Original Article

The Relationship between Self-efficacy, Resilience and Social Support with Relapse Tendency in Substance Use Disorder in Indonesia

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Abstract

Background: Substance use disorder (SUD) remains a major public health concern, with high relapse rates following detoxification treatment. Psychosocial factors such as self-efficacy, resilience, and social support may influence relapse outcomes, yet their roles remain underexplored in Indonesia.
Objective: This study aimed to examine the relationship between self-efficacy, resilience, social support, and relapse tendency among Indonesians with SUD.
Methods: A cross-sectional study was conducted at a rehabilitation center in Jakarta, Indonesia. Participants (n = 200; mean age = 37.56 ± 5.89 years) were adults (≥18 years) diagnosed with SUD by a psychiatrist. Standardized questionnaires assessed social support, self-efficacy, resilience, and relapse tendency. Correlation and mediation analyses were performed using bootstrapping with 5,000 samples (95% CI).
Results: Social support was negatively correlated with relapse tendency ($r = -0.42$, $p < 0.01$), while self-efficacy and resilience were significant mediators in this relationship. The direct effect of social support accounted for 58% of the total effect, and the indirect effect through self-efficacy and resilience accounted for 37.34%.
Conclusions: Higher social support reduces relapse risk, partly by enhancing self-efficacy and resilience. Strengthening these factors could be a key strategy in relapse prevention programs for Indonesians with SUD.

Keywords: Indonesia, relapse prevention, resilience, self-efficacy, substance use disorder, social support

INTRODUCTION

Substance misuse remains a major public health concern due to the high risk of relapse following detoxification. Globally, more than 35 million individuals struggle with drug addiction (1). In Indonesia alone, there were an estimated 3.66 million drug users in 2021, with a relapse rate reaching 65.17% (2). Even after receiving high-quality medical treatment and rehabilitation support, many individuals continue to experience relapse (3). International data indicate that relapse rates after one year of treatment typically range between 40% and

60%, a pattern similarly observed in Indonesia (1). This highlights the complex and persistent nature of addiction beyond physical dependency.

Relapse is strongly associated with an individual's inclination to engage in substance use behaviors (4,5). Factors beyond biological cravings, such as psychological vulnerability, often contribute to the high rates of recurrence. Although pharmacological interventions can assist in treatment, they carry risks of adverse reactions and complex drug interactions, making psychotherapy an important alternative (7). Psychotherapeutic interventions offer the advantage of minimizing side effects while addressing underlying mental processes linked to relapse. Thus, understanding the psychological mechanisms that predispose individuals to relapse remains a crucial area for further research.

One critical factor implicated in relapse prevention is social support. The concept encompasses aspects such as social generosity, connectedness, and equality (8). Support groups frequently provide emotional and informational assistance during recovery (10–12). Emotional support expressed through empathy, concern, and encouragement has been shown to regulate emotional responses and buffer against stress, uncertainty, and stigma (13–15). Evidence suggests that receiving emotional support is associated with safer behaviors, such as reduced needle sharing and decreased cocaine use (8,16). Among women with alcoholism, participation in face-to-face support groups fostered feelings of encouragement, validation, and being heard (15).

Social support plays a critical role not only in recovery but also in preventing the development of addiction itself (17,18). According to Daniel et al., the risk of substance misuse is heavily influenced by one's immediate social environment. The buffer model of social support proposes that supportive social networks mitigate the impact of stressful experiences (19). Strong social support systems enhance individuals' ability to manage distress and reduce their vulnerability to relapse (20). However, despite the known benefits of social support, limited research has explored its role in relapse prevention among Indonesian drug users. In addition to social support, self-efficacy is an individual's belief in their ability to achieve desired outcomes has been identified as a crucial determinant of health behavior change (21–24). Self-efficacy is domain-specific and encompasses a range of competencies (21). In the context of addiction, abstinence self-efficacy, or the confidence to resist substance use, has been positively linked to better recovery outcomes, including lower rates of alcohol and illicit drug use (25–29) and successful smoking cessation (27).

Self-efficacy also moderates the influence of social support. Individuals with low self-efficacy often require greater emotional reinforcement and practical information to sustain recovery efforts (30). Therapeutic relationships characterized by strong support have been shown to enhance patients' self-efficacy (32). Moreover, individuals with lower self-efficacy may be more sensitive to external influences (33), while those with higher self-efficacy are more receptive to utilizing social support effectively (34). Conversely, those with poor self-efficacy might perceive the act of seeking help as an admission of inadequacy (35). Thus, the moderating role of self-efficacy in the social support–relapse relationship warrants deeper investigation.

Resilience, a relatively new focus in addiction recovery research, further enriches this dynamic. Resilience refers to the ability to identify and mobilize internal and external resources, such as caregivers, peer groups, or community supports, to buffer against adversity (36,37). It can be cultivated through targeted interventions (38) and comprises both innate (personal) and acquired (environmental) components (39,40). Resilient individuals demonstrate stronger emotional regulation and faster recovery from negative experiences, contributing to improved physical and mental health. Studies have found that higher resilience scores are associated with lower rates of smoking and substance use (42). Skills such as emotional regulation, distress tolerance, and help-seeking behaviors are crucial in preventing substance misuse (43). Notably, the support received from others can strengthen individuals' resilience and foster confidence during recovery (44). Guided by the social support buffer hypothesis, this study explores the psychological mechanisms underlying relapse potential among drug users. We propose a chain mediation model, hypothesizing that: (1) social support is significantly associated with relapse tendency; (2) self-efficacy mediates the relationship

between social support and relapse tendency; (3) resilience mediates the relationship between social support and relapse tendency; and (4) social support influences relapse tendency through the sequential mediation of self-efficacy and resilience.

METHODS

Study Design

This study employed a cross-sectional design using an online questionnaire survey conducted at a drug rehabilitation center in Jakarta, Indonesia. A cross-sectional approach was chosen to efficiently assess the relationships among relapse tendency, self-efficacy, social support, and resilience in a defined population at a single point in time.

Participants

Eligible participants were individuals aged 18 years or older who had been diagnosed with a drug use disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria within the past year. Exclusion criteria included individuals currently undergoing psychotherapy, those recovering from brain injuries, and those with severe physical illnesses. Participants were recruited using convenience sampling among those enrolled in the rehabilitation center's program. All participants provided voluntary informed consent, and it was emphasized that refusal to participate would not affect their treatment. No compensation was provided for participation.

The required sample size was determined using G*Power version 3.1. A priori power analysis for a multiple linear regression analysis (fixed model, R^2 increase) was conducted. Assuming a medium effect size ($f^2 = 0.15$), an alpha level of 0.05, a statistical power of 0.80, and six predictors (age, gender, education level, primary drug type, duration of drug use, and living situation), the minimum required sample size was 97 participants. To account for potential nonresponse or incomplete data, the target sample size was increased. Ultimately, a total of 200 participants were included in the study, providing sufficient power to detect medium-sized effects and enhancing the robustness of the findings.

Measures

Demographic Information

Participants reported their age, gender, educational level, primary type of drug used, and duration of drug use.

Psychological Relapse Tendency

Psychological relapse tendency was measured using the Psychological Relapse Tendency Questionnaire developed by Geng Wenxiu. This scale consists of 18 items assessing aspects such as confidence in maintaining detoxification, environmental influence, physical and psychological harm, and perceived support. Responses were rated on a 6-point Likert scale ranging from 0 ("almost impossible") to 5 ("very easy"). Higher scores indicated a greater risk of relapse. In this study, the scale demonstrated acceptable internal consistency with a Cronbach's alpha of 0.732.

Social Support

The Medical Outcomes Study Social Support Survey (MOS-SSS) was used to measure perceived social support. This 19-item scale includes four subscales: emotional/informational support (8 items), tangible support (4 items), affectionate support (3 items), and positive social interaction (3 items). Higher scores reflect greater perceived support. In the present study, the internal consistency was modest (Cronbach's alpha = 0.624), a limitation that is acknowledged.

Resilience

Resilience was assessed using the Japanese Bidimensional Resilience Scale, which includes two subscales: intrinsic resilience (12 items) and acquired resilience (9 items). Intrinsic resilience assesses personal characteristics such as optimism, self-control, sociability, and vitality, while acquired resilience evaluates problem-solving ability, self-awareness, and interpersonal understanding. Items were rated on a five-point Likert scale, with higher scores indicating greater resilience. The Cronbach's alpha coefficient for this scale in this study was 0.831, indicating excellent reliability.

Self-Efficacy

Self-efficacy for abstinence was assessed with a single-item measure asking, "How confident are you that you will remain completely abstinent for one year?" Participants responded on a 10-point scale, with 1 indicating "not at all confident" and 10 indicating "extremely confident."

Procedure

The study protocol was reviewed and approved by the Institutional Review Board of the affiliated university. Participants were provided with a full explanation of the study and were required to give informed consent prior to participation. Data collection was conducted anonymously through a group-administered online survey organized by the rehabilitation program's brigade staff and supervised by a trained nurse. Participants were assured of the confidentiality of their responses to minimize social desirability bias. Survey completion took approximately 15 to 20 minutes.

Statistical Analysis

The normality of continuous variables was assessed using the Kolmogorov-Smirnov test. Descriptive statistics were used to summarize demographic characteristics, relapse tendency, self-efficacy, social support, and resilience scores. Group differences in relapse tendency by demographic variables were evaluated using independent sample t-tests and one-way analysis of variance (ANOVA) as appropriate. Pearson's correlation analysis was employed to examine associations among relapse tendency, social support, self-efficacy, and resilience. Mediation analyses were conducted using the PROCESS macro for SPSS (Model 4) with bootstrapping set at 5000 resamples to estimate indirect effects and generate 95% bias-corrected confidence intervals (CIs). Covariates included age, gender, education level, primary drug type, duration of drug use, and living situation. Self-efficacy and resilience were tested as mediators, and relapse tendency served as the dependent variable. An indirect effect was considered statistically significant if the 95% CI did not include zero. All analyses were performed using SPSS version 25.0.

Ethical Considerations

The study protocol was approved by the Institutional Review Board (IRB) of STIKes Abdi Nusantara. All participants provided informed consent prior to participation. Confidentiality and anonymity were maintained throughout the study. Participation was voluntary, and participants were informed that they could withdraw at any time without consequence. No incentives were offered. Data were stored securely and used solely for research purposes.

RESULTS

Table 1. Sociodemographic characteristics (N = 200)

Characteristics	*n*	%
Age (years), Mean (SD)	37.56 (5.89)	
Gender		
Male	120	60
Female	80	40
Education		
Primary school	65	32.5
Secondary school	100	50
Tertiary school	35	17.5
Type of drug use		
Heroin	56	28
Methamphetamine	90	45
Other drugs	54	27
Duration of being Drug abuser, Mean (SD)	7.21 (3.45)	

Of the 200 people who took part, 120 were men and 80 were female; their average age was 37.56 (standard deviation=5.89). Table 1 shows that 59% of the people polled had finished secondary school. It seems that the probability of relapse is unaffected by factors such as age, level of education, substance used, and duration of drug use.

Table 2. Correlation between all variables (N = 270)

	Mean± SD	**1**	**2**	**3**	**4**
Social support	71.2 ± 23.45	1			
Self-efficacy	7.03 ± 3.49	0.582***	1		
Resilience	55.5 ± 17.66	0.701***	0.662***	1	
Relapse tendency	39.7 ± 15.28	−0.689***	−0.713***	−0.760***	1

****p < 0.001*.

Data from the descriptive analysis showed that substance abusers had high levels of social support (71.2 23.45), self-efficacy (7.03 3.49), resilience (55.5 17.66), and relapse propensity (39.7 15.28), as shown in Table 2. The study indicated that social support had a negative association with relapse propensity (p 0.001) but a positive association with self-efficacy and resilience. Relapse propensity was negatively connected with self-efficacy (r = 0.713, p 0.001) and resilience was favourably correlated with self-efficacy (r = 0.662, p 0.001). Relapse propensity was also associated with resilience (r=0.760, p 0.001).

Table 3. The mediation effect for relapse tendency.

		Regression coefficients			**Collinearity test**
Outcome	Predictors	R^2	β	*t*	Variance i
Relapse tendency	Social support	0.726	−6.970	−26.90***	1.113
Self-efficacy	Social support	0.780	4.768	23.25***	1.098
Resilience	Social support	0.861	6.908	8.04***	1.076
Relapse tendency	Self-efficacy	0.825	2.365	10.56***	2.235
	Family function		−6.09	−117.21***	1.890
	Self-efficacy		−0.531	−5.09**	1.567
	Resilience		−0.234	−6.32***	2.342

**p < 0.01,

***p < 0.001.

The probability to relapse was significantly inversely related to social support (β = −6.970, p < 0.001), as shown in Table 3. Relapse propensity was then examined under the lens of self-efficacy and resilience, two intermediaries between social support and relapse. The relapse tendency was significantly affected negatively by social support (β = −6.092, p < 0.001), by self-efficacy (β = −0.531, p < 0.01), and by resilience (β = −0.234, p < 0.001). Thus, in this stage, social support had a direct and negative role in relapse tendency. Not only that, self-efficacy and resilience were both positively impacted by social support (β = 4.768, p < 0.001) and self-esteem (β = 6.908, p < 0.001), respectively. In addition to the direct relationship between family function and relapse tendency seen above, family function can influence relapse tendency via mediation of self-efficacy and resilience, as well as through a chain mediation including the two.

Table 4. Indirect effect of social support on relapse tendency via self-efficacy and resilience

Path	Coefficient	Relative effect (%)	95% confidence interval	
			Minimum	Maximum
Total effect	−6.339		−7.435	−5.634
Direct effect	−5.771	58.90	−6.601	−3.201
Total indirect effect	−3.572	37.34	−3.878	−1.645
Social support → self-efficacy → relapse tendency	−0.882	13.50	−1.607	−0.256
Social support → resilience → relapse tendency	−2.320	12.69	−2.481	−0.654
Social support → self-efficacy → resilience → relapse tendency	−0.902	11.72	−1.350	−0.781

According to the findings, social support affected relapse likelihood in three ways: directly, through self-efficacy and resilience, and indirectly, through a chain reaction of these two factors. Both the direct and indirect effects amount to 58.00% and 37.34 percent, respectively. The intermediary effects of self-efficacy and resilience are 13.50% and 12.69%, respectively, whereas the chain effect of both variables is 11.72%.

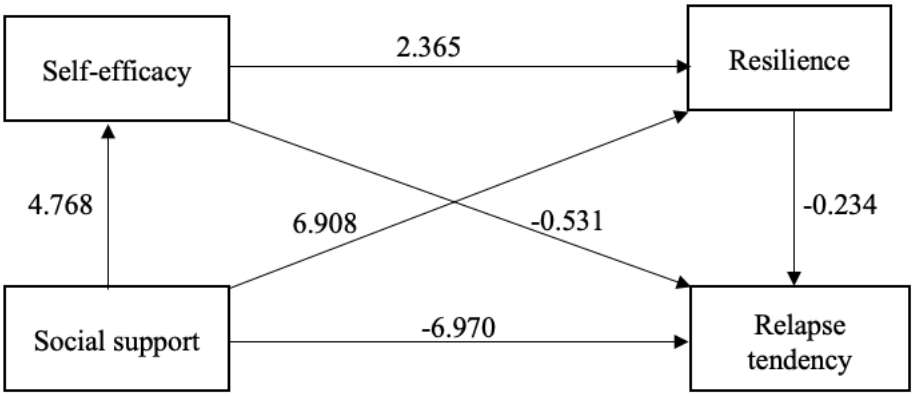

Figure 1. Path analysis social support on relapse tendency via self-efficacy and resilience

These findings constitute the basis for the path analysis of the four variables' connection. You can see how well the model fits the whole dataset in Figure 1.

DISCUSSION

Our findings contribute to the growing body of evidence that self-efficacy and resilience act as important mediators between social support and relapse risk among individuals with substance use disorders. This study demonstrated that social support influences relapse both directly and indirectly through three distinct pathways: (1) self-efficacy independently, (2) resilience independently, and (3) a sequential chain mediation via self-efficacy and resilience. Consistent with previous research (45), we found that individuals with greater perceived social support were less likely to relapse. Conversely, limited social support appears to hinder the development of healthy coping mechanisms and interpersonal communication skills, potentially exacerbating maladaptive behaviors such as aggression or substance use (46). Furthermore, when exposed to stressors, individuals with insufficient social support often lack both the psychological resources and practical strategies needed to resist cravings and navigate difficulties effectively (47,48). In these circumstances, substance use may offer temporary relief from

negative emotions such as despair, helplessness, and anxiety (49).

Importantly, our study extends the current literature by elucidating the role of self-efficacy not only as a mediator but also as a potential moderator of social support effectiveness. While prior studies have explored the individual effects of self-efficacy and social support, limited research has examined how self-efficacy might alter the impact of social support on relapse outcomes. Our findings suggest that the effectiveness of social support—particularly informational support depends significantly on the recipient's level of self-efficacy. Specifically, individuals with higher self-efficacy showed a decreased likelihood of relapse when receiving informational support, whereas those with lower self-efficacy paradoxically exhibited an increased relapse risk when provided with similar assistance.

This nuanced finding suggests that individuals with low self-efficacy may delay addressing their own problems by focusing on assisting others, a phenomenon previously noted in early recovery literature (50,51). In 12-step programs, although helping others is promoted as a recovery strategy, it may sometimes serve as an avoidance mechanism among individuals lacking confidence in their own recovery capabilities (52,53). Thus, interventions must carefully tailor social support to align with the individual's level of self-efficacy, avoiding strategies that might inadvertently reinforce maladaptive coping (54,55).

Another key insight from our study is the identification of a sequential mediation pathway: social support → self-efficacy → resilience → relapse risk. Individuals lacking strong social support networks are less likely to develop self-efficacy and, consequently, may exhibit diminished resilience when encountering adversity. This deficiency in resilience impairs their ability to adaptively respond to stress, increasing vulnerability to substance use as a short-term coping mechanism (56-58). Therefore, enhancing both self-efficacy and resilience may be crucial in mitigating relapse among individuals with substance use disorders. Despite the alignment of our findings with existing models of relapse prevention, the mechanisms identified in our study particularly the dynamic interaction between self-efficacy, resilience, and social support offer a more integrative understanding of relapse vulnerability (59-60).

LIMITATIONS

Several limitations should be acknowledged. First, the psychological variables assessed in this study relied on self-reported data, which are susceptible to recall bias and social desirability effects. Second, due to the cross-sectional design, causality cannot be inferred. Longitudinal or experimental designs are needed to confirm the directional relationships proposed. Third, the modest sample size and the specific recruitment from a single urban center (Jakarta) limit the generalizability of the findings. Fourth, we did not control for potentially influential covariates such as severity of addiction, psychiatric comorbidities, or treatment history, which may confound the observed relationships. Finally, cultural factors unique to the Indonesian context might have shaped participants' perceptions of social support and relapse, limiting applicability to other populations. Future studies employing larger, diverse, and independent samples across different regions, along with rigorous longitudinal methodologies, are essential to validate and extend these findings.

CONCLUSION

This study underscores that social support, self-efficacy, and resilience play critical roles in mediating relapse vulnerability among individuals with substance use disorders. Our findings suggest that interventions aimed at preventing relapse should not only enhance social support systems but also prioritize strengthening individuals' self-efficacy and resilience capacities. Tailored psychosocial interventions that consider the individual's belief in their ability to recover and their adaptive coping resources may offer a more robust framework for sustaining long-term recovery outcomes during and after detoxification efforts.

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Author Contribution

TY : Conceptualization and Study Design, Methodology, Data Curation, Writing – Original Draft, Writing – Review & Editing

MNMD and RT : Methodology, Formal Analysis, Writing – Review & Editing
NHM and ABA : Data Curation, Writing – Review & Editing, Methodology, Formal Analysis

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Data Availability

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

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