interview data, while a descriptive analysis was performed based on the questionnaire data collected from the respondents.

The Establishment of Anharul-U-Loom Krabi

Pondok Institutions Anharul-U-Loom is located in Krabi Province's Khlonpraksung Subdistrict, Thailand. It is well-known in Southern Thailand as a drug rehabilitation centre. Students at this centre come from a range of backgrounds, including those from remote areas. In comparison to places established by the current government or other agencies, these institutions have alternative approaches to rehabilitation and treatment. As a result, the primary motivation for researching this institution is to disseminate its benefits to the entire community. However, what is more enthralling to the researchers is that Anharul-U-Loom has successfully transformed an addict into a teacher capable of curing other patients. As a consequence, they are former drug addicts who have been appreciated by the surrounding community for their transformation.

This institution was founded in 2002 by Abdulrazak Mustafa (อนูรัตน์กิ่งหลัก). He was born in Klomkam village and was the third child of his family. His early Islamic education was at Pondok Posan Islamic School Abdulaziz (2015) in Pattani, Thailand. Later, upon finishing his primary (*ibtida'i*) and secondary levels (*thanawi*) at this school, he continued his studies abroad at Al-Asyrafiah University (al-Jami'ah al-Asyrafiah) in Lahore, Pakistan. Then, after graduating from the university, he returned to his homeland and worked at the *tablighi* centre (تَبْلِيغِي). He served there for only three years. After gaining experience at the centre, he discussed with the villagers and his friends to establish a traditional Islamic learning centre. As a result of the discussion, he chose this place as his Islamic teaching centre even though some villagers disagreed with him at the beginning, but then the results turned out to be positive (Mustafa, 2014).

At the time of its establishment, this institution provided education in the same manner as other Islamic learning centres, with only 35 students. Reading traditional religious books,

such as *Muniyatul Musolli*, *Penawar Bagi Hati*, *Matn al-Ajrumiah*, and others was one of the lessons taught at the center. Soon after, he was assigned to a student who was involved with drugs or a drug addict. He accepted the student and was able to cure the addict for some time using the education, which was already part of the curriculum at his institution. After the student recovered, other parents came with their drug-addicted children and asked Mustafa for consent to have their children treated at Anharul-U-Loom. Since then, he began to reconsider his decision to directly accept drug addicts because no one else in the area provides such a service. He wonders who will treat the community's distrusted drug addicts if it is not his centre. He no longer accepts regular students because he has concentrated on treating drug addicts since then.



Primary Researcher at The Main Entrance of Anharul-U-Loom

The establishment of this centre began with the donations from the villagers and the parents of the students. Some parents contributed THB 100,000 (RM 13,500) up to THB 1,000,000 (RM 135,000) voluntarily. Moreover, some parents bear the construction costs, such as bags of cement, building bricks, and other construction materials. The centre also accepted funding from Kuwait and Saudi Arabia to assist in constructing a mosque, but the funds were only enough to build a small structure. Meanwhile, the number of drug addicts accepted by the centre increased to 1,200 between 2014 and 2017, making it nearly impossible to accommodate students in a small building for congregational prayers. The *masjid* (mosque) is used for learning al-Quran as well as other activities. At the moment, the place of prayer is on the ground floor of a four-storey building because it is wider and larger and can accommodate a larger number of students and teachers (Salaeh et al., 2017).



Researcher with Mudir and Some Trainers of Anharul-U-Loom

The primary goal of this institution is to teach drug addicts religious knowledge so that they might give hope to their parents and families. As such, they can be beneficial individuals to the society when they have fully recovered. The successful recovered students who have completed from this centre have become a public attraction, and these stories attract more addicts to come to this centre for treatment.

Entry Procedures and Training Set

The first step in enrolling into this centre is for the students to obtain a confirmation letter from the police in their local government. The students should not be infected with infectious diseases, must not violate government laws, and must obtain letters of assurance from doctors and community leaders. Before entering the centre, the students must also bring an identification card and a birth certificate as proof of identity. All students who check in at this centre must be accompanied by a guardian because the authorities will determine whether the student is allowed to stay or must return home by considering the nature of their problems. If the students are detected positive for drugs after urine screening then parents or guardians are not allowed to take their children home (Mustafa, 2014)

To begin, the administration of the centre will provide a special location with a special guardian to instruct the students to sleep and do nothing for approximately 2 weeks or more, depending on the condition of the students. The following week, students will be required to attend the Quranic class. The first stage of this class consists of three parts: Knowing the Arabic letters, reading the Holy Quran fluently, and learning tajwid. The process of reading the Holy Quran begins with memorising simple verses from the beginning, and some people memorise up to two pages. According to the information provided by the center, 15-30 students have successfully memorised 6 constituents in just 5 months.

The early stages of Arabic language learning begin with guiding them in remembering simple words in Arabic grammar, such as simple verbs like eating (أكل), drinking (شرب), sitting (جلس), and so on. In addition, the students learn grammar from classical grammar books, such as *Matn al-Ajurrumiyah*, which requires some memorization of its lines. They also learned simple morphology tenses of the Arabic language (علم الصرف) from *Matn al-Bina'* (متن البناء) and were asked to memorise simple forms. During this first stage, they also learn basic Arabic

conversation. The students will then progress to the highest level of learning once they have mastered the basic Arabic and start to read religious books (Ibrahim, 2014; Khauden, 2014).



Students listen to Islamic teachings and sermons



Students learn Quranic reading in class



Students learn classical Arabic books

Islamic Treatment Strategies At The Centre

Anharul-U-Loom's Islamic Education requires students to bathe or cleanse their bodies before midnight prayers at 4.20 a.m., and each student must be at the praying hall by 4.40 a.m. The students' attendance is recorded at 5.00 a.m., and all students must pray in a

congregation during the Fajr prayer at 5.30 a.m. Each learning class begins at 5.30 a.m. and ends at 6.30 a.m., during which they take a break and prepare for breakfast. Each student must enter the second session class between 7.50 a.m. and 10.35 a.m., and then between 10.40 a.m. and 11.50 a.m., students begin their midday nap (*qaylulah*) before noon. At around 12.20 p.m., each student must report to the praying hall and gather in preparation for the Zohr prayer.

After the Zohr prayer, Tuan Guru gives a religious talk, and after that the students eat lunch at around 2.00 p.m. All students must enter the third session class 10 minutes before 3.00 p.m. and the class is until 'Asr prayer time. Dinner is served to the students at 5:00 p.m., after which they are permitted to go out from the centre to purchase food under the supervision of their guardians. The students perform the Maghrib prayer together at 7 p.m. and study the religious book until the call to prayer. Finally, after performing the Isha' prayer at 9.30 p.m., each student must get ready to sleep. These descriptions depict the daily activities and student programmes at Anharul-U-loom (Ibrahim, 2014).

Findings

The researchers distributed a questionnaire among the students who answered voluntarily and sincerely to the questionnaire items. One hundred (100) sets of the questionnaire were then collected and analysed.

Demographics

By referring to the distributed questionnaires, there are 100 male addicts at this centre in terms of demographics. The respondents comprised of 85 Thai-Malay people and 15 non-Thai-Malay people. Two respondents were under the age of 15, 48 people between the ages of 15 and 20, and 32 respondents were between the ages of 21 and 30, and 11 respondents were between the ages of 31 and 60. In terms of educational level, 13 of them are from the primary school level, while the secondary school level category has 56 students, the undergraduate level has 13 students, and the postgraduate level has 8 students.

Factors Contributing to Drug Abuse

This study found that the respondents began to recognise drugs from a variety of sources. Fifty (50) respondents were influenced by television channels, while 35 respondents were influenced by the newspapers. The drug was introduced to 34 respondents who heard about it on the radio, and 36 respondents were impacted by it on social media. Besides, on an experimental basis, 50 respondents began to know drugs through friends. Some 90 respondents were also persuaded to try drugs by former drug addicts. The study also discovered that ten (10) respondents began using drugs as a result of family problems.

Addictive Substances

According to the responses, 38 respondents were addicted to alcoholic beverages. Fifty nine (59) respondents admitted to being addicted to cigarettes. Amphetamine addiction affected 69 respondents, while marijuana addiction affected 60. Thirty (30) respondents were addicted to heroin, 56 to kratom leaf water, and 7 to other substances.

Factor of Entanglement

As for the factor of entanglement, 43 respondents were persuaded by friends, 62 respondents got involved in drugs due to curiosity, 38 respondents had family problems, 4

respondents had a disease factor, 18 respondents imitated others, 26 respondents were provoked by friends, and 39 respondents lived near a drug source.

Initiatives to Reduce Drug Addiction

According to 77 respondents, on the item 'Adolescent drug abuse is on the rise', 14 disagree and the rest are undecided. Based on their opinion, the participants recommended the activities that follow to help reduce the current rate of drug abuse. Sports received 59 votes, while musical exercises obtained 37 votes. Among them, 49 stated that strengthening family ties could help, while 33 said that extra money jobs might support. Forty one (41) people voted for campaigns as a solution, while 15 voted for other alternatives.

Conclusion and Recommendation

Pondok Institutions Anharul-U-Loom has evolved into a centre for Islamic education and drug rehabilitation. In comparison to other treatment facilities, the effect of education combined with a special treatment at this centre has successfully cured approximately 75 % of the drug addicts. One of the goals of this centre is to be able to self-build former drug addicts into useful society members capable of adapting to normal lives after they leave the institution. In a significant manner, these people will spread love throughout the society, while also aiding other addicts to overcome their addiction. As a result, this is a huge success that cannot be replicated anywhere else.

The high demand for admission to this rehabilitation centre, which accepts male students of all faiths, Muslim or non-Muslim, demonstrates that this location has the potential to be developed on a large scale. This necessarily requires support from both the government and the private sector, whether in the form of funds, teachers, or employees. Until now, the funds received from guardians and the community at large have been insufficient to build an entire educational centre as well as treatment facilities that can accommodate such a large number of students.

In the future, the administrators of this centre intend to admit female students as well as build a new branch with the same function in another location, such as in Ligor (นครศรีธรรมราช). They also proposed constructing a new building to isolate the students undergoing treatment, as the current facility was insufficient. This proposed development is planned to be 1 km east of this centre. When this facility is completed, they intend to accept an extra 50 students, or even more (Mustafa, 2014).

Acknowledgement

This article represents several findings of the research that has been granted and funded by the Malaysian Ministry of Education Grant, known as the Fundamental Research Grant Scheme (FRGS), under the research code: USIM/FRGS/FPQS/055002/51017. The Malaysian Ministry of Education deserves special recognition for funding this research as well as providing encouragement and assistance in the effort to complete it.

References

- Abdulaziz, U. (2015). Biodata of the Founder of Anhar-U-Loom Institution. Interview. Krabi, Thailand.
- Ibrahim, I. (2014). Daily Activities and Students' Programmes at Anhar-U-Loom Institution. Interview. Krabi, Thailand.

- Ibrahim, I. (2014). Procedure of Learning at Anhar-U-Loom Institution. Interview. Krabi, Thailand.
- Khauden, D. (2014). Procedure of Learning at Anhar-U-Loom Institution. Interview. Krabi, Thailand.
- Macdonald, V., & Nacapew, S. (2013). Drug control and harm reduction in Thailand. *IDPC Briefing Paper*.
- Mustafa, A. (2014). Entry Procedure to Anhar-U-Loom Institution. Interview. Krabi, Thailand.
- Mustafa, A. (2014). Establishment and Founding Anhar-U-Loom Institution. Interview. Krabi, Thailand.
- Mustafa, A. (2014). Further Advancement of Anhar-U-Loom Institution. Interview. Krabi, Thailand.
- Salaeh, A., Amin, M. Z. M., Yahya, M., Yusoff, A. M., Musa, Z. I., Ibrahim, N., Hassan, S. N. S., Amat, R. A. M., & Kadir, K. A. (2021). *Kaedah Pemulihan Dadah Menggunakan Terapi Quran & Sunah di Anharul-U-Loom*. USIM Press.
- Suwannanon, A. (2013). Evaluation of Thailand's Drug Abuse Resistance Education Project (DARE) Provincial Police Region 1. *International Journal of Prevention and Treatment of Substance Use Disorders*, 1(1).