Original Article

Relation of Social Support Status and Social Health in People with Drug Abuse

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Abstract

Background: The aim of this study was to investigate the status of social support in people with drug abuse and its relationship with social health in patients referring to addiction treatment centers in Isfahan.

Materials and Methods: This cross-sectional study was performed in Isfahan addiction treatment centers in 2019–2020. The study population was the total number of people with drug abuse in Isfahan addiction treatment centers that 300 people with substance abuse and 300 people as control group were included. Social support and social health questionnaires were distributed among the participants. The Keez Social Health Questionnaire, designed in the United States in 2004, is about daily life and the social environment and measures social health. Another questionnaire was the social support of Sherbon and Stewart (MOS). This scale was a self-report tool that measured the amount of social support received by the subject.

Results: The results showed a positive, direct, and significant relationship between the dimensions of social support and social health in the group of patients with drug abuse ($P < 0.05$). Comparison of social support and its dimensions in the two control and affected groups showed that the scores in the healthy group were significantly higher than the affected group ($P < 0.05$).

Conclusion: According to the results of this study, the level of social support and social health in people with substance abuse is less than other people in society, and to improve the social health of people with substance abuse, more social support should be provided.

Keywords: Drug abuse, public health, social support

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Introduction

Health is a category whose role in promoting human development indicators is undeniable. Therefore, combating the factors that affect this phenomenon and also cause inequalities in health is one of the priorities of all individuals in society and governments.[1]

Human-centered approaches to development have placed great value on health and believe that without health, individuals, families, communities, and nations cannot hope to achieve social and economic goals.[2,3] Social health, which is the most basic component of social welfare, depends more on social and economic factors than medical interventions and is one of the central concepts of sustainable development. Social health as a part of a person's health is a reflection of internal responses (feelings, thoughts, and behaviors) to stimuli and indicates satisfaction or dissatisfaction with the social environment.[4]

Unfortunately, little attention has been paid to social health assessment. Social health is assessment of a person's performance in society and the type of his attitude toward other

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people and will undoubtedly affect the way of dealing with self-related issues and the attitude toward other social groups.

One of the groups whose social health should be taken into account is people with drug abuse. Substance abuse is a major individual and social problem, which in addition to its physical and psychological effects on addicts, harms the health of society from the viewpoints of social, economic, and cultural.[4]

All countries in the world are trying to prevent the spread of addiction and treat addicts in the society by developing various programs. However, it can be seen that prevention programs have not been able to achieve significant success in this regard.[5] The Welfare Organization has reported about 90% relapse of quitted addicts, and this quitting does not last more than a few weeks or months. Rehabilitation of addicts is not often performed completely and only eliminates physical dependence through drug treatment and cleansing the blood and body of toxins, and their psychological and social causes are not taken into consideration. Addiction, like any other social phenomenon, cannot be studied and judged separately or eradicated without considering its connection with other phenomena and factors. To avoid spending money and being in a vicious cycle, it seems necessary to investigate the causes of this relapse.[6]

Some consider social support as a social reality and others consider it as a result of one's perception and conception. Totally, social support may be the knowledge that you are part of a community of people who love and care for you and value you. Social support also reduces psychological pressures on the individual and improves mental health.[7-9]

Some studies in different communities have confirmed the relation between social support and social health; so that, people with higher social support have better social health status.[10,11]

However, considering that few studies have been conducted in the country on the factors affecting relapse of addiction, such as lack of social support in people with substance abuse, the present study set to examine the status of social support in people with substance abuse, and its relationship with social health of clients referring to addiction treatment centers in Isfahan.

Materials and Methods

This cross-sectional study was conducted to examine the status of social support in people with drug abuse and its relationship with social health in Isfahan.

The study sample included drug users who referred to addiction treatment centers in Isfahan; 300 people with substance abuse and 300 normal people as control group were included in the study through simple random selection. Six active private centers with completed capacity and readiness to cooperate were selected by convenience method for sampling in coordination with the mental health unit of the deputy director of treatment center. Then, in a meeting with the technical manager and staff of the selected centers, the purpose of the study and the method of implementation were explained. Furthermore, one of the psychologists trained in the field of addiction was responsible for collecting data. Based on the list of patients admitted to these centers with active files, among the people who met the inclusion criteria, about 50 people and a total of 300 people with substance abuse were selected by a simple random selection using a table of random numbers from each center. Then, the purpose of the study was explained to them, and after obtaining informed consent, data collection was performed by the questioner. Furthermore, for the selection of the control group, the people without a history of drug use referring to the near health centers were matched in terms of gender and age through group matching method.

Inclusion criteria for patient suffered from substance abuse were being over 18 years of age, drug use confirmed by a positive urine test in the patient's file, ability to answer the questionnaire, and consent to participate in the study, and inclusion criteria for healthy participants were no history of substance use in the electronic health record and self-reported, ability to read and write, and consent to participate in the study.

Exclusion criteria were not willing and satisfied to cooperate and had incomplete filling of more than 20% of the questionnaire information.

According to the formula for calculating the sample size, comparing the mean between the two groups with confidence level of 95%, test power of 80%, and considering the mean and standard deviation of social health in the two groups from previous studies that were equaled to 36.52 ± 10.3 and 33.65 ± 11.99, respectively,[12] a sample of 238 people was obtained and taking into account the attrition rate, 300 people were selected during the 6 months (October to the end of March 2017).

The data collection tool was Keyes social health, Social Support Questionnaire, and personal information form, completed by the participants themselves. In the personal information form, variables including age, gender, income, and place of residence were collected. The Keyes Social Health Questionnaire was designed in the United States in 2004 and is about daily life and social environment and measures social health and includes 20 questions. Its validity and reliability were measured by Sabouri (2013); the calculated Cronbach's alpha was obtained 0.91.[13,14]

The scoring of this questionnaire was based on a 5-point Likert scale (5 = very high to 1 = very low), so the total score of these 20 items indicated the level of social health of individuals. The total score of this questionnaire is equal to 100. After summarizing and calculating the scores, the following should be done:

- A: If the calculated score is between 20 and 46, the level of social health is low and poor, so basic planning must be done for it

- B: If the calculated score is between 47 and 74, the level of social health is moderate and growing, so it should be strengthened
- C: If the calculated score is between 75 and 100, the level of social health is high and good, so this trend should continue.

Another tool used in this study was the Sherbourne and Stewart social support scale (MOS). It took between 5 and 10 min to complete the Social Support Scale. This scale is a self-report tool, and the subject determines how much he or she disagrees or agrees with each of the statements on a 5-point Likert scale. This test, which measures the amount of social support received by the subject, has 19 statements and 5 subscales. These subscales include tangible support (three statements) that measures material and behavioral supports; emotional support (three statements) that assesses positive emotion, affection, and encouragement to express emotions; informational support (three statements) that measures guidance, information, or providing feedback; kindness (four statements) that measures love and affection; and positive social interaction (three statements) that measures the presence of people to engage in recreational activities. To obtain the score of each subscale, the scores of the expressions related to the subscale were summed. To obtain the total score, all scores were summed; the lowest score in this test was 19 and the highest score was 51. The high score on this scale indicated that the subject enjoyed good social support. The reliability of the subscales of this test has been reported using Cronbach's alpha coefficient in 0.74–0.93.[15]

Statistical analyses were conducted using Statistical Package for Social Sciences (SPSS) version 20.0 for Windows (SPSS, Chicago, IL, USA). Quantitative variables were reported as mean values and standard deviation and qualitative variables were reported in numbers and percentages. Pearson correlation coefficient and multiple linear regression were used to examine the relationship between variables, and *t*-test was used to compare numerical variables.

Results

Table 1 compares the mean and frequency distribution of demographic variables, income, and living location in the two groups. The mean of age variable was not significantly different between the two groups ($P = 0.134$). Furthermore, the frequency distribution of gender was matched in the groups ($P > 0.05$). The results showed no significant difference between the two groups in terms of income and location ($P > 0.05$).

According to Table 2, there was a significant difference between social health and social support and the dimensions between the two groups ($P < 0.05$). In all of them, the scores of the healthy group were higher than the affected group.

Table 3 shows that all dimensions of social support have a positive and significant relationship with social health ($P < 0.2$). According to Table 4, the results of multiple regression analysis showed that tangible support variable with a beta coefficient of 0.584 was the most important predictor of social health. Then, emotional support was the most influential variable in explaining the changes. The variables of informational support, positive social interaction support, and affection had the least impact in explaining the variations.

According to Table 5, there was no significant difference between women and men regarding social support and social health ($P > 0.05$).

Results indicated that except for the age variable, there is a direct, significant, and positive supportive relation between all independent and dependent variables of the research.

Discussion

It is important to pay attention to social health in the individuals with drug abuse, especially those living in the suburbs. People in suburb areas are among the vulnerable groups in society who suffer from many problems due to lack of proper facilities, and these health problems affect them.

Table 1: Comparison of demographic information, income, and location in the two groups*

Variables	Group		P
	Affected people (*n*=300), *n* (%)	Normal people (*n*=300), *n* (%)	
Age (years), mean±SD	32±2/00	29±1/70	0/134
Gender, frequency (%)			
Male	252 (84)	263 (87.7)	0/390
Female	48 (16)	37 (12.3)	
Income			
<500,000 tomans	168 (56)	127 (42.4)	0/083
From 500,000 to 1 million tomans	89 (29.6)	98 (32.6)	
>1 million tomans	43 (14.4)	75 (25)	
Location			
Suburbs	173 (57.6)	158 (52.6)	0/324
City center	27 (9)	42 (14)	
North of the city	100 (33.4)	100 (33.4)	

*Independent *t*-test was used. SD: Standard deviation

Table 2: Comparison of social support and its dimensions and social health in people with drug abuse and healthy people*

Dimensions	Group (mean±SD)		*P**
	Affected people (*n*=300)	Normal people (*n*=300)	
Social support (total)	39.18±1.53	52.92±2.44	0.000
Tangible support	40.55±1.14	47.65±2.44	0.023
Emotional support	38.14±1.43	47.98±4.63	0.001
Informational support	34.18±3.72	43.17±1.53	0.013
Affection support	33.27±1.46	42.16±1.72	0.008
Positive social interactions	34.21±2.15	49.78±2.34	0.000
Social health (total)	53.47±4.57	68.84±5.54	0.002
Low social health	68.20±3.27	52.21±1.24	0.000
Moderate social health	41.17±5.72	51.84±4.14	0.000
High social health	23.63±4.32	39.14±3.24	0.000

*Independent *t*-test was used. SD: Standard deviation

Table 3: Correlation coefficient of social support and social health dimensions in people with drug abuse

Variables	Social health	
	Strength of relationship (*r*)	*P*
Tangible support	0.41	0.00
Emotional support	0.26	0.00
Informational support	0.31	0.00
Affection support	0.22	0.01
Positive social interaction support	0.23	0.02

Table 4: Results of multiple regression analysis of social health based on social support components

Variable	β	*P*
Constant	-	0.001
Tangible support	0.584	<0.001
Emotional support	0.362	<0.001
Positive social interaction support	0.204	<0.05
Informational support	0.138	<0.05
Affection support	0.123	<0.05

Table 5: Comparing the mean scores of social support and social health by gender in people with drug abuse

Variable	Gender	Mean±SD	Comparison test	
			t	*P*
Social health	Male	65.84±25.54	−1.072	0.098
	Female	57.47±14.57		
Social support	Male	51.92±13.44	−0.714	0.417
	Female	40.18±16.53		

SD: Standard deviation

Thus, the higher the levels of tangible support, emotional support, informational support, and kindness are, the higher the level of social health of people with drug abuse is.

Therefore, it is observed that social support is one of the important sources of increasing social health, and with increasing social support in various dimensions, the level of social health among people with drug abuse increases. The findings of the present study are based on the relationship between social support and social health and are in line with the theories and findings of Nourbakhsh *et al*. who conducted a study to investigate the relationship between social support and social health of young people in the suburbs of Kermanshah. Using regression analysis, they found that 29% of the total variations in the social health of the youth living in suburban areas depend on four dimensions of social support.[16]

Furthermore, the findings of the present study are in line with the findings of the qualitative study of Kassani *et al*. (2015) which was conducted to determine the experiences of the causes of relapse in patients referring to addiction treatment centers. It was shown that social and family factors are the important factors in relapse. Family problems such as poor family support, family compulsion to quit, poor family supervision after quitting, family economic problems, and the presence of another addicted person in the family are effective factors in relapse to addiction.[17] Given the special role and importance of the family as the main source of social support in protection and supporting the young people, lack of family support is one of the important dangers that people face to further strengthen drug abuse. Afrashte *et al*. (2015) concluded that socializing with family and healthy individuals, participating in social gatherings, and adhering to family affairs make a person more robust in preventing drug addiction relapse;[18] Although caring, friendship, and support are concepts as old as human communications, the concept of social support is relatively new. Today, every illness and health incident related to social support are studied. Social support is the amount of love, attention, and assistance of family members, friends, and other individuals that an individual enjoys.[19]

Involvement of people in various social networks, including family, friendships, and neighborhood networks, provides sources of support, which by attracting more people in these networks, they get the desired conditions, support, and consequently, health.[20,21]

The results of this study showed a significant relationship between social support and social health of people with substance abuse. Therefore, it is necessary to pay special attention to this issue in policy making and planning of the responsible organizations and consider necessary measures to improve and enhance their social support.

Conclusion

According to the results of this study, the level of social support and social health in people with substance abuse is less than other people in society, and to improve the social health of people with substance abuse, more social support should be provided.

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Conflicts of interest

There are no conflicts of interest.

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