

Social Relations of Former Drug Users after Rehabilitation in Bengkulu City

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Abstract

This study examines how former drug users in Bengkulu City experience and reconstruct social relations after rehabilitation. Rehabilitation does not end with medical treatment but continues in everyday interaction where acceptance, trust, and stigma are negotiated. Using a qualitative approach guided by symbolic interactionism, this study draws on in depth interviews and observation involving former drug users, family members, and rehabilitation staff. The analysis focuses on how meanings are formed through interaction and how these meanings shape post rehabilitation identity and social participation. The findings show that post rehabilitation social relations are rebuilt gradually through repeated interaction in family, community, and workplace settings. Family support plays a central role by providing symbolic recognition that legitimizes identity change, although it is often accompanied by supervision and conditional trust. Community relations tend to be ambivalent. Participation in social and religious activities can facilitate inclusion, while stigma and social memory continue to limit full acceptance. Institutional post rehabilitation programs, including mentoring and skills training, strengthen reintegration by offering both practical resources and social legitimacy. At the same time, persistent stigma and limited access to employment remain significant constraints. This study concludes that social reintegration after rehabilitation is an ongoing social process shaped by interaction, meaning making, and agency. By situating recovery within the semi urban context of Bengkulu City, this study contributes to sociological discussions on stigma, identity reconstruction, and social relations, and highlights the importance of strengthening family involvement, reducing community-based stigma, and sustaining inclusive post rehabilitation support.

Keywords: *social relations; former drug users; post rehabilitation; symbolic interactionism; social reintegration*

A. Introduction

Drug use and dependence are experienced in everyday social life, not only in medical settings or legal arenas. In Bengkulu City, former drug users who have completed rehabilitation still face difficult questions about belonging, trust, and recognition. Their recovery is often tested in ordinary interactions with family members, neighbors, and community figures. This shows that rehabilitation outcomes cannot be understood only through clinical indicators. They also

depend on how social relations are rebuilt after treatment (Tahlil and Aiyub 2021).

Rehabilitation programs are widely implemented as a primary strategy to address drug dependence (Putro, Sholahuddin, and Wahyudi 2025b). However, completing rehabilitation does not automatically ensure successful social recovery. Former drug users frequently encounter stigma, discrimination, and social rejection that limit their ability to rebuild relationships and develop a positive post-rehabilitation identity (Raharni, Idaiani, and Yuniar 2020). Stigma functions as a durable social label that can override recovery efforts and reinforce exclusion. These conditions can increase psychological vulnerability and raise relapse risk, especially when social support is weak or inconsistent (Song, He, and Liu 2025).

Research on recovery increasingly underlines that sustainable change requires more than treatment. It also depends on the availability and quality of social support systems. Family acceptance, community inclusion, and institutional aftercare can shape post-rehabilitation outcomes in decisive ways. Individuals with stronger social ties often show greater resilience, improved emotional stability, and a higher likelihood of maintaining abstinence compared with those who experience isolation (Tahlil and Aiyub 2021). Conversely, fragmented social relations and limited opportunities for meaningful interaction can undermine recovery and weaken individuals' ability to adapt after rehabilitation (Malakauseya et al. 2023).

Even so, much research in Indonesia still emphasizes medical, legal, or administrative dimensions of rehabilitation. Studies that center the lived experiences of former drug users, including how they interpret and renegotiate social relations after rehabilitation, remain limited. When social dimensions are discussed, they are often treated as external conditions that either support or obstruct recovery, rather than as interactional processes through which meanings, identities, and reputations are produced in daily life (Hutagalung, Aldy, and Husaini 2021). This leaves an important gap for sociological analysis that takes stigma and reintegration as ongoing social negotiations rather than as outcomes that automatically follow treatment completion.

This study addresses that gap by examining post-rehabilitation social relations among former drug users in Bengkulu City. It focuses on how they reconstruct meaning, renegotiate identity, and re-establish interaction within family, community, and institutional settings (Putro, Sholahuddin, and Wahyudi 2025a). Guided by symbolic interactionism, this study analyzes how meanings emerge through interaction and how those meanings shape action and self-concept in everyday life. This study aims to trace how former drug users interpret acceptance, conditional recognition, and rejection, and how these interpretations influence their efforts to rebuild social roles after rehabilitation (Coloscos 2025).

The significance of this study is theoretical and practical. Theoretically, it strengthens sociological discussions of social relations, stigma, and identity reconstruction by grounding analysis in empirical narratives and local social contexts. Practically, the findings can inform rehabilitation institutions, policymakers, and community actors about the importance of strengthening post-rehabilitation social support and community-based recovery models (Pedroso, Reyes, and Mendez 2025). By treating social relations as a core dimension of sustainable recovery, this study supports rehabilitation strategies that prioritize long-term reintegration alongside medical recovery (Bidola et al. 2024).

This study examines how post-rehabilitation social relations are formed and experienced by former drug users in Bengkulu City. It analyzes interaction processes with family members, neighbors, and community environments after rehabilitation. It also identifies factors that support and hinder reintegration, particularly in efforts to rebuild a positive self-identity and a recognized social role (Robles 2022). In this context, stigma is not treated as a single event but as a social process that can persist and shift across situations. This study therefore attends to the ways former drug users interpret social responses and adjust their strategies of interaction in daily life (Coloscos 2025).

This study also begins from a critical reading of prior research on post-rehabilitation life, which often frames social relations in universal and normative terms. Many studies emphasize family support and the impact of stigma. While these findings are relevant, much of the literature focuses on large urban settings or relies mainly on medical and psychosocial approaches. As a result, everyday meaning-making and interactional negotiations receive less attention. The symbolic processes through which the social category of former drug user is constructed, negotiated, and transformed in local settings remain underexplored (Nawawi et al. 2021).

The novelty of this study lies in positioning Bengkulu City as a primary analytical setting. This semi-urban context is characterized by collectivism, religiosity, and strong social monitoring. In this environment, post-rehabilitation social relations do not move in a simple linear path from rejection to acceptance. They develop through symbolic processes that are often ambiguous and continually negotiated. Former drug users face not only explicit stigma, but also conditional acceptance shaped by familial values, moral norms, and social expectations that appear in everyday interaction (Nurdin et al. 2022).

By applying a symbolic interactionist perspective, this study shows that the meaning of post-rehabilitation recovery is produced through interaction with significant others, including immediate family members, neighbors, and community figures. Here, the self-concept of former drug users is restored not only through abstinence, but also through social recognition that is repeatedly

negotiated in informal settings. Accordingly, this study contributes to the sociology of addiction by treating Bengkulu's local context as a source of insight into how recovery and social reintegration are socially constructed in semi-urban communities in Indonesia (Campbell 2022)

B. Methods

This study employed a qualitative approach with a descriptive analytical design to explore the dynamics of social relations among former drug users in the post-rehabilitation phase. A qualitative approach was used to capture subjective experiences, meaning-making, and everyday interaction without manipulating variables. The study was guided by symbolic interactionism to interpret how meanings emerge through interaction and how those meanings shape self-concept and social recognition in daily life. The research was conducted in Bengkulu City, Indonesia, in 2025. Bengkulu City was selected because its semi-urban setting is marked by strong social ties, intensive social monitoring, and the influence of religious and family values that shape post-rehabilitation acceptance and stigma.

Informants were selected through purposive sampling based on clear criteria. Participants were former drug users who had completed a rehabilitation program for at least six months, were not undergoing legal processes, and were willing to participate openly. Based on these criteria, five main informants were recruited. They ranged in age from 17 to 45 years, with drug use histories between 3 and 10 years, and post-rehabilitation durations ranging from 6 months to 3 years. To strengthen contextual understanding and credibility, six supporting informants were also involved, consisting of family members of the former drug users and one rehabilitation staff member from the National Narcotics Agency of Bengkulu City.

Data were collected through semi-structured in-depth interviews and non-participant observation. Interviews explored experiences of family relations, community interaction, stigma, and social acceptance after rehabilitation. Observation was used to capture patterns of interaction within family and community settings. Interviews were conducted with consent, recorded digitally, and transcribed verbatim. Data analysis proceeded through data reduction, open coding, thematic categorization, and interpretive analysis. Meaning units related to social relations, stigma, trust, and self-identity were grouped into broader themes, then interpreted through symbolic interactionist concepts such as self, significant others, and definition of the situation. Trustworthiness was strengthened through source triangulation, prolonged engagement, and member checking, in which summaries and interpretations were confirmed with informants.

C. Results and Discussion

1. Results

a. The Process of Post Rehabilitation Social Relationship Formation

In the early post rehabilitation phase, informants reported that their social relationships did not immediately return to patterns that existed prior to their experience of drug dependence. Instead, initial social engagement was characterized by feelings of awkwardness, hesitation, and caution in interacting with others. These conditions were particularly pronounced during the period immediately following their return from rehabilitation, when informants reentered social environments closely associated with their past experiences. Familiar social settings, such as neighborhoods, peer groups, and community spaces, often triggered mixed emotions, combining a desire for acceptance with fear of judgment and rejection.

This transitional period was marked by heightened self-awareness, as informants became more attentive to how their words, behaviors, and bodily expressions might be interpreted by others. Ordinary interactions that had once felt routine were now experienced as socially risky, requiring careful self-regulation and emotional control. Informants described a tendency to limit conversation, avoid sensitive topics, and monitor their conduct closely in order to prevent being associated with their former identities as drug users. One informant described this situation as follows

“When I first came out of rehab, I was mostly quiet. Meeting people felt awkward, and I was afraid of behaving the wrong way.” (Interview with AS, Male, 28 years old, 1.5 years post rehabilitation)

A similar experience was expressed by another informant, who deliberately reduced social activities during the early stage. “At first, I rarely went out. I was afraid people would ask questions; afraid they still remembered my past.” (Interview with KR, male, 17 years old, 6 months post rehabilitation) These accounts indicate that the formation of social relationships initially involved strategies of interactional limitation. Informants consciously withdrew from broader social engagement as a way to manage anxiety and protect a still fragile post rehabilitation identity. Rather than complete social avoidance, this withdrawal functioned as a selective and temporary strategy to regulate exposure to potentially threatening social situations and to maintain a sense of personal control during the early stages of social readjustment. In this phase, limiting interaction was experienced not as social failure, but as a deliberate effort to stabilize the self while learning to navigate new expectations and social judgments.

In the social interactions that were maintained, informants reported heightened sensitivity to others' responses, reflecting an acute awareness of how they were being perceived in everyday encounters. These experiences were

rarely expressed through direct verbal statements, but were more commonly perceived through subtle nonverbal cues, such as changes in tone, facial expressions, physical distance, or the avoidance of eye contact. Such cues were interpreted as symbolic signals that informed informants' assessments of acceptance, suspicion, or lingering stigma. One informant explained:

"Sometimes people don't say anything, but from the way they look at me, I can already feel that they still doubt me." (Interview with DN, male, 32 years old, 10 months post rehabilitation)

This sensitivity reflects a process in which informants continuously interpreted social symbols such as facial expressions, body language, physical distance, and changes in tone of voice. These symbols were read as indicators of social judgment regarding their identity as former drug users. Such interpretations, in turn, shaped how informants adjusted their behavior, speech, and choice of interaction partners. At this stage, social relationships were not formed openly or spontaneously, but through careful selection of interactional environments. Informants tended to prioritize engagement with individuals perceived as safer, such as immediate family members or those already familiar with their rehabilitation process. Interaction with the wider social environment occurred gradually and with considerable caution.

Over time, several informants described changes in the quality of their social interactions. These changes emerged after informants consistently demonstrated behaviors perceived by others as stable and responsible, including maintaining daily routines, avoiding former peer groups associated with drug use, and adhering to prevailing social norms. One informant stated:

"Eventually, they saw for themselves that I had changed. After that, conversations started to feel normal again." (Interview with MS, male, 35 years old, 1 year post rehabilitation)

This account illustrates that the reconstruction of social relationships occurred through repeated and sustained interactions. Social trust was not granted automatically but developed through the accumulation of everyday experiences that signaled behavioral consistency and reliability. In this process, informants actively positioned themselves as predictable and norm compliant individuals, distancing themselves from identities associated with past problematic behaviors.

These narratives demonstrate that the formation of post rehabilitation social relationships unfolds as a gradual and layered process. It begins with self-limitation, followed by continuous interpretation of social situations, and progresses toward the reconstruction of trust through consistent everyday practices. Social relationships are not formed through a single event but emerge through an ongoing process embedded in daily interactions with family members and the broader social environment.

b. Lived Experiences of Social Relations in Everyday Life

In everyday life, post rehabilitation social relations are experienced by the informants as ambivalent and marked by caution. Informants do not encounter explicit social rejection, yet they also do not fully experience unconditional acceptance. These experiences are manifested concretely in daily interactions, both within the family and in broader social settings. Within the family, informants describe a form of emotional acceptance accompanied by continuous monitoring and vigilance. One informant explained that although he has been allowed to return home and is formally accepted, the sense of personal freedom remains limited.

“At home I am accepted, but I am still often asked where I am going and who I am with. So, it feels like I am not completely free yet.” (Interview with MS, male, 35 years old, 1 year post rehabilitation)

This experience indicates that the family functions simultaneously as a space of safety and a space of control. In everyday practice, informants become aware that their actions, decisions, and social interactions remain under symbolic surveillance. As a result, they consciously adjust their behavior by limiting activities outside the home, maintaining openness, and avoiding actions that could trigger suspicion. For the informants, compliance with family monitoring is not always interpreted solely as restriction, but rather as a condition that must be endured in the process of restoring social relationships. In this context, everyday family interactions become a site of social learning, where informants learn to read expectations, exercise self-restraint, and rebuild trust through stable and predictable routines.

Beyond the family sphere, experiences of social relations within the community are perceived as more complex and uncertain. Several informants reported a noticeable change in the attitudes of neighbors and community members compared to the period before rehabilitation. One informant stated; “People are still friendly, but not as close as before. There is a distance that can be felt.” (Interview with SP, male, 38 years old, 2 years post rehabilitation). This social distance does not always take the form of explicit rejection, but is expressed through reduced interaction intensity, shorter conversations, and declining levels of social involvement. Informants perceive that they are no longer positioned fully within the same social circles as before, even though formal ties and outwardly polite interactions may still be maintained. The sense of exclusion is therefore subtle and often ambiguous, making it difficult for informants to determine whether the distance they experience is intentional or simply situational.

Such experiences are particularly evident in the context of collective social activities, where participation tends to be more limited and informants often feel peripheral rather than fully included. Group gatherings, community events, or

informal social meetings become spaces in which differences in status and trust are quietly reinforced through interactional patterns rather than spoken statements. In these situations, informants become acutely aware of shifts in group dynamics, such as not being actively invited to contribute or being positioned at the margins of interaction. One informant explained, "I used to be invited to gatherings often, now it rarely happens." (Interview with AS, male, 28 years old, 1.5 years post rehabilitation)

The decreasing frequency of invitations and participation in social activities is interpreted by informants as a form of conditional acceptance that has not yet fully recovered. In everyday life, this situation encourages informants to adopt a more cautious and selective approach to social relations. They tend to avoid situations that could potentially generate gossip, negative judgments, or reminders of their past. Thus, the lived experience of post rehabilitation social relations is not merely about who accepts or rejects them, but about how informants sense changes in the social atmosphere through everyday interactions. Informants interpret gestures, social distance, and patterns of response as indicators of their position within the surrounding social structure. In this sense, daily life is filled with continuous efforts to manage behavior, regulate self-presentation, and align with prevailing social norms and expectations.

Thus, post rehabilitation social relations are experienced by informants as an ongoing process of adaptation. Everyday life becomes a space where acceptance and vigilance coexist, and where informants continuously negotiate their social presence through repeated, ordinary interactions. These experiences underscore that social reintegration after rehabilitation is not a condition that is instantly achieved, but a lived social experience that is gradually formed and continuously enacted in daily life.

c. Family as the Initial Arena for Negotiating Identity and Trust

In the process of post rehabilitation social reintegration, informants did not merely encounter a simple dichotomy between acceptance and rejection, but were engaged in an ongoing process of negotiating identity and trust through everyday social interactions. This process was dynamic and contextual, as it was shaped by relations of power, social memory, and the stigma attached to the social category of former drug user. Within this context, social reintegration cannot be understood as a single event, but rather as a series of social practices in which past identities and newly constructed identities continuously confronted and negotiated with one another.

The negotiation of identity emerged when informants sought to define themselves as individuals who had changed, while the surrounding social environment, particularly family members and the local community, continued to harbor doubts rooted in past experiences. These doubts were not always

expressed explicitly, but were manifested through surveillance, restrictions, and recurring reminders of informants' former identities. As a result, the trust extended to informants was partial, gradual, and often accompanied by specific conditions. This dynamic was clearly reflected in the experience of one informant who described how his identity was continuously negotiated within his immediate family.

"They say they trust me, but they still often remind me about my past. So, I feel like I have to keep showing that I am not the same person anymore." (Interview with AS, male, 28 years old, 1.5 years post rehabilitation)

This statement indicates that the trust claimed by family members was not fully settled. Recurrent references to the past functioned as symbolic markers that the former identity remained present and could reemerge in social interaction. The informant was positioned in a situation where he had to consistently produce evidence of change through everyday practices such as compliance, transparency, and self-control. In this context, the identity of former drug user and that of a recovered and transformed individual existed in a state of tension and continuous negotiation.

Negotiations of identity and trust were also evident in broader family relations, particularly concerning issues of autonomy and decision making. One informant stated, "When I ask for permission to work or go out, they are still hesitant. In the end, I just comply so that they can gradually trust me." (Interview with MS, male, 35 years old, 1 year post rehabilitation) This experience illustrates that rebuilding trust often required informants to sacrifice a degree of personal autonomy. Compliance with familial control was understood not merely as submission, but as a deliberate strategy to attain social legitimacy. In other words, trust was constructed through compromise, whereby informants adjusted their behavior and expectations to align with the norms and concerns of their social environment. Trust, in this sense, did not emerge as a unilateral gift, but as the outcome of a gradual process of social bargaining.

Beyond the family sphere, negotiations of identity and trust also took place within the broader community, although these processes tended to be more implicit and less verbally articulated. One informant explained.

"People don't say anything directly, but I know they still see me as a former user. That's why I'm careful with my behavior and try not to cause any trouble." (Interview with YK, male, 45 years old, 3 years post rehabilitation)

This statement demonstrates that stigma did not always appear in the form of overt rejection or explicit discrimination, but rather through subtle mechanisms of social surveillance. Informants interpreted attitudes, gestures, and social distance as indicators that their former identities remained salient in social judgments. In response, they engaged in intensive behavioral regulation by presenting themselves in ways that conformed to dominant social norms. This

practice reflects impression management, whereby informants actively shaped how they were perceived in order to stabilize and legitimize their reconstructed identities.

Negotiations of trust were particularly salient when informants reentered economic activities, especially within workplace settings. One informant recounted, "When I first started working again, my supervisor didn't fully trust me. I worked harder so they would believe in me." (Interview with KR, male, 17 years old, 6 months post rehabilitation). This experience highlights the workplace as a crucial arena for the redefinition of social identity. Professional trust was not granted automatically, but was built through repeated interaction, consistent performance, and adherence to organizational norms and expectations. Informants interpreted hard work, discipline, and loyalty as symbolic means to negotiate their identities as trustworthy workers, while simultaneously distancing themselves from negative labels associated with their past. In this context, economic participation functioned not only as a source of livelihood, but also as a symbolic medium through which social recognition was pursued.

These experiences demonstrate that post rehabilitation social reintegration is a complex and multilayered process characterized by continuous negotiations of identity and trust. Former drug users were not passive recipients awaiting social acceptance, but active agents engaged in symbolic practices to redefine themselves through interaction with family members, community actors, and workplace authorities as significant others. These negotiations constituted a key mechanism in the formation of more stable social relations, as it was through this ongoing process that newly constructed identities gradually acquired social legitimacy and more enduring trust.

d. Reconstruction of Self through Family Interactions

Over time, and through repeated and sustained interaction, the meaning of family relationships underwent a gradual transformation. Informants reported that consistent positive behavior, transparency in communication, and active participation in family life played a central role in rebuilding trust. As families began to observe behavioral stability over extended periods, they increasingly relaxed their monitoring and granted informants greater autonomy.

At this stage, families started to reassess social roles and responsibilities to informants, such as contributing to household tasks, participating in family decision making, or fulfilling roles as spouses, parents, or caregivers. These changes functioned as powerful symbolic indicators of social recognition, signaling that informants were once again perceived as trustworthy and valuable members of the family unit. One informant described this shift, "Now I'm being given responsibilities again. Little by little, they trust me. That makes me feel like I have self-worth again." (Interview with SP, male, 38 years old, 2 years post rehabilitation)

These experiences significantly contributed to the reconstruction of informants' self-concept. The findings underscore that the self is not formed in isolation, but emerges through social reflection based on interaction with significant others. The concept of the looking glass self becomes particularly salient, as informants evaluated their own worth, credibility, and identity based on how family members responded to their behavioral changes. Positive family responses reinforced the internalization of a new, non-deviant identity and strengthened commitment to recovery.

e. Selective Expansion of Social Relationships into the Wider Community

As emotional stability and self-confidence gradually increased, informants began to extend their social interaction beyond the family into broader social arenas, including neighborhoods, workplaces, educational settings, and religious or community organizations. However, this expansion was neither spontaneous nor indiscriminate. Instead, it was characterized by high selectivity and strategic decision making.

Informants consciously avoided former social environments associated with drug use, recognizing these spaces as potential triggers that could jeopardize their recovery. They also exercised caution in disclosing their past, carefully assessing the perceived safety and openness of each social setting. Trust was not assumed but gradually constructed through observation and interaction. One informant explained his strategy in the workplace as follows.

"At work, people were initially still doubtful. I chose to stay quiet, work properly, and arrive on time. Eventually, they saw the change for themselves." (Interview with AS, male, 28 years old, 1.5 years post rehabilitation)

This account highlights that social trust is not rebuilt through verbal assertions of personal change or explicit moral claims, but through concrete actions that are performed consistently and remain observable over an extended period of time. In this context, discipline in maintaining daily routines, reliability in fulfilling social responsibilities, and active participation in community activities function as symbolic performances of moral reform after rehabilitation. Such actions are perceived as more credible forms of social evidence than verbal narratives of change, as they can be directly observed and evaluated by the surrounding social environment.

Through repeated and stable symbolic performances, informants gradually reconstruct social reputations that had previously been damaged by their experiences of drug use. This process enables them to challenge negative stereotypes attached to the social category of former drug user and to progressively renegotiate their social standing within the community. Trust is not granted instantaneously, but emerges through the accumulation of consistent interactional experiences, so that social legitimacy is achieved as the outcome of

sustained everyday practices rather than as an automatic consequence of post rehabilitation status.

f. Social Stigma as a Barrier and an Arena for Meaning Negotiation

Despite continuous efforts toward reintegration, social stigma remained a persistent and significant barrier. Stigma manifested in various forms, including gossip, negative labeling, social distancing, and restricted access to employment or social opportunities. These stigmatizing practices reinforced the perception that informants' past identities continued to overshadow their present efforts.

Stigma not only constrained external opportunities but also influenced informants' internal sense of self. Informants reported moments of self-doubt, emotional fatigue, and heightened sensitivity to rejection. However, the findings also reveal that informants were not passive recipients of stigma. Instead, they demonstrated reflective agency by developing strategies to navigate and negotiate stigmatized interaction.

These strategies included limiting social circles to supportive individuals, selecting environments perceived as non-judgmental, and maintaining long term consistency in positive behavior. Through these actions, informants actively engaged in redefining the meaning of their identities within the broader social context, transforming stigma from a fixed label into a contested social construct.

g. Social Reintegration as an Ongoing Interactional Process

Overall, the findings affirm that the social reintegration of former drug users after rehabilitation is an ongoing, multilayered, and interactional process. The social category of former drug user does not automatically dissolve following rehabilitation, but continues to be negotiated through daily interaction with family members, coworkers, and community members. Social relationships function not only as outcomes of recovery but also as central mechanisms for sustaining behavioral change and identity transformation.

The success of social reintegration is therefore deeply contingent upon informants' capacity to interpret social situations, respond to symbolic cues, and engage in sustained interactional work. Repeated, meaningful interaction allows new social meanings to emerge, gradually replacing stigmatized identities with more positive and socially accepted ones. In this sense, reintegration should be understood not as a final destination, but as a continuous social process shaped by interaction, recognition, and collective meaning making.

2. Discussion

The findings of this study indicate that the social reintegration of former drug users after rehabilitation in Bengkulu City is best understood as an ongoing symbolic process rather than a linear transition that moves automatically from social marginalization toward stable and final acceptance. Reintegration does not

occur as a mechanical or administrative stage. It unfolds through everyday social interactions that are rich in meaning and marked by uncertainty. From the perspective of symbolic interactionism, this process develops through micro level interactions in which meanings, identities, and social positions are continuously negotiated in relation to others. Former drug users do not simply return to preexisting social structures. Instead, they interpret the social responses they receive, define their post rehabilitation situations, and reconstruct their self-concepts through interaction with significant others who hold strong symbolic influence in their lives.

Within symbolic interactionism, the self of former drug users cannot be treated as the final outcome of medical or institutional rehabilitation. It is a social construction that is formed and tested through interaction. While medical rehabilitation addresses physical dependency, the findings show that such changes do not automatically produce a new social identity that is fully accepted by the surrounding environment. Informants' narratives indicate that their self-concepts develop gradually through the social responses they encounter, especially from family members who function as primary significant others. Ambivalent family attitudes that combine acceptance, support, and supervision serve as a social mirror, or looking glass self, shaping how informants evaluate their personal transformation, moral credibility, and the legitimacy of their social position in both family and community life.

Ongoing supervision within family relationships reflects that the definition of the post rehabilitation situation remains open and contested. Although informants perceive themselves as individuals who have changed and are committed to recovery, family members and the wider social environment often define the situation through past experiences, especially prior drug use and deviant behavior. This mismatch creates an ambiguous social space in which acceptance is conditional and trust is not granted immediately. Instead, it must be demonstrated through consistent social practices. Social reintegration in Bengkulu is therefore not a single final achievement but a condition that must be negotiated through everyday practices such as adherence to family norms, self-control, and behavioral consistency over a relatively long period of time.

These findings align with studies that emphasize the importance of family support in sustaining recovery among former drug users (Raharni et al. 2020). However, this study moves beyond a functional understanding of family support that is often framed as emotional, material, or instrumental assistance. It highlights the symbolic dimension of family support in the post rehabilitation context. In Bengkulu, family acceptance functions not only as support but also as social recognition that legitimizes identity transformation. Trust is granted gradually and operates as a symbolic reward for demonstrated behavioral consistency. These findings extend the literature by showing that support and

control do not exist as a simple binary. They emerge together and remain intertwined in family relationships, especially in semi urban settings marked by strong social closeness and dense normative ties.

Stigma also emerges as a key symbolic force shaping post rehabilitation social relations. In line with Hutagalung et al. (2021), stigma remains a significant barrier to social participation and access to formal and informal employment. At the same time, this study shows that stigma in Bengkulu often operates implicitly rather than through overt rejection or explicit discrimination. It appears through social distancing, reduced interaction intensity, and continuing mechanisms of social surveillance. These findings support Long (2023), who argues that stigma is produced interactionally and contextually depending on specific relational dynamics. Importantly, informants are not passive victims of stigma. They interpret and respond through impression management strategies such as displaying religious behavior, maintaining consistency in positive activities, and limiting social circles in order to build more favorable social perceptions.

The semi urban context of Bengkulu City plays a significant analytical role in shaping these dynamics. Social characteristics such as strong collectivism, relatively high religiosity, and dense social networks can reinforce both support and surveillance. Unlike large urban contexts that offer anonymity and opportunities to shed past identities, Bengkulu's close-knit environment limits such possibilities. Social memory remains strong, reputations are widely recognized, and information circulates quickly within interconnected networks. These conditions can slow identity reconstruction and demand long term behavioral consistency. At the same time, this context can support gradual reintegration because repeated interaction within stable networks allows trust to be built incrementally through shared experiences that are continuously renewed.

This study also underscores the role of agency in navigating structural constraints. Informants demonstrate reflective capacity by selectively expanding social relationships they perceive as safe, avoiding environments with high relapse risk, and redefining social situations in ways that support recovery. These practices reflect active meaning making rather than passive adaptation to social pressure. This is consistent with Gueta and Chen (2021), who argue that identity change among former drug users involves ongoing self-negotiation rather than a complete rupture from the past. In this study, agency appears less as open resistance to social norms and more as strategic conformity that gradually reshapes how others define the informants' identities.

The patterns identified in this study highlight how post rehabilitation reintegration is worked out in everyday interaction in Bengkulu City. In line with the study aim and research question, the findings explain how former drug users interpret and respond to changes in relationships with family, community

members, and workplace actors after rehabilitation. Social recognition is rebuilt through repeated interaction that tests trust, confirms behavioral consistency, and gradually reshapes self-concept. The analysis also identifies key supporting and constraining factors. Family involvement and institutional post rehabilitation support, including mentoring and skills training, provide recognition and practical resources that strengthen reintegration, while persistent stigma and limited access to employment constrain social participation and slow identity reconstruction. This discussion therefore frames rehabilitation not only as a medical intervention but also as a social process that depends on sustained relational support and community conditions that enable former drug users to reestablish meaningful roles over time.

D. Conclusion

This study shows that the social relations of former drug users after rehabilitation in Bengkulu City are formed through ongoing interaction and do not end with medical rehabilitation alone. In line with the study aim and research question, the findings explain how former drug users rebuild relations with family, community members, and workplace actors through gradual negotiations of trust and social recognition in everyday life. Reintegration develops through repeated encounters in which individuals interpret social cues, adjust their self-presentation, and demonstrate behavioral consistency to stabilize a renewed self-concept.

The findings also identify key factors that support and constrain this process. Family support is the most central element in strengthening identity change, because acceptance and trust function as symbolic recognition that legitimizes transformation and encourages sustained positive behavior. At the community level, social relations are often ambivalent. Participation in social and religious activities can open space for inclusion, yet stigma and negative labeling continue to limit full recognition. This study also affirms that former drug users are not passive in the face of stigma. They demonstrate agency through strategies such as proving behavioral change, managing emotions, and selectively building social relationships, which is consistent with symbolic interactionism and the idea that individuals interpret and respond to social meanings in interaction.

In addition, post rehabilitation programs organized by institutions, including mentoring and skills training, contribute significantly to sustaining reintegration. These programs provide practical support and also function as social legitimacy that strengthens confidence to re-engage in society. Practically, the findings underscore the importance of strengthening family involvement, reducing community-based stigma, and developing inclusive post rehabilitation programs that support long term social participation. Future research is recommended to examine more diverse social contexts and cross sector

collaboration to strengthen long term social reintegration models for former drug users.

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