



Psychological Dynamics of Drug Abuse in Women

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Abstract. Drug abuse among women is a growing phenomenon that affects psychological functioning, particularly for women who hold caregiving roles as mothers. However, studies on the psychological dynamics of women who abuse drugs are limited. This study aims to understand the psychological dynamics of women who use drugs, from initial exposure and use, to relapse, and the decision to stop. The research employed a qualitative method with a case study approach. Semi-structured interviews were conducted with two female correctional inmates who were convicted of narcotic offenses and met the study criteria. The analysis was conducted using the Interpretative Phenomenological Analysis approach. The findings indicate that the interaction of internal factors (self-regulation and motivation), emotional and spiritual conditions, and social factors influence psychological dynamics. These findings underscore the importance of gender-responsive and psychosocial rehabilitation approaches in understanding women's drug abuse.

Keywords: addiction; psychological dynamics; relapse; women

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Introduction

Physical and mental health are important because individual resilience is closely related to physical, psychological, cognitive, social, moral, and spiritual development (Santoso & Samputra, [2023](#)). Physical and mental health are aspects of human resilience that cannot be ignored, especially for women. Women play a social role in the family, particularly in childcare, which significantly influences character formation and mental health. Therefore, women need to have excellent mental and physical health so that the child's development process can proceed adaptively.

According to social role theory, it is emphasized that women's role in the family is caregiving, so expectations regarding emotional quality and caregiving are attached to women (Eagly & Wood, [2012](#)). In addition, women often face gender vulnerabilities that affect mental health, such as double expectations, social pressure, and structural barriers that cause stress (Sulaiman et al. [2021](#)). These conditions demonstrate the importance of support so that women can carry out their roles in a healthy and sustainable manner.

In fact, there are several factors that can interfere with the physical and mental health of mothers, one of which is drug abuse among women. Based on data from the Indonesian National Narcotics Agency (BNN RI) together with the National Research and Innovation Agency (BRIN) and the Central Statistics Agency (BPS), the prevalence of drug abuse among women in 2021 was 1.21%, which is an increase compared to the 2019 data of 0.2%. This means that the risk of women being exposed to drug abuse is increasing.

Indonesia has established strict laws prohibiting the abuse of drugs, psychotropic substances, and precursors in Law No. 35 of 2009 on Narcotics. Although these regulations strictly prohibit the distribution, use, import, production, and cultivation of narcotics, the rate of drug abuse in Indonesia continues to rise. This indicates that psychological factors remain the main factor in drug abuse.

Based on data from the National Police Criminal Investigation Agency (Pusiknas Bareskrim Polri), there was an increase in September 2024, with drug abuse rising by 1.51 percent from August 2024 to 4,865 people (Pusiknas Polri, [2024](#)). Meanwhile, based on data from the Surabaya Class IIA Women's Detention Center in 2024, there were 260 female inmates, 60% of whom were drug abusers. Research by Jhon et al. ([2023](#)) shows that drug abuse is caused by social, interpersonal, cultural, environmental, and family factors, including high curiosity and a lack of parental attention.

The high rate of drug abuse is caused by short-term effects that are considered beneficial to users. These short-term effects include increased stamina and self-confidence (Anghel et al.

[2023](#)). Specifically, the short-term goals of drug abuse among women are to control weight and cope with stress and depression (Moe, [2006](#)). Similar facts were also found in the confession of a public figure, who admitted to using drug abuse as a way to cope with depression and stress due to the loss of a loved one (CNN Indonesia, [2022](#)).

According to research by Batu ([2022](#)), it shows that, in addition to abusing drugs, women are easily exploited and involved in drug trafficking due to their socio-economic vulnerability. This is in line with the BNN ([2015](#)) report that drug syndicates often use women as couriers because of their emotional and economic vulnerability, making them easily influenced by persuasion, social media, and promises. This finding is evident from the arrest of women in Batam, who admitted to being lured by drug networks and economic pressures that pushed them to become drug couriers (Batamnews, [2022](#)).

In fact, individuals who abuse drugs can experience negative effects such as emotional, physical and mental health disorders, moral and spiritual decline, social and cultural decline, death, and a propensity to commit crimes and criminal acts (Yundani, [2023](#)). The case of a pregnant woman who stole from five boarding houses to buy drugs shows that drug abuse can lead to criminal acts even in vulnerable circumstances (pregnancy) ([Kompas.com](#), [2024](#)). There are two possibilities for drug addicts during their recovery (rehabilitation), returning to using drug or being able to live a normal life without drug abuse (Salsabilla et al. [2022](#)). Therefore, individuals undergoing rehabilitation cannot immediately recover from addiction, as there remains a possibility of recurrence or relapse (Ramadhanti et al. [2019](#)).

Data shows that the relapse rate among drug abusers who have completed rehabilitation programs in Indonesia reaches around 70% (BNN NTB, [2023](#)). Relapse is a condition where addicts return to drug use after undergoing a period of abstinence during the rehabilitation process (Wulandari et al. [2020](#)). Based on research by Rabbani & Rahmasari ([2024](#)) self-efficacy is the belief in one's ability to control behavior and deal with risky situations, which can influence an individual to experience relapse. The main factor that causes individuals to become drug addicts and experience relapse is their belief in themselves, which can have an impact on self-control (Yundani, [2023](#)). Self-control is the ability to restrain impulses, manage urges, and consider consequences, so that individuals are able to reject and avoid addictive behavior (Susanti, Dania, & Ibarra, [2024](#)).

Based on initial observations, drug addiction occurs from adolescence through learning and modeling, with a tendency to relapse due to economic conditions and low self-control. Several previous studies also indicate that drug abuse is associated with psychological disorders, depression, and relapse (Ramadhanti, [2019](#); Wulandari et al. [2020](#); Yundani, [2023](#)). Furthermore,

research by Batu (2022) emphasizes the factors that drive women to engage in drug abuse and distribution, without exploring psychological experiences. Although there is a lot of research related to drug abuse in women, specific literature that includes an explanation of the psychological dynamics, especially for those with correctional inmate status, is still very limited. The lack of gender-based qualitative research in the correctional context indicates a gap in the literature that needs to be addressed to understand the psychological conditions of women who abuse drugs.

This study aims to provide an in-depth understanding of the psychological dynamics of women who abuse drugs, starting from their initial exposure, abuse, addiction, and decision to stop using drugs. The findings from this study are expected to form the basis for the development of more adaptive interventions and empowerment programs in correctional facilities, especially for female inmates. Thus, this study was conducted to identify and analyze the psychological dynamics of female inmates with a history of drug abuse at the Surabaya Class IIA Women's Detention Center.

Methods

This study was conducted at the Surabaya Class II A Women's Detention Center (RUTAN) to explore in depth the psychological dynamics of female inmates who are drug abusers and mothers. A qualitative method was chosen so that the researcher could explore experiences, meanings of life, and psychological processes that cannot be described quantitatively (Creswell & Poth, 2018). This study focused on phenomena closely related to the real context, so the approach used was a case study (Yin, 2018). The type of case study used is intrinsic, because the research subjects were selected not to represent the population, but because of the uniqueness of the participants' profiles, as women who abuse drugs and are also single mothers (Nurahma & Hendriani, 2021). The selection of subjects was based on inmates who had characteristics that were relevant to the direction of the research. This is in line with the statement that research participants can be selected based on certain considerations or criteria (Sugiyono, 2020).

The research subjects were selected through criterion sampling, which is the deliberate selection of participants based on specific criteria relevant to the research focus (Palinkas et al. 2015). The research subjects were selected in limited numbers, as long as the selected participants met the relevant criteria related to the case being studied, were able to provide in-depth information, and had unrestricted access for data collection. The selection of two subjects was based on the consideration that intrinsic case study research emphasizes in-depth understanding, thus requiring more intensive data exploration.

This aligns with Sugiyono's (2020), view that the number of qualitative studies is not determined precisely, but rather adjusted to the depth of the data until saturation is reached, eliminating the need for additional samples. This principle aligns with the concept of information power, which states that the more specific the sample and the richer the information obtained, the fewer participants are needed (Malterud, Siersma, & Guassora, 2016). This study had two subjects, namely IS (45) and AS (27).

Table 1.
Research Subjects

Name	Age	Occupation	Child	Family Status	Legal Status	Duration of Drug Use	Status	Rehabilitation History
IS	45	Unemployment	Mother of 3	Divorced (Deceased)	>1 year	1997-2022	Relapse	None
AS	27	Businessman	Mother of 1	Divorced	>1 year	2016-2022	Relapse	1 year

The researcher obtained the subjects based on information provided by a third party, a community counselor named AS, based on the following criteria: a) Female inmate with drug convictions who play the role of mothers, as mothers function not only biologically but also have psychosocial responsibilities in the care, education, and character development of their children (Santrock, 2019). This is supported by research by Sari & Indrawati (2020) that women who abuse drugs experience role conflicts and a decline in the quality of parenting. b) Female inmate with drug convictions who experience relapse. Internal and external factors in drug abusers can influence relapse, making relapse a significant concern as a complex psychosocial process, especially for female inmates who face the dual pressures of being both mothers and prisoners. c) Willing to be research subjects.

Data collection was conducted through semi-structured and in-depth interviews at the Surabaya Class IIA Women's Detention Center twice offline using voice recording devices, with each interview lasting 45 minutes. The approach was carried out over two days, during which the researcher sought to build a relationship of mutual trust with the subjects so that they would be willing to open up about their experiences and feelings surrounding their drug use and their ability to break their addiction. The results of the interviews were recorded and then processed in verbatim form so that they could be analyzed.

The data analysis technique used in this study was Interpretative Phenomenological Analysis (IPA). The IPA approach was chosen to explore in depth the personal and social meanings that were considered important by the subjects. The stages of the IPA technique consisted of reading and rereading, initial recording, developing emerging themes, and finding connections

between emerging themes (Jonathan & Osbron, 2009). The data validity techniques in this study consisted of interactive questioning to ensure the consistency of informants' answers, triangulation, and ensuring that informants were willing to participate honestly without any pressure. According to Sugiyono (2020) data validity is strengthened by ensuring the openness and willingness of informants to participate voluntarily in the interview process.

Results

Based on the results of the research that has been carried out, the following themes and sub-themes have been produced.

Table 2.

Research Finding (IPA) – Psychological Dynamics of Drug Abuse in Women

Theme	Sub-theme	Psychological Meaning	Supporting Quotes
1. Background of Participants and Use of Drugs	a. Family conditions and social environment	Role pressures, economic burdens, and unhealthy relationships create psychological vulnerability; drug use emerges as maladaptive coping.	<p>“What should I do, sis? Look at my poor mother, earning money on her own, especially since I have four siblings.” (IS)</p> <p>“Suddenly, a friend called me and gave me a free drug, so I went back. I was fed up with selling it.” (IS)</p> <p>“At first I didn't want to, sis, then I was asked again and finally I agreed.” (AR)</p> <p>“..because of a failed marriage, I ended up wanting to continue being addicted.” (AR)</p>
	b. Long-term effects	Tolerance, psychological dependence, role dysfunction occur keluarga, serta degradasi moral dan spiritual.	<p>“After you finish using it, wow..., it's light, no matter what job you do, I can do it by myself.” (IS)</p> <p>“So, when the effect wears off, my body feels like I've been beaten.” (AR)</p> <p>“If you get used to it, you can go without eating for up to three days..” (IS)</p> <p>“I'm really emotional, sis.” (IS)</p>
2. Impact of Drug Abuse	a. Short-term effects	Use as an instant emotional regulation effort: euphoria, cognitive load relief, and increased energy.	

			<p>“Even though I’m using it, I can still eat as usual.” (AR)</p> <p>“I never worship, I never realize it.” (AR)</p>
3. Self-Healing and Transformation	a. Discipline and religiosity	The structured environment in the detention center helps develop new habits and self-control; reinterpreting oneself through spiritual experiences as a form of identity restoration and a source of hope.	<p>“Anyway, before I leave here, I have to finish reading the entire Qur’an.” (IS)</p> <p>“Forced to live an orderly life, a disciplined life, until you get used to it.” (AR)</p>
	b. Social support	Emotional and instrumental support from officers and fellow inmates strengthens the sense of capability and motivation to recover.	<p>“My nephew bought me a cart to sell things again.” (IS)</p> <p>“My friends here are kind. When I was sick, they helped take care of me.” (AR)</p>
4. Expectations and Commitments	a. Self Reflection	Awareness of mistakes is a turning point; self-evaluation strengthens motivation for change.	<p>“Actually, people who use drugs are stupid.” (IS)</p> <p>“From this experience, I have learned to value time and money more, and to appreciate even the smallest efforts.” (AR)</p>
	b. Hope	Hope is a motivator, especially when it comes to the role of motherhood and the desire for self-improvement.	<p>“I also hope my child doesn’t get involved with drugs, just me.” (IS)</p> <p>“For myself, my children, and my family, I don’t want to use it.” (AR)</p>

There were two participants in this study, namely IS, aged 45, and AR, aged 27. Both participants had a history of drug abuse that led to relapse. As a result of their abuse, both participants had to take responsibility for their actions in accordance with Indonesian law. Based on the results of the interviews conducted, the following themes and sub-themes were identified:

Background of Participants and Use of Drugs

Family Conditions and Social Environment

Both participants were eldest children, shouldering the family's responsibilities. IS's experience demonstrates the pressures of social roles, interpersonal relationships, and the need to remain strong, shaping how drug use is interpreted as an escape. For IS, divorce was a burden, requiring her to drop out of school and face the obligation to contribute to the economy by selling goods. *"What should I do, sis? Look at my poor mother, earning money on her own, especially since I have four siblings"*.

The influence of her first husband was the starting point for her drug abuse. *"At first, I didn't know how to use it, but my husband taught me. I often saw him using it, so eventually I learned how, and then it became a habit"*. Intimate relationships led IS to view drug use as a form of adjustment and a way to maintain relationships. *"With my ex-husband, it was like eating; I used it in the morning, in the afternoon, basically at any time"*. When marital conflicts arose, unresolved emotional experiences exacerbated this pattern. *"... I'm stuck, you taught me, you're like that, you're really stuck..."*. IS's experience shows that drug use became a way to survive emotionally when the environment did not provide a sense of security, both relationally and economically.

Family economic pressures also emerged in the form of heavy work demands, so IS interpreted drugs as a way to maintain physical fitness. *"...how can my child drink milk, be able to eat, be able to treat my mother, and support my younger siblings"*. IS abused drugs as a doping to maintain physical stamina and meet work targets. This shows that socio-economic conditions reinforce the use of maladaptive coping strategies. Support from her second husband was a factor that provided an opportunity for self-improvement, as seen when she said, *"I was like if I didn't have it, thank God, I didn't look for it, if I didn't, I didn't do that, I didn't get confused looking for it..."*. The loss of her husband and mother triggered emotional stress that drove her to use drugs again. *"At first, I just wanted it but I could still control it, then suddenly a friend on the phone gave it to me for free, so I went back again. I was fed up with selling it"*.

Furthermore, AR's participants were raised in a permissive social environment. Adolescence was the first step in shaping their understanding of drugs, driven by the need for peer acceptance. *"When I was invited to a friend's boarding house, I initially said I didn't want to, but then I was asked again, but I finally agreed, but I initially felt like I didn't want to"*. This suggests that the search for identity, social acceptance, and difficulty expressing feelings within the family led AR to view friends as a place of emotional comfort.

The experience of a failed marriage reinforced the use of drugs as a mechanism to calm emotional stress, *"..because there was a problem with the failed marriage, I ended up wanting to*

continue being addicted". AR added, *"Just three days after leaving rehab, I started using it again. Well, because my headaches were unbearable, and then there were a lot of problems..."*. AR's urge to continue using drugs was triggered by the need to increase stamina while working at the family's catering service. She explained, *"I also used crystal meth to be strong, so I wouldn't get tired cooking orders from morning till night"*.

Reviewing both participants' accounts, it appears that families that do not provide an adaptive emotional space, the pressure of being the eldest child, and a permissive social environment create an understanding that drugs are the solution to problems and feelings of helplessness.

The impact of drug abuse

1. Short-term effects

Based on the experiences of both participants, the short-term effects of drug use arise from physiological and emotional changes, thus forming a cycle between temporary effects that are considered beneficial and discomfort. For IS, drug use gives a sensation of increased energy and confidence, as well as a loss of fatigue. IS describes *"When I'm done using it, wow... It's so light, no matter what job you do, I can do it by myself"*. However, behind that, he feels short-term negative effects *"When I'm done using it, I can't talk, my mouth feels locked, so when I want to open my mouth, I feel lazy, like there's glue"*. IS further explained *"When I'm done using it, it's difficult to eat, I have no appetite, I even feel pale because I don't eat"*. IS added, *"When I use it, I feel thirsty, my throat is dry"*.

When the effects of the substance wore off, she felt tired, accompanied by body aches and sweating. *"It feels like sweat is pouring down, very much..."*. IS added, *"But when the doping wears off, you feel tired and sick, but it only lasts a short while and want use it again"*. This pattern became a continuous cycle, in which the temporary effects of drugs were considered a solution to the discomfort he felt.

The short-term effects of AR are dominated by adverse physical responses: *"The first time I used meth, I felt nauseous, my body was trembling, I was sweating profusely, and my clothes were soaked. I couldn't swallow food, my throat was dry..."*. There is a false increase in energy that makes you more active: *"Actually, meth doesn't increase your stamina... but it gives you three days' worth of energy in one day. So, when the effects wear off, my body feels like it's been beaten up, and I feel sleepy"*. In some moments, imagination and sexual impulses increase after consuming ecstasy. *"At first, I didn't want to have sex, but then I wanted to... it became more and more intense"*.

Both participants interpreted the short-term effects of drugs as a temporary escape and a source of new discomfort. In IS, the temporary effects became a way to keep the body functioning, while in AR, these effects served as a distraction from emotional and physical stress. Both showed that short-term physiological effects were the beginning of an addictive cycle, in which a momentary feeling of comfort was always followed by pain that drove reuse.

2. Long-term effects

Based on the experiences of both participants, it appears that more complex long-term effects stem from short-term effects. The long-term effects of drug use not only impact physical health, but also shape emotional, behavioral, and religious patterns that hinder positive self-functioning. In IS, the effects felt were a constant need to move and anxiety: *"...this body must keep moving, if it stays still, I feel confused and anxious, with cold sweats"*. This shows that the body is unable to function without drug stimulation.

Sleep disturbances and appetite fluctuations appear as a recurring cycle. *"If you're used to using it, you can go three days without eating, sis, you can't sleep, basically, my mind is thinking, what should I do?"* IS added, *"...if I take too much, it feels like acid reflux in my stomach. And if I don't take it for a long time, I can't take a lot at once, and then I'll feel nauseous"*. Long-term emotional aspects are also felt. IS admitted to becoming more easily angered, which indicates a decline in IS's self-regulation ability. *"...I always get emotional, sis, to my children, to my husband, that's it..."*. Not only that, her level of religiosity has also decreased *"...back when I was still actively using, I never knew about religious practices like prayer"*.

AR shows the same pattern, but more extreme than IS. Long-term use causes the AR body to become immune to the effects of drugs. She said, *"It no longer affects my appetite or sleep. Even when I'm using, I can still eat normally..."*. This illustrates how the body has adapted beyond normal limits due to high intensity of use, ultimately losing its normal rhythm of life. This effect is related to spirituality: *"...I never pray, I'm never conscious...it's like I'm unconscious."* In addition, paranoid symptoms appear when he has to interact with other people. *"...when I meet people, I feel suspicious and afraid, afraid that they are the police..."* Emotional instability due to the influence of drugs is also felt by AR: *"When I first arrived at the detention center, I was easily angered. If someone said something, I would immediately confront them, and it could lead to a fight"*.

The long-term effects on both participants showed that their bodies became increasingly dependent, their emotions became more unstable, and their spirituality declined. The participants interpreted this experience as a loss of control over themselves, marked by statements that

showed a feeling of helplessness towards the cycle of use, emotional tension, and an awareness that there were barriers to their relationships with their social environment.

Self-Recovery and Transformation

1. Discipline and Religiosity

The rehabilitation experience at the detention center encouraged positive changes that had previously been difficult to achieve while in the cycle of drug abuse. For IS, the structured environment motivated him to develop a more meaningful lifestyle. Structured routines such as sleep schedules, morning exercises, religious studies, and skills development activities restored the meaning of life that had been lost. This is illustrated by IS's success in achieving religious fulfillment: *"Before I leave here, I must finish reading the entire Qur'an so that my life will be more blessed... so far, I have almost finished reading it twice"*. This shows that IS perceives religiosity as a source of psychological recovery that motivates change.

At AR, life in a highly regulated environment fosters discipline and orderliness that were previously difficult to achieve. AR explains, *"...after years of living in prison, life was monotonous... forced to live in an orderly manner, disciplined, so eventually I got used to it..."*. Not only that, AR admits that he initially resisted the regular worship schedule, *"...at first, when I was told to worship, I felt reluctant"*. Over time, AR came to see the routine as a means of self-calming and self-reflection. *"...I still pray that I will definitely be given guidance from above"*. AR added, *"...my hope for the future is to be consistent in worship, even after I am free, and if possible, to worship even better"*. For AR, religiosity has become a source of emotional control, hope, and direction in life after feeling a loss of self.

Both participants indicated that discipline and religiosity served as foundations for recovery that provided meaning. Regular routines and worship strengthened their ability to regulate themselves, rediscover meaning in life, and build hope. This demonstrates that religiosity acts as a psychological mechanism that helps individuals avoid addictive behaviors and restore meaning to their lives.

2. Social Support

Social support for both participants served as a source of emotional empowerment that fostered self-confidence after experiencing drug addiction. For IS, support from fellow inmates, family, and prison staff was interpreted as a form of acceptance for his difficult past. The prison environment, which provided appreciation in the form of rewards for religious activities, also contributed to his motivation. Family support also provided meaningful motivation, despite his very difficult background. *"I always call my younger brother and nephew. My nephew and I have*

bought a food cart for selling again... When I go home, I have to work, be enthusiastic, so my child can go to school”.

For AR, family support not only motivates AR, but also reduces feelings of guilt and loneliness during her rehabilitation period. Family support demonstrates unconditional acceptance, *“My parents always say, ‘What do you want to be?’, whatever you do, you are still my child”*. This is interpreted as a reminder that she is still valuable despite her dark history. In addition, the support of fellow inmates also strengthens AR’s recovery process while in the detention center. *“My friends here are good.. When I’m sick, they help take care of me, help clean up”*. Support from detention center officers also strengthens AR’s positive motivation, such as the attention and appreciation of the crafts she makes, which fosters self-confidence to continue the process. *“.. I was taken to the hospital, so I know what illness is...”*.

The experiences of both participants demonstrated that social support is a key factor in the recovery process, providing a sense of acceptance and appreciation, and strengthening self-identity. For both participants, emotional support fostered a sense of restoration that self-change is possible.

Expectations and Commitments

1. Self Reflection

The self-reflection of both participants describes the process of evaluating the consequences of drug abuse. In IS's case, self-reflection grew into moral awareness, especially when he remembered being arrested in front of his child while the child was sleeping in his arms. *“Oh God... in front of my child, I promise I won't do it again...”*. IS added, *“Actually, people who use drugs are stupid, it tastes bitter, but I did it myself, hahaha”*. The meaning of life that emerged for IS was the understanding that drug use not only affected her, but also her child. This awareness shaped her commitment to improve her role as a mother and rebuild her identity, which had been shattered by addiction.

Furthermore, in AR, self-reflection is formed from the meaning of life values. AR explains, *“...from this event, I can better appreciate time and money, appreciate even the smallest effort for us, whether sincere or not”*. AR reflects that drugs destroy all aspects of life, *“Drugs are enjoyable for a moment but destroy everything, from my body, finances, family, career, and education, which are now in shambles. My household is ruined because drug use inevitably leads to a free-wheeling lifestyle, and my child cannot have a father figure because of my mistake”*. AR stated that life after getting involved with drugs became meaningless. AR said, *“It becomes MADSU (a bleak future) exists; I am the example”*.

This shows that AR interprets this event as a bleak future and necessitates the restoration of identity. Both participants interpret their experience of addiction as a failure of self-control and morality, but also as a process of improving their lives. Thus, recovery is not only a physical process, but also a reconstruction of self-meaning and life purpose.

2. Hope

Both participants expressed hope as a form of new meaning after experiencing addiction. For IS, the hope of starting a more stable and meaningful life arose from a commitment to not abuse drugs and build self-reliance. IS emphasized, *"I promise myself, both of my children, that I will not go back to that again..."*. IS's desire to sell like before, although simple, is proof that she has become independent without drugs. IS continued, *"... don't let them know about drugs, it's not good, miss. I also hope that my children don't know about drugs, just me. Just me being the first and last in my family, and miss, don't let them know or try drugs either"*. This statement shows a transformation in values and a more positive meaning of life for IS.

For AR, her biggest hope after going through her recovery period is to make amends by making her family happy, who have been a source of emotional support during the rehabilitation period. AR said, *"...every time my parents call, they say, 'You have to be healthy until I come home and be free.' So, hopefully, when I get there, I can improve and fix everything..."*. AR added, *"For myself, my children, and my family, I don't want to use or know things like that anymore"*.

AR has high hopes that her family, her children, and the nation's young people will not be exposed to drugs, because it will be difficult to recover without strong determination. *"For my family, especially my children, and other young people, don't let them know about drug, if you fall into this, it will be difficult to get out"*. Both participants reflected on the process of reconstructing self-meaning and life goals, which is an important phase in recovery. Hope is not only a goal, but is evidence that both of them are rebuilding their dark identities from the time of addiction, towards a more meaningful and empowered life.

Discussion

This discussion connects research findings with theory and empirical evidence, demonstrating that the psychological dynamics of female drug abusers are influenced not only by intrapersonal factors but also by social conditions, relationships, and risky environments. This reinforces the narrative of the gender-responsive addiction model and confirms the distinctive patterns of female inmates' experiences.

Psychological Dynamics of IS

IS's psychological dynamics indicate that the trigger for her vulnerability to drug abuse stems from stressful adolescent experiences, as the eldest child in a family experiencing divorce and economic instability, creating an unbalanced psychological burden during her developmental stage. This is in line with Santrock (2019) who stated that at that age, behavior formation is influenced by the environment and figures considered important. This condition amplifies IS's psychological vulnerability, as it forms a pattern of rapid adaptation, but poor emotional regulation. This condition is consistent with research by Rahma et al. (2024) that minimal emotional support and the absence of education on managing emotions properly, form a pattern of maladaptive emotional regulation. This condition is evident in IS's tendency to use drugs since the age of 17 due to encouragement from a dominant external factor, namely her husband since their courtship as a strategy to relieve stress.

Based on an operant conditioning perspective, IS's drug abuse behavior is reinforced by perceived beneficial temporary effects, such as increased energy, self-confidence, and reduced fatigue. Andriani et al. (2022) explain that behavior will be repeated if there is positive reinforcement. Furthermore, a lack of understanding of the impacts of drugs prevents IS from considering long-term risks. This is consistent with research by Listiawaty (2020) that found that minimal knowledge of the risks of drugs increases the vulnerability to addiction. Thus, the initial dynamics of IS's addiction are a combination of behavioral reinforcement, limited education and risk knowledge, and social environmental conditions.

In the next phase, IS's dependence on drugs is characterized by the emergence of withdrawal symptoms such as body aches and cold sweats, which is in accordance with Maslim's (2019) findings that the withdrawal state will disappear if the substance is continued, thus forming a repeating cycle. IS's statement *"But when the doping is finished, everything is tired, miss, sick, just for a short time to use it again"*. IS's dependence phase is in line with Fatimah (2018) that individuals with deviant coping strategies will avoid sources of stress. This is in line with the view of the gender responsive model of addiction that women tend to use substances in response to emotional stress, and a history of trauma, and social relationships (Brady & Ashley, 2005; Greenfield et al. 2007; Covington, 2008). This condition is in accordance with IS's psychological dynamics, because she uses drugs as an effort to avoid psychological stress and emotional conflict.

The relapses experienced by IS in 2006 and 2020 reflect inconsistent recovery dynamics due to economic pressures, loss of a partner, and peer pressure. IS's statement, *"At first, I just wanted to do it but I could still control myself, then suddenly a friend called and gave me a free, so I went back"*, shows weak self-control and the strong influence of the environment. According to

Marlatt and Donovan (2005), Relapse Prevention Theory explains that relapse is the result of an interaction between limited coping skills, risky situations, and weak self-regulation. IS's condition is consistent with this view, because when he feels stressed, the urge to relieve the pressure is stronger than her awareness.

IS's psychological recovery developed when she received emotional support from her second husband after her relapse in 2006. Bronfenbrenner's ecological perspective suggests that positive support from the microsystem (family) can strengthen adaptive behavior (Sugitanata, 2023). IS's psychological recovery was further enhanced after her relapse in 2020-2022, when she began engaging in spiritual activities while in the detention center. Research by Nuruddin et al. (2020) confirmed this by stating that involvement in religious activities plays a role in controlling addictive urges and improving psychological well-being. Furthermore, IS's growing sense of guilt and regret indicates a moral awareness that drives behavioral change (Riyanti, 2019).

The psychological dynamics of IS are the result of an interaction between internal factors, namely self-control, coping strategies, and emotional regulation, and external factors such as social support and economic pressure. However, differences in relapse triggers indicate that emotional distress and relationship conflict contribute, compared to previous research findings. The findings of this study clarify that the psychological dynamics of women who abuse drugs are strongly influenced by psychosocial aspects and subjective experiences that shape new perceptions.

Psychological Dynamics of AR

AR's psychological dynamics as a drug abuser demonstrates the interconnectedness of internal and external factors since adolescence, which gradually shape addictive behavior. Involvement in drug abuse during high school demonstrates that social roles during adolescence are crucial for happiness, as individuals are still unstable and searching for identity (Ruaidah et al. 2023). This aligns with Pramesti et al. (2022) who found that peers are the biggest factor influencing individuals' drug abuse. Furthermore, AR's temporary effects, such as the relief of headaches and increased energy, reinforce addictive behavior. Therefore, this is the initial phase of addictive behavior stemming from social pressure and the interpretation of bodily sensations deemed "*beneficial*".

During rehabilitation, AR exhibited severe withdrawal symptoms, such as headaches, body aches, hallucinations, and even triggered AR to end her life. This condition is in line with research (Samatra et al. 2019) that drug withdrawal symptoms due to narcotics include anxiety,

headaches, suspicious or paranoid delusions, and discomfort. As AR expressed, *"...when I meet someone, I feel suspicious and afraid, afraid that it's the police..."*. This shows AR's weak ability to manage stress, ultimately triggering a relapse just three days after completing rehabilitation.

Mardin dkk. (2022) describe withdrawal as an extreme physiological and psychological condition, where use causes dependence, and withdrawal causes excruciating pain. In this context, the Relapse Prevention Theory, by Marlatt & Donovan (2005) is relevant because relapse is triggered by a combination of limited coping skills, weak self-regulation, and risky situations. This pattern is evident in AR's experience, *"...I started using it again because the headache was unbearable, and then there were a lot of problems..."*. This suggests that AR's dynamics in drug abuse are reinforced by severe emotional stress. This is in line with the findings of Indiani et al. (2022) that emotional stress and traumatic experiences drive individuals to abuse drugs.

Over time, AR experienced the development of body tolerance and dosage requirements, accompanied by psychological impacts such as social withdrawal and decreased spiritual activity, *"...I never worship, I'm never aware...like someone who is unconscious"*. This condition is in accordance with Mardin et al. (2022) that the typical characteristics of addiction dynamics in women are emotional disturbances, interpersonal relationships, and social roles. This is in line with the gender responsive model of addiction, which states that the reasons women use substances are in response to emotional stress, a history of trauma, and relationships (Brady & Ashley, 2005; Greenfield et al. 2007; Covington, 2008).

The AR transformation process during the rehabilitation period at the detention center showed progress, where a structured and restricted environment provided space for self-reflection. This is in line with Rabbani and Rahmasari (2024) that increased self-efficacy, such as acceptance of the past, can prevent relapse in drug survivors. The productive activities carried out by AR show a shift in coping strategies from maladaptive to adaptive. This condition is in line with research showing that involvement in productive and religious activities can encourage individuals to divert their thoughts from abusing drugs (Taftazan et al. 2023; Yuniarti et al. 2024).

Emotional support from family strengthened AR's recovery process, *"My parents always said, 'Whatever you do, you're still my child'"*, AR said. This is in line with Agustin et al. (2023) who stated that social support plays a crucial role in increasing the resilience of drug abusers. This is reinforced by Covington (2008) who stated that gender-based recovery programs provide a more effective environment for women. Thus, AR's psychological dynamics demonstrate a complex interaction model, where self-control, traumatic experiences, emotional distress, social support, and religiosity shape the cycle of use–relapse–recovery.

These findings contradict research that focuses on the effectiveness of medical interventions in successful recovery, as AR's case demonstrated that without social support, productive activities, and self-development, the likelihood of relapse remains high. This reinforces the implications for recovery interventions for women who abuse drugs, particularly for inmates. Integrating approaches based on social support, emotional regulation, and spiritual empowerment is essential for sustainable recovery.

Conclusion

Based on the results of this study, the psychological dynamics of women who abuse drugs are formed through complex interactions between internal, emotional, spiritual, and social factors. Both participants indicated that unhealthy parenting and interpersonal relationships, as well as economic limitations, contributed to their involvement in drug abuse, while dependence developed as a coping mechanism for unresolved emotional stress. The cycle of relapse is reinforced by temporary positive reinforcement effects that reduce awareness of the negative impacts of use, exacerbated by weak self-control, maladaptive coping strategies, and low social support prior to rehabilitation. The rehabilitation period at the Surabaya Class IIA Women's Detention Center became a turning point marked by increased discipline, religiosity, and positive social support. These findings confirm that the recovery of women who abuse drugs is not only clinical in nature, but also a psychosocial process that influences the formation of meaning in life and self-concept. Therefore, rehabilitation programs in correctional facilities need to be designed comprehensively, incorporating psychological, spiritual, and social dimensions to increase the effectiveness of relapse prevention and support social reintegration.

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