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After care without Relapse: Case Study Former Drug Dealer after Getting Therapy in Pondok Tetirah Dzikir (PTD)

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Abstract
Pondok Tetirah Dzikir (PTD) is an Islamic boarding school for drug addicts from impoverished communities. These patients are classified as santri (students) and are eligible for six months of mental health services under TQN (Tarekat Qodiriyah Naqshbandiyah). The results of a case study on former drug dealers show that former drug addicts who have been rehabilitated at PTD have different characteristics than those who have been rehabilitated at other rehabilitation institutions. In comparison to other rehabilitation institutions, the subject never relapsed again after undergoing rehabilitation. This is due to the desire to do hijra, the desire to have a clear goal after rehabilitation, Dhikr with PTD alumni, friendship (silaturrahim) and mutual strengthening with PTD alumni, and aspirations as a penancer.

Keywords: *after care; Islamic boarding school; tarekat qodiriyah naqshbandiyah*

Abstrak
Pondok Tetirah Dzikir (PTD) merupakan pesantren bagi pecandu narkoba dari masyarakat kurang mampu. Pasien-pasien ini diklasifikasikan sebagai santri dan memenuhi syarat untuk layanan kesehatan mental selama enam bulan di bawah TQN (Tarekat Qodiriyah Naqsybandiyah). Hasil studi kasus pada mantan bandar narkoba menunjukkan bahwa mantan pecandu narkoba yang direhabilitasi di PTD memiliki karakteristik yang berbeda dengan mereka yang pernah direhabilitasi di lembaga rehabilitasi lainnya. Dibandingkan dengan lembaga rehabilitasi lainnya, subjek tidak pernah kambuh lagi setelah menjalani rehabilitasi. Hal ini disebabkan adanya keinginan untuk hijrah, keinginan untuk memiliki tujuan yang jelas setelah rehabilitasi, dzikir dengan alumni PTD, silaturrahmi (silaturrahim) dan saling menguatkan dengan alumni PTD, dan cita-cita sebagai penebus dosa.

Kata Kunci: after care; pondok pesantren; tarekat qodiriyah naqsybandiyah

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Introduction

Drug addicts often have a tendency to relapse after receiving recovery (Yuet-wah, 2005; Volkow, 2010; Maehira et al., 2013). Addicts undergo treatment in rehabilitation that aids in behavioral changes and stops addiction, although the majority of those treated will continue drug use after treatment (Yuet-wah, 2005). This is supported by the findings of Scott, Dennis, and Foss (2005) that there is strong evidence that a subset of drug users has experienced more chronic conditions over the past few decades, including cycles of relapse, treatment recovery, incarceration, and recovery. usually lasts for several years.

Relapse is defined as a situation in which the patient takes the substance again, which results in the resumption of addiction, a return to drug use that is as intense as it was previously, or the effects of drug use, such as a need to go back to the hospital for treatment. (Litman, Stapleton, Oppenheim, Peleg & Jackson, 1983).

According to reports from around the world, even in nations with high rates of inpatient treatment completion: 33% in Nepal (Niraula, Chhetry, Singh, Nagesh & Shyangwa, 2006), 55.8% in China (Tang, Zhao, Zhao & Cubells, 2006), 60% in Switzerland (Cucchia, Monnat, Spagnoli, Ferrero & Bertschy, 1998), over 50% in Malaysia (Lian & Chu, 2013) and 40-60% in USA (National Institute on Drug Abuse, 2020), drug use relapsed between one month and one year.

Prior to the post-rehabilitation program, the relapse rate at the Badan Narkotika Nasional in Indonesia was 90%; however, it was reduced to 30% following the program. Because addiction is a chronic disease that is prone to relapse, this post-rehabilitation program is implemented. The inability to manage triggers, a lack of productivity or employment, and a lack of social support are the main causes of relapse.

The aim of the post-rehabilitation program is to help the client learn how to deal with triggers, which are circumstances that can lead to cravings in order to maintain recovery; to help clients in discovering their interests, talents, and skills in order to live productively and independently; and to get them ready to reunify into their families, communities, and social networks (Raharni, Idaiani & Prihatini, 2020).

According to Barter (2004), there are three types of treatment for drug addiction: psychological therapy, sociological therapy, and biological therapy. Since addiction is thought to be caused by psychological issues or the personality of the addict, psychological therapy (psychotherapy) is practiced. Addicts are made aware of the issues they have faced, such as a lack of parental supervision, extreme poverty, or domestic violence, through psychological therapy. The aim of psychological therapy is to change the addict's personality so that they can function without drugs. Sociological therapy is used because drug addiction is thought to be a product of numerous societal events. Despair brought on by slum life, the inability to obtain work owing to poverty, boredom brought on by poor salaries, and involvement in adolescent gangs. In sociological treatment, 5–12 addicts are seated together to discuss their experiences. Because it is believed that chemical changes in the brain are what cause drug addiction, biochemical therapy (biochemical) has been developed. Because the brain has grown accustomed to receiving narcotic chemicals, a dependence develops. Chemicals are employed in biochemical therapy to reduce the signs and symptoms of addiction; methadone is one such drug.

According to Volkow (2010), there are four different types of psychotherapy for drug users. First, Cognitive-behavioral therapy aims to assist patients in identifying, avoiding, and resolving the

circumstances that are most likely to lead them to use drugs. Second, positive reinforcement-based contingency management includes giving prizes or privileges for abstaining from drugs, attending and participating in counseling sessions, or taking prescribed medication as prescribed. Third, motivational enhancement therapy makes drug users more willing to alter their behavior and receive therapy by employing several techniques. Fourth, family therapy helps drug users (especially young people) with drug use problems, as well as their families, address influences on drug use patterns and improve overall family functioning. Family therapy helps in addressing factors influencing drug use patterns and enhancing general family functioning for drug users (particularly young people) with drug use issues. Fifth, TSF (twelve-step facilitation) is an individual therapy that is typically delivered in 12 weekly sessions to prepare drug users to participate in 12-step mutual support programs.

The vulnerability of drug users can be explained by factors such as genetics, personality, and environment. Spirituality is an important environmental factor (Booth & Martin, 1998). Since the mid-1970s, when Gorsuch and Butler (1976) discovered that a lack of religious commitment was a predictor of drug abuse, the relationship between personal religiousness or spirituality and substance use has emerged. Furthermore, Benson (1992) examined 40 studies and discovered that people with stronger religious commitments are less likely to be involved in drug abuse.

Nowadays, spiritual and religious approaches are among the most effective ways to address drug abuse issues, so religion plays a role in psychotherapy (Mansor, Yassin & Ahmad, 2020). TQN (Tariqat Qodiriyah Naqsyabandiyah), spiritual and religious psychotherapy based on Sufism

and Islam, has developed in several Islamic boarding schools in Southeast Asia (Kamaludin & Ula, 2019; Purwaningsih, 2019; Mansor, Yassin & Ahmad, 2020; Suhendi dkk, 2020). Pondok Tetirah Dzikir (PTD), one of the TQN Islamic boarding schools, is located in Kuton Hamlet, Tegal Tirto Village, Berbah Subdistrict, Sleman Regency, Special Region of Yogyakarta. PTD is a boarding school that offers mental health services to the poor, especially those suffering from mental illnesses and drug addiction.

Sufism divides spiritual ways into three stages: *tahall* (adorning the soul with noble and praiseworthy attributes), *takhall* (purifying the soul from reprehensible attributes), and *tajall* (achieving a pure soul) (Chaer, 2014; Ahmadiansah, 2019; Agustianda, 2020). this Islamic psychotherapy is based on religious values (Islam), the Qur'an, and Sunna therapy (Mubarakh, 2006; Harmuzi, 2020; Subandi, Chizanah & Subhan, 2021). Subandi, Chizanah, and Subhan (2021) discovered that the process of therapy at PTD can be compared to the process of soul purification in Sufism, with three stages: *tahalli, takhalli, and tajalli.*

The rehabilitation of PTD includes a variety of therapies such as repentance showers, dhikr (“reminding oneself” or “mention”) also spelled zikr, ritual prayer or litany practiced by Muslim for the purpose of glorifying God and achieving spiritual perfection), prayer, *qiyamul al-lail* (night prayers), and fasting (Juliana & Supraja, 2018). The TQN was a combination of two prominent congregations, the Qdiriyya and the Naqshabandiyyah Congregation, both of which were practiced in the daily lives of its practitioners (Kamaludin & Ula, 2019). In TQN therapy, there are two kinds of dhikr: *jahar* and *khafi.* Dhikr *Jahar* means "loud or loud," whereas remembrance means "remembrance of God.". By combining these two concepts, the remembrance of *jahar* is conducted

by refining the voice while reciting the *Laailahaillah*. Conversely, dzikir *khafi* means vague or hidden, while remembrance is in remembrance of God. Under the ritual of remembrance, the *khafi* is performed in a hidden way, remembering God in the heart without a voice. The choice of remembrance of Allah as the word of remembrance of *khafi* according to the teachings of TQN is because the name of Allah is the name of the eternal being and the supreme name (*al-Ism al-A'dzam) represents* all ninety-nine other names of God (Mansor, Yassin & Ahmad, 2020).

This study focuses on the aftercare phenomenon of a former drug user who received TQN therapy at Pondok Tetirah Dhikr for 6 months. What happened to former drug users after more than 5.5 years of recovery? The research questions are: Did the former drug user relapse? Why did it happen?

Methodology

First, we went to *Pondok Tetirah Dzikir* and met with the head of the Islamic boarding school (the Kyai). Following the disclosure of the research objectives, the *Kyai* suggested contacting AQ, who had been absent from the *Pondok* for more than five years. AQ had opened a business in the Petorono area, which was only 1-2 kilometers from PTD at the time. We contacted AQ to meet and interview online because the number of cases of the Omicron variant of COVID-19 was increasing, but AQ was not pleased with this method. Finally, we met AQ at his office on *Jalan Wonosar*, near the Potorono market in Sleman, Yogyakarta. The interview was extended with more probing through the Whatsapp.

A case study is an in-depth and detailed data collection in a context that explores "a case" over time. The case studied is from a program and the people who participate in it (Creswell & Poth, 2016). The analysis

performed in this case study research consists of categorizing the results of interviews into themes and presenting these themes in a time series. (Yin, 2009).

Result

Participant's drug use history

AQ is a tall and athletic man. His appearance and facial expression still suggest a difficult life. He first lived in Jakarta before moving to Yogyakarta. After succeeding in the battery business when he was 20 years old, AQ began using crystal methamphetamine (marijuana). He used about 0.2 grams of this substance to concentrate on business speculation. With this success, AQ admitted that he had begun to appear arrogant because of his wealth and had not considered the future. The money was not only spent on drugs, but it also went to gambling, date with women, and going to discotheques. AQ took drugs to increase his motivation for work and to help him think more clearly.

When AQ was almost arrested by the police, he decided to leave Jakarta and go to Yogyakarta, where he decided not to take drugs anymore because he was tired of being chased by the police officers. AQ chose to live in Yogyakarta because the environment is peaceful, as well as to avoid using drugs again. AQ, on the other hand, still had time to become a drug user before entering Pondok Tetirah Dzikir (PTD) in Yogyakarta. His parents took over the business he had started in Jakarta.

AQ spent six months at PTD. He had been showering in repentance for 40 consecutive days since entering PTD in 2016. Subject activities in PTD included getting up at 2 a.m. every day to take a repentance bath.

The schedule of AQ activities at PTD was unprecedented, starting to run from dawn to 10 p.m. and mostly filled with dhikr.

> *Anyway, our schedule begins at dawn... we are woken up at dawn, always at 2 a.m., then take a repentance bath, later while waiting for dawn, namely at 4.30 a.m. in Jogjakarta. So, while we wait for that, we will bathe patients who have gone insane. Those who are still sane, on the other hand, will bathe.*
> *We perform sunnah prayer before dawn at 4.30 a.m. We continue to dhikr after the morning prayers until 7 a.m. Morning prayers lasts 10 minutes. Dhikr is held from 4.30 to 7.00 a.m. ... Indeed, I had never felt anything like that in my life until I arrived at the Islamic boarding school. As a result, the only activity is dhikr, sunnah prayers, and obligatory prayers. It was exactly like our regular food. So, the schedule ends at 7 a.m., and the students are herded to feed fish, grow crops, or have fun at the farm... until 9.00 a.m. Breakfast is served at 9 a.m., and the free activities continues until 10:00 p.m. At 10:00 a.m., the Duha prayer will begin. Dhuha prayer is either 4 or 8 rakaat, followed by dhikr until Dhuhur prayer time. Dhuhur is scheduled until 1 PM. At 14.00, we can rest, sleep, drink coffee, and so on. We pray Ashar from 15:30 to 17:00 in the afternoon. At 17.00 p.m., we take a break to prepare for Magrib prayers. Magrib will keep going until 10 p.m. We will be there from Magrib until 22.00 at night.*

According to AQ, dhikr has an effect on the body and mind, making it lighter and calmer: *"After that dhikr, sometimes we feel light on the body, light body, loss of mind, right?" Anyway, the dhikr is starting to hit me..."*

Despite getting a difficult job after leaving PTD, AQ attempted to train himself by becoming accustomed to not using marijuana again (except for 1 occasion in 2017). AQ considered himself to have succeeded in training himself not to use marijuana when he was able to open a battery shop without using marijuana as a doping agent.

The willingness to do *Hijra* (repentance)

After leaving the Pondok (Islamic Boarding), AQ wanted to make a positive change because he was tired of being chased by the police. He can also restrain himself from using drugs. This was also due to a lack of funds to purchase drugs. *"I want to change after I leave because I'm tired of being chased by the police, so being a fugitive is not good."*

AQ no longer uses drugs and avoids gambling, women, and discotheques because they can lead to sin. AQ believes he has many sins, but he has no regrets for his past actions, and he can learn from the incident and warn others not to use drugs.

"The problem isn't because of drugs, discos, women, or gambling... So my sin was enormous. Discotheque is a sin, dating other women is a sin because I already have a wife, and I still gamble. Gambling is also a sin, isn't it?... there are so many sins."
"It's just that I've never been sorry for what I've done... That means I'll be able to learn from it. Yes, for example, I can tell you, give people examples."

Having a clear goal after rehabilitation

In 2020, AQ planned to marry and then start a business. When AQ was looking for a wife, he met a woman and married her in October 2020. After a year and a half of marriage, AQ built a battery business with his new family. AQ had no desire to buy drugs from the money collected by his business. *"There were plans to marry. Yes, I managed to run into 2020 while looking around. I introduced myself in January of 2020, and I recently married... October 2020. Only one and a half years of marriage. I rebuilt this company from the ground up. I've started a new life."*

Dhikr together with PTD alumni

AQ continues to perform dhikr after leaving the Pondok because it is a kind of obligation to perform dhikr at least 165 times per day. This is because AQ is still affected by reading the dhikr. " I can still feel the dhikr's calming effect." Furthermore, even after leaving PTD, AQ maintained good habits developed at PTD, such as attending *khataman* (the celebration after finishing the recitation of the Holy Qur'an from the beginning to the end) once a month and *manaqib* (encompassing "biographical works of a laudatory nature", "in which the merits, virtues and remarkable deeds of the individual concerned are given prominence" and particularly hagiographies (biographies of holy people) once a week, both of which were attended with friends in PTD . AQ enjoys doing activities with his friends in Pondok because he misses the togetherness of Pondok worship. "We miss praying together. Like before, there was unity in worship... Because we're alone after we get out of there. The dhikr does not sound good on its own."

Friendship (silaturrahim) and mutual strengthening with PTD alumni

With this background, AQ intends to assist his friends while at the Pondok in establishing a previously formed relationship and maintaining the intimacy between AQ and his friends.

> *When I get together with manaqiban friends, we read sholawat. Yes, we do ask each other, "What are you doing now, what are you busy with?" ..*
> *Yes, I am in touch. Thank God, I didn't leave. My life will never be the same after that. At the very least, I am not arrogant. I continue to embrace my friends.... I assign a task and a project. Instead of giving it to others, I could perhaps give it to my friends.*

Furthermore, AQ and his friends kept reminding each other not to return to drugs while he was in PTD. It keeps going despite the fact that they no longer attend Islamic boarding schools.

> *It is certain that we will strengthen each other, because someone said yesterday that I would return to Bengkulu the next day. We just hope he doesn't come back again. We also contact them once a month on occasion. So one person returned to Bengkulu to look for work, and yes, we remain in contact. How are you doing? Are you still using drugs? Please do not re-use it! We even fought and hit each other.*

Aspirations as a penance

AQ chose to stay in Yogyakarta, where he also planned to build a boarding school for drug users. AQ wants to build a foundation for drug users and provide a place for them to work after they have been rehabilitated, so that they have a vision for the future and can work without using drugs again.

> *Anyway, after being a Pondok, my plan is to build a Pondok. But I take care of the real Pondok, and I get paid if he succeeds later. I just find that there is no such thing as a purpose in their life. Because I saw the santri patients in the boarding school, there was no direction for the next life goal. They have been labeled as ugly because the environment does not recognize them. What will he do if he is not recognized to town? Work should be distributed as a result. If they want to work for a company, will any company hire them? They are not automatically required.*

AQ's goal in assisting these post-rehab former drug users is to atone for the subject's past sins. *So, how can we assist him? Yes, in sha Allah, this is my intention to atone for my sins*.

Discussion

Study subjects (AQ) were able to maintain their abstinence for more than six years after rehabilitation after undergoing religious-spiritual-based TQN therapy for six months. This is because AQ has a

clear goal after rehabilitation, continues to engage in dhikr therapy with alumni, and maintains friendship and mutual support with other alumni.

The findings of this study differ from previous research on drug abusers who use other therapies, which found that % to 60 60 % of patients relapse and return to rehabilitation for one month to 12 months. (Niraula, Chhetry, Singh, Nagesh & Shyangwa, 2006; Tang, Zhao, Zhao & Cubells, 2006; Cucchia, Monnat, Spagnoli, Ferrero & Bertschy, 1998; Lian & Chu, 2013; National Institute on Drug Abuse, 2020).

Nordfjaern (2011) researched 352 patients in 16 rehabilitation centers to determine the length of treatment and the time between treatment and relapse. The results show that the treatment should last between 3-6 months. As many as 45 % (160 people) of the 160 patient respondents relapsed after treatment, with the risk of relapse peaking during the first post-rehabilitation months. Nordfjaern also suggests that aftercare be increased during the first few months following rehabilitation. Interventions can be carried out to help patients get back to work before they leave the rehabilitation facility. According to Romelsjö Palmstierna, Hansagi, and Leifman (2005), aftercare treatment was associated with a lower risk of re-addiction or re-treatment.

In a perfect world, aftercare would include Relapse Prevention (RP), a self-control program designed to teach people attempting to change their behavior how to anticipate and deal with the issue of relapse (Marlatt & George, 1984). A cognitive-social learning demonstration of RP, particularly Albert Bandura's self-efficacy hypothesis, is one of the most compelling hypothetical systems that has been linked to the issue of relapse in substance abuse. (Annis, 1990). According to the theory of social learning, behavior is assumed to be developed and regulated by external stimulus events, such as the

influence of other people, and external reinforcements, such as praise, blame, and reward. Once the rules and structures underlying the modeled activities are extracted, observers can generate new patterns of behavior that correspond to those traits but go beyond what they have seen or heard, rapidly expanding their knowledge and skills without having to go through a learning process with response consequences. (VanDenBos, 2017).

In a social learning framework, a common model of relapse has three components: first, the patient experiences a high-risk situation while abstinence; second, the patient desires whether the situation can be handled without the use of drugs; and third, the patient has a limited repertoire of behaviors and skills to cope with the high-risk situation. What happens next depends on whether the high-risk situation resulted in drug use. According to the model, avoiding use raises expectations about personal control, mastery, and continued abstinence. (Wesson, Havassy & Smith, 1986).

Conclusion

After 6 months of rehabilitation with TQN therapy in PTD, research participants (AQ) who was previously a drug dealer and a low-level drug user had found his own way to maintain his abstinence. Some of these methods include his self-efficacy, which has led to his discontinuation of narcotic use; on the contrary, he has a strong desire to marry and start a business. Another factor is consistency in performing dhikr with PTD alumni friends.

Because this study is limited to a single case, it is suggested that future researchers conduct studies in multiple cases. Phenomenological research methods can also be improved.

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