



Substance Use and Addiction Services for American Muslims: A Case Study of Madina House Clinic

Bay Area, California

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For more information about the study, please visit: www.ispu.org/addiction-recovery

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Executive Summary

Addiction disorders are a growing challenge permeating across American households, and Muslim families are no exception to this crisis. Despite the prevalence of addiction, cultural and religious perceptions about addiction introduce unique help-seeking barriers and challenges for Muslims due to fear of stigmatizing attitudes and being ostracized by their communities. These fears often leave individuals feeling isolated and lost, without access to systems of support that center their identity and lived experiences. Recognizing this significant gap, individuals like Dr. Amer Raheemullah, alongside other religious and academic scholars, have stepped up to address the urgent need for culturally sensitive, spiritually integrated, and personal identity-centric care. Through this report, the authors aim to highlight the unique factors that set Madina House Clinic apart from other addiction treatment centers, including its volunteer-based structure, integration of Islamic frameworks, and strong commitment to a safe, culturally sensitive environment.

Lessons Learned from This Report

- 1. Community-based care with a framework that fits the needs of clients from all walks of life is crucial in well-rounded addiction treatment.** Individualizing treatment based on the specific substance(s) one is struggling with, as well as the intensity of the substance use, will greatly inform a highly curated treatment plan for an individual. Western medicine should not be ignored but instead prioritized with integrations of spiritual and trauma-informed care.
- 2. It is important to establish relationships and seek mentorship from existing community-serving organizations.** One of the deep-rooted shortcomings of the Muslim community and community-serving organizations is the divisiveness and lack of integration and inter-relational work. Spiritual connectedness should serve as a means of driving forward positive change through seeking support from each other and not seeing each other as competitors. Collaboration makes Muslim communities greater in strength and equips them with the capacity to address pressing issues at a rate faster than what is currently being done.
- 3. There is a necessity to create treatment programs that have room for customization,**

flexibility, and adaptation based on the cultural and faith-based diversity found among American Muslims. Throughout their experience working with the marginalized and underserved Muslim population, Madina House Clinic has highlighted that addiction recovery work should not be static; what works for one client may not have the same impact on another. This is especially true in a community nuanced by cultural distinctions and differences in levels of faith and religious practice. It is integral to develop a framework that is adjustable to meet the needs of each individual, while maintaining key elements of both clinical care and religious practice that allow individuals to stay connected through recovery.

- 4. Financial structures and resources should not be overlooked; they push the work forward.** The intent to establish a nonprofit, community-serving organization requires careful consideration of the resources that will be needed to conceive, sustain, and maintain the program. Reliance on the generosity of the community that wants to play a role in supporting their struggling community members is a small means to achieving financial support. Funders and grants will play an extremely critical role in resource allocation.
- 5. Challenges and shortcomings are inevitable in the development of a program, but they should serve as fuel to inform the future trajectory and vision for the organization.** Engagement with community members to identify areas for improvement and constant reflection through interaction with collected data will all serve to enhance the quality of the services provided.

Introduction to Madina House Clinic

Mission and Purpose

Madina House Clinic, at its core, is an addiction treatment center that exists to bridge the gap between evidence-based addiction medicine and the dynamic spiritual, cultural, and personal needs of Muslim individuals seeking recovery. Its mission is to provide accessible, comprehensive, and faith-conscious care, ensuring that no one has to separate their personal identity from their healing journey. The clinic integrates Islamic knowledge, medical expertise, and a holistic community support system, allowing individuals to introspectively connect with their cultural and spiritual identities while reclaiming their lives from addiction, reshaping the experience of addiction recovery for the Muslim community that has often been overlooked.

The clinic was created to address a pressing need: a highly customizable treatment model that could cater to individuals from diverse backgrounds, while integrating Islamic knowledge and spiritual mentorship into treatment and recovery processes. “The goal was to see how we can minimize barriers to reduce a lot of the suffering we’re seeing in the community, and reduce the barriers for people to reengage with the Islamic tradition,” said Dr. Raheemullah. He added that “spirituality is one of the greatest strengths that Muslims can derive help from for the process of addiction.” Instead of allowing misconceptions, which only widen the gap in accessing treatment, to fester, Madina House Clinic seeks to shift the narrative. By revisiting and highlighting Islamic traditions and spirituality as tools for healing rather than barriers to recovery, the clinic maintains an inclusive, compassionate, and empathetic path toward addiction recovery and lingering long-term impacts on multiple aspects of an individual’s life.

The Past and Present of Madina House Clinic

Cofounded in 2023 by Dr. Amer Raheemullah, MD, Madina House Clinic is a nonprofit based in California that was created to make medical treatment for addiction disorders more accessible to vulnerable individuals. Madina House Clinic addresses a core perpetrator of the problem—inaccessibility. The services exist, but the accessibility of these services and outreach to those who need them are lacking. Misconceptions about Islamic perspectives toward handling addictions introduce unnecessary barriers to individuals seeking treatment. For Dr. Raheemullah, it was time to change that: “We wanted to flip that and say, well, wait a minute—Islam has a huge spiritual tradition. It’s very logical in its foundation. Let’s see how we can help people tap into that. It shouldn’t be a barrier to getting help and progressing in life with addiction. Let’s see how we can go a little deeper.”

Dr. Raheemullah, the medical director of Madina House Clinic, explained that the roots of Madina House Clinic are much deeper than just professional expertise and aptitudes: “Most of us had experiences with addiction, either lived experiences from a personal addiction or a family member with addiction. So it was not just experience treating addiction that brought us to want to do this but our own personal lived experiences.”

Dr. Raheemullah specializes in treating addiction disorders. He is an associate professor at Stanford University in the Department of Psychiatry and Behavioral Sciences, as well as the director of the Addiction Inpatient Medical Service at Stanford

Hospital. Dr. Raheemullah completed his Addiction Medicine Fellowship training at Stanford University School of Medicine. He has robust experience in the use of prescription medication tapering, opioid dependence, behavioral addictions (such as gambling and pornography), and smoking cessation.

From the start, Dr. Raheemullah and the team at Madina House Clinic recognized that addiction isn’t an isolated problem. It is connected to multiple systems and dynamics at the individual, family, and community levels. He also recognized “strength on [these levels]. Our goal was to try and engage all of those levels to strengthen the strengths and minimize the barriers.”

In the past, the clinic operated a sober housing program. Homes that community members donated were transformed into sober houses, or homes where people who have completed substance addiction treatment could live and get support to refrain from relapsing into addiction. Sober houses function as places of safety and security for those who are transitioning out of rehabilitation programs and need a place to stay while they reintegrate back into society. Dr. Raheemullah explained: “We started two sober living homes for Muslims with addiction. It was a good experience. It was a little bit simpler because we could follow people over time. We could develop long-term relationships with them.” The houses had programs for resume development and job applications; educational opportunities through General Education Diplomas (GED, high school equivalency) classes, computer classes, and college classes; affordable housing; and additional health and mental health treatment beyond addiction support.

Madina House Clinic has since transitioned to an exclusively telehealth-based model of addiction medicine, centering its services around medication support, individual and group therapy, Islamically integrated tools, and connection to community resources. The clinic approaches treatment holistically, identifying barriers and sources of strength across all three levels. The goal is not just to address and treat the addiction itself but to create a plan in which the people and environments surrounding an individual seeking treatment facilitate and sustain recovery. Notably, Madina House Clinic serves as a conduit, connecting individuals to vital clinical and spiritual resources. Their approach centers on building bridges between treatment and spirituality and between individual struggle and collective support. Dr. Raheemullah stated, “We weren’t trying to replace the infrastructure of ilm (Islamic knowledge) and spiritual mentorship. We’re just trying to connect people to it.”

The commitment to this integrative approach, with the

emphasis on connection and focus on holistic healing across all aspects of an individual's life, makes Madina House Clinic a standout space for addiction recovery. It is not just a space for treatment, but a community of integrated and well-rounded care that addresses every facet of an individual's path to recovery.

Type of Organization and Financial Structures

Madina House Clinic operates as a fully volunteer-led nonprofit clinic. As Dr. Raheemullah explained, "It's all volunteers. No salaries." While this volunteer-forward structure is rooted in lived experience and commitment, it does place limits on the organization's scale and reach. Despite these constraints, the clinic has benefited from generous donations from community members. In the past, these donations helped furnish and run the clinic's sober living homes and provided rental support to clients leaving the rehab programs. Although the sober living homes are no longer in operation, Madina House Clinic continues to offer addiction medicine programs, addiction support groups, and family support groups. While the individual addiction treatment plans are a paid service, Madina House Clinic works with many major insurance companies to help offset those expenses. The groups, however, are free of charge to attend. The passion behind these meaningful efforts is apparent. As Dr. Raheemullah put it, "We don't charge for our groups. The people who run them do it purely from the heart."

Community engagement is a high priority for Madina House Clinic's treatment model. The clinic recognizes that addiction does not exist in an individual vacuum. Families often suffer alongside an individual struggling with addiction, navigating fear and confusion. "We approached it from the community level, the family level, and the individual level," Dr. Raheemullah noted, describing the layered approach within the recovery framework.

The clinic continues to refine its approaches to creating culturally sensitive and mindful spaces that have the capacity to accommodate the different kinds of racial, ethnic, spiritual, and religious identities that show up with individuals seeking services. Dr. Raheemullah maintained that while research guided their methods, the team relied heavily on intuition and what "passed the sniff test." This enabled Madina House Clinic to be iterative in its approach, constantly able to tweak and adjust its models through feedback, observation, and experience, as "hitting the nail on the head of culturally sensitive spaces truly emerges through exposure and feedback."

Overall, Madina House Clinic's structure is built around aspects that set it apart from other addiction treatment spaces. Focusing on nuanced, integrated, and holistic care, the clinic's framework holds a unique blend of professional wisdom, Islamic principles, and community-led care. The organization has found distinctive ways to serve Muslims struggling with and recovering from addiction, proving that customizable, individualized, and identity-centric care has a place in the realm of addiction treatment.

Services Provided

Services

The clinic offers treatment programs curated for individuals experiencing addiction with various substances, including methamphetamines and stimulants, cannabis, alcohol, opioids and fentanyl, and nicotine. Individuals can arrive at the clinic struggling with the consumption of specific substances or a complex combination of many. The clinic intentionally provides evidence-based treatment in alignment with the specific substance(s) that a client is challenged with.

- **Opioids and/or fentanyl:** The clinic offers buprenorphine medication, a highly regulated, FDA-approved intervention. This synthetic opioid is used to treat opioid use disorder by eliciting longer-lasting effects than harmful opioids (heroin, oxycodone), while minimizing the typical withdrawal symptoms and feelings of euphoria. Regular drug testing, mandatory attendance at group sessions, and devotion to staying substance-free supplement the buprenorphine medication.
- **Alcohol:** While the long-term goal is to promote abstinence, Madina House Clinic recognizes that each individual varies in their alcohol journey. For some, their goal may be to reduce their heavy drinking; for others, they are seeking support to wean off alcohol altogether. Madina House Clinic offers individualized treatment plans, coupled with therapy, support groups, and other evidence-based treatment interventions. They also prescribe the Sinclair Method treatment with naltrexone—the administration of an opioid blocker that mitigates alcohol cravings.
- **Methamphetamines/Stimulants:** Individuals suffering with methamphetamine/stimulant use disorder can be prescribed Wellbutrin plus naltrexone. There is a higher emphasis on joining a community treatment program along with the regimen prescribed by the

clinic, as Madina House Clinic does not adopt a stimulant-prescribing model for treatment.

- **Cannabis:** Those suffering with cannabis use disorder are enrolled in community treatment programs along with medical-prescribing from the clinic, typically gabapentin due to its high yield impact on cannabis use disorder. This is also coupled with individual and/or group therapy sessions at the clinic.
- **Nicotine:** Individuals seeking support to quit smoking are prescribed smoking cessation programs and coaching. Clinicians at Madina House support individuals in setting goals and monitor them to track progress.
- **Withdrawal:** A tapering program is offered to individuals who do not meet criteria for a substance use disorder but frequently use substances and aim to eliminate their consumption. Substance use disorders are typically diagnosed in clinical settings through comprehensive assessments and involve consistent patterns of substance use despite serious and hazardous consequences. For more severe cases, long-term treatment options are provided and may include the administration of withdrawal medication. Tapering programs are tailored for individuals using substances such as opioids, alcohol, or certain prescription medication, rather than for stimulants like methamphetamines, which often require different treatment approaches. Alongside the overarching services provided by Madina House Clinic, the clinic emphasizes substance-specific addiction treatment services to ensure patients are receiving individualized and specialized care and therefore achieving optimal levels of recovery.

Guiding Frameworks

Madina House Clinic’s approach to curated addiction recovery was developed using a selection of well-researched, evidence-based models of treatment in combination with community needs. The clinic incorporated pieces from well-regarded treatment frameworks to create a culturally and spiritually mindful approach to recovery from addiction.

Madina House Clinic relies heavily on the prevention model from the National Institute on Drug Abuse (NIDA) as a model for family groups. Additionally, they also use community prevention studies supported by NIDA, opting to use research-backed frameworks to find the best tools to support individuals who are scared or hesitant to share their experiences

and struggle to communicate thoughts about their addiction.

Dr. Raheemullah supplements prevention models with communication-focused frameworks like the Community Reinforcement and Family Training (CRAFT) model. This model focuses on teaching families practical communication skills as it “teaches people how to communicate,” the complex dynamics of addiction, and how to avoid enabling behavior.

For individual sessions, Dr. Raheemullah mentioned using a more common evidence-based framework, called cognitive behavioral therapy (CBT), alongside peer support. CBT aims to reinstate clients’ agency by empowering them to reframe their thoughts, behaviors, or feelings. Dr. Raheemullah emphasized, “We weren’t seeing people opening up much in the support groups. I understand it’s not easy to do that, it makes sense. So we used more skills-based things” at the clinic, in both individual and group settings.

Another guiding framework at Madina House Clinic is taken from the Islamic tradition. This framework functions by relating to all the other tools used at the clinic. As Dr. Raheemullah mentioned, “When we’re doing a therapy intervention, then we’re trying to discuss it from an Islamic angle. There’s a lot of overlap.” Connecting Islam to aspects of personal and experiential identity, as well as stages of recovery, allows Madina House Clinic to implement a functional model of integrated treatment.

By combining this selection of established tools and frameworks with experience, Islamic traditions of healing and support, and cultural relevance, Madina House Clinic has carefully crafted a treatment model that is grounded in clinical expertise while being culturally responsive and spiritually sound. This approach ensures that clients experience recovery through a process that addresses all facets of their personal identity, as well as providing the support and tools to help them navigate family relationships and community belonging.

Challenges and Successes

Challenges

Despite a well-supported team, operating Madina House Clinic does come with its challenges. Dr. Raheemullah identified three main challenges unique to their program: “Shame and stigma is a tough one. The second would be the challenge of terminal

uniqueness and customizing interventions to make everybody feel included but, at the same time, not customizing them so much to where we're excluding other groups. The third main challenge is struggling with how to recognize and reconcile key treatment paradigms, including mainstream addiction treatment and the Islamic tradition.”

Shame and Stigma

Shame and stigma are the most significant challenges Madina House Clinic faces. As Dr. Raheemullah explained, it often takes a lot of creativity to make people feel comfortable around sensitive topics surrounding addiction. Madina House Clinic explores different platforms to allow accessibility of services to people in various stages of addiction, allowing more people to utilize services while keeping the format meaningful and beneficial. He summarized: “We're trying to figure out creative ways to allow people to feel comfortable. We use various different platforms to see how we can lower the bar of entry, but still make it meaningful for people.”

Madina House Clinic allows individuals to join their treatment-planned group sessions with their videos on or off, depending on their levels of comfort. For most of these sessions, however, engaging through audio is a requirement to ensure a space filled with dialogue between people from various backgrounds, while simultaneously maintaining privacy. These group sessions may be integrated into an individual's care plan if deemed required or beneficial by the service provider and the client.

Terminal Uniqueness

Another main challenge faced by Madina House Clinic is “terminal uniqueness”—the belief that one's struggles are so unique that no one else can understand them. Dr. Raheemullah described, “It's a term that is used within recovery where there's a sort of difficulty people have in relating to others.” This mindset can create barriers in addiction recovery, especially in a setting as culturally diverse as Madina House Clinic. Clients come from various ethnic and cultural backgrounds, and their unique lived experiences may make it difficult for them to find common ground, connections, and belonging. While this diversity brings many valuable perspectives from different lived experiences, it also presents challenges around collective belonging. Individuals may feel isolated if their specific experiences are not explicitly reflected in the treatment approach, particularly in a space for addiction treatment that deliberately intersects faith and cultural identity with the journey of recovery.

Additionally, as Dr. Raheemullah explained, individuals vary in how they interpret and practice Islam, adding another layer of apprehension and complexity when developing addiction treatment programs that are inclusive, while also being meaningful to each participant's personal experiences. Also, not all addictions manifest similarly; people experience and are impacted by similar events differently. This can deepen feelings of loneliness and disconnection, furthering differences between individuals in healing and recovery. Dr. Raheemullah stated: “There are so many different racial and ethnic groups that show up, and there are so many different perspectives of Islam that show up. People early in recovery are in a stage where they have difficulty relating to other people and finding commonality. For example, ‘my addiction or my problem [is] not the same as your addiction or your problem.’”

To interpret this further, it is important to consider that Islam is not a monolithic religion in practice or interpretation. When Dr. Raheemullah speaks of the different racial and ethnic groups, it is imperative to expand our perception that while undoubtedly monotheistic, Islam is practiced differently in different cultures based on the school of thought that is followed. Islam is a meaningful, well-rounded, and comprehensive framework for Muslims. Still, some may engage with it in more fluid ways that can change and evolve depending on lived experiences and personal, cultural, or life circumstances. Islam is often misunderstood to be a religion that must be practiced in an “all or nothing” manner. Many people, however, navigate faith and spirituality uniquely and selectively. This heterogeneity, related to cultural contexts of Islam, leads to a plethora of different circumstances that affect ethnic/racial groups uniquely, specifically at the socioeconomic level. Different ethnic/racial groups have unique histories that may have initially led to substance use, diverse cultural implications of substance use, various recovery methods that are considered culturally acceptable, and various ways of coping as a community. This selectivity may not be a sign of disconnection but rather a reflection of the deeply personal ways people can relate to religion, particularly during struggle or healing.

Establishing a framework for addiction treatment surrounding this context requires a level of sensitivity and adaptability. Addiction treatment cannot be a one-size-fits-all approach. Treatments that are impersonalized can push away individuals who may have been hesitant to come in to seek support. It is challenging to create an approach that addresses both the unique lived experiences and religious, cultural, and other defining identities such as gender, race, ethnicity, or immigration status, for instance. Because addiction is

not a uniform experience, responses to addiction (and addiction treatment) are just as varied due to experiences with environment, culture, trauma, and internalized beliefs. Madina House Clinic strives to offer care that is community-based and sincerely individualized to fit each individual's complex collection of personal identities, unique lived experiences, and faith on their path to recovery.

The Integration of Multiple Paradigms

Addictions can be approached by multiple paradigms, which can be a challenge in and of itself. Each model offers unique strengths and weaknesses, and different models of treatment work for different people. Sometimes, one paradigm fits better than another, or integrating two or more models may produce the best outcomes. Sometimes, a Western medicine approach may work best, while other times, integrating faith-informed therapy may produce more desirable progress. According to Dr. Raheemullah, however, hardship arises in how to identify and meaningfully combine these therapies, as he “had to figure out how to overlap this in a way that’s meaningful and practical for somebody who is trying to take the next step in treatment.”

This process requires careful understanding and balancing. Dr. Raheemullah and the Madina House Clinic team had to work to understand how to effectively combine approaches for the best possible outcome, while simultaneously ensuring that their curated approach could be customized for different individuals. At the same time, they had to ensure that their tools were not overly diluted or over-customized to the point of excluding others.

Among these challenges in curating services, the question arises of how Madina House Clinic creates and sustains its distinctive addiction treatment programs. In a religious community where substance use and addictions are often heavily stigmatized, it poses the question: how does Madina House Clinic continue its efforts to provide community-based yet individualized addiction treatment for individuals who may struggle to find care that respects and aligns with their cultural and spiritual identities?

Successes

Despite the aforementioned challenges, Madina House Clinic has achieved significant successes through constant growth and reflection. By blending evidence-based frameworks that combine Western tools of addiction medicine with tools that center Islamic traditions, the clinic has been able to create treatments that meet individuals where they are

spiritually and emotionally in their journey toward well-rounded recovery.

Sober Living Homes

Madina House Clinic has had a remarkable impact on the community, breaking records with its significant work. One of the clinic's earlier achievements was establishing sober living homes for Muslims recovering from addiction, though they are not currently operational. These spaces allowed individuals to remain connected with and heal through the strengths of their identities. While operating the sober houses, Madina House Clinic collaborated with other community actors in Muslim addiction treatment spaces, allowing for meaningful collaboration and learning.

Positive Community Feedback and Clients Remaining Substance-Free

Madina House Clinic receives consistent positive feedback from the community, with people expressing the tremendous influence their organization has had on their lives. Dr. Raheemullah stated: “We had just sent out an email to one of our email lists of people who have experiences with Muslims experiencing addiction, just letting them know that we’re starting another group. I think I would have expected about 20% of the people that responded to respond, but we had a really good response. There was a lot of enthusiasm right away.”

This continued enthusiasm conveys to the Madina House Clinic team that their programs are having a positive impact on individual lives and the greater Muslim community. Additionally, through data collection, there has been tangible evidence that the clinic's programs are effective. According to Dr. Raheemullah and some of the clinic's collected data, many of their clients, after exiting the program, continue to remain substance-free.

Accessible Group Services

Another one of the clinic's primary accomplishments is its ability to keep its group-based services accessible by ensuring they are provided at no cost to the participants. The clinic also runs family sessions that allow individuals to involve their families in the treatment process. These family-centered sessions support recovery and help improve and maintain relationships that may have been weakened or strained due to addiction, keeping to the clinic's community-based, holistic model of recovery.

These initiatives show Madina House Clinic's strong commitment toward crafting viable, spiritually

integrated, community-centered, and science-backed recovery programs for Muslims going through addiction. Their groundbreaking successes prove the effectiveness of culturally nuanced addiction treatment. The clinic’s model offers a perspective into what addiction treatment for Muslims can look like and how it can evolve to better serve Muslim communities.

Community Collaborations and Existing Models

Madina House Clinic recognizes the role of other community-serving organizations with similar missions in facilitating the inception of Madina House Clinic. Through multiple conversations with already-existing addiction support services, Madina House Clinic understood the logistics of how to set up a sober living home.

IMAN, the Inner-City Muslim Action Network, based in Chicago, was one of the early organizations that Dr. Raheemullah reached out to for support. “We got a lot of support from organizations like IMAN in Chicago on how to start sober living homes.” IMAN is a community-led organization that promotes the health and wellness of individuals living in inner-city communities through cultivating opportunities for social change and providing holistic care to community members. Among their numerous initiatives is their housing intervention—specifically, the Green ReEntry program—that provides transitional housing to those who are at high risk or attempting to rehabilitate into society. This existing model served as a valuable foundation for Dr. Raheemullah in informing the sober homes established by Madina House Clinic.

Tayba Foundation was a more proximal organization within California that Dr. Raheemullah connected with. A nonprofit organization providing services to those impacted by incarceration, Tayba Foundation provided mentorship on establishing a reentry program and a well-rounded and holistic support service for those seeking reintegration into society.

Of notable recognition was the guidance and mentorship of a non-Muslim organization, Oxford House Foundation of Canada. Oxford House, located in Calgary, Alberta, provides safe and affordable housing to those experiencing addictions. They have successfully established sober living homes that promote the recovery of individuals through individual empowerment. While it is not a Muslim-led or Muslim-serving organization, Dr. Raheemullah still viewed it as an

informative and evidence-based program:

“Then we looked at the Oxford House model, which is not a Muslim organization, but an organization with Christian roots. So we looked at them to see how to set up a sober home, not because of their Christian roots, but more so because of the data behind what they were doing. We used them because the data was good. I wish I had listened to more advice from them. We took a lot of advice from [them], but I think maybe I might have missed a few points that I more fully appreciate now.

Dr. Raheemullah described the entire journey as a learning process and experience. While the mentorship from other organizations was a significant component of their successful establishment, they still had to learn a lot independently. “Looking back, I think it’s been a really great learning process. I don’t really regret doing anything because I don’t think we had a lot of footsteps to follow in terms of the addiction piece. I think we were keenly aware that we were experimenting with things because all of it’s been shown to work.”

Despite the many programs that Dr. Raheemullah built relationships with, which served as informative models for their clinic, he still experienced feelings of doubt, constantly asking himself, “Is it going to work?” Perhaps having more research and insights on Muslims suffering with addictions would’ve been helpful, as well as having greater financial resources.

Regardless of these challenges, Dr. Raheemullah stated that he would do it all again; rather than being disappointed in the areas where he recognizes that Madina House Clinic may have fallen short, he uses this as an opportunity to drive the program’s future direction strategically.

“I think I would have done all of it again with the knowledge that I have now. I think we’re more aware now of how much collective Muslim trauma is an issue. Although we’re from diverse countries of origin and ethnic groups, I think that there is this clear unity in Muslims in America in terms of there being this trauma, some sort of displacement of people, that makes families really difficult and that translates into the individual having risk factors for addiction. In other words, the soil is really harsh, so the plants grow a little bit. I think spirituality is an asset to treating addiction, and trauma is a risk factor. We’re all pretty aware of that in the addiction space.

Future Directions

Dr. Raheemullah and Madina House Clinic created integrated and customizable addiction treatment frameworks that laid the necessary groundwork for the future of addiction recovery support for Muslim communities. During their experiences, however, they also uncovered areas where there is room for significant improvement. These next steps focus on strengthening addiction support systems and programs in Muslim communities and beyond.

These future steps focus on improving early identification systems and referral processes, creating open and welcoming spiritual spaces that are accessible, and increasing research and resources. Dr. Raheemullah's reflections highlight key areas for continued development and expansion of future addiction treatment initiatives.

Dr. Raheemullah emphasized the need for leaders in Muslim spaces, such as mosques and community centers, or even Muslim psychologists who may not have been explicitly trained in addiction treatment, to be better acquainted with identifying signs of addiction. In other words, they should have the tools to be able to distinguish between the signs and symptoms of addiction in comparison to the signs and symptoms of other mental health disorders. Dr. Raheemullah explained that Muslim institutions need to "have a culture and attitude of accepting people wherever they're at and need to be able to identify addiction without mistaking it for something else." Additionally, these spaces, which are often the first line of defense for Muslims seeking support in an environment that is mindful of their faith, need to have the resources to be able to refer people to professional addiction treatment and not focus entirely on religious intervention, as Dr. Raheemullah emphasized.

Dr. Raheemullah also expressed the need to make Muslim spaces accessible, open, and nonjudgmental for Muslims who are finding their way back to Islam. In other words, having a "low threshold" for who is accepted into Muslim communities and spaces and being more welcoming overall. As he explained, "We need to have space for people that might be a little more rough around the edges or a little like lost sheep."

He gives the example of Ta'leef Collective, an organization with campuses in Chicago and the Bay Area, which is built on the principle of ta'leef, which means "to reconcile" in Arabic. Ta'leef was founded in 2005 as an outreach program for individuals who are coming into Islam or those who are looking for a community to deepen their understanding of the faith and

need some extra support. They offer classes, events, retreats, and mentorship opportunities, emphasizing an open environment with resources and support for individuals from all walks of life. Dr. Raheemullah explained that "having spaces for Muslims that are marginalized, which includes those who are experiencing addiction and recovery, would help more people benefit from spirituality."

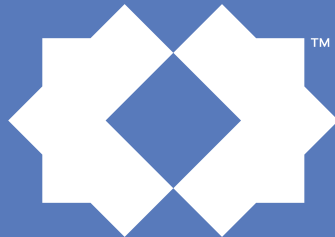
Lastly, he highlighted a need for expanding research and increasing the resource pool for addiction work that is focused on Muslims. He explained the necessity for both more human and financial resources that are focused explicitly on addiction work with Muslims. "I wish we had more insight into Muslims and addictions. I wish we had more of that to start," he mentioned, referring to the collective lack of research in this area. Specifically about Madina House Clinic, he mentioned that he'd like to have more financial and human resources as the organization continues to provide cutting-edge addiction treatment for Muslims: "those two things would continue to grow it."

These insights offer a collective set of instructions on how the future of addiction recovery work in Muslim communities can be expanded and optimized. Dr. Raheemullah's experiences with Madina House Clinic evidently show that substantial progress is possible with the valuable integration of medical expertise, Islamic principles, and cultural understanding. Strengthening identification, support tools, and referral processes in Muslim spaces, maintaining spaces that are welcoming and inclusive for well-rounded spiritual growth, and heavily investing in research and resources into Muslim experiences with addiction are key areas for growth within communities.

Conclusion

The mission that Madina House Clinic aims to fulfill reflects the foundational bridges that must be advocated for and built by and for Muslim communities. Addictions are a deep-rooted reality and lived experience of a countless number of Muslims across America. Madina House Clinic recognizes the right that Muslims have to seek faith-informed and faith-centric treatment and care; however, such rights cannot be fulfilled if the services do not exist or are not abundant or accessible in the first place. Dr. Raheemullah and the team at Madina House Clinic are a driven group of leaders using their faith to inspire the services they provide, recognizing the importance of faith in many individuals' lives. They have also succeeded in serving the community due to their rigorous expertise and comprehensive educational training, which has earned them credibility and an abundance

of knowledge. They do not overlook Western medicinal practices but rather value their evidence-based importance in the recovery of addictions. Ultimately, they take the unique and strategic approach of integrating the best of both worlds—Islamic principles of healing infused with mainstream treatment services—to create comprehensive, culturally sensitive, holistic care for Muslims. Through their important work, Madina House Clinic provides a promising reality for Muslims suffering with addictions: that recovery *is* possible, and hope still exists.



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