INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN BUSINESS & SOCIAL SCIENCES

Vol 15, Issue 11, (2025) E-ISSN: 2222-6990

Spirituality as a Protective Factor Against Substance Abuse in High-Risk Communities

Amin Al Haadi Shafie, Nur Faizah Abdul Kahar, Dini Farhana Baharudin, Nurhafizah Mohamad Yasin

Universiti Sains Islam Malaysia

DOI Link: http://dx.doi.org/10.6007/IJARBSS/v15-i11/26897

Published Date: 16 November 2025

Abstract

Substance abuse remains a critical public health concern both in Malaysia and globally, particularly in communities exposed to poverty, violence, and social disorganization. Despite these adverse conditions, many individuals exhibit resilience and avoid drug use, suggesting the presence of protective factors. One of the most influential protective factors identified in recent studies is spirituality. This article explores the role of spirituality as a protective factor that mitigates the risk of substance abuse, even within high-risk environments. Drawing on theoretical and empirical evidence, the discussion highlights how spirituality fosters meaning, moral regulation, community belonging, and coping strategies that collectively prevent substance misuse. Recognizing spirituality as a protective factor offers valuable insights for prevention and intervention programs aimed at reducing drug abuse in vulnerable populations. This study examines how spirituality serves as a protective factor that strengthens resilience and reduces vulnerability to drug abuse. The semi-structured interviews aims to explored youth experiences of spiritual coping and religious practices. Findings indicate that spirituality rooted strongly in Islamic faith promotes emotional regulation, enhances self-control, and increases social support from the religious community (ummah). Spiritual values and religious activities such as prayer, mosque involvement, and guidance from religious leaders contribute to resisting substance misuse. Implications emphasize the need for prevention programs incorporating faith-based components within Malaysia's cultural and religious context

Keywords: Spirituality, Substance Abuse, High-Risk Communities, Protective Factors, Resilience, Prevention

Introduction

Substance abuse continues to be a global public health concern, particularly in communities exposed high-risk environments which are characterized by poverty, crime, unemployment, and limited access to healthcare. These factors are seen to heighten individuals' exposure to stressors that often precipitate substance misuse (United Nations Office on Drugs and Crime [UNODC], 2022). The World Health Organization (2023) reports that over 296 million

individuals worldwide used drugs in 2021, with the highest prevalence found in economically disadvantaged and socially marginalized communities. However, not all individuals living under such conditions develop substance-related problems. Despite these environmental risks, some individuals demonstrate remarkable resilience against drug use and addiction. One of the most influential and the most consistent yet underexplored protective factors identified in recent studies is spirituality. Spirituality has been identified as a crucial psychological and social factor capable of protecting individuals from engaging in harmful behaviors such as drug abuse (Fallot & Heckman, 2019; Miller, 2013). This article explores how spirituality contributes to resilience and drug avoidance even when living in high-risk environments. Spirituality, although often overlapping with religion, refers more broadly to the search for meaning, purpose, self_control, moral grounding, and connectedness with something greater than oneself (Pargament, 2013), which collectively reduce the likelihood of engaging in substance misuse. Spirituality can provide individuals with moral guidance, emotional stability, and coping mechanisms that enable them to resist maladaptive behaviors such as drug use. This paper discusses how spirituality functions as a protective factor against substance abuse, particularly in high-risk communities.

In Malaysia, drug abuse remains a pressing issue. According to the National Anti-Drug Agency (AADK), 145,526 individuals were reported as drug users and addicts in 2023, representing a 32.5% increase from the previous year. By 2024, this number rose to 192,857, with 61% of cases involving youth aged 15–39 (Channel News Asia, 2025). Certain states, including Kelantan, Terengganu, Perlis, and Kedah, have been classified as “hot zones,” with rates exceeding 900 users per 100,000 population (Channel News Asia, 2025). Despite living in these high-risk areas, some youth remain drug free, suggesting the presence of protective and spiritual factors embedded within families, peer networks, and community practices. Understanding these factors is crucial to developing culturally relevant psychospiritual interventions tailored to Malaysia’s unique social and environmental context.

The motivation for this study stems from the observation that not all individuals living in such environments succumb to substance abuse. Many demonstrate resilience, underpinned by internal protective factors such as spirituality, strong moral values, and self- control, as well as external supports like family and peer influence. However, there is a noticeable gap in literature focusing on how these protective factors operate within drug-free communities located in high risk areas. This study addresses that gap by exploring how spiritual practices and values function as shields against drug abuse. By examining the lived experiences of youth and insight from religious leaders, it offers nuanced understanding of resilience through a psychospiritual lens. The findings contribute to existing knowledge by offering an alternative, preventive approach that emphasizes internal strength and spiritual awareness as key buffers against substance abuse.

Problem Statement

Malaysia continues to face concerning growth in drug abuse cases, particularly among adolescents and young adults living in high-risk communities where poverty, peer influence, and easy access to drugs exacerbate vulnerability. Although the government and various agencies have introduced numerous preventive programs emphasizing enforcement, health education, and awareness campaigns, these efforts often overlook the importance of spiritual resources that guide moral behavior and self-regulation.

In Malaysia's cultural context, especially within Muslim majority populations, spirituality plays a significant role in shaping values, coping strategies, and adherence to social norms. Yet, there remains a lack of empirical investigation into how spirituality protects individuals from drug involvement despite exposure to high-risk environments. Some youths in these communities remain resilient and drug free, suggesting that internal spiritual strength may function as a critical buffer against substance related risks. Therefore, a deeper understanding of spirituality as a protective factor is essential to enhance current prevention strategies and support more holistic, culturally aligned interventions in Malaysia's high-risk communities

Literature Review

Spirituality in High-Risk Contexts

In high-risk communities, where social and economic pressures are intense, spirituality becomes especially crucial. Studies among urban youth populations indicate that spirituality can moderate the effects of environmental stressors on substance use (Wills et al., 2003). For instance, adolescents in impoverished neighborhoods who report high spiritual well-being demonstrate significantly lower substance use than those with low spiritual engagement (Hardy et al., 2019). Spirituality, therefore, acts not only as a personal resource but also as a cultural shield that promotes collective resilience within marginalized groups.

Theoretical Framework: Spirituality and Resilience

The protective factor model of resilience (Rutter, 1987) posits that certain internal and external resources enable individuals to adapt successfully despite adversity. Spirituality aligns closely with this model, offering both internal resources (e.g., hope, meaning, self-control) and external supports (e.g., faith communities, shared values). Pargament's (1997) theory of religious coping further elucidates how spirituality shapes adaptive responses to stress. According to this framework, individuals who view stressful experiences through a spiritual lens often interpret them as opportunities for growth or divine purpose rather than sources of despair. This reappraisal fosters resilience, reduces psychological distress, and lessens reliance on substances as coping tools. Empirical research supports these theoretical foundations. Miller and Thoresen (2019) found that individuals reporting higher levels of spiritual involvement were significantly less likely to engage in substance abuse, even after controlling for socioeconomic and environmental factors. Similarly, Walker et al. (2021) reported that adolescents who regularly practiced spiritual behaviors, such as prayer and meditation, exhibited lower rates of drug use and higher levels of well-being compared to their non-spiritual peers.

Research Objectives and Hypotheses

The purpose of this study is to examine the role of spirituality as a protective factor against substance abuse among adolescents and young adults residing in high-risk communities in Malaysia. Specifically, this study investigates how spirituality influences resilience, decision-making, and refusal behaviors in environments where exposure to drugs is prevalent. By employing a mixed-methods approach, the study aims to provide both quantitative and qualitative insights into the mechanisms through which spirituality contributes to drug-use prevention, thereby informing culturally appropriate prevention strategies.

This study hypothesizes that spirituality plays a significant protective role in preventing substance abuse among youth living in high-risk communities. It is expected that individuals

who possess stronger spiritual beliefs and actively engage in spiritual practices will demonstrate lower involvement with drugs. Spirituality is also anticipated to enhance internal resilience, moral reasoning, and refusal skills, which contribute to their ability to resist peer pressure and other environmental influences that encourage substance use. Overall, stronger spirituality is predicted to serve as a meaningful buffer against the risk of drug misuse among vulnerable youth in Malaysia.

Methods

Research Design

This study employed a qualitative research approach to gain an in-depth understanding of participants' subjective experiences, specifically focusing on the role of spiritual practices in shaping decision-making processes. Semi-structured interviews were conducted to gather rich, narrative accounts, allowing participants to openly share their perspectives while enabling the researcher to explore emerging ideas through flexible probing. The study involved adolescents and young adults residing in high-risk communities, where social and environmental challenges such as poverty, family instability, and exposure to crime may heighten the importance of spiritual beliefs as coping mechanisms. Purposeful sampling was employed to ensure that individuals with relevant lived experiences were recruited. All interview data were transcribed and first summarized using descriptive statistics to present participants' demographic characteristics. A thematic analysis was then conducted to identify meaningful patterns, categories, and central themes within the narratives, providing a comprehensive and nuanced interpretation of how spirituality influences everyday decision-making among youth facing heightened vulnerabilities.

Sample and Research Location

The study population comprises individuals from selected high-risk areas for drug abuse as identified by the National Anti-Drug Agency (NADA, 2017) across Malaysia. These populations are clustered into five zones, namely: (1) North, (2) South, (3) East Coast, (4) Central, and (5) East Malaysia (Sabah and Sarawak). The research anticipates conducting interviews with approximately 200 respondents, including families, community members, community leaders, youth, and youth leaders residing within these high-risk zones.

For Phase 1, the study employs a purposive sampling technique, also referred to as judgment sampling, which involves the deliberate selection of individuals or groups who possess specific knowledge or experience related to the phenomenon under investigation (Creswell & Plano Clark, 2011). The inclusion criteria for Phase 1 participants are: (1) youth who are not involved in drug abuse, and (2) individuals who have resided in the high-risk area for five years or more. The selection of families, community leaders, and youth leaders in this phase is based on their demonstrated resilience and resistance to the pervasive issue of drug abuse in their respective communities.

Data Analysis

For Phase 1, the data analysis process involved both quantitative and qualitative approaches, depending on the nature of the data collected. The quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS) Version 23. This software facilitated the generation of descriptive and inferential statistics, which provided an overview of

respondents' profiles and identified patterns relevant to protective factors in drug-free communities.

Meanwhile, the qualitative data obtained through interviews, observations, and document analysis were subjected to thematic analysis. This process involved transcribing the data, followed by identifying, categorizing, and coding key themes based on the frequency and consistency of responses. The emerging themes were interpreted to uncover meaningful insights into the lived experiences of individuals and communities who have remained resilient against drug abuse despite residing in high-risk areas.

Results and Discussion

Results

Protective Factors Practice in Communities

Survey findings indicated that individuals with higher levels of spirituality were less likely to report drug use. Interview themes revealed that spirituality offered emotional comfort, purpose in life, and guidance in avoiding high-risk peer groups. Participants expressed that religious involvement encouraged healthier coping strategies and reinforced moral boundaries.

Table 1 shows the internal and external protective factors of participants categorized by two, (1) Internal factors and (2) External factors. From the table, knowledge and spiritual elements practice theme from internal factors score highest frequency, 32.60 percent with the frequency of 103 participants. Meanwhile, the highest percentage for external factors is positive family influence with 43.33 percent and 39 frequency of participants.

Table 1
Internal and External Protective Factors of Participants

Theme			**f**	**%**
Protective factors	Internal factors	Knowledge and spiritual elements practice	103	32.60
		Knowledge about the dangers of drugs	95	30.06
		Positive friends influence	76	24.05
		Self-assertive	42	13.29
	External factors	Choosing friends skill	38	42.22
		Positive family influence	39	43.33
		Stay away from the drug ports	13	14.44

As mentioned above, the majority of respondents (32.60%) indicated that knowledge and the practice of spiritual elements serve as key internal protective factors against drug use. Insights from interviews with youth and religious leaders further illustrate how knowledge and spirituality serve as buffers against substance abuse. For example, one participant emphasized the importance of understanding the harmful effects of drugs and the role of spiritual practice in fostering self-discipline: **"**If we regularly perform prayers and engage in religious teachings, it helps us stay away from prohibited actions" (Y-J-6). Another respondent

highlighted the role of spiritual education in daily life: "By increasing our religious knowledge, whether through formal learning or awareness of current issues, we are guided away from harmful behaviors" (Y-K-2).

One religious leader emphasized, "We need to equip ourselves with both internal knowledge and external knowledge" (RL-KL-2), while another stated, "The strength of religion, the understanding of faith… if the understanding of religion. Basically, it's the strength of religion" (RL-KT-2), illustrating that spiritual awareness and religious commitment can guide individuals away from harmful behaviors such as drug abuse. These narratives suggest that both knowledge about the risks of substance abuse and engagement in spiritual practices collectively provide moral guidance, self-regulation, and resilience, enabling individuals to resist drug use even in high-risk environments.

Spiritual Practices in Drug-Free Communities within High-Risk Areas

The following table summarizes the key spiritual elements and practices observed among communities residing in high-risk areas who remain free from drug abuse. These elements highlight the internal protective factors that contribute to resilience against substance misuse, reflecting both personal religious commitment and community-based spiritual engagement. The data were derived from interviews with youth and religious leaders, emphasizing how knowledge, faith, and consistent spiritual practices serve as buffers against the risk of drug involvement.

Table 2
Spiritual elements practiced in drug-free communities within high-risk areas

THEME		**f**	**%**
Spiritual element practice	Obligatory prayer	80	24.69
	Reading ma'thurat	56	17.28
	Religious mantras/ Zikir	44	13.58

From Table 2 above, majority of the respondents (24.69%) with frequency of 80 participants are saying that they are doing their obligatory prayer as one of the spiritual element practices. Next, the second most (17.28%) spiritual element practice for the respondents is reading ma'thurat with the frequency of 56 participants while the least is doing religious mantras/Zikir (13.58%) with the total number of participants, 44. The excerpts illustrate how knowledge of religious teachings and consistent spiritual practices contribute to resilience and provide moral guidance that discourages engagement in drug-related behaviors.

Obligatory Prayers

Youth

'Prayers, the obligatory ones.' (Y-KT-1)
'sembahyang, yang wajiblah.' (Y-KT-1)

'Pray on time.' (Y-KT-4)
'Solat tepat pada waktunya' (Y-KT-4) 'And maintain your prayers.' (Y-KL-2)

'And maintain your prayers.' (Y-KL-2)
'Dan jaga solat' (Y-KL-2)

Religious Leader
'It focuses more on prayer; we need to start from the basics again, so any additional effort is, Alhamdulillah.' (RL-KT-1)
'Dia lebih kepada solat la, kena start daripada basic balik, so untuk kita kata tambahan, tu alhamdulillah,' (RL-KT-1)

'Ensuring that the five daily prayers are performed at the mosque.' (RL-KL-1)
'Memastikan ada solat waktu… 5 waktu tu didirikan dekat masjid' (RL-KL-1)

'First and foremost, pray. Perform the prayers.' (RL-KL-2)
'Yang pertama sekali ok bersolat lah. Bersolat' (RL-KL-2)

Reading ma'thurat
Youth

"Dhikr, if you've heard of Al-Ma'thurat." (Y-KL-2)
'Zikir kalau pernah dengar Al-mathurat'. (Y-KL-2)

"And then I try to practice Ma'thurat every day." (Y-J-6)
'And then Fas akan cuba untuk amalkan maathurat everyday' (Y-J-6)

"Al-Ma'thurat in the morning and evening." (Y-J-7)
'al maathurat pagi dan petang' (Y-J-7)

Religious mantras/Zikir
Youth

"Dhikr or recitation (taranum)." (Y-KT-3)
'zikir atau bertaranum' (Y-KT-3)

"For me personally, I adhere to morning and evening dhikr." (Y-KL-2)
'kalau saya sendiri saya berpegang kepada zikir pagi dan petang lah (Y-KL-2)

"After prayer, at the very least, I recite dhikr or Ayat al-Kursi, even if I'm feeling lazy." (Y-KL-6)
'selepas solat tu paling malas pun malas sekali ah malas baca zikir apa kan, baca ayat kursi' (Y-KL-6)

Religious leader

"Recitations (wirid) that carry great rewards." (RL-KL-1)
'wirid-wirid yang yang ganjaran dia besar.' (RL-KL-1)

"Through daily dhikr." (RL-KL-2)

'Kan dengan zikir harian nya' (RL-KL-2)

"It depends on each individual's capacity. For example, if one is unable to do dhikr extensively, at the very least, we can follow the example of Prophet Muhammad ﷺ who engaged in dhikr." (RL-S-1)
'Ada... dia bergantung kepada kemampuan masing-masing kan. Contohnya kalau kita tidak mampu untuk zikir. Paling kurang kita lihat Rasulullah S.A.W sendiri pun berzikir' (RL-S-1)

Based on the interviews with youth and religious leaders, it is evident that spiritual practices serve as a significant internal protective factor against drug abuse in high-risk communities. Respondents consistently emphasized the importance of performing obligatory prayers (solat) on time, engaging in daily dhikr and recitations such as Al-Mathurat, and cultivating personal religious knowledge and understanding. Religious leaders highlighted that these practices not only provide moral guidance but also foster discipline, self-control, and resilience in individuals. Youth participants reported that adherence to these spiritual routines strengthens their internal resolve, helping them resist peer pressure and avoid environments associated with drug use. Collectively, these insights underscore that integrating spiritual practices into daily life can effectively buffer individuals from engaging in substance abuse, highlighting the role of spirituality as a critical protective factor in vulnerable communities.

Discussion
Recognizing spirituality as a protective factor has meaningful implications for public health and community-based prevention programs. The findings support existing research suggesting that spirituality contributes to reduced substance abuse risks (Koenig, 2015; Steger et al., 2008). Integrating spiritual resources through community and school-based interventions may help reduce drug-related behaviors in vulnerable populations by enhancing their effectiveness, particularly in culturally diverse or faith-oriented societies. Future research should investigate longitudinal effects and cultural variations in spiritual protective mechanisms.

Programs can incorporate practices such as mindfulness, reflection, and purpose discovery without necessarily invoking religious doctrine (Kelly et al., 2020). For instance, addiction recovery programs that include spiritual growth elements such as Alcoholics Anonymous have shown higher success rates in maintaining long-term sobriety (Koenig, 2018). Findings reinforce the central role of Islamic spirituality in preventing substance abuse among Malaysian youth. Spiritual beliefs buffer environmental risks by shaping coping behaviors, decision-making, and affiliation with positive peer networks. Given that many high-risk communities lack structural resources, religious institutions become crucial support providers.

Prevention programs should collaborate with mosques, religious educators, and youth leaders to integrate spiritual elements into outreach initiatives. Furthermore, collaboration with local faith leaders and community organizations can extend the reach of prevention efforts in underserved areas. By respecting cultural and spiritual values, practitioners can foster community trust and increase engagement in prevention initiatives. Future research should extend to longitudinal designs and comparisons across religious contexts. Spirituality

remains a culturally relevant, powerful protective factor that empowers youth to resist drug abuse.

Conclusion

Spirituality represents a powerful, multidimensional protective factor that helps individuals resist substance abuse even in high-risk environments. By instilling meaning, moral guidance, and a sense of belonging, spirituality equips individuals with the resilience needed to cope with adversity. Future prevention and intervention strategies should consider the inclusion of spiritual dimensions not merely as religious elements but as holistic components of human well-being. Recognizing and nurturing spirituality can strengthen individuals and communities alike, transforming vulnerability into resilience and hope.

References

Adeeb, N., & Bahari, R. (2017). The effectiveness of psycho-spiritual therapy among mentally ill patients. *Journal of Depression and Anxiety, 6*(2).

Adi Pratama, A.R., Puspitasari, A.A., Hidayati, I.R., Yunita, S.L., Titani, M., & Atmadani, R.N. (2022). Factors Affecting the Level of Public Knowledge About the Use of Chlorpheniramine Maleate in Pesanggrahan Village. *KnE Medicine*. 383-392.

Ellison, C. G., & Lee, J. (2010). Spiritual struggles and psychological distress: Is there a dark side of religion? Social Indicators Research, 98(3), 501–517. https://doi.org/10.1007/s11205-009-9553-3

Fallot, R., & Heckman, J. (2019). Spirituality and substance abuse recovery: A protective factor framework. Journal of Community Psychology, 47(3), 567–580.

Hardy, S. A., Pratt, M. W., Pancer, S. M., Olsen, J. A., & Lawford, H. L. (2019). The spiritual identity of youth and its protective role against risk behaviors. Journal of Adolescence, 72, 21–32. https://doi.org/10.1016/j.adolescence.2019.02.006

Kelly, J. F., Eddie, D., & Miller, M. (2020). Spirituality in recovery: The new frontier of addiction science. Addiction Research & Theory, 28(5), 389–398. https://doi.org/10.1080/16066359.2020.1726511

Koenig, H. G. (2015). Religion, spirituality, and health: A review and update. Advances in Mind-Body Medicine, 29(3), 19–26.

Koenig, H. G. (2018). Religion and mental health: Research and clinical applications. Academic Press.

Miller, W. R. (2013). Addiction and spirituality in context: A review of the literature. Substance Use & Misuse, 48(12), 1310–1316.

Miller, W. R., & Thoresen, C. E. (2019). Spirituality, religion, and health: An emerging research field. American Psychologist, 74(6), 740–752. https://doi.org/10.1037/amp0000487

Pargament, K. I. (1997). The psychology of religion and coping: Theory, research, practice. Guilford Press.

Pargament, K. I. (2013). Spiritually integrated psychotherapy: Understanding and addressing the sacred. Guilford Press.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. American Journal of Orthopsychiatry, 57(3), 316–331. https://doi.org/10.1111/j.1939-0025.1987.tb03541.x

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2008). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. Journal of Counseling Psychology, 53(1), 80–93. https://doi.org/10.1037/0022-0167.53.1.80

United Nations Office on Drugs and Crime. (2022). World drug report 2022. UNODC.

World Health Organization. (2023). Global status report on substance use 2023. WHO.

Wills, T. A., Yaeger, A. M., & Sandy, J. M. (2003). Buffering effect of religiosity for adolescent substance use. Psychology of Addictive Behaviors, 17(1), 24–31. https://doi.org/10.1037/0893-164X.17.1.24

Walker, C., Hill, P. C., & Hall, M. E. (2021). Spiritual engagement and substance use among adolescents: A longitudinal study. Journal of Youth and Adolescence, 50(4), 712–725. https://doi.org/10.1007/s10964-020-01344-9