



PEER SUPPORT IN PSYCHOSOCIAL RECOVERY: A QUALITATIVE STUDY OF NAPZA (SUBSTANCE USE DISORDERS) REHABILITATION AT THE RUMOH GEUTANYOE ACEH FOUNDATION

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Abstract

Peer support is widely recognized as a key component in the recovery of individuals with substance use disorders (SUD), yet its role in community-based rehabilitation within socio-religious such as in Aceh contexts remains underexplored. This study examines the contribution of peer support and its psychosocial impacts at the Rumoh Geutanyoe Aceh Foundation. Using a descriptive qualitative approach, data were collected through observation, in-depth interviews, and documentation involving eight informants (four active clients, two peer counselors, one former client and one coordinator program) and analyzed using Miles and Huberman's interactive model. The findings indicate that peer support significantly enhances psychosocial recovery by strengthening motivation, self-confidence, and resilience. This process is reflected in key dimensions of social support—particularly reassurance of worth, guidance, and reliable alliance—through emotional bonding, shared experiences, and sustained mentoring relationships. Peer support also fosters a stigma-free and supportive environment that promotes long-term recovery. This study contributes to the limited literature on peer-based rehabilitation in local and Islamic socio-cultural contexts and highlights the importance of integrating peer support into community-based recovery programs.

Keywords: NAPZA; Peer Support; Psychosocial Recovery; Rumoh Geutanyoe Foundation.

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Abstrak

Dukungan sebaya secara luas diakui sebagai komponen kunci dalam proses pemulihan individu dengan gangguan penggunaan zat (NAPZA), namun perannya dalam rehabilitasi berbasis komunitas dalam konteks sosial-keagamaan seperti di Aceh masih belum banyak dieksplorasi. Penelitian ini bertujuan untuk menganalisis kontribusi peer support serta dampak psikososial yang dihasilkannya di Yayasan Rumoh Geutanyoe Aceh. Penelitian ini menggunakan pendekatan kualitatif deskriptif dengan teknik pengumpulan data melalui observasi, wawancara mendalam, dan dokumentasi yang melibatkan delapan informan (empat klien aktif, dua konselor sebaya, satu mantan klien dan satu koordinator program), serta dianalisis menggunakan model interaktif Miles dan Huberman. Hasil penelitian menunjukkan bahwa peer support berperan signifikan dalam meningkatkan pemulihan psikososial dengan memperkuat motivasi, kepercayaan diri, dan ketahanan klien. Proses ini tercermin dalam dimensi utama dukungan sosial—terutama pengakuan nilai diri, bimbingan, dan keandalan dukungan—melalui ikatan emosional, pengalaman bersama, dan hubungan pendampingan yang berkelanjutan. Selain itu, peer support juga menciptakan lingkungan yang bebas stigma dan suportif yang mendorong pemulihan jangka panjang. Penelitian ini memberikan kontribusi terhadap keterbatasan literatur mengenai rehabilitasi berbasis peer dalam konteks sosial-budaya lokal dan keislaman, serta menekankan pentingnya integrasi peer support dalam program pemulihan berbasis komunitas.

Kata Kunci: NAPZA; Dukungan Sebaya; Pemulihan Psikososial; Yayasan Rumoh Geutanyoe.

INTRODUCTION

The misuse of narcotics, psychotropic substances, and other addictive substances (NAPZA) is a global health issue with far-reaching impacts on individuals, families, and communities. It contributes to a wide range of physical, psychological, social, and economic problems, ultimately hindering productivity and quality of life. According to the the United Nations Office on Drugs and Crime (UNODC, 2023), the number of illicit drug users reached 292 million in 2022, reflecting a 20% increase over the past decade.¹ In the same year, it is estimated that 7 million people came into official contact with the police (arrests, warnings, and cautions) due to drug-related offenses, with approximately two-thirds of these cases involving drug use and possession. Additionally, 2.7 million people were prosecuted for drug-related offenses, and over 1.6 million were sentenced. Countries such as the United States and Australia, for example, have demonstrated that the substance abuse crisis is linked to mental health disorders, increased crime rates, and strain on social and health care systems.²

In Indonesia itself, the prevalence rate of NAPZA abuse in 2023 was 1.73% or around 3.33 million people aged 15-64 years. The Indonesian National Narcotics Agency (BNN) is targeting a reduction to 1.7% in 2025 and 1.6% in 2029. Looking at the trend from previous years between 2019 and 2023, the prevalence of NAPZA abuse per year saw

¹UNODC. (2024). *Press Release UNODC World Drug Report 2024: Harms of World Drug Problem Continue to Mount Amid Expansions in Drug Use and Markets* (Online).

²Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1-9. <https://doi.org/10.1016/j.jsat.2016.01.003>

an increase from 1.80% in 2019 to 1.95% in 2021, representing a rise of 0.15 percentage points. However, from 2021 to 2023, there was a decrease of 0.22 percentage points from 1.95% to 1.73%. This decrease is quite significant when considering the absolute number of NAPZA abusers, which decreased from 3,666,646 people in 2021 to 3,337,911 people in 2023, or a decrease of 324,735 people over a two-year period.³

Efforts to address substance use disorders (SUD) increasingly emphasize rehabilitation and recover-oriented approaches. Within this context, peer support has emerged as a crucial social strategy, as individuals with shared experiences can provide emotional, informational, and motivational support that is often difficult to obtain from formal institutions or family networks. One of the main reasons for the need for peer support in social rehabilitation is the deeper understanding between individuals who have experienced similar conditions.⁴ In addition, peer support can also play a role in strengthening coping skills and encouraging positive behavior in daily life.⁵ Through support groups, individuals can learn new skills in dealing with stress and temptation and build strong self-confidence. The existence of this community also helps create a safe and supportive environment where individuals feel valued and accepted for who they are, thereby reducing the loneliness that triggers relapse into substance abuse.

From the perspective of Islam, the abuse of NAPZA is considered a prohibited act because it can damage the mind, body, and soul of human beings. The Quran, in Surah Al-Baqarah [2]: 195, commands, “*And do not throw yourselves into destruction.*”⁶ Meanwhile, Surah Al-Ma'idah [5]: 90-91, explicitly prohibits the consumption of *khamr* because it fosters enmity, hatred, and prevents people from remembering Allah and performing prayer.⁷ In this context, recovery from SUD is not merely a medical and social issue but also part of a spiritual effort to return to the straight path. The principle of *ta'awun* (mutual assistance) in Islam is also in line with this. In Surah Al-Ma'idah [5]: 2, it is stated, “*And help one another in righteousness and piety, but do not help one another in sin and hostility.*”⁸ This means that providing support to others who are struggling to break free from the SUD is an act of kindness that holds religious significance.

In the context of Aceh, Indonesia—province that formally implements Islamic Law —, SUD are not only a public health concern but also a socio-cultural and moral issue shaped by strong religious values. These conditions often contribute to stigma and social exclusion toward individuals with SUD, which turn become significant barriers to recovery and social reintegration. At the same time, Aceh remains vulnerable to drug trafficking due to its geographical location, with a considerable number of drug-related cases reported annually. In 2024, Aceh ranked among the top 10 provinces with the highest number of drug-related cases, with 150 cases reported in January alone that year. During the January-June period of the same year, there were 1,014 recorded cases involving drug offenders.⁹ This situation highlights the urgent need for rehabilitation approaches that go beyond punitive measures and emphasize recovery-oriented and socially supportive interventions.

³Badan Narkotika Nasional Republik Indonesia. (2024). *Hasil Survei Nasional Prevalensi Penyalahgunaan Narkotika Tahun 2023*. Puslitdatin BNN RI.

⁴Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance abuse and rehabilitation*, 7, 143–154. <https://doi.org/10.2147/SAR.S81535>

⁵Maria Oce Yea, Anastasia W, Florensia Nei. (2024). *Kesehatan Mental: Pemahaman, Pencegahan dan Pengobatan*. PT. Media Penerbit Indonesia: Medan. Hal. 46.

⁶QS. Al-Baqarah [2]: 195.

⁷QS. Al-Maidah [5]: 90-91.

⁸Q.S. Al-Maidah [5]: 2.

⁹Pusat Penelitian, Data, dan Informasi BNN RI. (2024). *Data Tahanan dan Narapidana DITJENPAS 2024*. <https://puslitdatin.bnn.go.id>

Within this context, peer support becomes particularly relevant, as it offers an empathetic, non-judgmental environment grounded in shared experiences, enabling individuals to navigate recovery more effectively. However, most existing studies on peer support in rehabilitation have been conducted in Western settings and tend to focus on clinical or institutional models. Limited attention has been given to community-based rehabilitation in non-Western contexts, especially those shaped by strong socio-cultural and religious values such as Aceh.¹⁰ Furthermore, although peer support is widely acknowledged as beneficial, there remains a lack of empirical research examining how its dimensions—particularly within the framework of social support theory—are manifested in local, community-based rehabilitation practices. This gap is especially evident in institutions that integrate social, cultural, and spiritual approaches, such as the Rumoh Geutanyoe Aceh Foundation.

Previously known as YAKITA (Yayasan Permata Hati Kita), the Rumoh Geutanyoe Aceh Foundation was established in 2006 following the tsunami. It was renamed the Rumoh Geutanyoe Aceh Foundation (abbreviated as RG) in 2021. RG employs a 12-steps Therapeutic Community (TC) approach, focusing on client care—commonly referred to as residents—with an emphasis on community-based and behavioral approaches, where a system of rewards and punishments is applied to facilitate behavioral change. Given the significant role of peer support within the rehabilitation process at the RG, it is important to examine how such support contributes to clients' recovery experiences. Therefore, this study aims to analyze the role and contribution of peer support in enhancing psychosocial recovery among clients undergoing rehabilitation at the Rumoh Geutanyoe Aceh Foundation.

LITERATURE REVIEW

Recovery from substance use disorders (SUD) is a multidimensional process that does not only rely on medical approaches, but is also greatly determined by the social support received by individuals during and after rehabilitation. One community-based approach that has proven effective in strengthening the recovery process is peer support, where someone with similar experiences to the client—in this case, fellow former users—provides emotional, informational, and practical support on the journey to recovery.

International literature demonstrates the effectiveness of peer-based recovery support services (PBRSS) in strengthening recovery outcomes, such as improving abstinence, quality of life, and retention in rehabilitation programs. Research by Dorien Smith found that peer intervention may be effective for clinical and personal recovery from mental illness.¹¹ The effects are simple but can be helpful if done consistently. This peer support involves mutual emotional exchange based on shared understanding, respect, and mutual empowerment among people in similar situations, with key elements such as shared responsibility, hope, self-determination, and the use of knowledge from direct experience. Research conducted by Christian Scannell explored the role of peer support workers in psychoactive substance care systems, finding that peer support experiences included challenges in building credibility, a lack of understanding of the role of peer support workers by stakeholders, and skepticism from other service providers about the value of the position. Positive experiences

¹⁰Tse, S., Mak, W. W. S., Lo, I. W. K., Liu, L. L., Yuen, W. W. Y., Yau, S., Ho, K., Chan, S. K., & Wong, S. (2017). A one-year longitudinal qualitative study of peer support services in a non-Western context: The perspectives of peer support workers, service users, and co-workers. *Psychiatry Research*, 255, 27–35. <https://doi.org/10.1016/j.psychres.2017.05.007>

¹¹Smith, D., Miguel, C., Vrijzen, J. N., Groeneweg, B., Spijker, J., & Cuijpers, P. (2023). The effectiveness of peer support for individuals with mental illness: systematic review and meta-analysis. *Psychological medicine*, 53(11), 5332–5341. <https://doi.org/10.1017/S0033291722002422>

were gained from a reduction in the perception of stigma surrounding drug use and a sense of being valued.¹²

Research by Nuritasari et al. examined how peer group support in the implementation of Therapeutic Community (TC) affects the motivation of residents undergoing rehabilitation and found a significant effect in motivating them at the rehabilitation center. The results showed that prior to the intervention, 57.5% had low motivation and 27.5% had moderate motivation. After receiving the intervention, the percentage of residents with high motivation increased to 70%.¹³ Study by Pertiwi also revealed positive findings regarding the importance of peers and mentors in supporting the recovery journey of individuals with SUD. The results showed that support from fellow residents in rehabilitation programs played a significant role in building their motivation and resilience during the recovery process. Residents with similar experiences tend to emotionally and psychologically support one another, creating a more supportive environment. Additionally, they provide moral encouragement, share life experiences, and express their feelings to one another. These interactions not only help them cope with rehabilitation challenges but also enhance a sense of community and solidarity among residents, ultimately contributing to the success of the recovery program they are undergoing.¹⁴

Recent studies also have further emphasized the critical role of peer support in sustaining long-term recovery from SUD. According to Best et al. (2016), recovery is not merely an individual process but is strongly influenced by social networks and recovery capital, where peer relationships serve as a key mechanism in maintaining abstinence and rebuilding identity.¹⁵ Similarly, research by Kelly et al. (2020) highlights that participation in peer-based recovery communities significantly increases the likelihood of sustained recovery by fostering social connectedness, accountability, and shared norms.¹⁶ In addition, Eddie et al. (2019) found that peer recovery support services contribute not only to reduced substance use but also to improvements in psychological well-being, self-efficacy, and quality of life. Their findings suggest that peer support operates through mechanisms of experiential knowledge and mutual identification, which are often absent in traditional clinical interventions.¹⁷

On the contrary, research by Derek A. Kreager on 177 residents in prison isolation units found that there was no significant correlation between peer roles and the success of

¹²Scannell C. (2021). Voices of Hope: Substance Use Peer Support in a System of Care. *Substance Abuse: Research and Treatment*, 15. doi:10.1177/117822182111050360

¹³Nuritasari, R.T., et al. (2022). Pengaruh Peer Group Support Dalam Pelaksanaan Therapeutic Community Terhadap Peningkatan Motivasi Residen Untuk Menjalani Rehabilitasi. *Jurnal Keperawatan Muhammadiyah*. <https://doi.org/10.30651/jkm.v7i4.15383>

¹⁴Pertiwi, A.A et al. (2020). Peran Teman Sebaya dan Mentor Dalam Proses Rehabilitasi di Pusat Rehabilitasi Narkoba Yayasan Rumah Damai Semarang. *Jurnal Kesehatan Masyarakat*, 8(4), 545-551. <https://doi.org/10.14710/jkm.v8i4.27054>

¹⁵Best, D., Irving, J., & Albertson, K. (2016). Recovery and desistance: What the emerging recovery movement in the alcohol and drug area can learn from models of desistance from offending. *Addiction Research & Theory*, 25(1), 1-10. <https://doi.org/10.1080/16066359.2016.1185661>

¹⁶Kelly, J. F., Bergman, B. G., Hoepfner, B. B., Vilsaint, C. L., & White, W. L. (2020). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181, 162-169. <https://doi.org/10.1016/j.drugalcdep.2017.09.028>

¹⁷Eddie, D., Hoffman, L. A., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., & Kelly, J. F. (2019). Lived experience in new models of care for substance use disorder: A systematic review of peer recovery support services and recovery coaching. *Frontiers in Psychology*, 10, 1052. <https://doi.org/10.3389/fpsyg.2019.01052>

the Therapeutic Community (TC) program.¹⁸ Using a qualitative longitudinal method, the study results showed that residents with high levels of care involvement and who had been in the TC social structure (group leaders) for a long time had a relatively small impact on other residents. The relatively short program duration of approximately four months and moderate to low compliance with treatment likely contributed to the limited influence of peer support in this process. Most of the international literature focuses on peer-support models in Western countries, whereas this study is based on the Indonesian context, specifically Aceh, which has unique socio-religious dynamics that have been minimally studied.

Many experts have defined peer support. Mu'tadin states that peers are defined as a group characterized by similar age and/or social group, such as a group of friends at school or at work.¹⁹ Hurlock adds that individuals have a desire to be accepted within their group, leading them to tend to imitate what their peers say or do.²⁰ However, Lewis and Rosenblum, emphasize that the concept of peers focuses more on similarities in behavior or psychological aspects.²¹ With this understanding, peers do not necessarily have to come from the same group but can be defined based on similarities in age, level of maturity, or psychological characteristics. In the context of SUD rehabilitation, peers include individuals undergoing the rehabilitation process with similar conditions, ages, or experiences. They may come from diverse backgrounds but share common struggles in overcoming SUD. Peers in social rehabilitation may also include former users who have recovered and now serve as peer mentors, providing emotional support and motivation to individuals undergoing recovery.

The social contribution contained in peer support can be explained through Weiss's theory, which divides social support into six components, namely:

1. Emotional Attachment. Emotional attachment refers to the relationship formed between individuals and their peers that provides a sense of psychological security and comfort. This support arises when a person feels heard, understood, and valued by their friends, thereby fostering a deep sense of attachment. This form of support can be seen in various interactions, such as warm conversations, support when facing personal problems, or simply the presence of friends who are willing to listen to complaints without judgment.
2. Social Integration. Social integration refers to an individual's involvement in a group that shares similar interests, values, or goals. This support provides a sense of belonging and being part of a community, which can ultimately improve a person's psychological well-being.
3. Reassurance of Worth. This support focuses on how a person is recognized for their abilities, skills, or contributions in a social environment. When individuals receive appreciation from their peers, it can strengthen their self-confidence and motivate them to continue to develop. This recognition can take the form of praise for academic achievements, awards for skills in a particular field, or simply recognition that the individual plays an important role in the group.
4. Reliable Resilience. Refers to a situation in which a person can entrust support or assistance to another individual with the confidence that they will respond

¹⁸Kreager, Derek A et al. (2019). *Evaluating Peer-Influence Processes in a Prison-Based Therapeutic Community: A Dynamic Network Approach, Drug and Alcohol Dependence*, Volume 203, 2019, Pages 13-18, <https://doi.org/10.1016/j.drugalcdep.2019.05.018>.

¹⁹Mu'tadin, Z. (2002). *Penyesuaian diri remaja*. Universitas Terbuka.

²⁰Hurlock, E. B. (2000). *Psikologi Perkembangan, Suatu Pendekatan Sepanjang Rentang Kehidupan*. Jakarta: Erlangga.

²¹Lewis & Rosenblum, as cited in Samsunuwiyati. (2005). *Psikolinguistik Suatu Pengantar*. Bandung: Refika Aditama.

consistently and reliably. This support fosters a sense of security because the individual knows that there are people who are ready to help and support them whenever needed.

5. Guidance. Social support in the form of guidance and direction involves providing information, advice, or suggestions that help individuals make decisions or face challenges. Peers are often a valuable source of information because they have similar experiences and can offer relevant perspectives.
6. Opportunity for Nurture. Related to the feeling of having a role in other people's lives and contributing to their well-being. In NAPZA rehabilitation, clients who have undergone a longer recovery process are often given the opportunity to help new clients, which also provides psychological benefits for themselves.²²

Weiss's theory was later developed more specifically by Cutrona and Russell, who classified social support into five forms: emotional support, esteem support, informational support, instrumental support, and friendship support. Emotional support involves empathy and attention, while esteem support is seen in how someone gives positive reinforcement for others efforts and acknowledges even the smallest progress. Informational support is provided in various forms, such as sharing personal experiences in dealing with cravings in the context of drug use, strategies for avoiding relapse, or routes to accessing social services. Instrumental support includes concrete assistance, such as accompanying clients to the hospital, accompanying them during job interviews, or simply helping them organize their daily routines. Friendship support is evident in genuine interpersonal relationships, which serve as the primary source of social strength for clients who may have lost their social networks due to substance use.²³

In various studies, the role of peer support that integrates these five components has been shown to increase the success of recovery. Tracy and Wallace showed that clients who received consistent peer support had lower relapse rates and stronger engagement in rehabilitation programs.²⁴ In addition, the role of peers in creating a stigma-free and accepting recovery environment is one of the main strengths in maintaining long-term motivation.

METHOD

The research method in this study was designed using a descriptive qualitative approach, with field data collection methods aimed at describing in depth the contribution of peer support in the recovery process of drug abuse clients at the Rumoh Geutanyoe Aceh Foundation. The selection of this approach refers to Anwar's view, which emphasizes that descriptive research is useful for compiling and presenting data in a structured manner, thereby comprehensively and thoroughly explaining social realities, particularly in the context of social interactions and roles that develop in a rehabilitation environment.²⁵

This study relies on two main sources of data: primary data and secondary data. Primary data was collected directly from the field through observation and in-depth interviews. Interviews were conducted with several informants who were selected

²²Weiss, R. S. (1974). *Loneliness: The provisions of social relationships*. In Z. Rubin (ed.), *Doing unto Others*, (pp. 17-36). Englewood Cliffs, NJ: Prentice-Hall.

²³Cutrona, C. E., et. Al. (1994). Perceived Parental Social Support and Academic Achievement: An Attachment Theory Perspective. *Journal of Personality and Social Psychology*. 66(2), 369-378. DOI: 10.1037//0022-3514.66.2.369

²⁴Tracy K, Wallace S. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse Rehabilitation Journal*; 7: 143-154. <https://doi.org/10.2147/SAR.S81535>

²⁵Anwar, Saifuddin. (2010). *Metode Penelitian*. Yogyakarta: Pustaka Pelajar.

purposively, namely those who were considered to have direct experience and high relevance to the focus of the study.

The main informants consisted of four active clients who were undergoing rehabilitation at the Rumoh Geutanyoe Foundation. The selection of these clients was based not only on their involvement in peer support activities, their ability to communicate openly, and their willingness to participate, but also on the duration of their rehabilitation process. Two clients had been in the program for approximately one to two months, while the other two had undergone rehabilitation for more than three months, allowing the study to capture variations in recovery experiences. The total number of active clients in the institution was approximately nineteen individuals. These informants were considered capable of providing authentic perspectives on the benefits and challenges of interacting with peer counselors, as well as the changes they experienced during the recovery process.

The supporting informants consisted of two foundation staff members who were directly involved in the management of the rehabilitation program, including one peer counselor who was a former user and had been actively involved in mentoring activities for more than a year, and one former client who had completed the rehabilitation program and continued to engage with the institution by sharing recovery experiences with current clients. The chairman of the Rumoh Geutanyoe Foundation was also interviewed to provide a comprehensive overview of the program structure, the community-based recovery philosophy applied by the foundation, and the strategy of involving former users as agents of recovery. The selection of informants was based on the principle of purposive sampling as outlined by Fadhalah, which emphasizes the importance of selecting individuals who can provide rich and relevant data for the study's objectives.²⁶

The number of informants in this study was determined based on the principle of data saturation, where data collection was continued until no new significant information or themes emerged. To ensure the trustworthiness of the data, this study applied triangulation of sources and methods by comparing information obtained from clients, staff, peer counselors, and documentation. In addition, member checking was conducted by confirming key findings with several informants to ensure the accuracy of interpretations.

The observation process was conducted in a non-participatory manner, whereby the researcher acted as an observer who was not directly involved in the rehabilitation activities, but actively observed the patterns of social interaction between clients and peer counselors, the dynamics of the group during group counseling sessions, and daily activities that demonstrated the involvement of peers in supporting the recovery process. The observation was conducted over a period of two weeks and recorded in a daily field journal. This observation is important in capturing the social context and emotional atmosphere that cannot always be expressed in interviews, as well as to verify the consistency between the narratives shared by informants and the actual behavior observed.²⁷

Secondary data was obtained from various supporting documents collected during the research process. These documents included rehabilitation activity reports, client statistical data, peer counselor training archives, client daily journals, photo and video documentation of activities provided by the foundation. Additionally, the researcher accessed relevant literature reviews and reports from other institutions, including the BNN and UNODC. These sources were used to enrich the research's conceptual framework and as a comparison to field findings.

²⁶Fadhallah, R. A. (2021). *Wawancara*. UNJ Press.

²⁷Neumann, William Lawrence. (2006). *Social Research Methods: Qualitative and Quantitative Approaches 6th Ed.* Boston: Allyn and Bacon Pearson.

Ethical considerations were carefully observed throughout the research process. All participants provided informed consent prior to their involvement in the study. Confidentiality and anonymity were ensured by not disclosing participants' identities in the research report. Participants were also informed of their right to withdraw from the study at any time without any consequences. This study was conducted with respect for participants' dignity and well-being.

This study uses interactive data analysis techniques developed by Miles and Huberman, which include three main stages: data reduction, data display, and conclusion drawing or verification.²⁸ In the data analysis process, coding was conducted by systematically identifying meaningful units from interview transcripts and field notes. These codes were then grouped into categories based on similarities and patterns related to the research focus, such as forms of peer support, emotional interactions, and recovery experiences. Data reduction was carried out through the process of selecting and simplifying relevant information from interviews and observations, which were then organized into these categories. From the categorized data, broader themes were developed to interpret the role and contribution of peer support in the rehabilitation process. Data display was conducted by organizing the findings into narrative forms, enabling the researcher to identify relationships between key aspects more clearly. Finally, conclusions were drawn by identifying patterns, trends, and key meanings emerging from the data, and were verified through triangulation across multiple data sources. The interpretation of data was carried out iteratively by continuously comparing findings to ensure consistency and depth of analysis.

FINDINGS AND DISCUSSION

A. Peer Support as a Multidimensional Recovery Mechanism

The findings of this study demonstrate that peer support plays a central role in the psychosocial recovery of individuals with substance use disorders (SUD) at the Rumoh Geutanyoe Aceh Foundation. Based on interviews, observations, and field documentation, peer support is manifested through three interconnected groups; fellow clients undergoing rehabilitation, peer counselors who are former users, and alumni who regularly return to share their recovery experiences. The interaction among these groups creates a dynamic support system that not only facilitates behavioral change but also strengthens emotional resilience and social functioning. These findings reflect the multidimensional nature of social support as conceptualized by Weiss and further elaborated by Cutrona and Russell.

B. Emotional Attachment and Social Integration in Daily Interactions

Emotional Attachment emerges strongly in informal interactions between clients. In many cases, clients are more open to sharing their emotional burdens with peers than with professionals. As Resident AG said, "When I first arrived, I was very depressed. But Bang AR, a former user, helped me open up. I felt he could understand because he had been in my position too."²⁹ Researcher observations also found that informal sessions such as mealtimes, shared worship, and sports became important moments for the emergence of emotional bonding.³⁰ As Resident FS added, "I find it hard to talk to my parents, but here I can cry and be comforted by friends. They know how it feels because they've been through it too."³¹ During a group reflection session, Resident HM also stated, "I once wanted to run away, but a friend hugged me

²⁸Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative Data Analysis* (3rd ed.). SAGE Publications

²⁹Interview with FN, Client, Rumoh Geutanyoe Foundation, Sep, 30, 2025.

³⁰Observation Result at Rumoh Geutanyoe Foundation, Oct, 01, 2025.

³¹Interview with DK, Client, Rumoh Geutanyoe Foundation, Sep, 30, 2025

and said not to give up. That made me strong again.”³² In these settings, clients are able to cry, share, and receive comfort without fear of judgement.

Closely related to this is the dimension of *Social integration*, which is formed naturally through participation in group activities and shared responsibilities. Clients are involved in daily tasks such as cooking, cleaning, and group sessions, which foster a sense of belonging to the community. One client BB stated, “Here, we are like family. If someone is sad, everyone helps. If someone falls, everyone pulls them up.”³³ Resident HM also added, “I used to be selfish, only thinking about myself. But here we work together, learning to help each other. When I first arrived, I was really scared. But my friends immediately invited me to talk, join activities, so I didn't feel alone.”³⁴ Many participants described the rehabilitation environment as “like a family,” where members support one another during difficult moments. This finding supports previous research indicating that shared experiences and group belonging significantly enhance psychological well-being and reduce feelings of isolation among individuals in recovery.

C. Reassurance of Worth and the Reconstruction of Identity

Reassurance of worth are powerful motivation in maintaining recovery. Clients who show psychological and behavioral progress will be given the responsibility of guiding new clients. This assignment of responsibility is not merely symbolic but also functional in reinforcing their new identity as survivors and role models. BB, who has been in rehabilitation for three months, shared:

“When I was asked to help a new friend, I felt trusted. That was a huge motivation for me. I never felt valued before, not even in my family. But here, I'm trusted to look after new friends. It feels like my life is starting to have meaning. Every time I'm given a task, I feel valued. And that makes me want to be better. I start to believe that maybe I can be someone who helps others, not just someone who needs help.”³⁵

BB expressed that being trusted for the first time gave his life a new sense of meaning. This process reflect a deeper transformation in identity, where individuals shift from being perceived as “substance users” to becoming contributors within the recovery community. Peer counselors, who are also former users, play a crucial role in this process by providing technical advice and authentic emotional validation, because they themselves have gone through a similar process. A counselor at Rumoh Geutanyoe said:

“I always tell new clients, ‘I've been where you are now. I know the shame, the fear, and the emptiness. But I also know you can come out of it, like I did.’ Every time I say that, I see their eyes change. They start listening. They start believing. I know because I remember how I felt when someone first said that to me. That's why I'm here now—to be that person for someone else. That's what gives my past meaning.”³⁶

This statement emphasizes the importance of peer support models in creating a more inclusive and meaningful recovery space. Counselors as peer mentors not only facilitate the therapeutic process, but also serve as concrete symbols that recovery is possible and valuable. In this relationship, clients' personal values are reaffirmed—they are seen not merely as “addicts”, but as human beings with the potential to change and help others.

³²Interview with FN, Client, Rumoh Geutanyoe Foundation, Sep, 30, 2025.

³³Interview with WF, Client, Rumoh Geutanyoe Foundation, Sep, 30 2025

³⁴Interview with FN, Client, Rumoh Geutanyoe Foundation, Sep, 30, 2025.

³⁵Interview with WF, Client, Rumoh Geutanyoe Foundation, Sep, 30, 2025

³⁶Interview with Bro Rizki, Counselor, Rumoh Geutanyoe Foundation, Sep, 29, 2025

Conceptually, this is in line with the findings of Cutrona & Russell, who state that reassurance of worth is a form of social support that is directly related to increased self-esteem and self-efficacy. This is where the strength of peer support lies in the context of recovery: it is not merely a support structure but also a social mirror that reflects back the individual's existential value, which has been obscured by traumatic experiences and stigma.

D. Reliable Alliance and Sustainable Support Networks

The study also finds that peer support extends beyond the formal rehabilitation program, forming a long-term support network characterized by reliable alliance. Alumni who have completed the program regularly return to provide encouragement and share their experiences. Their involvement is voluntary, yet consistent, reflecting a strong sense of responsibility toward others in recovery. One interesting finding from field observations was the presence of alumni who regularly returned to the foundation, not as clients, but as supportive peers. They came not because they were asked to, but because they felt responsible for the recovery process of others, while maintaining the integrity of their own recovery process. One alumnus stated:

“If I didn’t come here, I would be afraid of relapsing. By helping them, I also remember my own struggles. I know that if I don’t share, I could forget how it used to be and easily become complacent. My new friends constantly remind me of why I quit. Every time I tell my story, it’s like I’m renewing my own commitment. It’s like medicine for me.”³⁷

Sharing experiences and providing encouragement are ways for alumni to reconnect with the meaning of their lives, while strengthening their position in the recovery community. During the researcher's three-week field observation, several alumni were seen to be intensely involved in group discussions, reflection sessions, and even providing emotional support when one of the clients experienced a mild relapse.

For many clients, these relationships provide a sense of security, knowing that support remains available even after leaving the institution. One client HM who is currently still undergoing rehabilitation stated:

“I know I can call Bro Rizki anytime I feel down. He always says, ‘You’re not alone.’ And that calms me down. Sometimes I feel more relieved talking to him than to than the other counselor, because he’s been in my position. If he can get out of it, so can I. He’s like a reminder of life for me, not just a rehab friend.”³⁸

This demonstrates that peer relationships are not merely situational but evolve into enduring support systems. Such findings reinforce the concept of sustained recovery support found in community-based rehabilitation literature, where long-term peer connections play a crucial role in preventing relapse. Support from alumni who have “succeeded” becomes a symbol of concrete hope. Their existence is living proof that recovery is not just an ideal narrative, but something that is possible and can last. This phenomenon creates a collective and dynamic social support network.

E. Guidance through Lived Experience

Guidance within peer support at the Rumoh Geutanyoe Foundation is primarily experiential. Rather than relying solely on theoretical instruction, peer counselors provide practical strategies based on their own recovery journeys. For example, techniques for managing anxiety or cravings are demonstrated directly and practiced together during

³⁷Interview with MF, a former NAPZA user, Rumoh Geutanyoe Foundation, Oct, 02, 2025.

³⁸Interview with RH, Client, Rumoh Geutanyoe Foundation, Sep, 30, 2025.

group sessions. A peer mentor who was also an alumnus demonstrated a grounding technique—a method of calming oneself when a strong urge to use drugs arises. He demonstrated deep breathing techniques while inviting participants to follow his steps. The clients' response was positive, as evidenced by several participants who said they would try the technique when experiencing a relapse urge.³⁹ Resident AG shared his experience:

*“Bro Rizki taught me how to breathe deeply when I’m anxious. I used to think it was nonsense, but it actually works. Now, whenever my mind starts to race, I sit down for a moment and breathe deeply as he taught me. It really helps. We can learn directly from those who have already experienced it. It feels different from just hearing it from outsiders. When it comes from them, I believe it, because I know they’ve been through it too and managed to bounce back.”*⁴⁰

A former drug user, RZ, who is now a permanent volunteer, also shared his views:

*“I used to look for solutions in books or from counselors, but what really resonated with me came from my senior in rehab. He didn't say much, but every time I saw him hold on, I became stronger too. Now I try to be that example for them. I'm not perfect, but I know the importance of being a living witness.”*⁴¹

From the perspective of a counselor who is also a former user, MF, this aspect of guidance is understood as a form of spiritual and social responsibility:

*“I don't just come to tell them what to do. I come to show them that the path can be traversed. In Islam, we're taught to promote good and forbid evil, but it must be done with wisdom. And wisdom comes from experience. If we've fallen, we can help others rise up, not with anger, but by sharing: 'I've been there, this is what I did.’”*⁴²

Participants reported that such guidance was more relatable and easier to apply because it came from individuals who had faced similar challenges. This reflects the principles of experiential learning, where knowledge derived from lived experience is considered more meaningful and credible. In this context, peer support becomes not only a source of emotional comfort but also a practical guide for navigating the recovery process.

F. Opportunity for Nurturance and Reciprocal Recovery

An important dimension of peer support identified in this study is the *opportunity for nurturance*. Individuals who have progressed in their recovery are given opportunities to support others, creating a reciprocal dynamic. This is also one of the most significant contributions of peer support. In an interview with one of the former users' counselors, he said that helping new clients is part of his own recovery. Bro Rizki:

“I'm still learning. But by helping others, I become stronger. I used to feel like my life was a failure. But now, every time I help someone new, I feel like I matter.” he said.

This two-way process highlights that peer support benefits not only those receiving support but also those providing it. The act of helping others reinforces positive identity and commitment to recovery. This finding is consistent with existing literature on peer

³⁹Observation Result at Rumoh Geutanyoe Foundation, Oct, 01, 2025.

⁴⁰Interview with RH, Client, Rumoh Geutanyoe Foundation, Sep, 30, 2025.

⁴¹Interview with MF, Former NAPZA user, Rumoh Geutanyoe Foundation, Sep, 02, 2025.

⁴²Interview with Bro Rizki, Counselor, Rumoh Geutanyoe Foundation, Sep,29, 2025.

support, which emphasizes the reciprocal nature of recovery and the importance of meaningful social roles in sustaining long-term change.

G. Challenges in the Implementation of Peer Support

Despite its significant contributions, the implementation of peer support also faces several challenges. Emotional instability among some peers, particularly those still early in their recovery, can lead to conflicts or ineffective communication. In some cases, peers adopt harsh approaches that may intimidate new clients. Additionally, power imbalances between more experienced and newer clients can create discomfort and limit open communication.

The lack of formal training also affects the quality of support provided by peers. Although they have personal experience, not all of them have empathetic and constructive communication skills. Documentation from the foundation shows that there are no specific training modules for peer mentors, which means that their approach is highly dependent on their personal experience and intuition. Discussion of these findings shows consistency with social role theory as described by Soekanto, in which individuals who perform certain social roles can influence the social dynamics around them. Peers, in this context, act not only as companions but also as agents of change who inspire other clients to go through the recovery process with more confidence and meaning.⁴³

H. Cultural and Religious Context of Peer Support

The findings also highlight the importance of the socio-cultural and religious context in shaping the effectiveness of peer support. In Aceh, where Islamic values strongly influence social life, peer support is closely linked with principles such as *ukhuwah* (brotherhood) and mutual assistance. Communal religious practices, including congregational prayers and Quran recitations, strengthen both the spiritual and social dimensions of recovery. This integration of cultural and religious values enhances the relevance and acceptance of peer support within the local context. It demonstrates that recovery is not only a psychological and social process but also a spiritual journey, particularly in communities where religion plays a central role.

Overall, the findings indicate that peer support functions as a multidimensional and culturally embedded mechanism that significantly enhances psychosocial recovery. Through emotional attachment, social integration, recognition, guidance, and reciprocal support, peer relationships contribute to both individual transformation and collective resilience.

Compared to existing literature, this study provides a unique contribution by situating peer support within a non-Western, socio-religious context. It shows that the effectiveness of peer-based recovery is not only shaped by interpersonal dynamics but also by cultural and spiritual values. Therefore, integrating peer support into community-based rehabilitation programs is essential for developing more holistic and sustainable recovery models.

CONCLUSION

This study aimed to examine the contribution of peer support to the psychosocial recovery of individuals with substance use disorders (SUD) at the Rumoh Geutanyoe Aceh Foundation. The findings demonstrate that peer support functions as a multidimensional recovery mechanism, encompassing emotional attachment, social integration, reassurance of worth, reliable alliance, guidance, and opportunity for nurturance. Among these,

⁴³Soekanto, Soejono. as cited in Syamsuddin AB. 2016. *Pengantar Sosiologi Dakwah*. Jakarta: Kencana.

reassurance of worth, guidance, and reliable alliance emerged as the most influential dimensions in strengthening clients' motivation, self-confidence, and resilience.

The study highlights that peer support, grounded in shared lived experience and sustained social relationships, plays a critical role in facilitating long-term recovery. The continuation of peer relationships beyond formal rehabilitation indicates that recovery is not a linear process but an ongoing social journey supported by trust and mutual engagement. These findings reinforce the relevance of social support theory while extending its application within a non-Western, socio-religious context. From a practical perspective, the findings suggest that peer-based recovery models should be more systematically integrated into community-based rehabilitation programs. Strengthening peer support through structured supervision, capacity-building, and formal recognition within national rehabilitation frameworks could enhance its effectiveness and sustainability.

However, this study has several limitations. The relatively small number of informants and the localized setting limit the generalizability of the findings. In addition, the close interaction between the researcher and participants may introduce subjective bias. The cross-sectional nature of the study also limits the ability to capture long-term recovery trajectories. Future research is recommended to explore longitudinal approaches in assessing recovery outcomes, develop standardized training models for peer mentors, and examine the applicability of peer support across diverse cultural and institutional contexts.

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