



## The Influence of Islamic Counseling on Drug Addiction Patients' Quality of Life at the Qur'anic Healing Indonesia Rehabilitation Center

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**ABSTRACT:** The widespread issue of drug abuse poses significant challenges to individuals' quality of life, particularly among those undergoing rehabilitation. This study investigates the effect of Islamic Counseling Guidance on the quality of life of drug addicts at the Qur'anic Healing Indonesia Rehabilitation Center. The study involved 90 male participants aged 20–35 years who had been in rehabilitation for more than three months. Total sampling was employed to include individuals classified as severe, moderate, and mild addicts. Data were collected using two reliable instruments: a Quality-of-Life Scale and an Islamic Counseling Scale (Cronbach's Alpha > 0.90). The data were analyzed using simple linear regression. The findings indicated no significant influence of Islamic Counseling Guidance on quality of life ( $p = 0.934$ ), suggesting that the Islamic counseling approach implemented in this setting was not effective in enhancing the patients' quality of life. These results highlight the need to reevaluate and possibly integrate more holistic or tailored approaches in counseling interventions for drug rehabilitation.

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## **INTRODUCTION**

Drug abuse remains a serious public health and social problem that continues to threaten the quality of life of individuals, particularly those in productive age groups. In Indonesia, data from the National Narcotics Agency (BNN) indicate that drug users are predominantly aged between 15 and 35 years, with a total of approximately 2.29 million individuals affected (BNN, 2017). This condition places young generations at high risk of physical deterioration, psychological distress, social dysfunction, and moral degradation, ultimately undermining their capacity to function productively in society.

In response to this challenge, the Indonesian government has implemented rehabilitation policies through medical and social approaches. Rehabilitation programs are not only aimed at physical recovery but also focus on restoring psychological stability and social functioning so that individuals can reintegrate into society effectively (Telaumbanua, 2018). Alongside conventional rehabilitation models, faith-based rehabilitation centers have emerged as alternative approaches, including institutions that integrate spiritual and religious values as core components of recovery, such as the Qur'anic Healing Indonesia Rehabilitation Center.

Despite the growing number of faith-based rehabilitation programs, empirical evidence regarding their effectiveness – particularly in improving patients' quality of life – remains limited and inconsistent. Quality of life is a multidimensional construct encompassing physical health, psychological well-being, social relationships, and spiritual fulfillment (WHO, 2012). For individuals recovering from drug addiction, quality of life serves as a crucial indicator of rehabilitation success, reflecting their ability to adapt, cope with stressors, and function meaningfully within their social environment (Prasetyo & Adiyanti, 2018).

Within this context, Islamic Guidance Counseling plays a potentially strategic role in rehabilitation settings. Islamic counseling is defined as a helping process grounded in the principles of the Qur'an and Hadith, aimed at guiding individuals toward spiritual awareness, moral integrity, and psychological balance (Sutoyo, 2009). Through spiritual reflection, self-awareness, and value-based guidance, Islamic counseling is expected to support behavioral change, enhance coping strategies, and

foster a meaningful life orientation among individuals undergoing rehabilitation.

Several studies have reported positive outcomes of Islamic counseling in improving psychological well-being, spiritual peace, and self-adjustment among individuals facing life crises, including addiction-related problems (Yusuf & Fitriani, 2020; Rizqiani & Maulana, 2021). These studies suggest that the effectiveness of Islamic counseling depends not only on religious rituals but also on the quality of counselor-client interaction, the consistency of counseling sessions, and the integration of psychological principles within the spiritual framework. However, most existing studies rely on qualitative approaches or focus on limited outcome variables, leaving gaps in empirical evidence—particularly regarding its direct impact on overall quality of life using standardized psychometric instruments.

Furthermore, many faith-based rehabilitation programs tend to emphasize ritualistic religious activities, such as prayer and recitation, without systematically integrating structured counseling processes aimed at enhancing psychological resilience, social functioning, and adaptive life skills. This raises questions about whether Islamic counseling, as currently implemented in rehabilitation institutions, sufficiently addresses the multidimensional aspects of quality of life among drug addiction patients.

Based on these considerations, a clear research gap emerges: there is a lack of quantitative studies that empirically examine the direct relationship between Islamic Counseling and quality of life among drug addiction patients in Islamic-based rehabilitation centers using reliable and standardized measurement tools. Addressing this gap is crucial for evaluating the actual effectiveness of Islamic counseling practices and providing evidence-based recommendations for enhancing rehabilitation programs.

Therefore, this study aims to analyze the influence of Islamic Counseling on the quality of life of drug addiction patients at the Qur'anic Healing Indonesia Rehabilitation Center. Specifically, the research seeks to answer the following question: Does Islamic Counseling significantly affect the quality of life of drug addiction patients undergoing rehabilitation?

This study offers novelty by empirically integrating the concept of Islamic Counseling with a multidimensional quality-of-life framework in the context of drug rehabilitation. The findings are expected to contribute

to the development of Islamic counseling theory, enrich empirical studies in Islamic psychology, and provide practical insights for improving holistic rehabilitation programs that balance spiritual, psychological, social, and physical dimensions of recovery.

## **METHOD**

This study employed a quantitative research design using simple linear regression analysis to examine the influence of Islamic Counseling Guidance (independent variable/X) on the Quality of Life of drug addiction patients (dependent variable/Y). A quantitative approach was selected because the study aimed to test the functional relationship between variables using numerical data measured on an interval scale, allowing for statistical inference and hypothesis testing (Creswell & Creswell, 2018).

The research population consisted of all drug addiction patients undergoing rehabilitation at the Qur'anic Healing Indonesia Rehabilitation Center, totaling 90 individuals. The research site was selected purposively, as the institution systematically integrates medical rehabilitation with Islamic spiritual guidance and counseling as part of its recovery program. This characteristic made the site particularly relevant for examining the effectiveness of Islamic counseling within a faith-based rehabilitation context.

Given the relatively small and accessible population, a total sampling technique was applied, whereby all members of the population were included as research participants. The inclusion criteria were as follows: (1) male patients, (2) aged between 20 and 35 years, (3) having undergone a rehabilitation program for a minimum duration of three months, and (4) willing to participate voluntarily in the study. Based on these criteria, all 90 patients were included as respondents, consisting of 70 individuals classified as severe addicts, 15 as moderate addicts, and 5 as mild addicts.

Data were collected using two standardized psychological instruments. The first instrument was the Quality-of-Life Scale, adapted from Andrade and Alves (2019), which consists of 26 items measuring four dimensions: physical health, psychological health, social relationships, and environmental conditions. The second instrument was the Islamic Counseling Guidance Scale, developed based on the counseling theory proposed by Harmoni (2004). This scale comprises 19 items assessing five

aspects: psychological needs, sense of security, social relationships, self-esteem, and self-actualization.

The reliability of both instruments was assessed using internal consistency analysis. The Quality-of-Life Scale demonstrated excellent reliability with a Cronbach's alpha coefficient of 0.948, while the Islamic Counseling Guidance Scale yielded a Cronbach's alpha of 0.913. These values exceed the minimum reliability threshold of 0.70, indicating that both instruments were reliable and suitable for data collection (Hair et al., 2019).

Data analysis was conducted using parametric inferential statistics, as the data met the assumptions required for such analysis. Before hypothesis testing, prerequisite tests were performed, including a normality test using the One-Sample Kolmogorov-Smirnov Test at a significance level of 0.05, where data were considered normally distributed if the significance value exceeded 0.05. In addition, a linearity test was conducted to confirm the presence of a linear relationship between the independent and dependent variables.

After all assumptions were satisfied, hypothesis testing was carried out using simple linear regression analysis. The regression model was expressed using the following equation:  $Y = a + bX$ , where  $Y$  represents Quality of Life,  $X$  represents Islamic Counseling Guidance,  $a$  is the constant, and  $b$  is the regression coefficient. Statistical analyses were performed using SPSS version 25 for Windows.

## **RESULT AND DISCUSSION**

The data in this study were analyzed using Statistical Product and Service Solutions (SPSS) version 25 for Windows. Descriptive statistical analysis was first conducted to provide an overview of respondents' levels of Islamic Counseling Guidance and Quality of Life. As presented in Table 1, the Quality-of-Life scores ranged from 37 to 100 ( $M = 62.59$ ;  $SD = 11.41$ ), while the Islamic Counseling Guidance scores ranged from 23 to 56 ( $M = 41.87$ ;  $SD = 5.76$ ). The relatively wide score ranges indicate considerable variability among participants, reflecting differences in both counseling exposure and perceived quality of life during the rehabilitation process.

Table 1. Descriptive statistic

	N	Range	Min	Max	Std. Deviasi
Y	90	63	37	100	11.41
X	90	33	23	56	5.759

To facilitate interpretation, the Quality-of-Life variable was categorized into high, moderate, and low levels. The distribution shown in Table 2 indicates that the majority of respondents (70%) were classified in the moderate category, followed by 21.1% in the low category and only 8.8% in the high category. This pattern suggests that although participants were undergoing rehabilitation, improvements in overall quality of life had not yet reached an optimal level.

Table 2. Quality of life categories

Category	Scor	F	Percentage
High	$71,5 \leq X < 84,5$	8	8,8%
Moderate	$52 \leq X < 78$	63	70%
Low	$45,5 \leq X < 64,5$	19	21,1%

A similar categorization was applied to the Islamic Counseling Guidance variable. As shown in Table 3, most respondents (76.6%) were classified in the low category, 21.1% in the moderate category, and only 2.2% in the high category. This finding indicates that the intensity and consistency of Islamic counseling implementation at the rehabilitation center were generally limited.

Table 3. Islamic Counseling Guidance Categories

Category	Scor	F	Percentage
High	$52,25 \leq X < 61,75$	2	2,2%
Moderate	$42,75 \leq X < 52,3$	19	21,1%
Low	$33,25 \leq X < 42,75$	69	76,6%

Prior to hypothesis testing, the reliability of the research instruments was examined. The Islamic Counseling Guidance Scale demonstrated a Cronbach's Alpha coefficient of 0.913, while the Quality-of-Life Scale yielded a Cronbach's Alpha coefficient of 0.948. Both values exceed the recommended minimum threshold ( $\alpha > 0.60$ ), indicating that the instruments were internally consistent and suitable for further analysis.

To test the research hypothesis, a simple linear regression analysis was conducted to examine the influence of Islamic Counseling Guidance on

Quality of Life. The regression results, presented in **Table 4**, indicate that Islamic Counseling Guidance did not significantly predict Quality of Life ( $\beta = 0.009$ ,  $p = 0.934$ ).

**Table 4.** Regression Coefficients

		Coefficients <sup>a</sup>				
		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
Model		B	Std. Error	Beta		
1	(Constant)	62.588	8.631		7.252	.000
	Islamic Counseling	.018	.211	.009	.083	.934

The non-significant finding suggests that, although Islamic counseling is conceptually expected to enhance well-being, its current implementation at the Qur'anic Healing Indonesia Rehabilitation Center has not yet produced measurable improvements in patients' quality of life. This result is descriptively consistent with the low level of counseling guidance exposure reported by most respondents, which may limit the potential impact of the intervention.

These findings differ from those reported by Yusuf and Fitriani (2020), who found that Islamic counseling interventions significantly improved spiritual well-being and inner peace among drug rehabilitation clients. One plausible explanation for this discrepancy lies in differences in counseling structure, intensity, and counselor–client interaction. While previous studies emphasized structured and continuous interpersonal counseling sessions, the program examined in the present study appears to prioritize religious rituals over systematic counseling processes.

Similarly, Rizqiani and Maulana (2021) emphasized that the effectiveness of Islamic counseling is strongly influenced by the quality of the therapeutic relationship and the consistency of counseling sessions. In the present context, the limited number of professional counselors combined with a high patient load may have constrained the depth and frequency of counseling interactions, thereby reducing their overall effectiveness.

From a broader psychological perspective, quality of life is shaped not only by spiritual practices but also by internal psychological resources such as self-efficacy, hope, and perceived social support (Seligman, 2018).

Research in addiction recovery further suggests that spiritually oriented interventions tend to yield stronger outcomes when integrated with evidence-based psychological approaches, including cognitive restructuring, emotional regulation training, and motivational enhancement (Koenig, 2012; Marlatt & Donovan, 2005).

In line with this view, Herlina and Mulyadi (2022) argued that the well-being of drug addiction patients requires multidimensional interventions that combine spiritual, psychological, and social components. The present findings support this argument, indicating that Islamic counseling programs that rely predominantly on ritualistic activities may not sufficiently address the complex psychological and social challenges faced by individuals undergoing rehabilitation.

Moreover, most respondents in this study were still in the early stages of rehabilitation (less than six months). Previous research indicates that significant improvements in quality of life among former drug users typically emerge after longer recovery periods accompanied by stable psychosocial support systems (Laudet, 2011; Valentina, 2015). Therefore, the absence of a significant effect in this study may also be influenced by the relatively short duration of rehabilitation experienced by the participants.

Overall, the findings indicate that Islamic Counseling Guidance, while theoretically valuable, requires more comprehensive, structured, and integrative implementation to effectively enhance the quality of life of drug addiction patients. Integrating Islamic values with evidence-based psychological counseling techniques may provide a more holistic and impactful rehabilitation model.

## **CONCLUSION**

This study demonstrates that Islamic Counseling Guidance does not have a statistically significant effect on improving the quality of life of drug addiction patients at the Qur'anic Healing Indonesia Rehabilitation Center. The findings indicate that the current implementation of Islamic counseling within the institution has not yet produced a measurable positive impact on the physical, psychological, social, and spiritual dimensions of patients' well-being. This result suggests that counseling practices remain predominantly ritual-oriented and have not been

optimally translated into structured therapeutic processes capable of fostering holistic recovery and sustaining the quality-of-life improvement.

Practically, these findings highlight the need for a strategic reorientation of Islamic Counseling Guidance services in rehabilitation settings. Counselors are encouraged to move beyond an exclusive emphasis on religious rituals toward a more integrative approach that systematically incorporates psychotherapeutic, motivational, and social support components. Strengthening interdisciplinary collaboration between religious counselors and clinical psychologists is also essential to ensure that spiritual interventions are aligned with evidence-based psychological practices. Furthermore, considering the study's limitations—particularly the single-institution sample and the predominance of participants in early rehabilitation stages—future research is recommended to employ longitudinal or experimental designs across multiple rehabilitation centers and to develop more context-specific Islamic counseling instruments. Such efforts are expected to provide a more accurate assessment of the long-term influence of Islamic counseling on the quality of life of individuals recovering from drug addiction.

## **BIBLIOGRAPHY**

- Andrade, C. J. do N., & Alves, C. de A. D. (2019). Relationship between bullying and type 1 diabetes mellitus in children and adolescents: A systematic review. *Jornal de Pediatria*, 95(5), 509–518. <https://doi.org/10.1016/j.jpdp.2018.10.006>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
- Dewi, A., Rahmawati, S., & Lestari, D. (2020). Pengaruh layanan konseling terhadap peningkatan penyesuaian diri peserta didik. *Jurnal Konseling dan Pendidikan*, 8(2), 145–153.
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). *Multivariate data analysis* (8th ed.). Cengage.
- Harmoni, T. (2004). *Dasar-dasar konseling: Teori dan praktik*. Rineka Cipta.
- Herlina, R., & Mulyadi, D. (2022). Islamic counseling approach for improving well-being among drug rehabilitation participants. *Journal of Islamic Guidance and Counseling*, 6(2), 45–59. <https://doi.org/10.24014/jigc.v6i2.2931>
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*, 2012, 1–33. <https://doi.org/10.5402/2012/278730>

- Kurniawan, A. (2020). Efektivitas konseling kelompok dalam meningkatkan keterampilan sosial siswa. *Jurnal Psikologi Terapan*, 12(1), 33–42.
- Laudet, A. B. (2011). The case for considering quality of life in addiction research and clinical practice. *Addiction Science & Clinical Practice*, 6(1), 44–55.
- Majid, M. (2020). *Narkoba dan generasi muda: Kajian sosial keagamaan di Indonesia*. Alfabeta.
- Marlatt, G. A., & Donovan, D. M. (2005). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors* (2nd ed.). Guilford Press.
- Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, 58(1), 24–35. <https://doi.org/10.1037/0003-066X.58.1.24>
- National Narcotics Agency. (2017). *Regulation of the National Narcotics Agency Number 24 of 2017 on rehabilitation service standards for drug addicts and victims of drug abuse*. <https://www.bnn.go.id>
- Prasetyo, B., & Adiyanti, M. (2018). Peran konseling kognitif-perilaku dalam mengurangi kecemasan remaja. *Jurnal Psikologi Indonesia*, 5(1), 25–36.
- Rizqiani, A., & Maulana, H. (2021). Islamic counseling and self-adjustment among drug addicts. *Jurnal Bimbingan dan Konseling Islam*, 5(2), 112–124. <https://doi.org/10.24042/jbki.v5i2.9321>
- Ryff, C. D., & Singer, B. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9(1), 13–39. <https://doi.org/10.1007/s10902-006-9019-0>
- Seligman, M. E. P. (2018). *The hope circuit: A psychologist's journey from helplessness to optimism*. PublicAffairs.
- Sutoyo, A. (2009). *Bimbingan dan konseling: Teori dan praktik dalam berbagai setting pendidikan*. Pustaka Pelajar.
- Telaumbanua, T. (2018). Perkembangan kasus narkoba di Indonesia: Tantangan dan penanggulangannya. *Jurnal Kriminologi Indonesia*, 14(2), 77–89. <https://doi.org/10.7454/jki.v14i2.1104>
- Valentina, G. I. (2015). Kualitas hidup mantan pecandu narkoba yang menjalani terapi metadon. *Jurnal Psikologi Udayana*, 2(1), 113–128. <https://doi.org/10.24843/JPU.2015.v02.i01.p09>
- World Health Organization. (2012). *WHOQOL: Measuring quality of life*. <https://www.who.int>
- Yusuf, M., & Fitriani, L. (2020). Pengaruh konseling Islami terhadap peningkatan kesejahteraan spiritual klien rehabilitasi narkoba. *Jurnal Dakwah dan Konseling Islam*, 7(2), 120–133.