

02. Perceived Social Support and Opioid Relapse Among Patients Receiving Methadone Maintenance Therapy (MMT) at a Public Hospital in Malaysia - a cross-sectional study

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Background: Opioid use disorder (OUD) is a chronic, relapsing condition that poses a growing public health challenge globally and in Malaysia, with significant medical, social, and economic consequences. Despite the effectiveness of opioid agonist maintenance treatment, particularly Methadone maintenance therapy (MMT), relapse remains common and limits long-term recovery outcomes. While demographic and clinical predictors of relapse are well established, the role of perceived social support as a modifiable psychosocial factor remains underexplored, particularly in the Malaysian setting. **Aim:** This cross-sectional study aimed to examine the association between perceived social support and opioid relapses among patients receiving MMT. **Methods:** This cross-sectional study was conducted over six months in 2025, involving 56 (aged 32-71 years old) opioid-dependent individuals undergoing MMT. Participants were recruited through universal sampling and completed interview-administered questionnaires that captured sociodemographic data and perceived social support, as measured by the 24-item Social Provisions Scale (SPS). Relapse of opioid use was defined as positive urine tests during treatment. Social support and relapse rates were dichotomized using median cut-off values. Statistical analyses, including chi-square test, independent t-test, and the Mann-Whitney U test, were performed using SPSS version 29. **Results:** Most participants were male (94.6%), aged 40-59 years, predominantly Malay (72.0%), and from the lower-income group. Sixty-one per cent (n = 32) perceived good social support, and no statistically significant association was found between social support and relapse rate (p=0.427). Scatter plot analysis similarly demonstrated no clear linear relationship between social support scores and frequency of relapse. Among the sociodemographic variables, only age (p = 0.004) and education level (p = 0.038) were significantly associated with relapse. Participants aged 50 - 59 years and those with lower educational attainment exhibited higher relapse rates. Other variables, including gender, ethnicity, employment status, income, duration of opioid use, and duration of MMT, were not significantly associated with relapse. **Conclusion:** These findings suggest that while good social support is widely recognized as beneficial in substance use recovery, it may not independently predict relapse frequency within this cohort. Instead, factors involved in relapses appear to be a multifactorial outcome influenced by a complex interplay of demographic, behavioral, and clinical factors. The lack of association may also reflect

sample homogeneity, long treatment duration among participants, and the relatively small sample size, which may limit statistical power. Additionally, the exclusion of individuals who defaulted from treatment may have underestimated the true impact of social support. Despite the absence of a direct association, integrating psychosocial interventions, including family involvement and peer support, alongside pharmacological treatment to address socioeconomic vulnerabilities may improve overall outcomes. In conclusion, relapse among individuals with OUD undergoing MMT is not solely determined by perceived social support. Future research with larger, multicenter studies is warranted to better understand the role of social support and to inform comprehensive, culturally appropriate treatment strategies in Malaysia.

Key Words: Opioid Use Disorder, Opioid Maintenance Therapy, Perceived Social Support, Recurrence

Variable	Poor support (n=24)	Good support (n=32)	p-value
Number of relapses	Mean rank = 26.54	Mean rank = 29.97	0.427

Table 1: Comparison of the number of relapses between participants with poor and good social support.

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