

# **Comparative Study of Social Support Perception on Drug Abuser in RSKO Jakarta by Type of Rehabilitation Program and Drug Type**

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## ***Abstract.***

Social support is important to drug abusers so they could finish their rehabilitation program, recover successfully and continue their life forward. The problem occurs when the drug users who join rehabilitation program does not perceived they have sufficient social support provided by the environment. Related to that phenomenon, the purpose of this study was to determine whether their significant difference in perceptions of social support inpatient rehabilitation program (Regular Program) and outpatient (Methadone Maintenance Therapy Program) at RSKO Jakarta. This study aims to determine differences in perceptions of social support as seen from the rehabilitation programs carried out and the types of drugs used before conducting a rehabilitation program. This study uses a non-experimental comparative quantitative approach, which discusses the comparison between variables. The subjects of this study were drug abusers in inpatient rehabilitation program (Regular Program) and outpatient at RSKO Jakarta. This study used a non-experimental comparative quantitative approach, to compare perceive of social support from two different rehabilitation program participants. The data was collected using closed ended questionnaire from drug abusers participants from both inpatients and outpatients groups. The result shows there are significant differences in perception of social support from both of inpatient and outpatient in the rehabilitation program ( $p < 0,05$ ;  $F= 4,783$ ). The Inpatient Program has more positive perception of social support than outpatient program. Furthermore, this study indicate there are significant differences in the aspects of Appraisal support, and Informational support based on the type of rehabilitation program. Although the study shows there are no significant difference of perception based on the type of drugs they consumed previously. The results indicate both of groups have significant differences on aspect of Appraisal support ( $p < 0,05$ ;  $F= 5,556$ ) and ( $p < 0,05$ ;  $F= 3,340$ ).

***Keywords:*** Drug Abusers, Perception of Social Support

## **Introduction**

In the health perspective, it is revealed that addicts or drug users are patients who must be recovered from their illness by means of rehabilitation with government dependents (BNN, 2014). Rehabilitation is the process of recovering from drug abuse both in the short and long term where there is a goal to change their behavior so that they are ready to return to the community (Ministry of Health, 2010). Rumah Sakit Ketergantungan Obat “Drug Dependency Hospital” (RSKO) Jakarta has a recovery program that is divided into two namely inpatient and outpatient. Hospitalization is (1) regular program consisting of primary and re-entry program, then there is (2) special program / co-occur disorder. Outpatient includes (1) Methadone Maintenance Therapy Program (PTRM) / Substitution Therapy, and (2) Post-rehab. This study specializes in regular programs consisting of primary and reentry with outpatient maintenance methadone maintenance program (PTRM). According to the Minister of Health of Republic of Indonesia No. 57 of 2013 on guidelines for the implementation of PTRM, Reducing the harmful effects of opiate use by injection, harm reduction interventions are required.

Methadone Maintenance Therapy Program (PTRM) is one of the activities using the harm reduction approach is a maintenance therapy program by giving Methadone in liquid form. According to the regular program which consists of Primary and Re-entry is an inpatient program that carries a Therapeutic Community approach which has an important element is the community. The community is regarded as a method, where in TC, the concept is applied to facilitate the social and psychological changes of an individual. TC is a high-structured reality engineering where all activities in the program are designed to produce therapeutic and educational changes, and all participants are considered as mediators of these changes (www.rskojakarta.com, 2018 accessed on July 5, 2018). The rehabilitation process of the regular and PTRM programs is not easy, the difficult times they go through and not often make someone depressed. Thombs (Amita, 2001) states that an addict or drug user not infrequently feels an inability to overcome stress and pressure on symptoms of brain dysfunction such as decreased memory, concentration, and suggestions, so that they find it difficult to maximize the treatment and feel not sure of recovery. Andita (2012) who explained about “social support for patients

with PTRM programs” states that consistent social support for PTRM drug abusers is very important so that the abusers do not drop the drug or drop out of the program. Social support cannot reduce stress and affect the health of the patient, if the patient does not perceive the positive social support provided. Patients who perceive support as positive will feel or perceive support as comforting, caring, and helpful, but if the perception is negative, the individual will feel incapable of handling his own problems until it needs to be given the help of others, and this impact on the decreasing self-esteem in the patient (Sarafino, 2011).

Pre-eliminary studies conducted on drug abusers in a regular program that said that his family had considered himself a human being who could not change again, and he felt no longer believed if he could change and made himself desperate, even though he actually knew that he was supported from the hospital itself. The next statement expressed by the regular resident program initials J (21) revealed that he felt he was supported, but did not fully know the extent of the form of social support he received. The facts make the perception of social support a variable that will be examined in this study. Individual perception of social support is social support itself, which in general

or support behavior specifically, available, given or enforced from people on individual social networks, which can improve their function and or can prevent them from adverse things (Malecki & Demaray, 2002).

In making a perception of social support, there are dimensions to social support according to Malecki and Demaray (2002), namely (1) Emotional support or emotional support, which is a support of appreciation, affection, attention, trust and willingness to listen. this involves a sense of empathy, caring, and attention that can make the individual who receives it feel comfortable, (2) Informational support or informative support. This support is in the form of advice, advice, guidance, and also information, (3) Instrumental support or instrumental support. This support is in the form of tangible assistance given directly to individuals such as actions / energy, money / material, and time, (4) Appraisal support or appreciation support. This support is in the form of approval, response, comparing positively involving expressions of agreeing statements and positive opinions on the ideas, feelings, and performance of others.

Perception research on social support uses four sources: parents and family, counselors / psychologists, fellow

rehabilitation programs either in regular programs or methadone maintenance programs (PTRM), as well as close friends outside of their rehabilitation process.

### **Research Question**

1. “Are there differences in perceptions of social support for drug abusers based on the type of rehabilitation program
2. “Are there a difference in perception of social support for drug abusers based on the type of drugs”

### **Research Objective**

1. To examine differences in perceptions of social support for drug abusers based on the type of rehabilitation program
2. To examine differences in perceptions of social support for drug abusers based on drug types

### **Literature Review Perception of Social Support**

Previous research has suggested that social support plays a major role in the use of drugs or alcohol, where the existence of a social bond in individuals to a group can increase self-esteem and their involvement in drug or alcohol use, but also strong social ties will tend to make individuals engaging in maladaptive and risky

behavior (Peterson & Westburg, 2010). According to Chi, Kaskutas, Sterling, Campbell, Weisner (2009) that social support positively affects the use of drugs and alcohol. Not only the community, according to Wagner, Olson, Chou, Pokhrel, Duan, Garbanati, Soto, & Unger (2010) said that the role of family functions as a form of social control that can reduce the likelihood of individual involvement in deviant behavior, and can provide alternative prosocial activities and develop a positive individual, and found that proper parental monitoring can help prevent the use of substances in individuals. Perception of good social support or in other words that the social support that can be felt by these individuals from family members is more predictive in the completion of treatment in drug abusers than only material support provided by family, partners, or the Government. It was also reported that drug abusers, especially women who experienced a good level of social support, made it possible for them to complete their recovery process (Tracy, Munson, Peterson, & Floersch, 2010). Social support networks also help one to deal with symptoms of depression and increase awareness in religion, mental problems and drug use, and reduce the stigma they think about themselves (Ilangasekare,

Burke, Chander, & Gielen, 2014). The results of subsequent studies revealed that high social support for drug addicts who undergo rehabilitation can enhance the level of quality of life in drug addicts (Noviarini, Dewi, & Prabowo, 2013).

### **Method Participants**

The subjects of this study were 42 participants in the Regular rehabilitation program and 28 Drug Users in the Methadone Maintenance Therapy Program (PTRM), which totaled 70 participants. Several questionnaires were returned, there were several questionnaires that were not complete and unusable, so the remaining questionnaires that could be used were 36 Participants from the Regular Program and 26 Participants from PTRM, totaling 62 participants.

### **Measure**

The measuring tool used is a selfdeveloped measuring tool for this study that measures the perceptions of social support by using the dimensions that Malecki and Demaray (2002) carry. There are 40 items with two scales: the first scale of how important social support is with a 3 point Likert scale (1 = Unimportant; 2 = Important; 3 = Very Important); and a second scale of how often social support is received

with a 4 point scale likert (1 = Never; 2 = Rarely; 3 = Often; 4 = Always)

### **Results**

The study was conducted at RSKO Jakarta from May 28, 2018 to June 29, 2018, obtaining data of 62 samples from a total of 70 samples of drug abusers. The number of samples with male gender is higher than the number of women with 40 at the age of 21-40 years, the type of regular rehabilitation program has the highest number compared to PTRM, namely 38 people. The type of drug that has the highest number of users is Heroin with 26 people. Type of drug that has the highest number of users is Heroin with 26 people. In answering the formulation of the proposed problem, the hypothesis test used is One Way Anova. From the hypothesis testing, the following results are obtained.

### Hypothesis Test Results

No	Variable	N	<u>Perception of social support (DV)</u>		Explanation
			Sig		
F					
1	Rehabilitation Program (IV1)	62	4.783	0.033	There is differences
2	Drugs Type (IV2)	62	2.352	0.104	There is no differences

From the table above shows that the hypothesis test conducted there is a difference of perception of social support based on rehabilitation program (regular and methadone maintenance program) On Drug Abuse in RSKO Jakarta with result of significance 0,033. The second hypothesis test shows that

there is no difference in perceptions of social support based on the types of drugs (marijuana, methamphetamine, heroin) on drug abusers at RSKO Jakarta with a significance result of 0.104.

In addition, the researcher also conducted additional analysis to find out which dimensions were the highest in either the Regular rehabilitation program or the Methadone Maintenance Therapy Program (PTRM), and showed the following results; In the perception of social support variables in the Emotional Support dimension based on the program, it is known that there is no difference with significance of  $0.196 > 0.05$ . In the variable perception of social support in the Appraisal Support dimension based on the program, it is known that there is a difference with a

significance of  $0.022 < 0.05$ . In the perception of social support variables in the Informational Support dimension based on the program, it is known that there is a difference with a significance of  $0.012 < 0.05$ . In the perception of social support variables on the Instrumental Support dimension based on the program, it is known that there is no difference with a significance of  $0.066 > 0.05$ .

Besides that, the next additional test on dimension 1 is Emotional support which will be compared based on the type of drug, the data shows the following results; In the perception of social support variables in the Emotional Support dimension based on the type of program, it is known that there is no difference with the significance of  $0.436 > 0.05$ .

In the variable perception of social support in the Appraisal Support dimension based on the type of drug, it is known that there is no difference with a significance of  $0.073 > 0.05$ .

In the perception of social support variables in the Informational Support dimension based on the type of drug, it is known that there is a difference with a significance of  $0.042 < 0.05$ .

In the perception of social support variables on the Instrumental Support dimension based on the type of drug, it is known that there is no difference with a significance of  $0.183 > 0.05$ .

### **Discussion**

From the results of the study obtained the profile of respondents in which 62 respondents were dominated by male gender as many as 53 respondents, and as many as 8 respondents were female. From the National Narcotics and National Police data (2013) it was noted that both Indonesian citizens and foreigners the number and proportion of male drug suspects were predominantly always above 80% (Buletin Napza, 2014).

Based on the results of hypothesis testing using one way Anova shows that there are differences in perceptions of social support for drug abusers based on the type of rehabilitation program, where the regular program or higher

hospitalization perceptions of social support. The high perception of social support in regular programs is evidenced by observation data that researchers found that the presence of friends of a rehabilitation program that continues together every day makes them feel not alone in the struggle, so they interpret it to be a form of social support that they really need. This is in line with previous studies which said that the existence of a social bond to individuals with a group can increase self-esteem and reduce their involvement in drug or alcohol use (Peterson, Westburg, 2010). In addition, further observation data where regular rehabilitation programs are accompanied by their counselors that they can meet every day, is different from PTRM who must make an appointment first with a psychologist if they want to conduct counseling activities.

The next hypothesis test shows that there is no difference in perception of social support for drug abusers based on the type of drug. In other words, based on data collected by researchers, the perception of social support is not related to the type of drugs that were previously consumed by drug abusers. This is possible because according to observation data, any type of drug consumed by drug abusers does not change the treatment of the RSKO, nor does the

difference between the treatment of friends of a rehabilitation program for each drug abuser.

In addition, researchers also conducted a comparative test of each dimension based on the type of rehabilitation program that was carried out. From the data obtained that in the Emotional support dimension or emotional support in the form of rewards, affection, attention, trust, and willingness to listen, there is no difference in each perception on the Emotional support dimension, but it is known that the most regular rehabilitation program high in the Emotional support dimension. This can be attributed to the social support network in the regular rehabilitation program, which is more pronounced due to the many friends of a rehabilitation program that is mutually reinforcing, and counselors, major on duty, and social workers who can be met every day. Similarly, studies say that social support networks can help overcome stress symptoms and increase awareness in religion, mental problems and drug use, and reduce the stigma they think about themselves (Ilangasekare, Burke, Chander, & Gielen, 2014).

The next comparative test is through the Appraisal support dimension based on the type of rehabilitation program, which is known to produce differences in the two types of

rehabilitation programs, and it is known that the perception of social support through Appraisal support or reward support in the form of approval, response, positive expression, and positive opinion looks high in regular rehabilitation programs. This difference occurs because according to field data, it appears that regular rehabilitation programs get the positive response they want not only through family, but one programmates, counselors, and also Major of Duty who are together every day. Whereas not in PTRM who do not meet with friends every day in the same rehabilitation program, and do not meet psychologists every day. Perception of social support through the Informational support dimension, also obtained data where there are differences in perceptions of social support through the dimensions of Informational Support or informative support in the form of advice, advice, guidance, and also information that is known to be higher in regular rehabilitation programs. This is because according to the field data that drug abusers from regular rehabilitation programs are easier to get advice, or the information they need through a daily counselor or Major on Duty on duty that day, besides the presence of a programmate can also be a source of information for Drug abusers in regular

rehabilitation programs. It is different with PTRM who must arrange the schedule first if they want information or counseling from a Psychologist. It was also seen according to observational data of researchers that drug abusers at PTRM did not all communicate intensively before or after taking Methadone, so that conversations between friends of one program were sometimes not established. Furthermore, seen from the dimensions of Instrumental support or instrumental support in the form of assistance in the form of actions / energy, money / material, and time, it is known that there are no differences between the two rehabilitation programs, but regular rehabilitation programs are higher than methadone maintenance therapy programs. This is because according to observational data conducted by researchers that because they stay overnight and away from parents and family, so families often visit them by bringing the needs they need. This is not seen in outpatient PTRM, because many of them are still living with parents during the programs they are living in, or even living alone in Jakarta, so it is concluded that material needs are not particularly felt by Abusers in methadone maintenance therapy programs (PTRM).

When viewed from the type of drug they use before the rehabilitation program is implemented, the Emotional support dimension is seen as no difference in the perceived perception of social support for drug abusers using the types of marijuana, methamphetamine, and heroin. However, it is different with the Appraisal support dimension which shows the difference in perceptions among users of the three types of drugs. It can be seen that in Emotional support the use of shabu-shabu is higher whereas in Marijuana user support Appraisal the perception is higher, because according to observational data conducted by researchers, many users of marijuana are still teenagers to early adulthood where a positive response or someone's friendly attitude towards themselves already felt enough for them, while the users of shabu-shabu, who are mostly early adults and above, have been expecting more support that is not just friendliness and positive response, but has been willing to be around to listen to them, and around them.

In the Informational support dimension it can be seen that there are differences in perceptions between users of marijuana, methamphetamine, or heroin. It is known that shabu-shabu users are higher than two other types of drugs. In the

Instrumental support dimension it appears that there is no difference in perceptions between users of marijuana, methamphetamine, or heroin. It is known that marijuana users are higher than two other types of drugs. As was known before, if shabu-shabu users are mostly early adults and above, so that the observation data is obtained that shabushabu users need more information, advice, for their future, so that the support is most felt, as well as cannabis users who early adolescence to adulthood, it is known that their needs for goods to undergo rehabilitation are more than those of early adulthood and above.

### **Conclusion**

Based on the results and discussion of the analysis of research data on differences in perceptions of social support for drug abusers at RSKO Jakarta based on the types of rehabilitation programs and types of drugs, it was concluded that there were differences in perceptions of social support based on rehabilitation programs run by drug abusers. However, there was no difference in perceptions of social support based on the types of drugs previously consumed by drug abusers at RSKO Jakarta.

In addition, conclusions from additional analysis obtained from the research conducted. There is no difference in perceptions of social support based on education, work, spouse, and parents and family. There are differences in perceptions of social support in aspects of Appraisal Support and Informational support based on rehabilitation programs, but there is no difference in perceptions of social support on Emotional support and Instrumental Support aspects based on the program rehabilitation. There are differences in perceptions of social support in the Informational support aspect based on the types of drugs consumed before, but there is no difference in perceptions of social support on Emotional support aspects, Appraisal support, and Instrumental support based on the types of drugs consumed previously.

### **Limitation**

As for some limitations of research experienced by researchers in examining differences in perceptions of social support for drug abusers at the Jakarta Drug Addiction Hospital (RSKO), the following are the limitations of research, such as The measuring instrument used is the result of the researchers' own making, the percentage of validity per item

is not guaranteed. The research method used is a quantitative approach so that the primary data source is only limited to the questionnaire so that the data obtained is less profound. There is a time limitation, which causes researchers to not be able to check the questionnaire that is returned carefully so that many are eliminated because the questionnaire is not complete.

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