PROCEEDINGS of The International Conference on Psychology and Education

Self-efficacy in young adult male former drug addicts

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Abstract. Self-efficacy is an important factor in helping former drug users maintain abstinence and prevent relapse, particularly among young adult males who face substantial psychosocial demands. This study aimed to explore the process of developing and understanding self-efficacy among young adult male former drug users. A qualitative approach with a phenomenological design was employed. The participants were five young adult males who had previously used drugs and had remained abstinent for at least one year. Data were collected through semi-structured interviews and analyzed using thematic analysis. The findings indicate that self-efficacy develops through self-awareness of the negative impacts of substance use, the ability to regulate behavior, consistent family support, and a clearer orientation toward the future. These findings highlight that self-efficacy not only supports cessation of drug use but also plays a crucial role in sustaining long-term recovery among young adult former drug users.

Keywords: *Self-efficacy, Former Drug Addicts, Young Adults, Qualitative Study*

1 Introduction

Drug abuse is a form of maladaptive behavior that develops when an individual is unable to effectively manage psychological pressure, social demands, and environmental influences. Addictive behavior is understood as a repeated pattern of action that sustains dependence on a substance even though the individual is aware of its negative consequences, and this condition is closely related to the failure of self-control systems and emotional regulation (Baumeister et al., 1994). Psychologically, addiction is formed through a learning process that makes it increasingly difficult for individuals to free themselves from patterns of use because of short-term reinforcement (Marlatt & Donovan, 2005). Socially, drug abuse is often influenced by peer pressure, easy access, and an environment that is permissive toward risky behavior (Susanti et al., 2023). This condition indicates that addiction is not merely a medical issue, but also a psychosocial issue that can affect various aspects of an individual's life.

At the national level, drug abuse remains a serious public health problem. Data from the National Narcotics Board of the Republic of Indonesia (BNN) in 2023 shows that there were 3.33 million people aged 15–64 years who had used drugs, with the number of male users far higher than female users. Although this figure decreased from 3.6 million users in 2021, the number still indicates a serious problem at the national level. This high figure shows that young adult males are a group that is highly vulnerable to experiencing and repeating abuse behavior. During adolescence, drug use is usually triggered by curiosity, peer pressure, and a social environment with minimal supervision (Rantelaen & Huwae, 2022). BNN data from 2019 shows that drug abuse among adolescents increased significantly. The Head of BNN stated in 2019 that the proportion of adolescents involved in abuse increased from around 20% to 24–28%, indicating that adolescence is a critical period for the debut of drug use. In addition, a permissive social environment with minimal supervision also increases the risk of adolescent involvement in addictive behavior (Salsabila, 2024). This is consistent with the characteristics of the research subjects, the majority of whom began using drugs during school age.

Entering the young adult phase, individuals experience psychosocial changes such as economic demands, the search for an adult identity, and adjustment in interpersonal relationships. Individuals who have already begun using drugs since adolescence tend to be more vulnerable to maintaining patterns of use into young adulthood, because adolescence is a developmental period in which peer influence, curiosity, and maladaptive coping mechanisms can easily turn experimental behavior into habit (Tahlil & Aiyub, 2021). The 19–24-year-old age group is also recorded as the group with the highest rate of use (BNN, 2023), making it a critical phase in prevention and recovery efforts. The biggest challenge for former users is the risk of relapse. Approximately 70% of drug addicts who have gone through a rehabilitation program can relapse again (BNN, 2022). The high relapse rate indicates that there are obstacles in maintaining self-belief to quit.

In the context of recovery from addictive behavior, *self-efficacy* according to Bandura (2014) is an individual's belief in their own ability to organize and carry out actions to achieve a particular goal. Research by Putri and Astuti (2022) confirms that individuals with high self-efficacy are better able to maintain adaptive behavior after quitting drug use. Conversely, those with low self-efficacy are more likely to experience frustration, feel powerless, and ultimately return to use. Strengthening self-efficacy can also improve a positive perception of oneself and help individuals interpret their recovery journey more constructively (Susanti et al., 2023). The formation of self-efficacy is explained by Bandura (1997) through three aspects, namely *level, generality,* and *strength.* These three aspects play a role in determining how individuals face risky situations, maintain self-control, and cope with social-emotional pressure. Research by Rabbani and Rahmasari (2024) shows that spirituality, productive

activities, and family support contribute to strengthening survivors' self-efficacy. In addition, the *Relapse Prevention Model* from Marlatt and Gordon (1985) explains that relapse often occurs when individuals fail to cope with high-risk situations because of weak self-efficacy.

A number of studies have confirmed the importance of *self-efficacy* in recovery. In the study by Rabbani and Rahmasari (2024), three male drug survivors aged 37–48 years who had abstained for 7 to 19 years showed that a high level of self-efficacy played a significant role in preventing relapse. They were able to resist the urge to use again because they had small experiences of success, such as successfully getting through withdrawal without relapsing, as well as receiving social and spiritual support. Khazaee-Pool et al. (2021) and Al-Ziadat (2024) found that high self-efficacy plays a role in reducing the risk of relapse. Qualitative research by Krowka and Aller (2024) shows that small experiences of success and spiritual support strengthen the self-efficacy of heroin survivors. Meanwhile, the meta-synthesis by Setiawan (2024) reveals that religious coping and family support are strategies frequently used by survivors to build self-belief. However, the majority of studies have been conducted on survivors who had abstained for years or who underwent rehabilitation. Not many studies have examined young adult males who quit independently, let alone those who began using in adolescence and only recently quit within a relatively short period.

There is still not much research that integrates early use experiences, family dynamics, and relapse prevention strategies into a single recovery framework for young adult males. This gap is important because most former users in Indonesia quit independently and are in the young adult developmental phase, which is laden with psychosocial demands. Therefore, research is needed that can capture the process of *self-efficacy* formation more deeply through the perspective of subjective experience. This research offers an important contribution to the development of clinical psychology and young-adult developmental psychology as a field of study. Theoretically, this research enriches the understanding of self-efficacy formation in the context of addiction, which has not been widely studied in young adult populations who quit without rehabilitation. Practically, this research provides an overview of coping strategies, social support, and self-strengthening mechanisms that can be used in family- or community-based interventions. Methodologically, the phenomenological approach used allows for a deeper exploration of individuals' internal processes in maintaining the decision to quit.

Based on the above description, this research examines in depth how *self-efficacy* is formed in young adult male former drug addicts who began using in school age and had quit, whether through rehabilitation or independently. This research is expected to make an important contribution to the development of self-efficacy theory in the context of addiction, while also enriching studies in clinical psychology, developmental psychology, and family- and community-based recovery interventions (Susanti et al., 2023; Rabbani & Rahmasari, 2024). The findings of this research are also expected to inform more effective prevention strategies and recovery services for young adult groups vulnerable to relapse. Therefore, this research specifically aims to understand how self-efficacy is formed, maintained, and interpreted by young adult male former drug addicts.

2 Methods

In this research, the researcher used a qualitative approach with a phenomenological design aimed at gaining an in-depth understanding of how former drug addicts interpret their self-belief (*self-efficacy*) to quit using drugs. Qualitative research is a process of exploring and understanding the meaning of individual or group behavior, and is used to explain a social or human problem (Creswell, 2014). The phenomenological approach was chosen because it focuses on understanding a person's experience as they truly experienced it, without being influenced by outside opinions or assumptions (Hanseder, 2023).

Operationally, this phenomenological research was carried out through several main stages. Research participants were selected based on certain criteria, namely individuals who had quit using drugs and had an in-depth experience of their self-belief. The participant criteria included: males aged 21–40 years, who had used drugs, had completely quit for at least one year, and were willing to share their experiences openly through interview sessions. The consideration for selecting participants in this age range was based on their ability to reflect on life experiences more maturely and deeply (Avcı, 2025). The number of participants in this research was 5 former drug users. This number was determined based on the concept of data saturation obtained from the interviews (Guest et al., 2022). Once data saturation was reached with 5 participants, data collection was stopped (Merriam & Tisdell, 2016).

Table 1

Participant Demographic Data

Name (Initial)	Age	Gender	Type of Drug	Duration of Use	Age of First Use
AFP	26 y.o.	Male	Marijuana and Methamphetamine	8 years	14 years
AR	23 y.o.	Male	Marijuana and Methamphetamine	5 years	16 years
MNH	26 y.o.	Male	Marijuana and Methamphetamine	5 years	15 years
MGA	22 y.o.	Male	Marijuana and Methamphetamine	5 years	15 years
RMF	22 y.o.	Male	Methamphetamine	2 years	17 years

Note. Table data were compiled by the researcher based on semi-structured interviews with the five research participants.

Data were collected through semi-structured interviews that allowed participants to recount their experiences, challenges, and moments that strengthened their belief in quitting drug use. The researcher began each interview by building rapport, so that participants felt more open when sharing their stories. The interview process was conducted both in person and online via Google Meet, with a duration of around 30–60 minutes for each participant. The main questions were then developed into follow-up (probing) questions based on the responses that emerged, especially when a statement needed clarification. The entire interview process was recorded with the participants' consent and accompanied by non-verbal notes, such as expressions not captured by audio (Moleong, 2019). This approach is in line with the principles of phenomenological research, which emphasize the importance of fully engaging with participants' subjective experiences so that the meaning of the experience can be understood in depth (Moustakas, 1994).

Data analysis was carried out using a thematic analysis approach or an interpretative phenomenological method suited to bringing out the underlying themes from the participants' narratives, so that the core meaning of their experience in building self-belief could be revealed. To maintain the validity of the research, techniques such as member checking and the use of direct quotations from participants were used to strengthen the credibility of the findings (Setiawan, 2024). Furthermore, the data were analyzed using a phenomenological approach with the stages of transcription, repeated reading, theme clustering, and discovery of the core meaning of the participants' lived experiences (Krowka & Aller, 2024).

3 Results

Based on the results of the data analysis, this research identified five main themes, namely: triggering factors in the formation of initial behavior, self-awareness and motivation to quit, self-control strategies in preventing relapse, positive change and the strengthening of self-efficacy, and future orientation. These five themes are explained in more detail below.

3.1 Triggering Factors in the Formation of Initial Behavior

The research findings on the first theme show that the beginning of their drug use was influenced by a number of strong conditions during adolescence. Initial drug-use behavior was formed through the interaction between learning experiences, social environmental influence, and unmanaged emotional conditions. Most participants began using drugs while in a circle of friends who were already accustomed to using drugs. This situation reflects the concept of modeling in Bandura's theory, namely when an individual imitates behavior that they frequently observe within a social group. This is clearly illustrated by the following participant statements:

> *"The environment, the environment, it's definitely the environment." (AFP, S1).*
>
> *"...from a friend, a friend gave it to me, then I tried it..." (MNH, S3).*
>
> *"...at first the group I hung out with was a positive one. Then eventually I tried hanging out with a negative group..." (MGA, S4).*

In addition to social influence, curiosity was also a strong trigger. Some participants stated that invitations from friends and the urge of curiosity led them to try drugs without much consideration. This is consistent with the following statements:

> *"...that curiosity, or FOMO, arose, and in the end I tried it..." (AR, S2).*
>
> *"Actually I was also aware that it was a really reckless decision, but the urge of curiosity was stronger... it was that curiosity that made me reckless enough to try it." (RMF, S5).*

Several participants described experiences of emotional pressure and family conflict that led them to seek an escape. In Bandura's theory, this condition relates to the factor of physiological and emotional states that can influence self-appraisal and the ability to control one's actions.

> *"...then because of my own family's influence, meaning because my family was harsh... in the end I ran away to that stuff, drugs." (AR, S2).*
>
> *"...um, there'd be a problem weighing on me, whether it was a personal problem or a problem with people close to me, or maybe a romantic problem, something like that. That confused me, I was confused about what else to vent to... in the end I tried contacting an acquaintance, a friend of mine who supplied those things." (MNH, S3).*
>
> *"At first it was myself, then also the pressures, then my parents who kept scolding me a lot. In the end I got stressed, kept thinking about it, and didn't know where else to vent it." (MGA, S4).*

Although not all participants had similar experiences, this shows how drugs became a coping strategy that emerged from limited ability to manage emotions. In some cases, the urge to feel a sensation of pleasure also arose when they saw how their friends appeared to enjoy the effects of a particular substance. Although not all participants mentioned this directly, their narratives indicate that the pursuit of pleasurable sensation was part of the initial process of use.

3.2 Self-awareness and Motivation to Quit

This theme shows that the participants' awareness to quit using drugs emerged after they experienced various consequences affecting themselves and their families. Emotional encouragement from those closest to them became a strong emotional trigger for most participants. They began to consider change when they saw their family's disappointment, as illustrated in the following statements:

> *"...my wife has been far too patient with me, that's what made me quit... so it's really more about my immediate family." (AFP, S1).*
>
> *"...maybe because I still think about my parents, I also feel bad if I keep on like this." (AR, S2).*
>
> *"...my parents also found out once before. In the end my parents, especially my mother, cried and cried. I thought to myself, what am I doing..." (MGA, S4).*

This situation gave rise to feelings of guilt that later developed into an impetus to change. This awareness grew stronger as participants began to feel the negative impact of their use. Some participants realized that drug use was limiting their social life and their future.

> *"...I felt closed off, I couldn't be free... I lost relationships, I lost my friends, everyone kept their distance from me..." (MNH, S3).*
>
> *"...it peaked when I had to go to prison. From there I really became aware that the risk turned out to be that big for my life... not only for myself but also for my family." (RMF, S5).*

At this stage, they began to view the future more realistically and realized that their lives would not progress if they remained within the circle of use, as shown in the following interview results:

> *"I had no progress at all in myself... I thought about what would happen to me in the future..." (AR, S2).*
>
> *"...I thought that later we wouldn't be able to live a life ahead if we were still under the shadow of those substances." (MNH, S3).*

Bitter experiences during their period of use also strengthened their decision to quit. In the end, the participants engaged in self-evaluation and realized that the impact of their use fell not only on themselves, but also on their families. This is reflected in the following participant statement:

> *"...when I was already married and I was still using drugs... in the end, if something happened to me, the effects would also affect my family." (AFP, S1).*

Overall, these findings indicate that the motivation to quit did not emerge instantly, but developed gradually through repeated emotional confrontation with the negative consequences of drug use, which ultimately strengthened participants' belief in their own capacity to change.

3.3 Self-control Strategies in Preventing Relapse

This theme describes the various strategies used by participants to keep themselves from returning to drug use. One of the most frequently occurring strategies was the effort to avoid triggers and stay away from their old environment.

> *"Staying away from my friends who used to use, and meeting new friends with positive vibes..." (AR, S2).*
>
> *"...I've lost contact with my friends who are all users..." (MNH, S3).*

In addition to avoiding overly risky environments, all participants also began redirecting their activities toward more positive pursuits. Some of them kept themselves busy with hobbies, work, sports activities, or other positive routines. One participant stated:

"I also have my own way, for example I have a hobby... when I have a lot on my mind, I play music... for now, I happen to be busy with work" (MGA, S4).

This redirection of activities helped reduce the habits that trigger relapse. In addition, self-control was also evident through their ability to refuse invitations to use. This ability was supported by an awareness of the high risk of relapse. Furthermore, social support, especially from family, shows that a supportive environment plays an important role in the recovery process because it can strengthen an individual's ability to resist addictive substances, as stated by the following participants:

"...what matters most is definitely the support from family, friends... being supported constantly, being supported time and again." (MGA, S4).

"I have to keep being able to say "no" to my friends, even though sometimes there's a fear of being rejected or shunned by them." (RMF, S5).

Taken together, these strategies show how participants combined avoidance of triggers, redirection to positive activities, and reliance on social support to sustain self-control and reduce the risk of relapse.

3.4 Positive Change and the Strengthening of Self-efficacy

This theme describes the positive changes experienced by participants after quitting drug use. The main change was the improvement of social relationships, particularly with family and friends.

"...so my relationship with my family and friends feels more harmonious." (AFP, S1).

"...my family more often invites me to talk things over... I have more friends now since I quit." (MNH, S3).

In addition, the participants experienced increased self-confidence. They began to feel capable of controlling their own lives. This is consistent with the following participant statements:

"...I'm braver speaking in front of others, in various forums, more confident... now when I speak in front of people I'm braver and a bit more structured" (AR, S2).

"...I feel calmer and can think clearly when making decisions... I also feel more confident." (RMF, S5).

This awareness made them more emotionally stable. One participant stated that:

"...I can manage my emotions better, I'm more patient and not easily influenced." (MGA, S4).

The conviction to live life moving forward ultimately became an important part of this positive change. This is consistent with the following participant statement:

"My mind became open and I thought, oh, I don't have to, meaning I don't have to go back... living without drugs is actually just fine" (MNH, S3).

Collectively, these changes in social relationships, self-confidence, and emotional stability reflect a gradual strengthening of self-efficacy following the cessation of drug use.

3.5 Future Orientation

The final theme shows that participants began to set a new, more positive direction in life after quitting drug use. One form of this orientation is the growth of hope for a better life, as stated by the following participants:

"...there's a lot I want to improve... I want to learn about religion, to really understand it." (AR, S2).

"I want to live more calmly and be able to be an example for my family... I want to keep being someone who is useful to others." (RMF, S5).

A more positive life direction is evident in their decisions to build new routines, improve their habits, and set boundaries with environments that are too risky for them.

"Now it's just more pleasant. Every day there's always a goal... and I have a direction in life" (MGA, S4).

The strengthening of self-motivation is also evident in their efforts to maintain consistency. This is consistent with the following interview results:

"...seeing friends who never used and are now successful." (AR, S2).

"I've turned to thinking about future projects... how we can keep getting income coming in for the future." (MNH, S3).

These findings suggest that a positive future orientation not only reflects hope for a better life, but also functions as a driving force that helps participants sustain their commitment to remaining drug-free.

4 Discussion

The findings above are further discussed in relation to Bandura's self-efficacy theory and relevant prior research, in order to understand how each theme contributes to the process of forming and strengthening self-efficacy in young adult male former drug users. The discussion is organized according to the five themes identified in the results, namely the triggering factors of initial drug-use behavior, the growth of self-awareness and motivation to quit, self-control strategies for preventing relapse, positive changes accompanying the strengthening of self-efficacy, and future orientation as a factor that sustains the recovery process.

4.1 Triggering Factors in the Formation of Initial Behavior

These findings show that drug-use behavior during adolescence is formed from the interaction of several mutually reinforcing factors. Negative peer association provides access to and normalization of drug experimentation, while curiosity drives adolescents to seek sensation and explore their identity (Tahlil & Aiyub, 2021). In addition, emotional pressure resulting from psychological stress or family problems reinforces adolescents' tendency to use drugs as a form of escape that leads to maladaptive coping mechanisms (Chang et al., 2025). This condition indicates the importance of emotional support in preventing addictive behavior (Das et al., 2025). Adolescents do not merely imitate their friends' behavior, but also use drugs as a way of coping with emotional pressure. Both processes contribute to the formation of weak *self-efficacy*, particularly in the ability to manage stress and make adaptive decisions, thereby opening the way for patterns of drug use to continue into young adulthood.

4.2 Self-awareness and Motivation to Quit

Within Bandura's (1997) theoretical framework, this process relates to physiological and affective states, namely changes in emotional condition that influence an individual's appraisal of their own ability. Feelings of guilt, fear, and loss led participants to reassess their actions, thereby increasing their readiness to change. Emotional encouragement from family also functioned as a form of verbal persuasion that strengthened their belief that they were able to quit. This is in line with research by Andersson et al. (2024), which shows that individuals within a destructive environment or situation tend to engage in deep reflection about their future. Research by Lee and Singh (2022) supports this finding by showing that an increased risk of overdose and legal consequences can give rise to fear and anxiety that

can drive individuals to engage in self-evaluation. The participants also judged that their lives were not progressing while they remained within the circle of use, giving rise to an awareness of the need to rearrange their future more realistically.

Family support was also an important factor that helped this process of change. Emotional support from family can improve quality of life and ease psychological pressure (Abbas et al., 2024). This condition is evident among the participants, where negative experiences during use and family support interacted with one another until a strong motivation to quit emerged. This suggests that the awareness to quit does not arise from a single source, but is the result of a reassessment of one's own ability after facing situations that threaten personal and family well-being.

4.3 Self-control Strategies in Preventing Relapse

This strategy is consistent with Bandura's theory of *self-regulation*, namely the process of directing behavior through self-management, planning, and risk evaluation. The ability to redirect activities, avoid risky situations, and set social boundaries represents a form of self-regulation that strengthens self-efficacy. This is in line with the findings of Chen et al. (2024), which emphasize the importance of self-regulation in resisting the urge to use. In addition, family support provided verbal persuasion that helped maintain the belief that they were able to sustain their decision to quit. Changes in emotional condition after engaging in positive activities also influenced physiological and affective states, which had an impact on self-belief. Other research by Kusmawati et al. (2025) explains that family support provides significant emotional protection so that individuals are better able to sustain their decision to quit.

In addition, redirecting to positive activities has proven to be an effective strategy in reducing the tendency to use again, as noted by Koay and Abdullah (2024). These productive activities can also build a new, healthier identity and increase self-belief in undergoing recovery. In this context, emotional support from family further strengthens this process of adaptation, which Jiang (2025) explains as an important factor in coping with social and emotional pressure. This research shows that the ability to sustain recovery is the result of a combination of self-regulation and the reorganization of one's social environment.

4.4 Positive Change and the Strengthening of Self-efficacy

In Bandura's theory, this change reflects *mastery experience*, namely the success an individual experiences when they succeed in maintaining adaptive behavior. Success in not using again strengthens the belief that they are able to control their behavior. Changes in social relationships also provide verbal persuasion and improve emotional condition, thereby supporting increased self-efficacy. This is supported by the findings of Bell et al. (2023), which confirm that experiences of success can increase self-efficacy in individuals during the recovery process. In addition, improving social support, such as family relationships becoming harmonious again, also plays an important role. Community-based interventions focused on increasing social support can improve emotional balance and strengthen self-efficacy (Naal et al., 2025).

Another positive change is evident in the participants' increased ability to regulate their emotions. They felt calmer, were less easily upset, and were better able to make decisions clearly. On the other hand, their conviction to move toward a better life was also influenced by the positive activities they undertook after quitting. The findings of Huang et al. (2025) show that physical activity and prosocial behavior can support the development of psychological well-being, which in turn fosters the emergence of self-efficacy. This research shows that in young adults, the formation of self-efficacy stems from personal achievement as well as improved social relationships that make them feel more capable in social

interaction. This means that the recovery process involves the support and social relationships around them.

4.5 Future Orientation

The results of this research show that future orientation is an important part of sustaining the participants' recovery. In Bandura's theory, this process relates to *self-regulation*, because the individual weighs long-term choices and adjusts their daily actions to align with those goals. The commitment to live better is also influenced by social support functioning as verbal persuasion, namely a belief strengthened through encouragement from family and a positive environment. This result is in line with the study by Dankwah et al. (2024), which explains that spiritual support and involvement in a positive community can increase hope and confidence about the future. In addition, Ware et al. (2023) found that the use of internal strength can increase self-regulation and self-efficacy, which play a role in forming a new identity after a person exits the cycle of use. Unlike the previous four themes, which directly depict the factors that form self-efficacy according to Bandura, this theme of future orientation reveals a new finding that a clearer life purpose among young adults functions as a further mechanism that sustains recovery. This means that future orientation is not only a consequence of increased self-efficacy, but also works as a strategy to sustain change, strengthen long-term commitment, and prevent the return of addictive behavior.

Unlike previous research, these findings show that the recovery process among young adult males who quit without rehabilitation has a more complex dynamic than that described in the addiction literature or Bandura's *self-efficacy* theory. First, the formation of self-efficacy among participants was actually initiated by negative emotional triggers, such as guilt, loss of relationships, and legal consequences, thereby broadening the understanding that emotional conditions can serve as the starting point for change in the context of addiction. Second, this research shows that self-regulation is formed through a combination of internal strategies and external support, particularly family support functioning as verbal persuasion that strengthens coping efficacy, differing from previous studies that tended to treat these two factors separately. Third, future orientation does not only function as motivation, but also becomes a psychological strategy that sustains recovery and prevents relapse. Thus, this research offers a new contribution by showing that long-term life goals play an important role in sustaining change, while also broadening the understanding of *generality* within the concept of self-efficacy in the recovery process.

5 Conclusion

This research shows that *self-efficacy* in young adult male former drug addicts is formed through an internal process that begins with self-awareness of the consequences of use, a reassessment of one's own ability, and the drive to improve one's future. Self-efficacy can be influenced by experiences of success in avoiding use, consistent self-regulation, family support that provides emotional reinforcement, and the ability to set long-term life goals. The findings of this research broaden the understanding of self-efficacy in individuals with a history of addiction, specifically that future orientation acts as a psychological mechanism that helps sustain change and prevent relapse. Thus, this research confirms that the formation of self-efficacy in young adults who quit without rehabilitation encompasses the integration of emotional experience, self-control strategies, supportive social relationships, and the establishment of life direction, thereby making a theoretical contribution to the development of clinical psychology and developmental psychology studies in the context of addiction recovery.

Future research is recommended to involve participants with more diverse backgrounds so that the dynamics of self-efficacy formation across different groups of former addicts can

be understood more comprehensively. Further research could also explore the role of other factors such as community support, the use of digital services, or spiritual approaches in the recovery process. For policymakers and recovery-service practitioners, these findings show the importance of providing programs that not only focus on stopping use, but also strengthen self-regulation, reinforce family support, and help individuals design long-term life goals. Ongoing and easily accessible psychological support is expected to help sustain the recovery process of young adults and minimize the risk of relapse.

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