

Article

From Recovery to Employment: Peer Workers' Experiences in Malaysia's Drug Treatment Organizations

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Abstract: Individuals in recovery engaged in peer support and service delivery play an important role in supporting others within community rehabilitation. This study examines how individuals in recovery employed in community-based drug treatment organizations in Malaysia fulfil their roles as peer workers and explores the perceived challenges influencing their professional growth and long-term recovery. Thirty semi-structured interviews were conducted, and thematic analysis was used to analyse the data. The findings reveal three interrelated themes: purpose-driven employment and social reintegration, navigating financial constraints in community rehabilitation settings, and mentorship and peer support in career reintegration. Participants described their work as a source of renewed self-worth, social contribution, and recovery motivation. Financial limitations and organisational resource constraints were perceived as major challenges affecting service delivery and professional development. Supportive relationships with mentors and colleagues further strengthened confidence, role clarity, and recovery stability. Overall, the findings highlight the importance of inclusive employment practices, organisational support, and structured peer guidance in promoting sustainable professional engagement and long-term recovery among individuals in recovery. This study contributes empirical evidence to inform rehabilitation policy, workforce development, and community-based intervention design, supporting the development of more sustainable, recovery-oriented service models in Malaysia and similar contexts

Keywords: Career reintegration; community-based drug treatment; peer workers; qualitative; substance use disorder

Introduction

In the Asia Pacific region, substance use remains widespread, particularly in opioid and amphetamine use, with methamphetamine being the primary drug of concern in East and Southeast Asia (Dargan & Wood, 2012; UNODC, 2023). In Malaysia, drug addiction continues to be a major issue, with nearly half of the Malaysian prison population incarcerated for drug-related offenses (Navanethan et al., 2021). Substance use is no longer confined to high-risk groups, as studies indicate an increase in drug use among university students and professionals, signaling a broadening demographic of individuals requiring rehabilitation and reintegration support (Chie et al., 2015). While Malaysia has developed compulsory treatment orders and voluntary rehabilitation centers (Roselawati, 2024), challenges remain in ensuring long-term reintegration and career development for individuals in recovery. Nevertheless, community-based treatment organizations have

increasingly served as important platforms for employment, peer support, and skills development for individuals in recovery (Graves & Fendrich, 2024).

Beyond economic and institutional barriers, stigma and social isolation significantly impact individuals in recovery, limiting their employment opportunities, access to education, and community acceptance. Studies by Høyland et al. (2022) and Theodorakis et al. (2024) suggests that holistic recovery approaches incorporating education, vocational training, and psychosocial support lead to better long-term outcomes. Post-rehabilitation job placement programs, structured mentorship, and peer-led recovery initiatives have been found to be effective in fostering career growth, reducing relapse risks, and enhancing self-efficacy (Best et al., 2021). In addition, findings from Eddie et al. (2019) and Hansen et al. (2022) indicate that supportive professional environments can strengthen confidence, resilience, and long-term engagement in recovery. Furthermore, vocational training and job placement services provide individuals with employability skills and financial independence, reducing the likelihood of relapse (Mandell et al., 2015). In Malaysia, faith-based recovery programs incorporating Islamic principles have also been integrated into rehabilitation models, offering spiritual guidance alongside psychosocial interventions (Apsari et al., 2023).

Barriers to employment reintegration

The reintegration of individuals in recovery into society is fraught with challenges that hinder their ability to achieve long-term stability. Stigma and discrimination remain among the most pervasive barriers, affecting employment, education, and social relationships (Buck et al., 2021; Kılıç & Tuysuz, 2024; Sakib, 2022). Similar patterns have been documented in Malaysia, where individuals in recovery continue to face negative labelling and social exclusion that limit access to employment and community acceptance (Abdul Ghani & Abdullah, 2022; Amat et al., 2020). Such perceptions often overlook the professional competencies, experiential knowledge, and strong commitment to recovery demonstrated by many individuals in recovery. Furthermore, legal restrictions, gaps in employment history, and a lack of job skills exacerbate these challenges, leaving many economically vulnerable and at higher risk of relapse (Kılıç & Tuysuz, 2024). In the Malaysian context, limited industry partnerships and restricted access to certified training further constrain workforce participation among individuals in recovery (Azizul et al., 2022). These structural barriers restrict upward mobility and limit access to stable, long-term career pathways.

Beyond economic reintegration, social reintegration remains equally difficult, as strained family relationships and a lack of community support further isolate individuals in recovery (Buck et al., 2021). Mental health challenges, including co-occurring disorders such as depression, anxiety, and PTSD, require ongoing psychological support, yet many individuals lack access to adequate mental health services (Gibbons, 2019). Limited access to consistent psychosocial care may weaken individuals' capacity to sustain employment and professional engagement. Studies in Malaysia have similarly reported gaps in post-rehabilitation counselling, community follow-up, and integrated mental health services, which hinder long-term reintegration efforts (Amat et al., 2020; Abdul Ghani & Abdullah, 2022). These issues are further compounded by bureaucratic challenges, unstable housing, and difficulties navigating government assistance programs (Arevalo et al., 2020; Semenza & Link, 2019). Collectively, these constraints undermine confidence, workplace participation, and long-term reintegration outcomes.

To overcome these barriers, holistic reintegration efforts must include employment programs, psychological support services, and social inclusion policies (Kılıç & Tuysuz, 2024). Multidisciplinary interventions that incorporate vocational training, mental health care, and structured mentorship have been found to improve long-term reintegration success. In Malaysia, community-based rehabilitation models and vocational programmes implemented through PUSPEN and non-governmental organisations demonstrate the potential of integrated approaches in strengthening employability and social participation (Abdul Ghani & Abdullah, 2022; Azizul et al., 2022). Such interventions not only reduce systemic obstacles but also strengthen resilience, professional identity, and sustained engagement in recovery-oriented employment.

Vocational training and employment readiness

Education and vocational training are key determinants of sustained recovery for individuals with substance use disorders (SUDs). Studies suggest that higher levels of educational attainment are linked to longer periods of abstinence, as structured learning fosters self-efficacy, discipline, and personal development (Crutchfield, 2018). Within recovery-oriented employment contexts, education also contributes to the formation of professional identity and confidence in workplace participation. According to Chronister et al. (2008) and Gómez et al. (2014), participation in vocational training programs significantly enhances job readiness, economic stability, and relapse prevention among people in recovery. These outcomes are particularly relevant for individuals seeking to transition from rehabilitation into stable and meaningful employment.

Programs such as Individual Placement and Support (IPS) and Customized Employment Supports (CES) have shown positive employment outcomes among individuals in recovery by focusing on vocational training, career counseling, and job placement services (Kim & Na, 2022; Magura et al., 2004). By emphasising rapid workforce entry and ongoing support, these models promote both economic participation and sustained engagement in recovery. Additionally, technology-based interventions, such as Virtual Reality Job Interview Training (VR-JIT) in rehabilitation settings, have helped individuals in recovery build job interview skills and confidence, increasing employment rates post-recovery (Chronister et al., 2008). Such innovations reflect the growing recognition of adaptable learning approaches in recovery-oriented employment programs. In Malaysia, government-led vocational training programs such as Pusat Pemulihan Penagihan Narkotik (PUSPEN) and community-based recovery initiatives play a crucial role in rehabilitation and employment reintegration (Abdul Ghani & Abdullah, 2022; Amat et al., 2020; Azizul et al., 2022). These programmes provide foundational skills and work exposure that facilitate entry into the labour market. However, access to higher education, skills certification, and career advancement programs remains limited. This constrains long-term professional mobility and restricts opportunities for career progression. Expanding educational pathways, vocational certifications, and industry partnerships is essential for ensuring long-term workforce inclusion for individuals in recovery.

Reintegration for individuals in recovery remains challenging due to stigma, economic instability, and limited access to education and employment. While vocational training, mentorship, and peer support enhance career development and recovery, efforts remain fragmented. Consistent with the preceding discussion on structural barriers, these limitations highlight the need for coordinated and continuous support systems. A multidisciplinary approach, integrating social work, psychology, and vocational training, is essential for sustained reintegration and long-term stability. Strengthening structured programs, employer collaborations, and second-chance policies can further improve outcomes.

Mentorship and peer support during recovery

Mentorship and peer support are widely recognised as central components of sustained recovery and successful reintegration for individuals with SUDs. Peer-based recovery support services, which involve individuals with lived experience of addiction providing guidance and encouragement, have been shown to enhance engagement in treatment, promote long-term abstinence, and improve psychosocial functioning (Eddie et al., 2019; Bassuk et al., 2020). Community-based rehabilitation programmes in Malaysia have similarly incorporated peer-led approaches as part of recovery support systems (Abdul Ghani & Abdullah, 2022; Amat et al., 2020). These relationships foster trust, mutual understanding, and shared learning, creating supportive environments in which individuals in recovery can develop confidence, resilience, and coping strategies.

Best et al. (2021) found that structured peer mentoring contributes to increased self-efficacy, motivation, and role modelling, particularly among individuals transitioning into service-oriented roles. Similarly, Hansen et al. (2022) reported that recovery-oriented systems that incorporate peer mentoring promote sustained workforce participation and long-term engagement in recovery. Through regular guidance, feedback, and emotional support, mentors assist individuals in navigating workplace expectations, managing stress, and balancing professional responsibilities with recovery commitments. Peer support networks also function as critical sources of social capital, particularly for individuals facing stigma and limited access to

formal resources. Bassuk et al. (2020) demonstrated that peer recovery support services improve housing stability, employment outcomes, and community participation. These networks reduce social isolation and reinforce positive recovery norms, enabling individuals to build meaningful relationships and access informal employment opportunities. In addition, Eddie et al. (2019) highlighted that peer-led interventions enhance accountability and adaptive coping, which are essential for sustaining both recovery and career development. Peer-based community programmes have likewise been associated with strengthened social connectedness and collective responsibility within rehabilitation settings (Abu Hassan Shaari & Waller, 2023; Amat et al., 2020)

Within community-based treatment organizations, mentorship and peer support further contribute to leadership development and service effectiveness. Individuals in recovery who assume peer support roles often gain practical skills in communication, counselling, and case management, which enhance employability and professional advancement (Best et al., 2021; Hansen et al., 2022). These roles also strengthen a sense of purpose and social responsibility, reinforcing long-term commitment to recovery-oriented work. Research on rehabilitation programmes also underscores the importance of structured supervision and training in ensuring the effectiveness and sustainability of peer mentoring initiatives (Abdul Ghani & Abdullah, 2022). However, scholars note that the effectiveness of peer mentoring depends on adequate training, supervision, and institutional recognition (Abidin et al., 2022; Azizul et al., 2022; Bassuk et al., 2020). This study aims to examine how individuals in recovery employed in community-based drug treatment organizations in Malaysia fulfil their roles as peer workers and navigate perceived challenges influencing their professional growth and long-term recovery.

Research objectives:

1. To examine how individuals in recovery fulfil their roles as peer workers in community-based drug treatment organizations in Malaysia.
2. To explore perceived challenges influencing professional growth and long-term recovery among individuals in recovery.

Methodology

This study employed a qualitative research design using semi-structured interviews to explore the experiences of individuals in recovery employed in Malaysian drug treatment organizations. A phenomenological approach was adopted to understand participants' lived experiences, particularly the barriers they face, the effectiveness of educational interventions, and the role of social work in fostering resilience. Qualitative research was chosen as it allows for an in-depth exploration of personal narratives, social contexts, and systemic factors influencing recovery and reintegration (Denny & Weckesser, 2022).

Ethical approval for this study was obtained from the National University of Malaysia (JEP-2024-757). All participants were informed of the study's objectives, voluntary participation, and confidentiality measures before providing written informed consent.

Participants and eligibility criteria

Participants were selected based on the following criteria: individuals in recovery who had completed a formal voluntary rehabilitation program; those currently employed in a Malaysian community-based drug treatment organization in any role, such as counsellor, peer educator, administrative staff, or vocational trainer; those with a minimum of one year of work experience in the organization; individuals who were able to provide informed consent and were willing to participate in an in-depth interview; and those who were fluent in Malay, as the interviews were conducted in this language. Participants who had ongoing legal issues related to drug offenses or who were currently undergoing formal rehabilitation without employment were excluded to ensure that the study focused on individuals in stable post-recovery employment.

Recruitment procedures

A purposive sampling strategy was used to recruit participants through Malaysian drug treatment organizations, rehabilitation centers, and social work networks. Initial contact was made with program

directors at treatment facilities, who assisted in identifying potential participants. Snowball sampling was also utilized, whereby participants referred other eligible individuals who met the criteria. Interested participants were provided with an information sheet explaining the study purpose, confidentiality measures, and voluntary participation, after which they signed informed consent forms before participating in the study.

Data collection and management

Data were collected through in-depth, semi-structured interviews, which lasted 45 to 90 minutes. The transcriptions were anonymized to protect confidentiality, and secure data storage procedures were followed, with all electronic files stored on password-protected devices.

Rigor and triangulation of data sources

To ensure credibility and rigor, methodological triangulation was employed by incorporating multiple data sources, including interviews with individuals in recovery working in treatment centers and the first author's reflection notes. Member checking was conducted, where 20 out of 30 participants were able to review their transcribed interviews, and all confirmed the accuracy of the data. The remaining 10 participants were unable to review their transcripts due to time constraints. Peer debriefing sessions were conducted with the third, fourth, and sixth authors after data analysis to validate the identified themes, ensuring that interpretations remained grounded in participants' narratives and aligned with the research objectives. Discrepancies in thematic categorization were discussed and refined based on collective agreement among the research team, reinforcing the rigor and validity of the analysis. These steps enhanced trustworthiness and reliability, reduced researcher bias, and strengthened the depth of interpretation in the study.

Data analysis

Data analysis was conducted using thematic analysis, following Braun and Clarke's (2006) six-step approach, which included familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. The correspondence and second author manually conducted the data analysis by reading and re-reading transcripts, identifying key patterns across interviews, and developing an iterative coding framework to ensure consistency in data interpretation. Themes were refined through ongoing discussions and consensus-building between the all authors. All coding and thematic categorization were performed manually, ensuring a detailed and reflective engagement with the data.

The Findings

This section presents the key findings of the study, focusing on how individuals in recovery fulfil their roles as peer workers through meaningful employment, navigate financial constraints within community-based drug treatment organizations, and rely on mentorship and peer support to sustain professional engagement and long-term recovery. Figure 1 summarises the main key themes in sustaining recovery engagement.

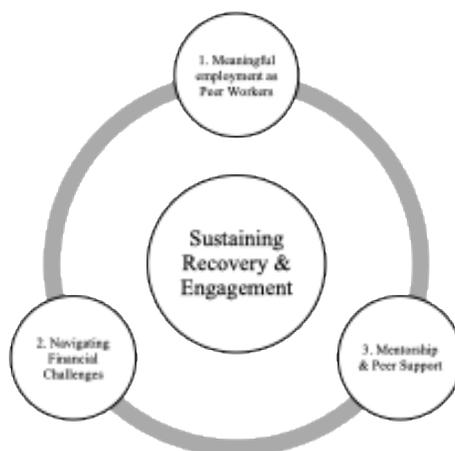


Figure 1. Key themes in the study

Meaningful employment

A central theme that emerged from the findings is the role of meaningful employment in fostering a sense of purpose, social contribution, and reintegration among individuals in recovery. Many participants described their work in community-based drug treatment organizations not merely as a source of income, but as an opportunity to rebuild their identities, regain social trust, and contribute positively to society.

Participants frequently expressed that gaining stable employment allowed them to demonstrate personal responsibility, reliability, and commitment to recovery. Through consistent work performance and service engagement, they were able to challenge negative stereotypes and restore their sense of self-worth. Employment provided structure to their daily lives and reinforced their motivation to maintain long-term sobriety. One participant reflected:

“Having a job here gave me a second chance. I feel proud that I can work, earn honestly, and show people that I have changed. Before this, I always felt ashamed of my past and avoided meeting others. Now, when I come to work every day, I feel useful and respected. It motivates me to stay focused on my recovery and not go back to my old life.”

(Informant A, Male, 44 years old)

Another participant shared:

“Before this, people only saw my past. Now, through my work, I can prove that I am useful and trustworthy again. When clients and colleagues start to respect me, it gives me confidence to continue improving myself. I feel more accepted in the community and no longer afraid of being judged. This makes me more determined to protect my recovery and my future.”

(Informant C, Male, 24 years old)

In addition to personal development, participants highlighted the importance of giving back to the community. Many viewed their roles as a way to support others in recovery and to contribute to social well-being. This sense of social responsibility strengthened their commitment to both their work and their recovery journey. By assisting clients, managing programs, and participating in outreach activities, participants experienced a renewed sense of belonging and social inclusion.

Financial constraints

Service delivery and organisational sustainability within community-based drug rehabilitation settings were strongly shaped by financial constraints, particularly modest salaries and limited operational funding. Participants reported that limited financial resources affected their centres' ability to maintain facilities, expand programmes, and provide comprehensive support services to clients. At the organisational level, restricted budgets often required careful prioritisation of basic operational needs over service enhancement. One participant explained:

“Our centre wants to improve the facilities and provide more activities for clients, but sometimes there is not enough budget. We have to focus on the basics first. There are many ideas we have to support clients better, but we cannot implement them because funding is limited.”

(Informant E, Male, 37 years old)

Many participants expressed strong commitment to serving clients and improving programme quality. However, ongoing funding limitations meant that centres often struggled to upgrade infrastructure, increase service capacity, or introduce additional recovery support activities. Participants highlighted the importance of increased institutional funding, stable financial assistance, and stronger government and donor partnerships to sustain community rehabilitation services and improve client care. Adequate financial support was viewed as essential for maintaining programme effectiveness, ensuring client well-being, and strengthening long-term organisational stability. Another participant shared:

“We are committed to helping our clients, but without stable funding, it is hard to improve our services or facilities. With better financial support, we could provide stronger programmes and follow-up. This would benefit both the centre and the clients.”

(Informant G, Male, 34 years old)

In addition, participants described the emotional and ethical challenges associated with working in resource constrained environments. Many expressed frustration when they were unable to provide adequate facilities, counselling spaces, recreational activities, or material support for clients due to financial limitations. Despite these constraints, participants remained deeply committed to supporting clients and often compensated through increased personal effort, creativity, and emotional engagement. However, they also acknowledged that long-term reliance on personal sacrifice was unsustainable and highlighted the need for stronger institutional investment to protect staff well-being and service quality.

Mentorship and peer support

Building upon participants’ efforts to overcome financial and organisational constraints, a third key theme concerned the role of mentorship and peer support in shaping long-term career development and recovery stability. Participants consistently emphasised that guidance from senior colleagues, supervisors, and experienced peer workers provided direction, reassurance, and practical knowledge that were not always available through formal structures.

Many participants explained that much of their professional growth occurred through relational learning observing mentors, receiving feedback, and engaging in collaborative work. While experiential learning remained important, participants highlighted that having trusted mentors helped them clarify expectations, understand professional standards, and envision clearer career pathways within recovery-oriented settings. One participant shared:

“I learned a lot from doing the work every day, but what really helped me was when my senior explained things and guided me step by step. It made me more confident about where I am heading. When I feel unsure or stressed, I can talk to my senior and get advice. This support helps me stay focused on my work and my recovery.”

(Informant J, Male, 45 years old)

Another participant reflected:

“Most of what I know now comes from experience and from talking to seniors. When someone believes in you and gives advice, you feel more serious about improving yourself. Most of what I know now comes from experience and from talking to seniors. When someone believes in you and gives advice, you feel more serious about improving yourself. Their encouragement makes me feel valued and trusted in this role. It motivates me to take responsibility and continue growing both professionally and personally.”

(Informant H, Male, 43 years old)

Participants also emphasised that mentorship provided emotional support alongside professional guidance. Regular encouragement and constructive feedback helped them manage workplace stress while maintaining recovery commitments. Peer support networks created safe spaces for sharing challenges, learning coping strategies, and reinforcing accountability.

Discussion

This study examined how individuals in recovery working in community-based drug treatment organizations in Malaysia fulfil their roles as peer workers while managing challenges related to stigma, financial constraints, and organisational support. The findings indicate that professional reintegration is shaped by the interaction of meaningful employment, organisational stability, and supportive workplace relationships. Rather than being defined by past substance use, participants demonstrated strong agency, adaptability, and commitment to rebuilding their professional identities and contributing meaningfully to their organisations

and communities. These findings reflect a recovery-oriented perspective that emphasises strengths, participation, and social inclusion (Best et al., 2021; Hansen et al., 2022).

The first theme, meaningful employment, highlights the central role of work in restoring dignity, self-worth, and social legitimacy. Consistent with previous studies, participants continued to experience stigma and discrimination that restricted employment opportunities (Buck et al., 2021; Kılıç & Tuysuz, 2024; Sakib, 2022). Employers' concerns about reliability and risk, as reported by Arevalo et al. (2020), remained evident. However, the present findings extend this literature by demonstrating how sustained work performance and service contribution enabled participants to challenge negative stereotypes. Through responsible engagement and consistent service delivery, participants rebuilt trust and strengthened their social standing, reinforcing long-term commitment to recovery. Beyond economic participation, employment also facilitated social reconnection and emotional stability. Similar to Buck et al. (2021), participants described strained family relationships and limited community support as ongoing challenges. Nevertheless, stable employment created opportunities to rebuild relationships and restore social roles. These findings suggest that inclusive employment environments function as critical platforms for social reintegration and identity reconstruction.

The second theme, financial constraints, illustrates how modest salaries and limited organisational resources shaped participants' professional experiences and service delivery capacity. Consistent with Buck et al. (2021) and Kılıç and Tuysuz (2024), participants' experiences reflect how economic vulnerability and restricted institutional capacity can undermine workforce participation and organisational sustainability. Studies in Malaysia similarly indicate that limited funding affects the ability of rehabilitation centres to maintain facilities and expand services (Abdul Ghani & Abdullah, 2022; Amat et al., 2020; Azizul et al., 2022). Participants' accounts also resonate with findings by Arevalo et al. (2020) and Semenza and Link (2019), which highlight how financial instability and bureaucratic challenges constrain organisational effectiveness. Despite these structural limitations, participants demonstrated strong commitment to maintaining programme operations and supporting clients. Their experiences reflect resilience and adaptive strategies emphasised in multidisciplinary reintegration models, which underline the importance of institutional stability in sustaining recovery-oriented employment (Kılıç & Tuysuz, 2024; Abdul Ghani & Abdullah, 2022). These findings indicate that sustained financial investment and organisational support are essential for strengthening service quality and long-term reintegration.

The third theme, mentorship and peer support, highlights the importance of reciprocal workplace relationships in sustaining confidence, performance, and organisational commitment. Consistent with Eddie et al. (2019) and Bassuk et al. (2020), participants described mentoring relationships as key sources of emotional support, practical guidance, and accountability. These relationships reflect principles of Social Exchange Theory, whereby trust and support generate reciprocal commitment and engagement (Cropanzano et al., 2017). Best et al. (2021) and Hansen et al. (2022) similarly demonstrate that structured mentoring enhances self-efficacy, leadership development, and workforce retention. The present findings extend this literature by showing how mentoring also supports emotional regulation, role clarity, and professional identity formation in recovery-oriented work environments. However, variations in access to consistent guidance suggest the need for more systematic institutional support for mentoring practices.

Taken together, the three themes demonstrate that sustained recovery and professional engagement emerge through the integration of meaningful employment, organisational stability, and supportive interpersonal relationships. While participants faced ongoing challenges related to stigma, financial limitations, and resource constraints (Buck et al., 2021; Arevalo et al., 2020; Kılıç & Tuysuz, 2024), they actively mobilised available resources to strengthen their professional trajectories. These findings challenge deficit-oriented narratives by foregrounding resilience, responsibility, and social contribution among individuals in recovery, highlighting their capacity to function as valuable professionals within community-based treatment settings.

Policy and practice implications in the Malaysian context

The findings highlight the importance of strengthening recovery-oriented employment and reintegration within Malaysia's existing rehabilitation and support systems. Programmes implemented through the National

Anti-Drugs Agency (Agensi Antidadah Kebangsaan, AADK), Pusat Pemulihan Penagihan Narkotik (PUSPEN), and community-based rehabilitation centres provide essential foundations for social reintegration, work readiness, and service engagement (Abdul Ghani & Abdullah, 2022; Amat et al., 2020; Azizul et al., 2022). Building on these established structures, closer coordination with government-linked companies, local authorities, and private sector employers may enhance access to stable employment opportunities for individuals in recovery. Strengthening public–private partnerships within existing policy frameworks can support smoother transitions from rehabilitation to community-based employment and reinforce long-term workforce participation. In addition, the findings underscore the value of strengthening peer support roles, mentorship practices, and coordinated case management within current rehabilitation systems. Greater alignment among rehabilitation centres, healthcare providers, social welfare agencies, and employment services may improve continuity of support and reduce service fragmentation. At the organisational level, formalising peer support and mentoring functions within standard operating procedures can enhance professional accountability and service stability. Stable institutional funding and consistent inter-agency collaboration are also essential for sustaining service quality and protecting staff well-being.

Future research directions

Future research should adopt longitudinal designs to examine how peer workers' roles, professional trajectories, and recovery outcomes evolve over time within community-based treatment settings. Comparative studies across different regions and organisational models in Malaysia may provide deeper insights into how structural conditions influence reintegration processes. Mixed-methods approaches that integrate qualitative narratives with employment and health outcome data could further strengthen evidence on programme effectiveness. Additionally, future studies should explore the perspectives of employers, supervisors, and policymakers to better understand institutional factors shaping recovery-oriented employment. Such research would contribute to the development of more responsive and sustainable reintegration policies and practices.

Conclusion

This study examined how individuals in recovery working in community-based drug treatment organizations in Malaysia navigate career development and social reintegration, highlighting the central roles of meaningful employment, organisational stability, and supportive workplace relationships in sustaining long-term recovery. Drawing on in-depth interviews, the findings demonstrate that employment functions not only as an economic resource but also as a foundation for identity reconstruction, social inclusion, and professional legitimacy, enabling participants to challenge stigma and transform lived experience into social and organisational value. Mentorship and reciprocal workplace relationships, interpreted through Social Exchange Theory, further strengthened confidence, commitment, and professional identity formation. Collectively, these findings contribute to recovery-oriented scholarship by foregrounding resilience, agency, and social responsibility among individuals in recovery, while challenging deficit-based narratives that emphasise risk and dependency. The study advances understanding of recovery-oriented employment by illustrating how individuals actively construct positive professional identities through work and service within community-based treatment settings. Despite these contributions, the study is limited by its qualitative design and focus on community-based treatment organisations, which may restrict generalisability to other recovery contexts. Overall, this study demonstrates that when meaningful work, organisational support, and relational resources are effectively aligned, community-based treatment organisations can serve as powerful platforms for empowerment, social inclusion, and sustainable recovery in Malaysia.

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References

- Abdul Ghani, M. S. A., & Abdullah, H. S. L. (2022). The effect of motivational incentives on clients' religious self-regulation in an institutionalized drug treatment program. *International Journal of Academic Research in Business and Social Sciences*, 12(7), 129201307
- Abidin, M. S. A. Z., Amin, M. Z. M., Salaeh, A., Yusoff, W. F. Z. W., & Fa'atin, S. (2022). The practice of islamic psychospiritual therapy in the treatment of drug addiction at rehabilitation centres in Malaysia. *Afkar: Jurnal Akidah dan Pemikiran Islam*, 24(2), 143-168.
- Abu Hassan Shaari, A., & Waller, B. (2023). Self-help group experiences among members recovering from substance use disorder in Kuantan, Malaysia. *Social Work with Groups*, 46(1), 51-67.
- Amat, M. A. C., Ahmad, J., Jailani, O., Jaafar, W. M. W., & Zaremohzzabieh, Z. (2020). Relapse among drug addicts in East Coast Malaysia: A qualitative study of risk factors. *Journal of Academic Research in Business and Social Sciences*, 10(12), 432-447.
- Azizul, M. D. A., Jaafar, W. M. W., Khir, A. M., & Amin, S. M. (2022). The Impact of I-Pulih Model toward Methamphetamine Clients Recovery in Puspén Tampin, Melaka, Malaysia. *Journal of Academic Research in Business and Social Sciences*, 12(8), 785-797.
- Best, D., Higham, D., Pickersgill, G., Higham, K., Hancock, R., & Critchlow, T. (2021). Building recovery capital through community engagement: A hub and spoke model for peer-based recovery support services in England. *Alcoholism Treatment Quarterly*, 39(1), 3-15.
- Buck, K., Cochran, A., Young, H.T., Gordon, M.J., Yuen, H.K., & Tucker, S.C. (2021). The facilitators and barriers faced when transitioning back into the community following a prison sentence. *International Journal of Offender Therapy and Comparative Criminology*, 66, 1156 - 1174.
- Dargan, P. I., & Wood, D. M. (2012). Recreational drug use in the Asia Pacific region: Improvement in our understanding of the problem through the UNODC programmes. *Journal of Medical Toxicology*, 8(3), 295–299. <https://doi.org/10.1007/s13181-012-0240-4>
- Denny, E., & Weckesser, A. (2022). Quality not quantity: The value of qualitative research. *An International Journal of Obstetrics & Gynaecology*, 129(10), 1799–1800. <https://doi.org/10.1111/1471-0528.17149>
- Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., Weinstein, C. & 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.
- Gibbons, E. (2019). *Challenges experienced by service users during substance dependency aftercare and reintegration services* [Doctoral dissertation, Stellenbosch: Stellenbosch University].
- Graves, B. D., & Fendrich, M. (2024). Community-based substance use treatment programs for reentering justice-involved adults: A scoping review. *Drug and Alcohol Dependence Reports*, 10, 100221.
- Hansen, M. A., Modak, S., MacMaster, S., Zoorob, R., & Gonzalez, S. (2022). Implementing peer recovery coaching and improving outcomes for substance use disorders in underserved communities. *Journal of Ethnicity in Substance Abuse*, 21(3), 1029-1042.
- Høyland, S. A., Schuchert, A., & Mamen, A. (2022). A holistic perspective on continuing care for substance use and dependence: Results and implications from an in-depth study of a Norwegian continuing care establishment. *Nordic Studies on Alcohol and Drugs*, 39(5), 503–520. <https://doi.org/10.1177/14550725221099702>
- Kılıç, A., & Tuysuz, M. K. (2024). Exploring the challenges of reintegrating ex-offenders: A multidisciplinary perspective. *Interdisciplinary Studies in Society, Law, and Policy*, 3(3), 2. <https://doi.org/10.61838/kman.isslp.3.3.2>
- Mandell, W., Lidz, V., & Dahl, J. J. (2015). Experimental evaluation of a vocationally integrated therapeutic community. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 36(3), 173-185.

- Navanethan, D., Mohd Poot, E. F., Vytialingam, N., & Maziz, M. N. H. (2021). Stigma, discrimination, treatment effectiveness and policy: Public views about drug addiction in Malaysia. *Pakistan Journal of Medical & Health Sciences*, 15(4), 1009–1014.
- Roselawati, R. (2024, June 20). 75 peratus klien Puspén berjaya kekalkan pemulihan. Sinar Harian. <https://www.sinarharian.com.my/article/670906/berita/nasional/75-peratus-klien-puspen-berjaya-kekalkan-pemulihan>
- Sakib, S. M. N. (2022). An exploration of barriers to offender reintegration. *CrimRxiv*, 1, 57-835463. <https://doi.org/10.21428/cb6ab371.57835463>
- Semenza, D.C., & Link, N.W. (2019). How does reentry get under the skin? Cumulative reintegration barriers and health in a sample of recently incarcerated men. *Social Science & Medicine*, 243, 112618 .
- Theodorakis, Y., Hassandra, M., & Panagiotounis, F. (2024). Enhancing substance use disorder recovery through integrated physical activity and behavioral interventions: A comprehensive approach to treatment and prevention. *Brain Sciences*, 14(6), 534-. <https://doi.org/10.3390/brainsci14060534>
- United Nations Office on Drugs and Crime (UNODC). (2023). Synthetic drugs in East and Southeast Asia: Latest developments and challenges 2023. UNODC Regional Office for Southeast Asia and the Pacific. https://www.unodc.org/roseap/uploads/documents/Publications/2023/Synthetic_Drugs_in_East_and_Southeast_Asia_2023.pdf
- United Nations Office on Drugs and Crime. (2019). *World Drug Report 2019: 35 million people worldwide suffer from drug use disorders while only 1 in 7 people receive treatment*. United Nations. https://www.unodc.org/unodc/en/frontpage/2019/June/world-drug-report-2019_-35-million-people-worldwide-suffer-from-drug-use-disorders-while-only-1-in-7-people-receive-treatment.html