

Relapse Vulnerability among Peer Counselors in Drug Rehabilitation Services

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Abstract

Drug relapse remain one of the major challenges in rehabilitation services, including among peer counselors who are directly involved in assisting drug users during the recovery process. This study aims to analyze interpersonal factors influencing the vulnerability to relapse among peer counselors in drug rehabilitation services. The research employed a qualitative descriptive approach conducted at Yayasan Grapiks. Data were collected through in-dept interviews, observation, and documentation involving peer counselors and supporting informants in rehabilitation services. The findings revealed that interpersonal factor significantly influence the vulnerability to relapse among peer counselors. Social support from family, colleagues, and the rehabilitation environment contributes positively to maintaining the recovery process. However, close interpersonal relationships with clients, exposure to active drug-use environment and the lack of professional supervision increase emotional pressure and vulnerability to relapse. In addition, limited institutional support causes peer counselors to face psychological burdens independently during the assistance process. Therefore, strengthening peer counselors' capacity through psychosocial support, professional supervision, and reinforcement of professional boundaries is necessary to maintain recovery stability and improve the quality of rehabilitation service.

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1. INTRODUCTION

The abuse of narcotics, psychotropics, and other addictive substances (NAPZA) is still a serious social and public health problem in Indonesia. The National Narcotics Agency (BNN) reported that the prevalence of drug abuse in 2023 reached around 3.3 million people or 1.73% of the population in Indonesia with an age range of 15-64 years (Badan Narkotika Nasional, 2023). This condition shows that drug abuse does not only have an impact on individuals, but also affects the social functioning of the community at large (Manurung, 2024). In addition to having an impact on physical and psychological aspects, drug abuse also increases social vulnerability, causes stigma, and hinders the social reintegration process of former drug users (Rostanti et al., 2024). One of the biggest challenges in the recovery process of drug users is the high rate of relapse after undergoing rehabilitation. Relapse shows that recovery from drug dependence is a dynamic process and requires ongoing support from the social environment and rehabilitation service system.

In drug rehabilitation services, peer counselors have a very important role as recovery assistance because they have similar life experiences to drug user clients. These experiences allow peer counselors to build more supportive interpersonal relationships,

increase trust, and help clients feel better understood during the recovery process (Katas et al., 2023). The peer recovery coaching approach is considered effective because it is able to create a closer emotional relationship compared to conventional therapeutic relationships due to the similarity of experiences between peer counselors and drug abuse clients which will encourage motivation and sustainability of the recovery process (Crowthers et al., 2022). However, on the other hand, peer counselors are in a vulnerable position because they continue to interact with active users and are in an environment that is at risk of re-emerging trauma or motivation to use drugs. This condition is known as the "wounded healer paradox", which is a situation when recovered individuals face relapse vulnerability while helping others in the recovery process (Elisha & Shachaf-Friedman, 2025).

The vulnerability of relapse in peer counselors is influenced by various factors, including interpersonal factors that arise from social relationships, work environments, and interactions in the mentoring process. Emotional stress while accompanying clients, intense interpersonal relationships, weak professional boundaries, and lack of social support and supervision can increase the risk of emotional exhaustion and trigger relapse. Social support is known to have an important role in helping individuals maintain the recovery process. Sarafino & Smith (2010: 81) said that social support can be obtained from a variety of sources, such as colleagues and non-governmental organizations. In the context of peer counselors, the existence of supervision, peer support, and a supportive work environment are important parts of maintaining recovery stability and the sustainability of the role of peer counselors in rehabilitation services (Ibrahim et al., 2022).

Several previous studies have discussed the factors that influence relapse in drug users as well as the experience of peer counselors in supporting the recovery process. Research Waruwu & Ginting (2025) shows that relapse is influenced by the interaction between individual motivation and external pressures. Research Ndou & Khosa (2023) explains that relapse is influenced by ecological factors that include micro to macro environments. Meanwhile, research Ibrahim et al. (2022) reveals that peer support workers face a risk of relapse if they do not receive adequate organizational support during their roles. However, research that specifically discusses the vulnerability of relapse in peer counselors in drug rehabilitation services in Indonesia is still very limited, especially related to interpersonal factors and the need to strengthen capacity in supporting the sustainability of peer counselor recovery.

Based on these conditions, this study aims to analyze interpersonal factors that affect relapse susceptibility in peer counselors and the importance of capacity building in drug rehabilitation services. This research is expected to contribute to the development of rehabilitation services, especially through strengthening psychosocial support, supervision, and the capacity of peer counselors in maintaining the recovery process.

2. RESEARCH METHODS

The research method was used to gain an in-depth understanding of interpersonal factors that affect the vulnerability to relapse in peer counselors in drug rehabilitation services. This study focuses on the experiences, social interactions, and psychosocial conditions of peer counselors during their role in the process of assisting drug use recovery. Therefore, the research method is systematically prepared to be able to describe research phenomena comprehensively and in accordance with empirical conditions in the field.

2.1. Research Approach and Design

This study uses a qualitative approach to understand subjective experiences, interpersonal interactions, and social dynamics of peer counselors in drug rehabilitation services. The qualitative approach was chosen because the research aims to understand social phenomena in depth based on the perspective and experience of informants in a

natural context. This is as stated by Creswell (2013), namely qualitative research is an investigative process of understanding based on certain methodological traditions that explore social or human problems.

The research design used is a descriptive case study. This design is used to describe in depth related to the conditions, experiences, and vulnerability of relapse experienced by peer counselors in the context of drug rehabilitation services at the Grapiks Foundation. Through case studies, researchers can gain a more comprehensive understanding of the interpersonal factors that affect the sustainability of the peer counselor recovery process.

2.2. Research Location and Informants

The research was conducted at the Grapiks Foundation as a drug rehabilitation service institution that involves former drug users as peer counselors in the client assistance process. The research informants were determined using purposive sampling techniques by considering certain characteristics that are relevant to the focus of the study. The main informants in this study are peer counselors who have recovery experience and are actively carrying out their roles in drug rehabilitation services. The study also involved supporting informants, including the field coordinator, addiction counselor, and outreach worker, to obtain a more comprehensive understanding of interpersonal relationships, social support, and the working conditions of peer counselors in drug rehabilitation services.

2.3. Research Procedures

The research procedure was conducted systematically through several stages. The first stage involved determining the research focus and developing interview guidelines based on the interpersonal factors outline in the Relapse Prevention theory. Data were collected through in-depth interviews, observation, and documentation studies to explore peer counselors' experiences related to social support, relationships with clients who use drugs, and institutional support within rehabilitation services. The data were then analyzed continuously through categorization and interpretation processes based on the interpersonal factors associated with relapse vulnerability. The final stage involved drawing conclusions through data verification to obtain a comprehensive understanding of the interpersonal factors influencing relapse vulnerability among peer counselors.

2.4. Data Collection Techniques

The data collection technique in this study was carried out by in-depth interviews, observations, and documentation studies. In-depth interviews were used to explore the experiences, interpersonal pressures, social relationships, and vulnerability of relapse experienced by peer counselors during their role in drug rehabilitation services. Observations were carried out to understand the service situation, social interaction, and work dynamics of peer counselors directly in the field. Meanwhile, a documentation study was conducted to complement the research data through documents, notes, and supporting information related to drug rehabilitation services.

2.5. Data Analysis Techniques

Data analysis was conducted using the Miles and Huberman interactive analysis model, which consists of three stages: data reduction, data display, and conclusion drawing/verification (Miles et al., 2014). During the data reduction stage, the researcher simplified and focused the raw data by selecting, summarizing, and organizing information obtained from interviews, observations, and documentation related to interpersonal factors contributing to relapse vulnerability among peer counselors at Yayasan Grapiks. The reduced data were then categorized into themes, including emotional and informational support from significant others, professional

boundaries between peer counselors and clients, and institutional support through supervision.

At the data display stage, the data were presented in the form of descriptive narratives to facilitate the interpretation of interpersonal factors associated with relapse vulnerability among peer counselors. The final stage, conclusion drawing/verification, involved drawing and verifying conclusions based on patterns, relationships, and findings emerging from the data. This process enabled the researcher to develop a comprehensive understanding of relapse vulnerability among peer counselors and to identify findings that may contribute to the existing body of knowledge on peer counseling in drug rehabilitation services (Sugiyono, 2015: 345).

2.6.Data Validity

Data validity was ensured through source triangulation and technique triangulation. Source triangulation was conducted by comparing information obtained from the peer counselor as the primary informant with information provided by supporting informants involved in drug rehabilitation services, including the field coordinator, addiction counselor, and outreach worker at Yayasan Grapiks. Techniques triangulation was carried out by comparing data obtained through interviews, observations, and document analysis related to social support, peer counselors’ relationship with client who use drugs, and institutional support through supervision that may influence relapse vulnerability. In addition, the researcher conducted repeated checks of interview data and field findings to ensure the consistency, credibility, and trustworthiness of the research results.

3. RESULTS AND DISCUSSION

3.1.Research Result

The results of the study showed that interpersonal factors had an influence on the vulnerability of relapse in peer counselors in drug rehabilitation services. These interpersonal factors are related to the social support received by peer counselors during the recovery process and mentoring of drug user clients. Social support does not only come from the family, but is also influenced by interpersonal relationships with clients, the environment of active drug users, and institutional support in rehabilitation services.

The findings of the study show that close interpersonal relationships with clients can help the mentoring process because of the similarity of experiences between peer counselors and drug users. However, on the other hand, these conditions also place peer counselors in situations that are vulnerable to emotional distress, exposure to the drug use environment, and the emergence of the urge to reuse. In addition, the lack of supervision and professional support in rehabilitation services causes peer counselors to face interpersonal pressure independently during mentoring.

Table 1. Interpersonal Factors Affecting the Relapse Vulnerability of Peer Counselors

	Apek Findings	Research Results
Faktor Interpersonal (Social Support)	Emotional support and information from around	Family support and the drug rehabilitation service environment help peer counselors maintain the recovery process through acceptance, motivation, and emotional mentoring. However, the influence of the environment of active drug users still gives rise to the encouragement of reuse.

	Professional boundaries between peer counselors and drug clients	Too close interpersonal relationships with clients cause peer counselors to remain in exposure to the drug user's environment and increase emotional engagement during the mentoring process.
	Institutional supervision and support	The lack of professional supervision and institutional support causes peer counselors to face work pressure and relapse vulnerability independently.

Source: Data from research observations and interviews

3.1.1. Emotional Support and Information from Around

The results of the research show that emotional support and information from the surroundings have an important role in helping peer counselors in maintaining the recovery process. This support is obtained from family, colleagues, and the environment in rehabilitation services who provide acceptance, motivation, and emotional assistance during the peer counselor carrying out their role in drug rehabilitation services.

Positive social support helps peer counselors cope with psychological distress and maintain motivation to remain in a state of abstinence. However, the influence of the social environment that is still related to active drug users remains a challenge in the recovery process. Exposure to the drug use environment causes peer counselors to remain in a situation that ranges from the urge to reuse.

3.1.2. Professional Boundaries between Peer Counselors and Drug Client Users

The interpersonal relationship between peer counselors and drug client users is built because of similar life experiences and recovery processes. This condition helps to create a closer and supportive relationship so that the client feels more understood during the recovery process. However, interpersonal relationships that are too close cause the professional boundaries in the mentoring process to be less optimal.

High emotional involvement makes peer counselors more easily carried away psychologically to the client's conditions and problems. In addition, the relationship that is too close with the client also keeps peer counselors in exposure to the drug use environment during the rehabilitation service process. This condition increases emotional distress and relapse susceptibility in peer counselors.

3.1.3. Institutional Supervision and Support

Research shows that supervision and institutional support play an important role in maintaining the emotional stability of peer counselors during drug rehabilitation services. This support is needed to help peer counselors cope with interpersonal pressures, manage work stress, and maintain the recovery process they are undergoing.

However, the results of the study show that professional supervision in rehabilitation services is still not optimal. Peer counselors have not received special assistance and supervision during the process of assisting clients with drug users. This condition causes peer counselors to face more emotional pressure and workload independently. The lack of institutional support also increases the risk of emotional exhaustion and relapse susceptibility in peer counselors.

3.2. Discussion

The results of the study showed that interpersonal factors had an influence on the vulnerability of relapse in peer counselors in drug rehabilitation services. Social support obtained from family, co-workers, and the rehabilitation environment helps peer counselors maintain their recovery process through emotional acceptance, motivation, and psychosocial support. The findings of the study show that social support is one of the important factors in maintaining the stability of the recovery of individuals who have a history of drug abuse.

Positive influences, such as emotional help from the surroundings can prevent relapse, while negative influences, such as social pressure from those around who use drugs can trigger relapse. Sarafino & Smith (2010: 81) say that social support can be obtained from a wide variety of sources, such as colleagues and non-governmental organizations. However, the influence of the social environment that is still related to active drug users causes peer counselors to remain in a situation that is vulnerable to the urge to use again. Exposure to the drug use environment makes peer counselors face interpersonal pressure that can affect the sustainability of the recovery process.

The findings of this study are in accordance with the theory of Relapse Prevention developed by Marlatt & Donovan (2005), the fact that relapse is not only influenced by intrapersonal factors, but also related to interpersonal factors in the form of social and environmental pressures around the individual. The close interpersonal relationship between peer counselors and clients is one of the main characteristics in peer support-based rehabilitation services. The similarity of life experiences with the recovery process makes it easier for peer counselors to build supportive relationships with clients, thereby increasing openness during the rehabilitation process. These findings are consistent with the study by Katas et al. (2023), which found that peer counselor approaches are effective in increasing openness, building self-confidence, and reducing drug abuse rates due to the presence of interpersonal relationships based on mutual understanding.

However, interpersonal relationships that are too close cause the professional boundaries in the mentoring process to be less optimal. High emotional involvement will make peer counselors more easily carried away psychologically to the client's condition and problems. In addition, peer counselors remain in exposure to the drug use environment. This condition increases emotional distress with relapse susceptibility in peer counselors. This is called the "wounded healer paradox", peer counselors experience a unique dilemma that is a situation where the individual is already recovering and helping others, as a source of strength in the recovery process of the drug user client (Elisha & Shachaf-Friedman, 2025).

This study also shows that supervision and institutional support have a very important role in maintaining the emotional stability of peer counselors. Supervision is needed as a form of professional support from the institution to help peer counselors deal with interpersonal pressure, manage work stress, and maintain the ongoing recovery process. Ahmad et al. (2024) explains that Supervision is one of the important processes in service practice to provide supervision, guidance, and emotional support to social workers so that the quality of service is maintained and the risk of work fatigue can be minimized.

However, the results of the study show that professional supervision in drug rehabilitation services is still not optimal. Peer counselors have not received special professional assistance and supervision during their duty to provide assistance to clients who use drugs. This condition causes peer counselors to deal more with emotional pressure and their workload independently. The lack of role definitions, lack of support

from the government, the difficult nature of the work, such as long shifts, and the stigma against peer counselors are the challenges faced (Ibrahim et al., 2022).

Based on the results of the study, strengthening the capacity of peer counselors is an important part of efforts to prevent relapse that occurs in drug rehabilitation services. Capacity building can be done through increased psychosocial support, the provision of continuous supervision, and the strengthening of professional boundaries in mentoring relationships with clients. This effort is important to help peer counselors in maintaining recovery stability while improving the quality and sustainability of drug rehabilitation services.

4. CONCLUSION

This study shows that interpersonal factors have an influence on the vulnerability of relapse that occurs in peer counselors in drug rehabilitation services. Social support obtained from family, co-workers, and the rehabilitation environment helps peer counselors in maintaining the recovery process through emotional acceptance, motivation, and psychosocial support during the process of mentoring clients of drug users.

On the other hand, the too close interpersonal relationship between peer counselors and clients who are active drug users causes professional boundaries in the mentoring process to be less optimal. The similarity between life experiences and the recovery process makes it easier for peer counselors to be emotionally involved in the client's condition and thus increase psychological pressure during rehabilitation services.

This study shows that exposure to an active drug use environment and lack of institutional supervision and support cause peer counselors to face emotional distress and workload independently. This condition increases the vulnerability of relapse because peer counselors remain in high-risk situations during drug rehabilitation services.

Based on the findings of the study, strengthening the capacity of peer counselors is an important part of efforts to prevent relapse in drug rehabilitation services. Capacity building needs to be done through increasing psychosocial support, providing continuous professional supervision, and strengthening professional boundaries in mentoring relationships with drug users clients to assist peer counselors in maintaining recovery stability and can improve the quality of rehabilitation services.

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