



# Perceived Social Support: An Overlooked Approach in Methadone Maintenance Treatment Program

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## Dear Editor,

Substance abuse is a global concern with social and public health concerns, including drug-related crime, high risk of disease transmission, family conflicts, and healthcare expenses (1). Methadone maintenance treatment has been recognized as an effective program for reducing harm among substance abusers by minimizing withdrawal symptoms and cravings when taken regularly as part of a long-term treatment program. While methadone maintenance treatment has shown to be effective in treating drug dependence, the role of perceived social support in treatment success has been largely neglected (2).

Perceived social support is a perception of the availability of social support as a significant predictor of increased social, physical, and psychological functioning and improved quality of life (3). This includes having good family/ friends support, a physically/ psychologically secure environment, adequate health care, the ability to utilize financial/ social resources, and a beneficial environment (4).

Individuals with higher levels of perceived social support have better treatment outcomes and are likelier to adhere to methadone maintenance treatment. Perceived social support promotes the relationship between social network characteristics and treatment outcomes. Therefore, methadone maintenance treatment programs such as group therapy, peer support groups, and social networks, including family, friends, and community involvement, must enhance perceived social support among substance abusers (5).

In conclusion, perceived social support is a main factor in methadone maintenance treatment programs and should be given more attention. By enhancing perceived social support, treatment outcomes will be improved, and ultimately, the associated with substance abuse will be reduced. Continuous assessment and monitoring of perceived social support can significantly impact patients' retention and overall well-being.

## Footnotes

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