

Description of the Self-Transformation of Drug Addicts During Active Recovery: The Role of Community Support

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Abstract

Drug addiction recovery is not simply quitting substance use but a process of self-transformation that includes changes in social identity, internal motivation, and interpersonal relationships. This study aims to explore the subjective experiences of individuals in active recovery in DKI Jakarta. The approach used is qualitative with the Interpretative Phenomenological Analysis (IPA) method. Participants consisted of three informants, namely one adult drug addict (D-43) who had been in active recovery for 8 years, living with HIV, and involved in a support community; one family member (M-69); as well as two peer counselors (BM-48 and R-45). Data were collected through semi-structured interviews and field notes, then analyzed through repeated reading, theme development, and interpretation of meaning in a psychosocial context. The results of the study identified five main themes: (1) addiction as a chronic disease recurrence, (2) identity reconstruction through social roles, (3) community as a safe space and space of meaning, (4) crucial dynamics in active recovery, and (5) recovery capital. Recovery is interpreted as a non-linear process that requires awareness of the risk of recurrence and the formation of a new identity through social contribution. This process is influenced by internal factors such as willingness, honesty, and commitment, as well as external factors such as family support, economic stability, and access to health services. The findings confirm that the sustainability of recovery depends not only on individual motivation but also on the availability of recovery capital that supports holistic, sustainable, and relational self-transformation.

Keywords: Drug addicts; self-transformation; community support; Interpretative Phenomenological Analysis (IPA)

INTRODUCTION

Drug abuse is one of the most complex public health problems, affecting various aspects of human life worldwide. According to global research, the recovery process from addiction is a long journey that involves changes in behavior, social identity, and ongoing environmental support. The identity of an "addict" tends to transform into that of an individual in recovery through active social support, particularly from recovery communities that encourage personal development and the regeneration of a positive identity. This process of identity transformation is often considered an important part of the recovery journey because it helps individuals restructure their social relationships and life expectancy outside of addiction (Rabbani & Rahmasari, 2024).

Globally, drug abuse is a significant public health issue, with more than 296 million people aged 15–64 using drugs in 2021, or about 5.8% of the global population in that productive age group. This figure has increased by approximately 23% over the past decade, according to the World Drug Report 2023 from the United Nations Office on Drugs and Crime (UNODC). In addition, UNODC reports that around 39.5 million people worldwide experience substance use disorders, with a significant upward trend in the last 10 years (UNODC, 2023). Other data also shows that more than 13 million people are

injecting drug users, presenting additional health risks and an urgent need for recovery services (UNODC, 2023).

In Indonesia, the prevalence of drug abuse remains a significant problem. Data from the National Narcotics Agency (BNN) reports that in 2023, around 1.73% or approximately 3.33 million people aged 15–64 years were recorded as abusing narcotics, with the majority being in the productive age group (BNN, 2025). This figure is likely to rise in the 2023–2025 period, where the national survey recorded a prevalence of up to 2.11%, or around 4.15 million Indonesians, reflecting an alarming trend related to drug issues. Additionally, BNN data shows that young age groups (15–25 years) are heavily exposed to drugs, with around 312,000 adolescents reported to be involved in drug abuse, posing serious challenges for prevention among the younger generation (BNN, 2025).

As the country's capital, DKI Jakarta is one of the regions that experiences a significant impact from drug problems, both in terms of prevalence and the need for recovery services. Population density, urbanization, and socio-economic pressures make Jakarta an area full of social dynamics, including challenges in drug control. Data from the Jakarta Provincial BNN shows an increase in the need for rehabilitation services, with around 8,865 drug users rehabilitated in 2025, an increase of almost 25% compared to the previous year. This indicates the continuing dynamics of drug abuse and recovery in the capital region (Mumtaz et al., 2025).

Previous studies have highlighted the importance of the recovery process for drug addicts, but research focus remains limited. Several studies, such as Amanda and Aulia (2023), examined the self-adjustment of addicts after rehabilitation in the Therapeutic Community, demonstrating the ability of former addicts to adjust and manage emotions. However, this study focused more on the post-rehabilitation phase and did not explore self-transformation during the active recovery period in depth. Purnamasari et al. (2025) emphasized the importance of internal motivation (self-determination) for successful recovery but used quantitative methods, which did not provide insight into the addict's subjective experience of community support.

Nazifah & Jamaluddin's (2024) research on post-rehabilitation community counseling highlights the importance of social support, but it remains structural and does not delve into the individual perspective during the transformation process. Additionally, international studies through qualitative metasynthesis show that new identities in recovery are highly dependent on social support. However, there has been no local research that directly explores the experiences of individual addicts in active recovery communities in Indonesia (Faizun & Nurchayati, 2024). Therefore, despite the recognized role of rehabilitation and community support, there remains a research gap in understanding how addicts interpret their own transformation during active recovery, particularly from the perspective of personal experiences in recovery communities.

Although various studies have highlighted the recovery process of drug addicts, most focus on medical rehabilitation, family support, or post-rehabilitation adjustment. As such, the subjective experience of addicts in understanding self-transformation during the active recovery period remains rarely studied in depth (Rokiyah et al., 2024).

Moreover, the role of community support as a social space that helps individuals form new identities and sustain positive change has not been widely explored, especially from a personal experience perspective. To capture the complexity and profound meaning of these experiences, qualitative research with the Interpretative Phenomenological Analysis (IPA) approach has become particularly relevant. IPA allows researchers to explore participants' life experiences reflexively and interpret how community support shapes their overall self-transformation (Smith, Flowers, & Larkin, 2022; Pietkiewicz & Smith, 2014). This approach enables the study to not only examine behavioral changes but also understand the social identity, internal motivations, and interpersonal relationships of addicts in the context of active recovery, contributing significantly to the literature on drug rehabilitation in Indonesia.

This study focuses on the experiences of drug addicts undergoing the active recovery period in DKI Jakarta, with the main participant being an adult addict who has been in recovery for 8 years and is living with HIV. The research aims to understand in depth how this individual interprets the process of self-transformation. Additionally, the study reveals the role of the recovery community as a social space that supports positive change, helps build a sustainable new identity, and strengthens the recovery process from a psychosocial perspective. Therefore, this study not only provides an overview of self-transformation in the context of addiction recovery but also highlights the important contribution of communities in supporting holistic recovery success, including in individuals with chronic health conditions such as HIV.

METHOD

This research uses a qualitative approach with the Interpretative Phenomenological Analysis (IPA) method to understand the subjective experiences of drug addicts during the active recovery period and the role of community support in their self-transformation process (Smith, Flowers, & Larkin, 2022; Pietkiewicz & Smith, 2014). The IPA was chosen because it allows researchers to capture participants' deep meaning, social identity, motivations, and interpersonal relationships from their own perspectives, thus providing a holistic understanding of self-transformation in the context of active recovery.

This study was conducted in DKI Jakarta with the main participant as many as 1 adult drug addict who is undergoing an active recovery period and is involved in a support community. In addition to addicts, the research informants also included family members and peer counselors, so the total informants consisted of three parties who provided different perspectives: 1 addict (D-43), 1 family member (M-69), and 2 peer counselors (BM-48 and R-45). Data were collected through semi-structured interviews and field notes, then analyzed according to the Interpretative Phenomenological Analysis (IPA) procedure, namely reading transcripts repeatedly, identifying significant themes, interpreting psychosocial contexts, and constructing narratives that describe self-transformation experiences and the influence of community support. The study also adheres to research ethics, including informed consent, participant anonymity, and psychological protection during interviews (Nisbet et al., 2022).

RESULTS AND DISCUSSION

The *Interpretative Phenomenological Analysis* (IPA) of three data sources of addicts in active recovery, family members, and peer counselors produced five main themes that illustrate how the self-transformation of drug addicts in the active recovery period is interpreted through subjective experiences and interactions with the community. The five themes include: (1) addiction as a chronic disease recurrence, (2) identity reconstruction through social roles, (3) community as a safe space and space for meaning, (4) crucial dynamics of active recovery, and (5) *recovery capital*.

These findings are in line with the concept of *therapeutic community* (De Leon, 2000) which views addiction as a chronic condition and recovery as a process of comprehensive change through community life. The reconstruction of identity through social roles, the functioning of the community as a space of safety and social control, and the importance of recovery capital show that change occurs through active participation in the community and environmental support. Thus, active recovery is understood as an ongoing process that involves the interaction between individual willpower, social roles, and supporting socio-economic resources.

Table 1. Main Themes and Subthemes of Self-Transformation in Active Recovery

Main Themes	Subtheme	Core Meaning
1. Addiction as a Relapsed Chronic Disease	Awareness of relapse susceptibility; Continuous self-care	Recovery is understood as a long-term process that requires ongoing vigilance and commitment
2. Identity Reconstruction through Social Roles	Helping others; Changes and expansion of social roles	The formation of a new identity as an empowered individual and contributes to others
3. Community as a Safe Space and Space of Meaning	Experience sharing space; Protective social control; Culture of mutual respect	Community functions as a space for identity legitimacy and strengthening self-meaning in recovery
4. The Crucial Dynamics of Active Recovery	Individual will; Socio-economic pressure; Relapse as part of the process	Recovery is non-linear and is influenced by the interaction of internal and external factors
5. Recovery Capital	Support at the micro and meso levels; Access to healthcare and skills development	The availability of social and structural capital that strengthens the sustainability of the recovery

Source: Verbatim (2026)

The analysis of the IPA yielded four superordinate themes that describe self-transformation in active recovery. These themes show that recovery is not merely a process of abstinence but a reconstruction of social identity that occurs within a relational and structural context. The community serves as a space of meaning, a protective social control mechanism, and a source of recovery capital that strengthens the sustainability of self-transformation.

The four themes were compiled through repeated reading, identification of units of meaning, and grouping consistent patterns of experience among participants. The hierarchical structure of these themes demonstrates how individual experiences are connected to the broader social context, so that the meaning of recovery is understood as the result of the interaction between psychological, relational, and structural dimensions. This mapping also confirms that the dynamics of active recovery are complex and cannot be reduced to behavior changes alone.

These findings are supported by the concept of the therapeutic community, which emphasizes that recovery is a process of comprehensive change in individual lifestyles, value systems, and identities through structured community life (De Leon, 2000). In this approach, the community is positioned as the main agent of change (community as method), with the reconstruction of social identity and protective social control being integral parts of the recovery process. Additionally, research by Ardani and Cahyani (2019) shows that the therapeutic community method is effective in reducing the risk of relapse due to the presence of social support, discipline, and the active involvement of members in the community structure. This aligns with the results of this study, which affirms that the sustainability of self-transformation does not rely solely on individual willpower, but also on consistent relational and structural support within the community.

Table 2. Thematic Mapping Hierarchy Structure (IPA Thematic Mapping)

Level of Analysis	Superordinate Theme	Subordinate Themes
Superordinate 1	Self-Transformation as a Sustainable Process	Addiction as a chronic condition; Relapse as part of the recovery cycle; Continuous self-care
Superordinate 2	Social Identity Reconstruction	Role as a volunteer; Helping others; Legitimacy and social recognition
Superordinate 3	Community as an Arena of Meaning and Protection	Safe space; Protective social control; Culture of appreciation and acceptance
Superordinate 4	Determinants of Recovery Sustainability	Individual will; Recovery capital; Socio-economic pressure

Source: Verbatim (2026)

Addiction as a Relapsed Chronic Disease

One of the main themes that emerged in this study was the understanding of addiction as a chronic condition that is recurrent and requires long-term management. This theme is an important foundation in understanding how the process of self-transformation is interpreted by informants. The way individuals and their surroundings understand addiction greatly influences attitudes, expectations, and strategies implemented during recovery. When addiction is seen as a chronic condition, recovery is no longer viewed as a process that is completed in a short period of time but rather as an ongoing journey that demands self-awareness, emotional management, and consistent social support.

The findings of Peer Counselor 1 (BM-48) emphatically emphasize the medical-psychological perspective on addiction. He stated, "Addiction is a chronic relapsing brain

disease." This statement suggests that addiction is understood as a disorder with a natural relapse pattern. He also emphasized, "Stopping using does not mean finished. They have to maintain a new lifestyle, like any other chronic disease." This perspective positions recovery as a long-term self-care process that requires lifestyle changes and conscious management of triggers. Meanwhile, Peer Counselor 2 (R-45) reinforced this view based on field experience. He said, "In addiction, it is natural, because this is a chronic disease that often recurs." In addition, he highlighted that in the early phases, many individuals are still in a state of denial, so it takes time to accept that addiction is a condition that must be managed for life. Thus, both counselors share the understanding that addiction is not just deviant behavior but a chronic condition that requires ongoing commitment, environmental support, and self-awareness, all of which are constantly updated throughout the active recovery process.

This understanding aligns with the therapeutic community approach, which views addiction as a chronic disorder that requires a comprehensive change in lifestyle and value system (De Leon, 2000). In this framework, relapse is considered part of the recovery dynamics that must be managed through continuous learning within the community. The findings of Ardani and Cahyani (2019) also show that the application of therapeutic community methods is effective in reducing the risk of relapse due to the strengthening of discipline, social support, and the active involvement of members in the community structure. This reinforces that awareness of the chronicity of addiction is an essential foundation in maintaining recovery. The understanding of addiction's chronicity also aligns with the rehabilitation guidelines developed by the National Narcotics Agency of the Republic of Indonesia (2004), which emphasize that rehabilitation is not just detoxification but a continuous coaching process involving psychological, social, and spiritual aspects. Thus, the perspectives of counselors, participants, and families in this study demonstrate a convergence of meanings that recovery is a long-term process requiring consistent self-management and social support.

In the framework of Interpretative Phenomenological Analysis (IPA), these three perspectives show that self-transformation in active recovery is neither instant nor linear. A new identity as an individual in recovery is built on an awareness of permanent vulnerability to recurrence. Self-transformation is not a one-time event but a reflective and relational process that demands self-care, social support, and acceptance of inherent chronic conditions. This collective awareness, shared by the addict, the family, and the counselor, becomes an existential foundation for the sustainability of active recovery.

Identity Reconstruction through Social Roles

Identity reconstruction during the active recovery period is not only related to the cessation of substance use, but also to the formation of new, meaningful social roles. Self-transformation does not stop at abstinence; rather, it develops through active involvement in the community, allowing the individual to rebuild self-esteem, responsibility, and meaning in life. In this context, the identity of an "addict" is gradually redefined into an identity as a "growing individual" and a "recovery agent."

Findings from Peer Counselor 1 (BM-48) highlight that significant changes occur when individuals begin to help others. He stated, "The most noticeable thing is when he starts helping others. He was a volunteer." D-43 also affirms the community philosophy, stating, "Men helping men to help themselves." This principle emphasizes that helping others is not just a social activity but a reflective strategy to maintain the stability of self-recovery. He added that stopping substance use is not the end, but rather the beginning of forming a new, consistent, and responsible lifestyle. In the case of participants, involvement as a post-relapse volunteer becomes a pivotal point in rebuilding a more positive identity. Meanwhile, Peer Counselor 2 (R-45) emphasized that identity reconstruction occurs when individuals begin to be honest and open with themselves. He said, "The change was seen when he started to be honest with himself and his family." RH also stressed that a new identity is formed through discipline and healthy routines: "They learn discipline, come on time, have a healthy routine. From there comes a sense of confidence as a new person." Moreover, he views himself only as a facilitator: "I am just a bridge... I help them find strength in themselves."

Both counselors point out that identity reconstruction is a social and reflective process built through self-honesty, involvement in helpful roles, new life disciplines, and experiences of being accepted into the community. Meaningful social roles become a concrete medium for strengthening new identities that are more adaptive, responsible, and oriented towards the sustainability of active recovery. These findings align with the concept of the therapeutic community, which positions the community as the main agent of change through the principle of "community as method" (De Leon, 2000). In this approach, individuals are not only recipients of services but are also given the opportunity to carry out constructive social roles, so that identity change occurs through active participation.

Afiya, (2022) also shows that the implementation of therapeutic communities encourages the formation of responsibility, leadership, and solidarity among its members, contributing to the strengthening of a new identity as a more adaptive and empowered individual. From the addict's perspective, involvement in the community is seen as an opportunity to make up for the past while rebuilding self-esteem that had been damaged by addiction. The individual felt a significant change in how others saw him when he started helping new members, transitioning from being perceived as a "burden" to someone who could contribute. This change in social perception provides a strong affective experience, where he feels valued, trusted, and has a meaningful role in the lives of others.

Meanwhile, the family observed noticeable changes in the attitudes and behaviors of the participants since their involvement in the community. They saw an increase in responsibility, time discipline, and commitment to social activities that were previously absent. Involvement as volunteers helped families regain the trust they had lost, as participants showed consistency in fulfilling their new roles.

Within the framework of Interpretative Phenomenological Analysis (IPA), these findings demonstrate that identity reconstruction occurs through the social legitimacy

acquired within the community. Individuals not only stop using substances but also rewrite their narratives through the practice of helping others. The role of "helper" serves as a symbol of the shift in identity from "problem object" to "agent of change." This transformation is intersubjectively built through recognition, acceptance, and trust from others, strengthening the sustainability of active recovery.

Community as a Safe Space and Space of Meaning

The role of community in this study is seen as a space that provides a sense of security as well as meaning for individuals undergoing active recovery. A community is not only a gathering place, but it is also an environment that supports individuals to express their experiences, emotions, and struggles openly without fear of being judged or stigmatized. In such a supportive atmosphere, individuals gain social acceptance that strengthens their confidence and commitment to sustaining recovery.

Peer Counselor 1 (BM-48) emphasized that community becomes a space of meaning when members can help others. He stated, *"Community becomes a space of meaning when they can help others. When they remind others, they are actually also reminding themselves."* In addition, he explained that there is a collective concern within the group: *"If there are members who are not present, we look for them and come to them."* This shows the existence of a protective and care-based social control mechanism. Meanwhile, Peer Counselor 2 (R-45) emphasized the dimension of acceptance without stigma. He said, *"In the community they feel accepted without being judged."* According to him, this sense of acceptance is the foundation for the emergence of new hope and motivation. He also added that the group creates togetherness and shared responsibility, so that members feel not alone in facing the risk of relapse. Thus, the community acts as an emotionally safe space and as a space of social meaning, which reinforces new identities and maintains the sustainability of active recovery.

These findings are in line with the concept of *therapeutic community* which places the community as a corrective environment designed to create a sense of security, structure, and mutual support between members (De Leon, 2000). This principle affirms that changes in behavior and identity occur through intense and structured social interactions. Research by Ardani and Cahyani (2019) also shows that the existence of a solid community and collective discipline contribute significantly to reducing the risk of relapse, as members feel supervised and supported by a consistent social system. From the perspective of the addict, the community is interpreted as a place where he or she does not feel judged or stigmatized. The experience of hearing from people with similar backgrounds creates a sense of *belonging* that was previously difficult for him to feel in other environments. She feels that her stories and struggles are understood authentically, so that her presence in the community becomes a source of emotional strength that helps sustain recovery. That sense of acceptance reinforces his new identity as a growing individual, no longer as an "addict" trapped in the past.

Meanwhile, families see the community as an additional support system that plays an important role in maintaining the stability of the participants. They felt calmer when

they knew that participants were actively participating in regular meetings and had a positive social network. Families realize that their support alone is not always enough, so the existence of a community becomes a complement that provides continuous supervision, motivation, and emotional reinforcement.

Within the framework of Interpretative Phenomenological Analysis (IPA), the triangulation of these three perspectives shows that communities have interrelated emotional, social, and protective functions. Phenomenologically, the community becomes a *meaningful space* where individuals gain acceptance, validate experiences, and strengthen new identities. Identity in recovery is not only built internally, but is also nurtured through supportive interactions and collective recognition within the community, thereby strengthening the sustainability of active recovery.

The Crucial Dynamics of Active Recovery

Active recovery is a dynamic and non-linear process, as individuals are constantly dealing with internal urges and external pressures that can affect their stability. The sustainability of recovery is largely determined by the individual's ability to manage personal factors while responding to changing social situations.

Peer Counselor 1 (BM-48) affirms that the main foundation of recovery lies in the individual's internal qualities. He stated, *"The will of the individual is key. Honesty, open mind, willingness."* However, he also reminded of crucial external dynamics, such as *"Economic factors, households, new relationships, death, separation... In the business environment, for example, alcohol is considered commonplace."* These situations can trigger a relapse if they are not anticipated with adequate mental readiness and support. In line with that, Peer Counselor 2 (R-45) highlighted that intentions from within are indeed main, but must be strengthened by a supportive environment. He said, *"Intentions from within are the main thing. But without the support of family and a safe environment, it's hard to survive."* He also emphasized that economic problems and social stigma are often additional pressures that magnify the risk of recurrence. Thus, the dynamics of active recovery are the result of an interaction between internal factors; honesty, openness, willingness, and consistency as well as external factors such as economic conditions, social relations, and environmental acceptance. The balance between the two is the key to maintaining the stability of self-transformation in a sustainable manner.

These findings are in line with research by Pertama, Suwarni, and Abrori (2019) which showed that internal factors such as self-control and motivation, as well as external factors such as environmental pressures and economic problems, contribute significantly to the incidence of relapse in drug addicts. In addition, Ardani and Cahyani (2019) emphasized that the *therapeutic community* method is effective in preventing relapse because it is able to strengthen self-discipline while providing structured social support. Thus, recovery requires the integration of personal readiness and consistent environmental support. This perspective is also in line with the experiences of participants who acknowledged that financial stress and relational conflict have resurfaced the urge to use substances. In certain situations, economic burdens and interpersonal tensions

trigger stress that tests his recovery commitment. However, participants emphasized that community support both through regular meetings and communication with fellow members helped them manage the impulse and not revert to old patterns. From the family side, economic stability and communication in the household are seen as factors that greatly affect the emotional state of the participants.

Within the framework of *Interpretative Phenomenological Analysis* (IPA), the triangulation of these three perspectives shows that recovery is non-linear and vulnerable to socio-economic dynamics. Self-transformation does not proceed in a straight line, but rather through a constant negotiation process between internal will and external pressure. Therefore, individual willpower needs to be strengthened by consistent external support, both from the community and the family, in order for active recovery to be sustained sustainably.

Recovery Capital

The sustainability of active recovery depends not only on the intention to stop using the substance, but also on the availability of resources that sustain the individual in the long term. The concept of recovery capital describes the accumulation of social, economic, and structural capital that allows individuals to build a stable and meaningful life.

Peer Counselor 1 (BM-48) interprets recovery capital as the foundation for the sustainability of the recovery process. He stated, "*Recovery capital is actually recovery capital, so it's not just the intention to quit, but there is a support that allows the person to survive when facing pressure.*" He also added, "*Micro environments such as family and community, health support, even simple things like BPJS have or not, it is very influential.*" This statement shows that access to health services, family support, and community networks are crucial components in maintaining the stability of recovery. Meanwhile, Peer Counselor 2 (R-45) emphasized the dimensions of social independence and functioning as part of recovery capital. He said, "*If people already have a steady job or a clear activity, it really helps to maintain recovery.*" He also highlighted the importance of feeling socially accepted, "*Support is not only material, but a sense of acceptance and trust by the family or the environment.*" Thus, recovery capital includes family and community support, access to health, economic stability, and meaningful social role opportunities. All of these aspects interact with each other in supporting the sustainability of self-transformation holistically and relationally.

This finding is strengthened by the research of John F. Kelly and Bettina Hoepfner (2015) who developed the formulation of two axes of recovery capital, namely the internal dimension (motivation, self-efficacy, commitment) and the external dimension (social support, employment, economic stability). They affirm that a stable recovery occurs when the two dimensions develop in a balanced manner. This means that highly motivated individuals but without adequate social and economic support remain in vulnerable conditions. Furthermore, a systematic review conducted by Emily A. Hennessy (2017) showed that a high level of *recovery capital* consistently correlates with

a longer recovery duration, a reduced risk of relapse, and an improved quality of life. The study confirms that recovery interventions need to be oriented towards strengthening social and economic resources, not just on individual behavioural changes.

From the perspective of the participants in this study, family support and access to health services were felt as crucial factors in maintaining recovery. Job skills and productive activities also help build confidence and economic stability. Families also saw significant changes when participants had jobs and positive social networks. This stability creates a sense of security that strengthens consistency in recovery. In the framework of *Interpretative Phenomenological Analysis* (IPA), recovery capital emerges as a structural foundation in the process of self-transformation. Recovery is not just an individual psychological process, but a process embedded in a real socio-economic context. Thus, the success of active recovery is strongly influenced by the extent to which individuals have access to adequate social, cultural, and structural capital to sustain the changes that have been personally built.

CONCLUSION

This study shows that the self-transformation of drug addicts during the active recovery period is a complex, non-linear, and continuous process. Recovery is not only interpreted as abstinence from substances but also as a reconstruction of social identity, built through awareness of the chronicity of addiction, involvement in meaningful social roles, and active participation in the recovery community. The community serves as a safe space, a space of meaning, and a protective social control mechanism that reinforces the legitimacy of the new identity as empowered individuals.

Additionally, the sustainability of recovery is strongly influenced by the interaction of internal and external factors. Internal factors such as honesty, openness, self-awareness, and commitment form the primary foundation, while external factors like family support, economic stability, meaningful work, and access to health services serve as recovery capital that strengthens the continuity of self-transformation. Therefore, it is recommended that recovery programs should not focus solely on abstinence or medical treatment but also strengthen community-based support, family involvement, and access to socio-economic resources so that recovery can be sustained in a more holistic and meaningful way.

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