DIVERSITY
SYNTIFIC Publisher
LOGIC JOURNAL MULTIDISCIPLINARY
E-ISSN 2988-571X
Vol. 4 Issue 3, 2026 Page.236-259

Original Article

AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF RELAPSE AMONG POST-RECOVERY NARCOTICS INMATES AT THE CLASS IIA NARCOTICS CORRECTIONAL FACILITY BANDUNG

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Submitted: 20 October 2026, Revised: 27 October 2026, Accepted: 3 November 2026.

ABSTRACT

Background. The high rate of narcotics abuse in Indonesia, especially among the productive age group, raises concerns about relapse in recidivist inmates post-rehabilitation. Success in recovery is influenced significantly by individual psychosocial readiness, a factor that current rehabilitation programs do not adequately address.
Research Purpose. This research aims to examine the process through which relapse occurs, identify its contributing factors, and formulate recommendations for social rehabilitation that prioritizes individual psychological readiness.
Research Method. This research employs a qualitative interpretative phenomenological approach, utilizing in-depth interviews with eight informants, documentation studies, and literature reviews. Data were processed using NVivo 15 and analyzed through Relapse Prevention theory and the Transtheoretical Model.
Findings. Through Interpretative Phenomenological Analysis (IPA), twelve superordinate themes were identified, collectively demonstrating that relapse is a gradual process influenced by individual factors, social environment, place, and substance availability, while abstinence is maintained through family support, positive environmental influences, craving management, and meaningful activities culminating in identity transformation. The overall pattern confirms that the difference between relapse and abstinence lies not in individual strength alone, but in the presence or absence of psychosocial supports that operate before vulnerability escalates into risk.
Conclusion. Relapse persistence highlights a significant gap between institutional support and the lack of it after release. Incorporating the Transtheoretical Model's Five Stages of Change as an assessment tool would allow rehabilitation programs to tailor their approach to individuals' psychological readiness, thus enhancing the transition from institutional recovery to lasting community abstinence.

Keywords: Correctional Facility, Interpretative Phenomenological Analysis, Narcotics, Rehabilitation, Relapse, Relapse Prevention, Transtheoretical Model.

BACKGROUND

The Correctional Institution is a state institution that plays a central role in the criminal justice system in Indonesia, functioning both as a place for the execution of criminal sentences and as a facility for the guidance and development of inmates. Based on Article 2 paragraph (2) of Law Number 22 of 2022 concerning Corrections, this institution carries a fundamental mission to improve the quality of personality and independence of inmates so that they recognize their mistakes, rehabilitate themselves, refrain from repeating criminal acts, and can be reintegrated into society as good, law-abiding, and responsible citizens. The existence of the Correctional Institution reflects the state's commitment to realizing a criminal justice system that is not merely retributive in nature, but also emphasizes rehabilitative and restorative aspects in order to achieve justice that upholds human dignity.

In order to optimally realize these functions, the state has established a strong normative foundation through Law Number 22 of 2022 concerning Corrections as a regulation that comprehensively governs the administration of the correctional system in Indonesia. One of the functions explicitly mandated by this law is the care function as stipulated in Article 4 letter d, which affirms that care constitutes a legally binding obligation for every correctional institution in carrying out its duties. Accordingly, the implementation of the care function encompassing health maintenance, rehabilitation, and the fulfillment of basic needs as further regulated in Article 60 paragraph (2) of the same law becomes an important benchmark in assessing the extent to which correctional institutions have fulfilled the mandate of the law in a sincere and responsible manner [1].

Rehabilitation within correctional institutions plays a crucial role for inmates who are narcotics abusers, given that narcotics dependency is not merely a legal matter but also a profound mental and social health disorder. Based on the Decree of the Director General of Corrections Number PAS-168.OT.02.02 of 2020, narcotics rehabilitation for inmates encompasses three mutually interconnected components, namely medical rehabilitation as an integrated therapeutic process aimed at freeing addicts from narcotics dependency, social rehabilitation intended to assist inmates in achieving and maintaining an abstinent condition while restoring their physical, psychological, social, and spiritual functions, and post-rehabilitation as a subsequent stage of guidance provided to narcotics abusers upon completion of either medical or social rehabilitation, with the objective of preventing relapse.

The increasing prevalence of narcotics abuse is currently a matter of grave concern, particularly among productive-age adolescents who are characterized by heightened curiosity and a strong drive to experiment with new experiences. Its negative consequences are multidimensional in nature, encompassing damage to vital organs such as the brain, lungs, kidneys, and liver, permanent mental disorders, psychological and financial burdens on families, disrupted social relationships, diminished learning capacity, increased risk of criminality and violence, and threats to national health resilience resulting from the loss of the nation's future generation. Furthermore, narcotics are understood as a chronic disease with the potential for repeated relapse and the progression into dependency, such that their abuse is not merely detrimental to individuals on a personal level, but also imposes significant social and economic burdens upon the state.

The recovery process from narcotics dependency constitutes a long-term journey that is inseparable from the possibility of relapse, defined as the return to substance-using behavior even after an individual has undergone a considerably extended period of abstinence [2]. Nevertheless, individuals who have completed rehabilitation programs generally possess an awareness of their previous substance-abusing behavior, accompanied by internal motivation to change toward a more constructive direction. The success of such recovery depends not only on internal motivation, but is also substantially determined by the availability of external support, encompassing family support and social networks surrounding former narcotics abusers.

Individuals experiencing narcotics dependency have the potential to recover when a number of contributing supportive factors are present, including self-confidence, family support, the presence of a partner, and interpersonal communication that is empathic and positively oriented. The expansion of social networks through involvement in non-user communities has also been demonstrated to provide effective contributions by offering access to new information and sources of support that can reinforce the success of an individual's recovery from narcotics dependency. Narcotics dependency can be addressed through rehabilitation, which is a recovery effort aimed at restoring narcotics abusers to a state of physical, psychological, social, and spiritual well-being. However, the implementation of rehabilitation does not always guarantee that individuals will be entirely free from dependency, as a considerable number of those who have participated in rehabilitation programs subsequently return to narcotics use. One of the factors that triggers relapse is the emergence of feelings of shame resulting from being avoided, ostracized, or

unacknowledged by family, which drives individuals to focus inwardly, feel helpless, and develop low self-esteem, thereby necessitating that rehabilitation officers provide appropriate interventions to address such conditions.

As an institution of rehabilitation, correctional facilities aim to restore the life relationships, living conditions, and livelihoods of inmates in accordance with societal norms, wherein one of the most essential indicators of success is the absence of relapse following the implementation of rehabilitation programs. However, the environment of correctional facilities frequently gives rise to new and complex problems, one of which is the emergence of urges to resume narcotics use. Relapse is a condition in which an abuser who has ceased using narcotics or is in the process of recovery returns to their use through a gradual process that may occur over either a short or extended period of time. In general, clients who have stopped using narcotics carry a high risk of relapse, particularly during the first to the twenty-fourth month of recovery, though this risk may diminish over time as the quality of recovery and personal maturity become increasingly stable [3].

Narcotics users who experience relapse are generally unable to eliminate the cravings resulting from substance use, a condition that is compounded by insufficient family and environmental support as well as the extended duration of dependency. Cravings can neither be eliminated nor cured, and this constitutes the fundamental distinction between an addict and a non-addict [4]. This condition becomes increasingly important to address given that the number of inmates involved in narcotics-related offenses, both as users and as dealers, demonstrates a tendency to increase from year to year. This increase indicates that the problem of narcotics is not solely related to law enforcement, but also concerns the effectiveness of the rehabilitation and guidance process aimed at preventing the occurrence of relapse. The data pertaining to the increase in narcotics-using inmates and narcotics dealers are elaborated as follows:

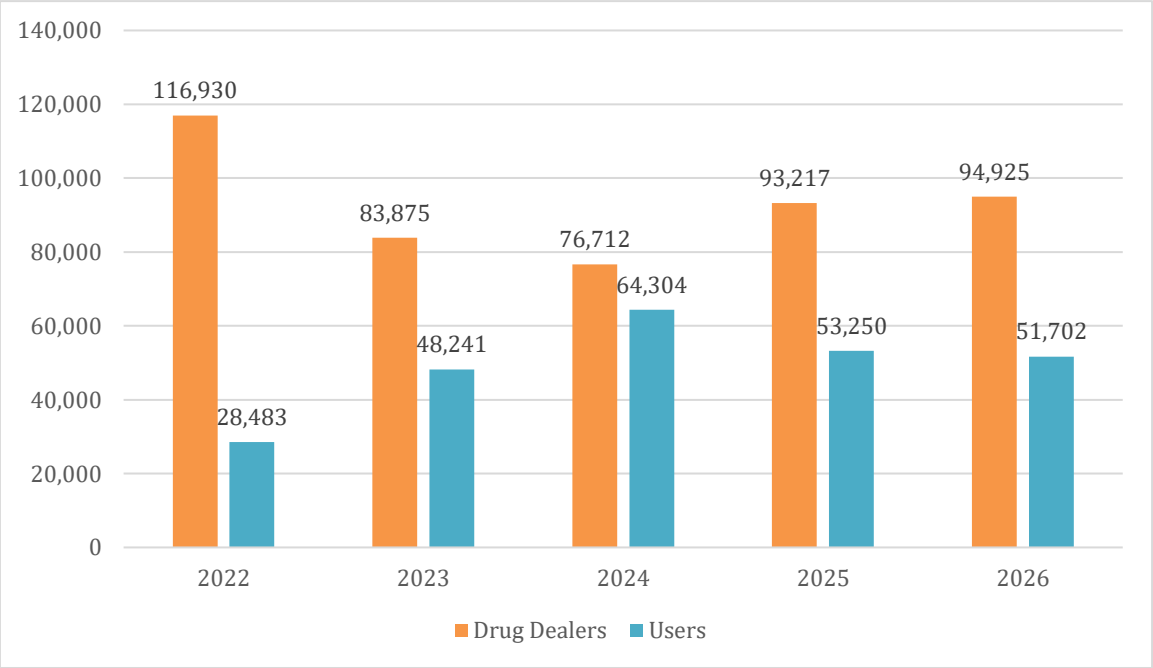


Chart 1. Comparison Chart of Drug Dealers and Users in Prisons and Detention Centers in Indonesia from 2022 to 2026

Source: Imipas in Numbers and Indonesian Drug Report [1]

Based on the data presented above, the overview of the development of narcotics criminal cases from year to year reflects a condition that warrants serious attention from various stakeholders, particularly in the context of correctional administration in Indonesia. The data classifies inmates into two primary categories, namely the dealer category, which encompasses distributors, receivers, and producers of narcotics, and the narcotics user category. Within the dealer category, the number of inmates in 2022 was recorded at 116 thousand individuals, representing the highest figure within the last five years, although its subsequent development has tended to stagnate through 2026, with the lowest point of decline occurring in 2024 at 76,712 inmates.

Meanwhile, within the narcotics user category, the highest number was recorded in 2024 at 64,304 individuals, with a trend that consistently demonstrated an increase over the period from 2022 to 2024, before subsequently entering a stagnation phase from 2025 to 2026. The substantial number of inmates classified within the narcotics user category, as indicated by the aforementioned data, directly implies an increasing need for the implementation of effective, structured, and sustainable rehabilitation programs within correctional facilities. The information below shows data on inmates who are drug users at the Class IIA Drug Rehabilitation Center in Bandung, including the following:



Picture 1. Number of Recidivist Drug Dealers and Users at the Class IIA Bandung Narcotics Prison.

Source: Indonesian Correctional Database System [1]

Based on data as of May 30, 2026, the number of narcotics recidivist cases at the Class IIA Narcotics Correctional Facility Bandung was recorded at 99 inmates, of whom 20 are active narcotics users. Although this number is smaller than that of dealer recidivists, this group carries high urgency for research, as their relapse is not solely driven by economic motives, but rather by the failure to sustain the recovery process from dependency, which encompasses complex psychological, social, and rehabilitative dimensions. This urgency is further reinforced by the still very limited body of scientific inquiry that specifically addresses the handling of narcotics-using inmates who experience relapse following rehabilitation within the context of correctional institutions in Indonesia, thereby creating a significant academic gap given that the phenomenon of relapse constitutes one of the greatest challenges in the recovery from psychoactive substance dependency, which, if not properly addressed, has the potential to undermine the entirety of previously implemented rehabilitative efforts.

Pursuant to the Decree of the Director General of Corrections Number PAS-168.OT.02.02 of 2020 concerning Standards for the Implementation of Rehabilitation in Correctional Technical Implementation Units, correctional facilities across Indonesia apply the Therapeutic Community model, with variation only in terms of facilities, activity intensity, and inmate readiness, rather than in the substance of the intervention approach itself. The implementation of this TC method is carried out through a series of structured activities such as morning meetings, CRG, wrap-up sessions, general meetings, and other

community activities focused on behavioral change. On the other hand, the social rehabilitation materials provided generally encompass assessment, behavioral and cognitive therapy, individual counseling, mental and spiritual guidance, family support groups, case conferences, and recreational activities, constituting an intervention package applied uniformly to all participants without taking into account differences in psychological backgrounds, levels of addiction, or individual relapse risk factors.

In this context, it is essential to understand the dynamics that underlie this phenomenon, particularly with respect to the occurrence of relapse among narcotics-using inmates. Relapse has become a crucial issue given that many individuals return to narcotics abuse after undergoing legal proceedings or guidance within correctional institutions. This indicates that existing interventions have not yet fully addressed the root causes of the problem, whether from a psychological, social, or environmental perspective [5]. Therefore, an analysis of the factors contributing to relapse among narcotics-using inmates is of paramount importance as a basis for formulating more effective follow-up measures. By understanding what actually occurs, ranging from environmental pressures and insufficient social support to weaknesses within rehabilitation programs and more precisely targeted intervention strategies can be developed. These efforts are expected not only to reduce recidivism rates, but also to assist inmates in sustaining a drug-free condition on a long-term basis upon their return to society[6].

Based on the above discussion, this research aims to achieve three primary objectives. First, to examine and understand the process through which relapse occurs among post-recovery narcotics-using inmates, while simultaneously comparing this trajectory with the experience of clients who have successfully maintained abstinence following rehabilitation, in order to identify the structural and psychological patterns that distinguish one outcome from the other. Second, to systematically identify and analyze the factors contributing to relapse, encompassing individual, social environmental, place-based, and substance availability dimensions, so as to provide a comprehensive and empirically grounded understanding of the conditions that enable relapse to occur despite prior rehabilitative intervention.

Third, and most critically, this research aims to formulate a concrete and practically applicable recommendation for addressing the uniformity that currently characterizes social rehabilitation programs within correctional facilities. Specifically, this research proposes the integration of the Five Stages of Change from the Transtheoretical Model as an additional

assessment layer within the existing rehabilitation framework, positioned after the ASI Full Version assessment, so as to enable intervention approaches to be tailored to the actual psychological readiness of each individual participant without dismantling the structural foundation of the program already in place. It is anticipated that this recommendation will contribute meaningfully to the development of a more individualized, stage-sensitive, and ultimately more effective rehabilitation model that better prepares inmates for sustained abstinence upon their return to the community.

RESEARCH METHOD

The method employed in this research is a qualitative method with a phenomenological type. Conceptually, qualitative research is a research method used to explore a phenomenon or problem in depth. This research places greater emphasis on the depth of analysis of the problem under investigation, which may take the form of perceptions, feelings, or behaviors [6]. Qualitative research is a type of research whose findings are not produced through statistical procedures or numerical calculations, but rather aims to understand and explain phenomena contextually by positioning the researcher as an integral part of the research process.

Qualitative research is employed because there are a number of aspects that are accorded greater priority, particularly in describing and explaining the phenomena that constitute the object of inquiry [6]. This research applies a phenomenological approach. The phenomenological approach centers its attention on subjective experience. This approach is concerned with personal views of the world and the interpretation of various events encountered by the individual. Such an approach seeks to understand the phenomena experienced by individuals without being influenced by preconceptions or prior assumptions. As a qualitative method, phenomenology offers flexibility in analyzing unique human experiences that cannot be reduced to numbers or statistics. The reflective process in phenomenology provides rich insights into how such experiences are shaped by social, cultural, and historical contexts.

This research employs the Interpretative Phenomenological Analysis (IPA) approach, which is a contemporary qualitative research approach rooted in phenomenology, hermeneutics, and idiography. The primary objective of IPA is not merely to describe phenomena, but to understand in depth how an individual actively makes meaning of their experience through a process referred to as the double hermeneutic, whereby the researcher

attempts to make sense of the participant's own efforts to make sense of their experiences. This approach was selected because it is highly relevant to the research focus, which aims to explore the subjective experiences of inmates in confronting the process of relapse as well as the experiences of clients who have successfully maintained abstinence following rehabilitation, wherein lived experience and the process of meaning-making with respect to those experiences constitute the primary sources of analysis. IPA is considered most appropriate because it enables the researcher to understand in a deep and individualized manner how each participant makes meaning of their relapse or recovery experience, in accordance with the nature of the phenomena under investigation, which are highly personal, complex, and cannot be adequately understood through uniform or generalist approaches.

The IPA analytical process in this research was conducted through three interrelated stages. The first stage is initial noting, which involves deep and repeated reading of interview transcripts to produce preliminary exploratory notes encompassing three types of commentary, namely descriptive comments focusing on the explicit content of participants' statements, linguistic comments attending to the manner in which participants articulate their experiences through word choice, metaphor, and other linguistic features, and conceptual comments representing the most interpretive layer, aimed at constructing an understanding that transcends surface description toward deeper meaning. The second stage is the formation of emergent themes, which is the process of organizing notes that remain fragmentary into thematic statements that are more concise and conceptually meaningful, developed individually for each participant through an inductive bottom-up process that is not constrained by any particular theoretical framework but rather emerges from within the data itself. The third stage is the development of superordinate themes, which are high-level categories that organize emergent themes into a more comprehensive and interpretive thematic structure, developed through two phases, namely individual per-participant analysis, referred to as within-case analysis, which is subsequently followed by cross-participant comparison and integration, referred to as cross-case analysis, in order to identify patterns that are convergent as well as divergent across the entirety of the data, thereby producing a more comprehensive understanding of the relapse phenomenon that constitutes the focus of this research.

FINDINGS

In terms of to the selection of informants among recidivist inmates who are narcotics users, the purpose is to ascertain how the process and factors influencing the occurrence of relapse unfold, as well as to understand the experiences of inmates in undergoing their previous rehabilitation. Meanwhile, with respect to the selection of informants among clients (a person who has maintained a state of recovery) with narcotics user cases, the purpose is to determine how such clients attain the stage of abstinence and how they sustain their abstinent condition, so that these experiences may serve as a point of comparison in the implementation of solutions to address relapse.

Table 1. Informant Data

No	Informant	Amount
1.	Repeat offender drug user	4
2.	Client in drug use cases	2

Source: Created by the author, 2026

This research employs two primary data collection techniques, namely in-depth interviews and documentation study. Interviews were selected as the primary technique because they enable the researcher to obtain information directly from informants regarding their experiences, perspectives, and the meanings they assign to the relapse phenomenon under investigation, thereby aligning with the objective of the IPA approach, which is oriented toward a deep understanding of subjective experience. Meanwhile, documentation study is employed as a complementary technique that functions to align, clarify, and reinforce the findings obtained through interviews by means of relevant documents that are available, so that the research findings become more accurate, credible, and reliable.

With regard to data analysis, this research employs NVivo software as an auxiliary tool for qualitative data processing. NVivo is a qualitative and mixed-methods data analysis software developed by QSR International, designed specifically to assist researchers in organizing, coding, and analyzing large volumes of unstructured data such as interview transcripts and documents in a more systematic and efficient manner. Through its coding feature, researchers are able to mark and categorize relevant data segments into specific categories or themes, so that the process of forming emergent themes and superordinate themes within the IPA analysis can be carried out in a more structured, documented, and traceable manner. The use of NVivo in this research does not replace the interpretive process

conducted by the researcher, but rather functions as an auxiliary tool that enhances the auditability and transparency of the overall data analysis process.

From the twelve superordinate themes identified through the Interpretative Phenomenological Analysis process, a coherent sequential pattern was revealed through which the process of relapse can be systematically analyzed and understood. Rather than constituting a collection of isolated findings, these themes collectively illuminate an interconnected trajectory that maps the gradual progression from initial vulnerability to eventual relapse, demonstrating that relapse is neither sudden nor unpredictable, but unfolds through a series of identifiable and analytically traceable stages. The following explains the superordinate theme in more detail:

Table 2. The twelve superordinate themes between Inmates and Clients.

No	Informants	Superordinate Themes
1.	Inmates	Relapse as a Gradual Process That Begins with Small, Seemingly Harmless Decisions.
		The Social Environment as a System That Continuously Works to Reconnect Individuals with Their Addictive Experiences.
		An Internal Conflict Between Moral Consciousness and Rationalization Means That Anticipatory Knowledge Is Not Enough to Prevent Relapse.
		The Accumulation of Loss and Emptiness in Life as Conditions That Lead to Relapse.
		Self-efficacy Dependent on External Influences.
		Spiritual Coping Strategies as a Preventive Measure Against Relapse in Specific Situations.
		Drugs Perceived as a Solution That Later Proves to Exacerbate the Problem.
2.	Clients	Managing and Understanding Cravings as a Way to Maintain Recovery (Abstinence).

		Meaningful Activities and a Structured Life as the Primary Defense Against Relapse.
		Family as a Source of Resilience Against Negative Pressures.
		Identity Transformation from a Drug User to a Drug-Free Individual.
		Recovery Is Achieved Through Positive Social Relationships, Not in Isolation.

Source: Created by the author, 2026

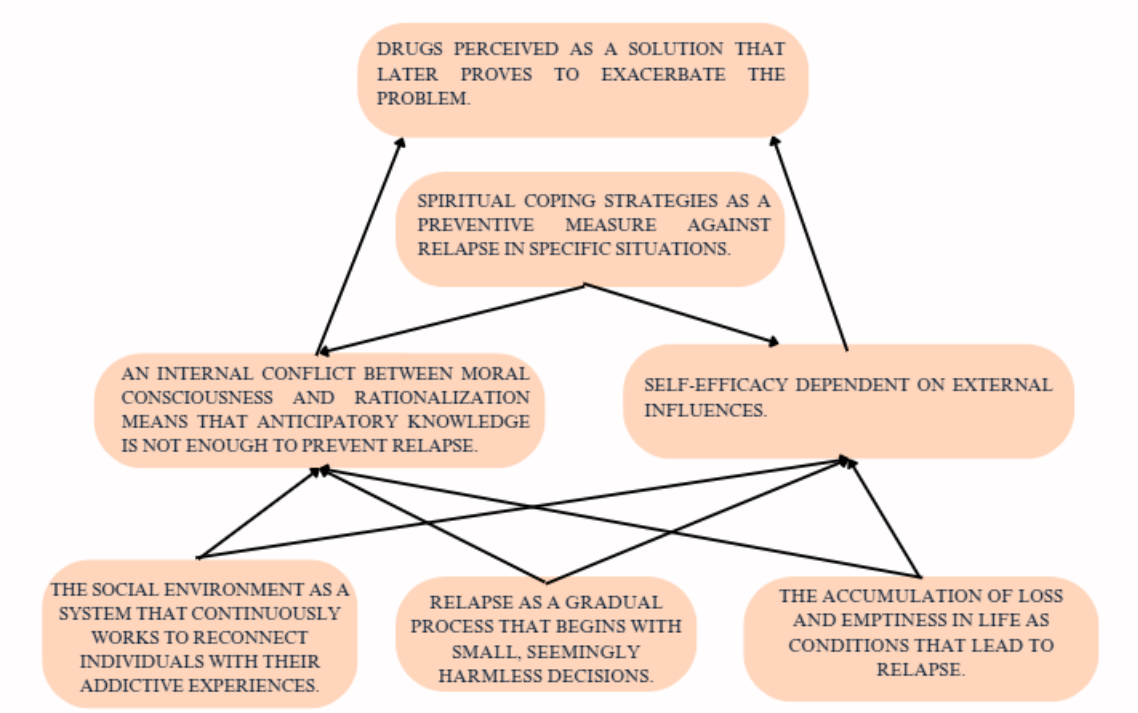
This sequentially structured finding, derived inductively from the lived experiences of the informants, constitutes one of the most significant contributions of this research, as it offers a phenomenologically grounded understanding of the relapse process that is directly applicable to the development of more individualized rehabilitation intervention strategies. Based on the results of the interview transcript analysis of all participants using the Interpretative Phenomenological Analysis (IPA) approach through three analytical stages, namely initial noting, the formation of emergent themes, and the development of superordinate themes, it was found that there are eight aspects that consistently serve as distinguishing as well as connecting characteristics between the experiences of the inmate group who experienced relapse and the client group who successfully maintained abstinence following rehabilitation. These eight aspects reflect the most meaningful and most influential experiential dimensions in determining the direction of each individual's recovery, which are elaborated in greater detail in the following table:

Table 3. The Results of the Interpretive Phenomenological Analysis between Inmates and Clients.

No	Aspect	Inmates	Clients
1.	Orientation toward craving	Perceived as an external force that surpasses personal will: *"once the brain starts asking for it, it becomes very difficult"*	Perceived as a temporary condition that can be managed: *"it lasts at most thirty minutes, then it disappears on its own"*
2.	Meaning attributed to narcotics	Narcotics are still perceived as a potentially viable solution during moments of vulnerability,	Narcotics have lost their appeal and are now perceived as a "trap" that is incompatible with the

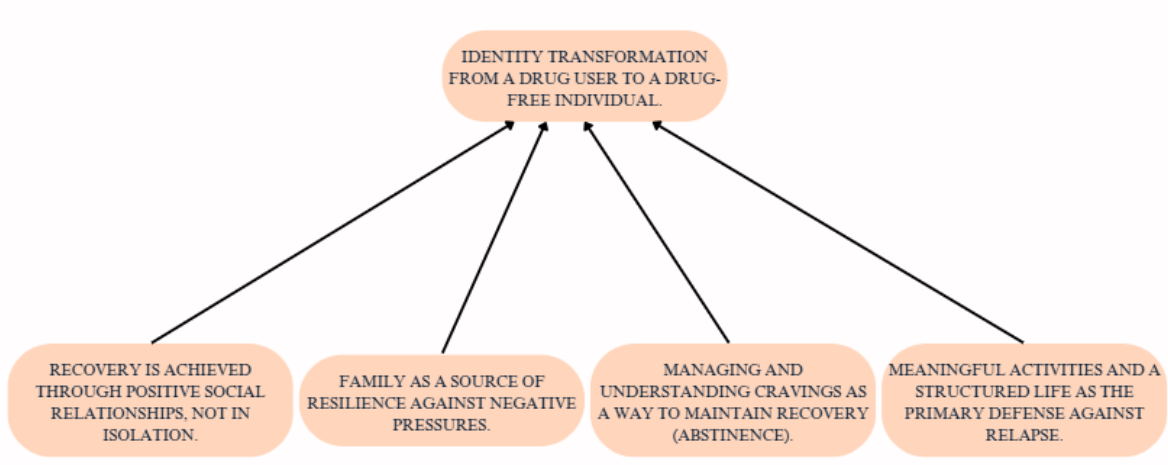
		despite subsequently proving otherwise	individual's new, recovered identity
3.	Nature of self-efficacy	Conditional: strong when a supporting system is in place, weakening once that system is removed	Unconditional: built upon the accumulation of genuine successes achieved outside of any institutional system
4.	Role of family	The absence of or damage to family relationships constitutes the most significant vulnerability factor	Restored family relationships serve as the primary substance of the meaning of recovery and as a functional substitute for narcotics
5.	Identity position	Still caught in a tension between the identity of "a user who wishes to stop" and situational pressures	Already shifted: a new identity as "an individual who chooses a different life," in which returning to use feels incompatible
6.	Coping strategy	Relies on a single strategy (spiritual) that is partially effective yet has not encompassed the full range of relapse triggers	Possesses a multi-dimensional coping strategy encompassing: relational (contacting spouse or community), behavioral (seeking activities), and cognitive (identifying the source of craving)
7.	Post-release life conditions	Activity emptiness, social isolation, personal loss, and emotionally draining conditions serve as relapse triggers	A structured life comprising employment, routine, support groups, and an environmental condition that reinforces abstinence
8.	Awareness of relapse	Hindsight: awareness emerges only after relapse has occurred — *"only now do I understand the sequence of events"*	Active insight: capable of recognizing triggers and risks before they escalate into relapse

Source: Created by the author, 2026



Picture 2. Process of relapse (From bottom to top)

Source: Created by the author adapted from Nvivo, 2026



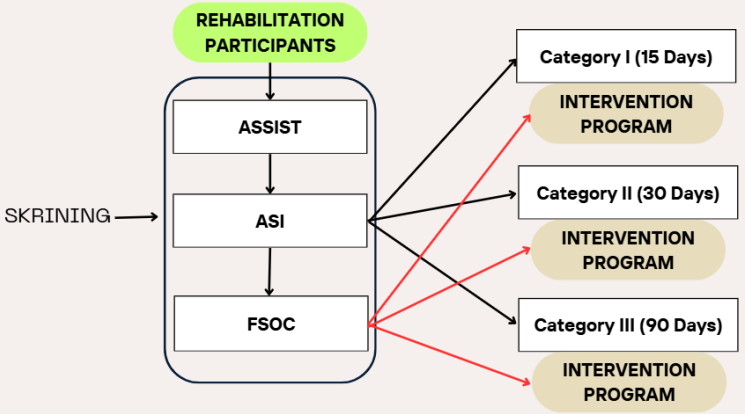
Picture 3. The process of clients maintaining abstinence

Source: Created by the author adapted from Nvivo, 2026

The comparative presentation of the relapse process among inmates and the abstinence maintenance process among clients reveals a structurally inverse yet analytically complementary pattern. Where the relapse trajectory is characterized by the progressive accumulation of unresolved vulnerability, manifesting through life emptiness, apparently irrelevant decisions, social reconnection with addictive environments, eroding self-efficacy, and rationalization that ultimately overcomes moral awareness, the abstinence maintenance

trajectory demonstrates the opposing dynamic, wherein craving management, structured activity, restored family relationships, and positive social embeddedness collectively converge to produce an identity transformation that renders return to substance use genuinely incompatible with the individual's reconstructed sense of self. Taken together, these two trajectories underscore a single overarching insight. The decisive factor separating relapse from sustained abstinence is not the presence or absence of temptation, but rather the presence or absence of an integrated psychosocial system that operates continuously before vulnerability has the opportunity to escalate into relapse.

These findings collectively point to a critical implication for the design and delivery of rehabilitation interventions within correctional settings. The structural pattern identified across both trajectories, relapse and sustained abstinence that consistently demonstrates that the effectiveness of any rehabilitation program is not solely determined by the comprehensiveness of its content or the duration of its implementation, but fundamentally by the degree to which the program is calibrated to the individual's actual psychological condition and readiness to change at the time the intervention is delivered. When a rehabilitation program is applied uniformly without accounting for the profound differences in psychological readiness that exist among participants, it risks providing the right intervention at the wrong stage, thereby diminishing its potential impact precisely when individualized responsiveness is most needed [4]. It is against this backdrop that the integration of the Five Stages of Change from the Transtheoretical Model into the existing rehabilitation assessment framework emerges not merely as a theoretical recommendation, but as a structurally necessary and practically actionable response to the gaps identified throughout this research.



Picture 4. Implemetation of The Five Stages of Change (FSOC)

Source: Created by the author, 2026

DISCUSSIONS

The Results of the Interpretive Phenomenological Analysis between Inmates and Clients.

A comparative analysis of the eight aspects presented in the table reveals a consistent and structurally meaningful pattern of divergence between inmates who experienced relapse and clients who successfully maintained abstinence. Rather than reflecting a difference in individual willpower, the contrasts identified across these dimensions collectively point to a fundamental distinction in how each group constructs meaning, manages psychological states, and positions themselves in relation to their social environment and personal identity. In terms of craving orientation, inmates perceive urges as an overwhelming external force beyond their control, whereas clients understand craving as a transient and manageable psychological state, reflecting not merely a difference in technique but a fundamentally different relationship with their own inner experience. This distinction is further reinforced by the divergence in meaning attributed to narcotics: inmates retain a residual perception of narcotics as a viable solution during moments of vulnerability, while clients have undergone a complete cognitive reframing in which narcotics are experienced as fundamentally incompatible with their recovered identity, indicating that abstinence among clients is sustained through genuine identity transformation rather than mere behavioral suppression.

The nature of self-efficacy further illuminates this contrast. Inmates exhibit a conditional self-efficacy that is structurally dependent on institutional support and deteriorates upon its removal, whereas clients possess an unconditional self-efficacy built through the accumulation of real-world successes, underscoring a critical limitation of rehabilitation approaches that fail to adequately prepare individuals for self-regulation in unstructured post-release environments [9]. This is closely related to the role of family, which emerges as one of the most decisive differentiating factors: for inmates, the absence or rupture of family relationships creates an emotional void that narcotics come to fill, while for clients, restored family relationships serve as both a protective anchor and a functional substitute for the emotional regulation that substances once provided. With regard to coping strategies, inmates tend to rely on a single-domain approach, most commonly spiritual practice, which, while meaningful, does not address the full range of relapse triggers, whereas clients employ a multi-dimensional repertoire operating across relational, behavioral, and cognitive domains simultaneously [3]. This difference in coping

comprehensiveness is reflected in their respective post-release life conditions: inmates return to environments marked by activity emptiness, social isolation, and emotional exhaustion, whereas clients inhabit structured lives supported by employment, routine, and peer support networks that actively reinforce abstinence.

Finally, the distinction in relapse awareness is particularly instructive. Inmates demonstrate hindsight awareness, recognizing the sequence leading to relapse only after it has occurred, while clients possess active and prospective insight that enables them to identify and manage risk before it escalates. Taken together, these eight dimensions converge on a single overarching conclusion: the difference between relapse and sustained abstinence is not primarily determined by individual strength or motivation, but rather by the presence or absence of an integrated system of psychosocial supports, identity transformation, multi-dimensional coping capacity, and structured post-release environments that collectively operate to protect the individual before vulnerability escalates into risk.

Process of Relapse

The sequential pattern of the relapse process, as derived from the superordinate themes identified through Interpretative Phenomenological Analysis, reveals a structured and interconnected trajectory that unfolds across seven analytically distinct yet causally related stages. The process originates from three converging background conditions that collectively establish the foundational vulnerability upon which the relapse trajectory is built [7]. The first condition, represented by the accumulation of loss and life emptiness, creates a psychological and existential void that renders the individual highly susceptible to relapse by depriving them of the emotional resources and structural anchors necessary to sustain recovery. The second condition, whereby relapse is understood as a gradual process initiated by a series of apparently irrelevant decisions, demonstrates that the trajectory toward relapse does not begin with a single dramatic choice but rather with a succession of small, seemingly inconsequential decisions that incrementally open pathways back toward substance use. The third condition, in which the social environment functions as a system that continuously reconnects the individual with their addictive experience, illustrates how external relational networks actively and persistently reactivate memories, associations, and behavioral patterns linked to prior narcotics use, even in the absence of a conscious intention to relapse [10].

These three foundational conditions converge to produce and intensify two critical vulnerability points that constitute the proximate determinants of relapse. The fifth

superordinate theme reveals that an internal conflict between moral awareness and rationalization renders anticipatory knowledge insufficient to prevent relapse, as the individual's cognitive recognition of risk is progressively undermined by a self-justifying reasoning process that reframes return to use as acceptable or even necessary. The sixth superordinate theme further compounds this vulnerability by demonstrating that the individual's self-efficacy is externally contingent, functioning adequately within the structured environment of the correctional facility but deteriorating markedly in the absence of institutional support, leaving the individual without the internal regulatory capacity required to resist high-risk situations independently [3]. It is within this dual context of rationalization and diminished self-efficacy that the fourth superordinate theme assumes particular significance: spiritual coping strategy, while demonstrably effective as a protective factor in certain situational contexts, operates only partially and does not encompass the full spectrum of relapse triggers, thereby providing an incomplete buffer against the combined pressure exerted by the three background conditions and the two vulnerability points described above.

The convergence of these accumulated conditions ultimately culminates in the seventh and final superordinate theme, namely the point at which narcotics are perceived and actively chosen as a solution to the individual's suffering, a choice that is subsequently proven to exacerbate rather than resolve the underlying problems. This terminal point in the relapse trajectory is particularly significant from a phenomenological standpoint, as it reveals that the decision to relapse is not experienced by the individual as a failure of resistance but rather as a rational response to an unmanageable accumulation of unresolved conditions, the true consequences of which only become apparent after relapse has already occurred. Taken as a whole, this sequential pattern underscores that relapse is not the product of a singular moment of weakness but rather the end point of a prolonged and structurally predictable process, the interruption of which requires intervention at multiple stages rather than at the point of crisis alone.

Process of Clients Maintaining Abstinence

The sequential pattern through which clients successfully maintain abstinence, as derived from the superordinate themes identified through Interpretative Phenomenological Analysis, reveals a structurally coherent trajectory built upon four foundational dimensions that collectively converge toward a single overarching outcome, the transformation of identity from that of a narcotics user to that of a drug-free individual.

The first dimension concerns the capacity to manage and understand cravings as a conscious and active strategy for sustaining recovery. Unlike inmates who perceive craving as an uncontrollable external force, clients demonstrate an internalized understanding of craving as a transient and predictable psychological state, enabling them to respond with deliberate redirection rather than submission. The second dimension reinforces this foundation through the establishment of meaningful activities and a structured daily life, which function as the primary behavioral defense against relapse by eliminating the conditions of emptiness and idleness that consistently serve as antecedents of substance-seeking behavior. The third dimension introduces the relational layer of protection, wherein restored family relationships provide not only emotional support but also a functional substitute for the emotional regulation that narcotics once provided, thereby addressing the underlying psychological need rather than merely suppressing its behavioral manifestation. The fourth dimension extends this protection to the broader social environment, establishing that sustained recovery is achieved through positive social relationships rather than in isolation, as active participation in peer support communities provides mutual accountability and continuous reinforcement of the commitment to abstinence.

These four dimensions do not operate independently but rather function as an integrated and mutually reinforcing system, the cumulative effect of which produces the conditions necessary for the emergence of the fifth and most fundamental superordinate theme: identity transformation. When an individual has developed the cognitive capacity to manage cravings, constructed a structured and meaningful life, restored family relationships, and embedded themselves within a supportive social network, the result is not merely behavioral change but a profound shift in self-conception, wherein the individual no longer perceives themselves as a user restraining their impulses, but as a fundamentally different person for whom returning to substance use feels genuinely incompatible with their reconstructed sense of self. It is this identity-level transformation, grounded in and sustained by the four foundational dimensions, that constitutes the most robust and enduring basis for the maintenance of abstinence in the post-release period.

Factors Contributing to Relapse

Based on the research findings, four primary factors were identified as systematically contributing to relapse among post-recovery narcotics-using inmates, each of which operates not in isolation but as part of an interconnected and mutually reinforcing system that collectively drives the individual toward relapse.

The first and most foundational factor is the individual factor, which encompasses six interrelated dimensions of psychological condition and behavioral pattern that originate from within the individual. These dimensions include internal conflict between moral awareness and the decision to resume narcotics use, whereby knowledge of the wrongfulness of such behavior proves insufficient to prevent relapse in the absence of adequate coping skills; craving triggered by environmental cues and memories of prior use, whereby objects, places, individuals, and situations associated with past narcotics use reactivate deeply embedded cognitive and emotional responses; the inability to manage emotional distress without narcotics, whereby the absence of alternative coping mechanisms causes accumulated psychological pressure to be discharged through the only outlet the individual has historically found effective; activity emptiness and the absence of meaningful routine, which create the psychological conditions most conducive to the development and intensification of craving; the habitual maintenance of relapse opportunities through apparently irrelevant decisions, whereby a series of small and seemingly inconsequential choices, such as maintaining contact with former users or retaining access to drug-related networks, cumulatively narrow the distance between the individual and relapse; and the perception of narcotics as a solution to physical and psychological suffering, whereby positive outcome expectancies rooted in past experience sustain the belief that narcotics will produce relief, making this one of the most difficult determinants of relapse to modify.

The second factor is the social environment factor, which refers to the influence exerted by the individual's social network in actively and continuously reconnecting them with their addictive experience. Former peer networks associated with narcotics use function as high-risk situations that generate both direct and indirect social pressure, while the individual's self-efficacy, though strengthened within the structured environment of the correctional facility, proves insufficiently robust to withstand real-world social pressure upon release, particularly when former associates who continue to use narcotics re-enter the individual's life and exert active influence [5].

The third factor is the place factor, which concerns the influence of specific physical locations that carry strong associations with prior narcotics use and are capable of reactivating memories and cravings even after a period of sustained recovery. Physical environments in which the individual previously consumed narcotics function as environmental cues that trigger conditioned responses embedded through repeated past

experience, such that returning to or even recalling such locations is sufficient to reactivate craving and increase the probability of relapse.

The fourth factor is the substance availability factor, which refers to the influence of the physical presence and accessibility of narcotics as both a direct trigger and a perceived solution to economic hardship. For individuals facing significant economic pressure following release, the availability of narcotics through former networks presents itself not only as a consumption opportunity but also as an income-generating alternative, creating a convergence of high-risk situation and positive outcome expectancy in which the boundary between involvement with narcotics as an economic activity and resuming personal use becomes exceedingly thin and easily crossed [8]. Within the framework of Marlatt and Gordon's Relapse Prevention Model, these four factors are mapped onto two interrelated variable layers: the antecedent layer, comprising lifestyle imbalance, urges and craving, and apparently irrelevant decisions, and the immediate determinant layer, comprising high-risk situations, inadequate coping skills, self-efficacy, and positive outcome expectancies, collectively constituting a comprehensive explanatory framework for understanding the structural conditions that enable relapse to occur.

Implementation of the Five Stages of Change

Screening within the context of rehabilitation constitutes a systematic initial assessment process designed to identify an individual's condition, needs, and characteristics prior to the commencement of any intervention or rehabilitation program. In the implementation of social rehabilitation at the Class IIA Narcotics Correctional Facility Bandung, the existing screening system operates through two primary instruments in a tiered sequence [1]. The first is the ASSIST screening instrument, which determines whether an inmate requires rehabilitation based on their level of involvement with addictive substances. The second is the ASI Full Version assessment, which measures the severity of individual addiction across multiple life domains and subsequently places inmates into one of three program categories [11]. Category I, with a duration of fifteen days for mild severity, Category II, with a duration of thirty days for moderate severity, and Category III, with a duration of ninety days for severe severity. This tiered classification system reflects a strong structural foundation that warrants recognition as a meaningful basis for further program development [9].

However, a critical dimension remains unmeasured by both instruments, namely the individual's psychological readiness to change. The ASSIST measures the degree of an

individual's substance involvement, and the ASI measures the severity of addiction's impact across life domains, yet neither instrument assesses how psychologically prepared the individual is to respond to and benefit from the intervention to be provided. This gap produces a fundamental problem, two inmates who share an identical ASI severity score and are consequently placed in the same program category may in fact occupy vastly different stages of psychological readiness, with one still in a state of complete resistance to change and the other already possessing full awareness and prior abstinence experience as a substantial foundation for recovery, yet both receive an identical intervention despite having profoundly different needs.

It is precisely this gap that renders the integration of the Five Stages of Change from the Transtheoretical Model as an additional assessment layer both necessary and significant. Positioned after the ASI rather than as a replacement for it, TTM screening is not intended to dismantle the existing program structure but rather to function as a complementary layer within each existing program category, enabling rehabilitation facilitators to tailor their intervention approaches to the actual psychological readiness stage of each individual participant [10]. By identifying whether an individual is at the precontemplation, contemplation, preparation, action, or maintenance stage, practitioners can deliver interventions that are appropriately calibrated to where the individual actually stands in their readiness to change, rather than uniformly applying a standardized program regardless of psychological condition. This individualized, stage-sensitive approach is essential for improving the overall effectiveness of social rehabilitation interventions, as it ensures that the program not only addresses the severity of addiction but also meets each individual at their genuine point of psychological readiness, thereby substantially strengthening the likelihood of sustained abstinence following release [9].

CONCLUSION

Based on in-depth interviews with four inmate informants at the Class IIA Narcotics Correctional Facility Bandung and two client informants at the Class I Correctional Supervision Agency Bandung, analyzed through Interpretative Phenomenological Analysis (IPA) and supported by NVivo coding, three principal conclusions are drawn.

First, relapse is a gradual process driven by the convergence of life emptiness, apparently irrelevant decisions, and persistent social reconnection with addictive environments, culminating in internal conflict overcome by rationalization and deteriorating

self-efficacy. Conversely, abstinence is sustained through family support, positive environmental relations, craving management, and meaningful activity, all converging toward identity transformation, confirming that the distinction between relapse and abstinence lies not in individual strength but in the presence or absence of an integrated psychosocial support system.

Second, four primary contributing factors were identified: individual factors encompassing internal conflict, environmentally triggered craving, emotional mismanagement, activity emptiness, maintained relapse opportunities, and positive outcome expectancies toward narcotics; social environment factors involving former peer network influence and fragile post-release self-efficacy; place factors involving conditioned memory reactivation; and substance availability factors involving narcotics as both a direct trigger and an economic alternative, all of which map onto Marlatt and Gordon's Relapse Prevention Model across antecedent and immediate determinant variable layers.

Third, while the existing rehabilitation program demonstrates a strong structural foundation through Therapeutic Community implementation, ASSIST and ASI Full Version screening, three-tiered duration categorization, and WHOQOL-BREF monitoring, its uniform application without accounting for individual psychological readiness constitutes a critical gap, leading this research to recommend the integration of the Five Stages of Change from the Transtheoretical Model as an additional assessment layer following the ASI to enable stage-sensitive intervention without dismantling the existing program structure.

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