



Substance Use, Addiction, and Recovery:

Exploring Patterns and Perspectives Among American Muslims

Appendix II ————— Methodology

Methodology

This study employed a qualitative, multi-site case study design to examine models of substance use and addiction services serving American Muslim communities. The project focused on three organizations operating in distinct geographic, demographic, and organizational contexts: **Lamps of Light** (Riverside, California), **Madina House Clinic** (Bay Area, California), and **Alliance Wellness Center** (Bloomington, Minnesota). Together, these cases were selected to illuminate how culturally and religiously responsive addiction services are developed, implemented, and sustained across varied community settings.

Case Selection and Study Design

The three organizations were selected using a purposeful sampling strategy aimed at capturing diversity in (1) geographic region, (2) organizational structure (nonprofit, volunteer-based, and for-profit models), (3) service delivery modalities (outpatient, inpatient, sober living, and telehealth), and (4) populations served. Lamps of Light was selected as an example of a nonprofit behavioral health organization that emphasizes lived-experience-informed care and harm reduction within a Southern California context. Madina House Clinic was chosen for its volunteer-led, medically oriented, telehealth-based addiction medicine model that integrates Islamic frameworks and family systems approaches in Northern California. Alliance Wellness Center was selected as a long-standing, for-profit addiction treatment provider serving predominantly East African Muslim communities in the Midwest, offering a full continuum of care, including residential and outpatient services.

Rather than seeking statistical representativeness, the study was designed to generate contextually rich insights into organizational practices, guiding philosophies, and community-engaged strategies used to address substance use and addiction among American Muslims. A qualitative case study approach was selected to enable in-depth exploration of organizational histories, service models, and perceived successes and challenges that are not readily captured by quantitative methods.

Data Collection

Data collection consisted primarily of in-depth, semi-structured key informant interviews with organizational founders and executive leaders at each site. Interviews explored topics including organizational origins, mission and values, service delivery models, guiding clinical and religious frameworks, funding structures, community engagement strategies, and perceived barriers and facilitators to care. Interview guides were flexible, allowing respondents to elaborate on site-specific experiences and priorities.

Analytic Approach

Data analysis followed an inductive, descriptive–interpretive approach, consistent with qualitative case study methodology. Interview transcripts were reviewed iteratively to identify recurring themes within and across cases. Analysis focused on identifying key mechanisms, practices, and contextual factors shaping how addiction services are delivered in Muslim community contexts, rather than on evaluating outcomes or effectiveness.

Methodological Strengths and Limitations

A primary strength of this qualitative, multi-site case study design is its ability to generate nuanced, practice-relevant insights into organizational models that operate at the intersection of addiction treatment, culture, and religion. While quantitative approaches are well-suited for estimating prevalence or testing hypotheses, they are less effective for capturing the contextual realities, institutional decision-making processes, and community dynamics that shape service delivery in marginalized populations.

The findings from this study are not intended to be generalizable to all Muslim-serving addiction treatment programs. The organizations included are not representative of all geographic regions, sectarian traditions, or service models. However, the cases were intentionally selected to reflect meaningful diversity in organizational form and community context, thereby enabling the study to identify transferable lessons and considerations relevant to

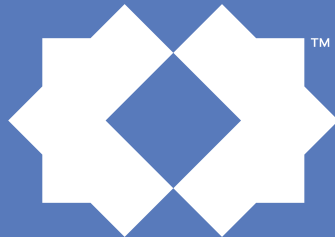
practitioners, policymakers, and community leaders.

Ethical Considerations

This study was conducted with an emphasis on ethical integrity and respect for the community. Organizational leaders provided consent to participate and to have their organizations described by name. Client narratives included in the reports were shared with permission and were de-identified to protect confidentiality. The research team adopted a strengths-based, non-stigmatizing approach to reporting, recognizing the sensitive nature of substance use and addiction within Muslim communities and the importance of framing findings in a manner that supports dignity, trust, and community engagement.

Characteristic	Lamps of Light (Riverside, CA)	Madina House Clinic (Bay Area, CA)	Alliance Wellness Center (Bloomington, MN)
Geographic Region	Southern California	Northern California (Bay Area)	Upper Midwest (Minnesota)
Year Founded	2019	2020	2015
Organizational Type	Nonprofit behavioral health organization	Volunteer-led nonprofit addiction medicine clinic	For-profit addiction treatment center
Primary Population Served	Muslim and SAMENA communities	Muslim individuals and families	Predominantly East African Muslim communities
Primary Service Modalities	Outpatient behavioral health services; peer navigation; support groups	Telehealth-based addiction medicine; individual and group therapy; family support	Inpatient residential treatment; outpatient services; medication-assisted treatment; sober living
Types of Addiction Addressed	Chemical (e.g., drugs, alcohol) and behavioral (e.g., pornography) addictions	Substance use disorders (opioids, alcohol, stimulants, cannabis, nicotine) and behavioral addictions	Substance use disorders (opioids, alcohol, stimulants, polysubstance use)
Faith Integration	Explicit integration of Islamic principles and Islamic psychology	Integrated Islamic spiritual frameworks alongside evidence-based addiction medicine	Faith- and culturally responsive care embedded in service delivery

Staff Composition	Licensed clinicians and certified peer navigators with lived experience	Volunteer physicians, therapists, and facilitators	Multidisciplinary clinical staff; many staff are program alumni
Funding Structure	Grants, donations, and insurance reimbursement	Donations, volunteer labor, and insurance reimbursement	Insurance billing and direct payment
Service Delivery Format	In-person outpatient clinic and community programming	Primarily telehealth	In-person residential and outpatient services
Stage of Organizational Development	Early growth and expansion phase	Early-stage, adaptive model	Established organization with over a decade of operation



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ISPU provides objective research and education about American Muslims to support well-informed dialogue and decision-making. Since 2002, ISPU has been at the forefront of discovering trends and opportunities that impact American Muslim communities. Our research aims to educate the general public and enable community change agents, the media, and policymakers to make evidence-based decisions. In addition to building in-house capacity, ISPU has assembled leading experts across multiple disciplines, building a solid reputation as a trusted source for information for and about American Muslims.

For more information, please visit: www.ISPU.org.

Institute for Social Policy and Understanding
info@ISPU.org

Mailing address:

3200 Greenfield Rd, Suite 300
Dearborn, MI 48120
(800) 920-4778

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