# The Influence of Self-Efficacy and Social Support on Drug Avoidance Among Supervised Individuals (OKP/RPDK) in the Rehabilitation Programme at AADK Hulu Langat

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## Abstract

This study aims to identify the influence of self-efficacy and social support on drug avoidance among Supervised Individuals (OKP/RPDK) participating in community rehabilitation programs under the National Anti-Drugs Agency (AADK) in Hulu Langat. Drug avoidance is an important indicator in evaluating the effectiveness of rehabilitation programs and the ability of individuals to remain drug-free in high-risk relapse situations. This study employed a quantitative approach with a descriptive-correlational design involving 217 respondents undergoing treatment and rehabilitation programmes. Instruments included the Drug Avoidance Self-Efficacy Scale (DASES), the General Self-Efficacy Scale, and the Multidimensional Scale of Perceived Social Support (MSPSS). The findings indicate a significant positive relationship between self-efficacy and social support in relation to individuals' ability to avoid drug use. Multiple regression analysis showed that self-efficacy significantly contributed to drug avoidance ($\beta = .531$, $p < .05$), followed by social support ($\beta = .412$, $p < .05$). The regression model accounted for 52.1% of the variance in drug avoidance. These two factors also contributed to reducing relapse likelihood and enhancing the effectiveness of rehabilitation interventions. This study suggests that future interventions

should focus on strengthening self-efficacy and social support as key strategies in relapse prevention.

**Keywords:** Self-efficacy, social support, drug avoidance,supervised individuals, relapse

## 1. Introduction

Drug abuse is a global issue that continues to escalate and has negative consequences for the well-being of individuals, families, communities, and national development. The United Nations Office on Drugs and Crime (UNODC) reported that approximately 292 million individuals worldwide were involved in drug abuse in 2022, representing a 20% increase over the past decade. In Malaysia, data from the National Anti-Drugs Agency (AADK) indicated a significant rise in the number of drug users, reaching 145,526 individuals in 2023. The majority of these cases involve young people aged 15 to 39, a demographic that should ideally serve as the productive workforce of the nation.

Although various approaches have been implemented, including community-based rehabilitation programs administered by AADK, the relapse rate remains alarming. Therefore, it is essential to examine the effectiveness of the rehabilitation process more closely, particularly the factors that contribute to successful drug avoidance among Supervised Individuals (OKP), now referred to as Community Treatment and Rehabilitation Clients (RPDK).

In this context, two important factors have been identified as having a significant influence on drug avoidance, namely self-efficacy and social support. Self-efficacy refers to an individual's confidence in their ability to overcome challenges, whereas social support involves emotional and practical assistance from others, which plays a role in strengthening motivation during the rehabilitation process. Bandura (1994) and House (1981) highlighted the importance of these two factors in helping individuals make more adaptive decisions when facing high-risk relapse situations.

However, studies that simultaneously examine both constructs within the population of OKP/RPDK remain limited.Previous studies have predominantly focused on populations in closed institutional settings such as PUSPEN (National Narcotics Rehabilitation Centre), whereas OKP/RPDK in community settings face unique challenges as they undergo treatment in real social environments and are more exposed to negative influences. Furthermore, research that simultaneously examines the influence of self-efficacy and social support on drug avoidance among OKP/RPDK is still limited.

Thus, this study was conducted to explore how self-efficacy and social support influence drug avoidance among OKP/RPDK. The findings are expected to contribute to the development of more effective and comprehensive rehabilitation interventions.

*1.1 Statement of the Problem*

Drug abuse remains a critical social issue in Malaysia despite the implementation of various treatment and rehabilitation initiatives. Although there has been an increase in the number of individuals undergoing treatment, relapse rates among Supervised Individuals (OKP) or

Community Treatment and Rehabilitation Clients (RPDK) remain high. This indicates that the existing approaches have not been fully effective in addressing the internal and external factors that drive individuals back into addiction. Drug abuse has long been recognised as a complex phenomenon influenced by both internal and external determinants. One of the most widely studied psychological factors is self-efficacy, defined as an individual's belief in their capacity to manage challenges and maintain goal-directed behaviours (Bandura, 1994).

Within the context of substance abuse, individuals with higher levels of self-efficacy are more capable of resisting peer pressure, coping with emotional distress, and sustaining abstinence in high-risk situations. Recent empirical evidence from Malaysia further reinforces this notion. A study conducted among Methadone Maintenance Treatment (MMT) clients at a primary health clinic in Kedah found a significant negative correlation between self-efficacy and relapse, indicating that clients with higher self-efficacy were less likely to return to drug use (USIM, 2023). Similarly, research in Thailand emphasised the importance of interventions aimed at enhancing self-efficacy, showing that strengthened confidence significantly reduces relapse vulnerability (Pattarin & Suparada, 2023).

Equally important is the role of social support**,** which encompasses emotional, informational, and instrumental assistance from family, peers, and the wider community (House, 1981). Social support not only enhances motivation but also helps individuals maintain resilience throughout rehabilitation. For example, studies have highlighted that supportive family and community environments foster a sense of belonging and accountability, both of which contribute to sustained abstinence (Mohd et al., 2022). Nonetheless, challenges remain in the Malaysian context, where societal stigma and inadequate family involvement often limit the extent of effective support for clients undergoing community-based rehabilitation.

Several studies have examined the interaction between self-efficacy and social support. In Jordan, Al-Natour et al. (2024) reported that self-efficacy and drug use duration were significant predictors of relapse, while the effect of social support appeared less consistent, suggesting that its protective influence may depend on contextual and cultural factors. Meanwhile, a study on Malaysian male drug users revealed that self-efficacy mediates the relationship between childhood maltreatment and treatment motivation, underscoring its role as a critical psychological mechanism in recovery (Mahmood et al., 2022). These findings suggest that while social support provides the external scaffolding for recovery, it is self-efficacy that ultimately enables individuals to internalise resilience and adopt adaptive coping strategies.

Among the key factors identified as contributing to the success of the rehabilitation process are self-efficacy and social support. Individuals with a high level of self-efficacy tend to make positive decisions in high-risk situations, while social support from family, peers, and the community helps them sustain motivation and emotional resilience. However, in the context of OKP/RPDK, factors such as societal stigma and the lack of family support remain major obstacles in accessing effective social support.

Despite these insights, gaps remain in the literature, particularly concerning Community Treatment and Rehabilitation Clients (RPDK/OKP) in Malaysia. Much of the existing

research has focused on institutionalised populations in closed settings such as the National Narcotics Rehabilitation Centres (PUSPEN), whereas RPDK face unique challenges in open community environments. These individuals are more exposed to social pressures, negative influences, and limited support networks, making it essential to examine how self-efficacy and social support jointly contribute to their ability to refuse drugs.

Taken together, recent studies affirm that self-efficacy and social support are critical determinants of drug avoidance and relapse prevention. However, the interaction between these constructs within the context of community-based rehabilitation in Malaysia remains underexplored. Addressing this gap is crucial for developing holistic interventions that strengthen both personal confidence and external support systems, thereby improving the effectiveness of rehabilitation programmes.The findings are expected to fill the gap in the existing literature and contribute to the development of more holistic and effective community-based rehabilitation strategies.

### 1.2 Research Objectives and Hypotheses

This study was conducted to examine the psychosocial factors that play a crucial role in the rehabilitation of drug abuse, particularly among Persons Under Surveillance (OKP/RPDK) who are undergoing treatment and rehabilitation programmes under the National Anti-Drugs Agency (AADK). Previous studies have highlighted that self-efficacy and social support are among the key elements that strengthen individuals' capacity to resist drug influence and reduce the risk of relapse. Nevertheless, there remains a lack of empirical evidence that specifically explores the relationship between these factors and drug refusal in the context of OKP/RPDK. Hence, this study was designed to fill this knowledge gap.

Based on the problem statement, the following research questions were formulated to guide this study:

(i) What is the level of self-efficacy and social support among Supervised Individuals (OKP/RPDK) undergoing treatment and rehabilitation programmes?

(ii) Is there a significant relationship between self-efficacy and drug avoidance among OKP/RPDK?

(iii) Is there a significant relationship between social support and drug avoidance among OKP/RPDK?

(iv) Is there a significant combined influence of self-efficacy and social support on drug avoidance among OKP/RPDK?.

These questions in overall focused on determining the level of self-efficacy and social support among OKP/RPDK, and whether there exists a significant relationship between these factors and drug refusal. Furthermore, this study also examined whether self-efficacy and social support collectively predict drug refusal behaviour.

In line with these research questions, the objectives of the study are to:

a) identify the levels of self-efficacy and social support among OKP/RPDK

b)   analyse the relationship between self-efficacy and drug refusal

c)   analyse the relationship between social support and drug refusal

d)   evaluate the combined relationship between self-efficacy and social support with drug refusal among OKP/RPDK.

To achieve these objectives, three hypotheses were developed. First, there is a significant positive relationship between self-efficacy and drug refusal (H1). Second, there is a significant positive relationship between social support and drug refusal (H2). Third, self-efficacy and social support jointly have a significant relationship with drug refusal among OKP/RPDK (H3).

In sum, this study is expected to contribute to a more comprehensive understanding of the roles of internal factors (self-efficacy) and external factors (social support) in strengthening individual resilience against drug abuse. The findings are anticipated to provide practical implications for enhancing intervention and treatment strategies at AADK, as well as supporting the nation's ongoing efforts in combating drug-related issues.

## 2. Social Cognitive Theory by Albert Bandura

The Social Cognitive Theory introduced by Bandura (1989) emphasizes that human behavior is formed through dynamic interactions among personal factors, the environment, and behavior, a concept known as reciprocal determinism. This theory posits that individuals learn not only through direct experience but also by observing the behavior of others and the outcomes of such behavior. In the context of drug rehabilitation, this theory provides a framework for understanding how internal and external factors influence an individual's ability to reject drug use.

Bandura's Social Cognitive Theory (1989) identifies self-efficacy as a key factor shaping how people motivate themselves, persevere through challenges, and make behavioural decisions. This perspective is particularly useful for explaining the way self-efficacy works alongside social support to influence drug-avoidance efforts. In *Social Foundations of Thought and Action*, Bandura (1986) makes it clear that self-efficacy is far more than a stable personal trait; it functions as a driving force behind human action, affecting whether individuals choose to engage in a behaviour, the level of effort they are willing to invest, and their capacity to persist when difficulties arise. Previous research, such as Pajares and Miller (1994), has demonstrated that high levels of self-efficacy are closely associated with resilience, motivation, and success in behavioral change.

He also draws attention to how deeply social these beliefs are. According to Bandura (1989), efficacy beliefs develop and strengthen through experiences of social modelling, encouragement from others, and emotional reassurance. Because efficacy expectations are partly socially transmitted, supportive relationships and community networks play a crucial role in helping individuals build the confidence needed to resist drug use and maintain healthier behavioural patterns.Social support functions as an environmental factor that strengthens self-efficacy. Support from family, peers, and the community not only provides emotional

encouragement but also fosters confidence to remain engaged in rehabilitation. Through observational learning, individuals who witness the success of others in avoiding drugs are more likely to develop motivation and the belief that they, too, are capable of change.Within the context of OKP/RPDK, self-efficacy influences their willingness to refuse drugs and to adhere to such decisions despite facing social or emotional pressures. The theory further stresses that experience and observation are primary sources of behavioral learning. OKP/RPDK who have previously undergone treatment or witnessed the negative consequences of drug addiction may be more inclined to avoid drugs (Ariffin & Abdul Ghani, 2025. This underscores the vital role of interactions between past experiences, supportive environments, and self-belief in shaping positive behavior.

The selection of self-efficacy and social support as focal variables is strongly aligned with other frameworks such as the Recovery Capital framework. Recovery Capital encompasses four interrelated domains:personal, social, community, and cultural capital that collectively shape an individual's ability to initiate, maintain, and sustain long-term recovery from substance use (Cloud & Granfield, 2008, 2009). Self-efficacy aligns with personal recovery capital, which includes psychological resilience, problem-solving abilities, and beliefs in one's capacity to change.  The Recovery Capital framework proposes that identifying intrapersonal strengths is foundational for navigating high-risk scenarios and resisting relapse (Granfield & Cloud, 2001). Individuals with stronger self-efficacy perceive themselves as more competent in coping with cravings, resisting peer pressure, and adhering to treatment goals, factors that are consistently associated with successful long-term recovery outcomes (Best & Laudet, 2010). Therefore, selecting self-efficacy as a core variable enables this study to capture a critical psychological mechanism that underpins sustained behavioural change. Meanwhile, social support corresponds directly with social recovery capital, which encompasses supportive relationships with family, peers, and pro-recovery networks.

Social support has been repeatedly identified as one of the strongest predictors of recovery stability, exerting influence through emotional reassurance, practical assistance, and reinforcement of pro-social norms (Best et al., 2016). Within recovery environments, supportive social networks also enhance self-efficacy, creating a synergistic effect in which encouragement and positive modelling strengthen an individual's confidence in refusing drugs. For OKP/RPDK, whose recovery journeys are embedded within community contexts, social support plays an especially critical role by buffering against stressors, reducing isolation, and fostering a sense of belonging, which are key protective factors in relapse prevention.

These theoretical perspectives underscore that self-efficacy and social support are not only well-established constructs within behavioural theory but also empirically vital for explaining how individuals engage in and sustain drug-avoidance behaviour. Comparatively, Bandura's Social Cognitive Theory (1989) offers a clearly articulated mechanism of self-efficacy that explains how individuals evaluate their ability to manage high-risk situations, regulate their behaviour, and persist despite setbacks. Within this structure, self-efficacy and social support represent central and empirically validated components that significantly shape drug refusal behaviour, particularly among individuals undergoing community-based rehabilitation such as OKP/RPDK. Applying this theory within community rehabilitation programs allows for the

design of more effective psychosocial interventions, consistent with the objectives of this study, which emphasize strengthening protective factors against relapse among OKP/RPDK.

The conceptual framework (Figure 1) provides a comprehensive overview of the variables and constructs examined in this study, serving as a guide for the research process. Grounded in Bandura's Social Cognitive Theory, the framework highlights the interaction between personal, environmental, and behavioural factors. In this study, self-efficacy is identified as a key personal factor that directly influences drug refusal behaviour among Persons Under Surveillance (OKP/RPDK). Individuals with high self-efficacy are more likely to resist drug use even when facing social pressure or high-risk situations.
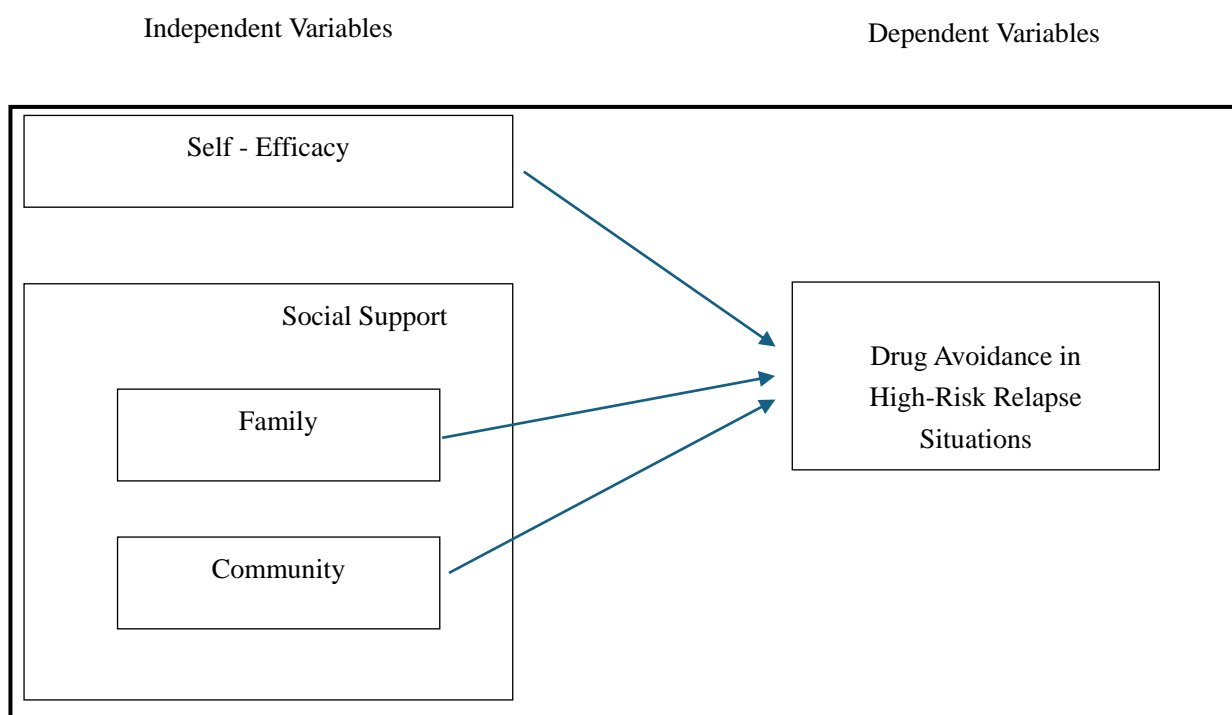


Figure 1. Research framework

Meanwhile, social support is regarded as an essential environmental factor that strengthens self-efficacy. Support from family, peers, and the community provides emotional encouragement, positive reinforcement, and practical assistance, all of which enhance resilience and promote drug refusal. The framework assumes that strong social support reinforces self-efficacy, which in turn improves the individual's ability to reject drugs. This reflects the reciprocal determinism of Social Cognitive Theory, where personal factors, the environment, and behaviour interact to shape outcomes.

Overall, the conceptual framework illustrates how the combined influence of self-efficacy and social support forms a strong basis for understanding drug refusal behaviour among OKP/RPDK.

## 3. Methodology

This study employed a quantitative approach, utilizing systematic techniques in data collection and analysis. The primary objective was to examine the extent to which

self-efficacy and social support influence drug avoidance among OKP/RPDK participating in rehabilitation programs. To achieve this, the study adopted a descriptive-correlational design, which explains the influence between the variables under investigation. This design was selected because correlational studies provide the foundation for achieving one of the three objectives of scientific research, namely prediction (Shaughnessy et al., 2000).

## 3.1 Research Location and Sample

The study was conducted at the National Anti-Drugs Agency (AADK) branch in Hulu Langat, Selangor. The population of interest consisted of Supervised Individuals (OKP/RPDK) mandated to undergo supervision under AADK Hulu Langat. In Malaysia, OKP/RPDK refers to individuals placed under AADK supervision who are required to participate in treatment and rehabilitation programs after completing institutional treatment in centres such as PUSPEN. Some OKP/RPDK are also mandated by court order or voluntarily participate in AADK-supervised treatment and rehabilitation programs. The selection of Hulu Langat as the study location was based on its relevance to the research objectives.

## 3.2 Sampling and Sample Size

In quantitative research, the determination of an appropriate sample size is crucial to ensure that findings can be generalized to the population (Zaidi & Lee, 2021). For this study, Cochran's formula (1977) was applied to calculate the optimal sample size from a total population of 565 OKP who were in phases 3 and 4 of the community rehabilitation program. Based on this calculation, 229 respondents were selected as the study sample.

The simple random sampling technique, one of the probability sampling methods, was employed to ensure that each individual in the population had an equal chance of selection. This method was chosen as it minimizes bias, increases the reliability of the data, and is appropriate for large-scale studies involving OKP/RPDK (Creswell, 2014). Sampling was based on specific criteria, including treatment status (phases 3 and 4) and active participation in reporting sessions and AADK intervention programs. The sampling frame was obtained from rehabilitation officers, and respondents were randomly selected.

## 3.3 Research Instruments

### 3.3.1 General Self-Efficacy Scale (GSE)

The General Self-Efficacy Scale (GSE), developed by Schwarzer and Jerusalem (1995), was employed to assess individuals' confidence in their ability to overcome challenges and achieve goals. The scale consists of 10 items rated on a 4-point Likert scale ranging from "Not at all true" (1) to "Exactly true" (4). Scores range from 10 to 40, with higher scores reflecting higher levels of self-efficacy.

The GSE has demonstrated strong internal reliability, with Cronbach's alpha ranging from .76 to .90, and recorded a reliability of .892 in this study. It has also shown positive correlations with optimism and positive emotions, and negative correlations with depression and stress. This instrument is deemed suitable for studies on motivation, mental health, and rehabilitation, including drug recovery contexts.

### 3.3.2 Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet et al. (1988) and validated in Malay by Ng et al. (2010), was used to measure respondents' levels of perceived social support. The scale contains 12 items rated on a 7-point Likert scale and is divided into three subscales: family support, peer support, and support from significant others. In this study, the MSPSS demonstrated high reliability, with Cronbach's alpha recorded at .857.

The MSPSS is user-friendly, applicable across various populations, and provides meaningful quantitative data. In this study, it was used to examine the influence of social support on drug avoidance among OKP/RPDK and to identify the most effective sources of support for rehabilitation interventions.

### 3.3.3 Drug Avoidance Self-Efficacy Scale (DASES)

The Drug Avoidance Self-Efficacy Scale (DASES), developed by Martin et al. (1995), was used to assess individuals' confidence in avoiding drug use. Based on self-efficacy theory, this instrument evaluates the extent to which intervention programs can influence drug-related behaviours. The scale has been widely adapted across languages and cultures.

DASES consists of 16 items measuring confidence in resisting drug use across various high-risk situations, using a 7-point Likert scale. It has demonstrated strong validity and reliability in previous studies, with this study recording Cronbach's alpha at .878. The DASES is particularly relevant in rehabilitation contexts as it reflects real-world challenges faced by OKP in avoiding drugs. Data collected through DASES enables empirical analysis of the relationship between self-efficacy and drug avoidance, as well as the effectiveness of treatment programmes focused on strengthening psychological resilience.

## 4. Findings

### 4.1 Levels of Self-Efficacy and Social Support

The findings of this study addressed the first objective, which was to identify the levels of self-efficacy and social support among OKP/RPDK at AADK Hulu Langat.

Table 1.Descriptive Statistics for Likert Scale Instruments

| Variable | N | Mean | SD | Median |
| --- | --- | --- | --- | --- |
| Self-efficacy | 229 | 3.28 | 0.58 | 3.30 |
| Social Support | 229 | 3.45 | 0.65 | 3.40 |
| Composite Score | 229 | 3.35 | 0.60 | 3.30 |

Based on the descriptive analysis (Table 1), respondents' self-efficacy scored a mean of 3.28 (SD = 0.58), while social support scored a mean of 3.45 (SD = 0.65). Both variables were

found to be at moderately high levels. The median values (self-efficacy = 3.30; social support = 3.40) were close to the means, indicating a normal data distribution without significant skewness.

These results suggest that most respondents had moderate confidence in rejecting drugs but may struggle to maintain a drug-free lifestyle in high-risk situations. At the same time, their perception of social support was relatively more positive, particularly from family and significant others, although still within a moderate range.

This finding is consistent with Wan Shahrazad et al. (2021), who emphasized the critical role of supportive social networks in addiction recovery. The overall composite mean of 3.35 (SD = 0.60) confirms the presence of moderate psychological and social strengths among OKP/RPDK. Overall, these results answer the study's first objective by demonstrating the existence of both internal and external resources that can be leveraged to support recovery, though continuous intervention remains necessary to further enhance their effectiveness.

*4.2 Influence of Self – Efficacy on Drug Avoidance*

Pearson's correlation analysis (Table 2) revealed a significant positive relationship between self-efficacy and drug avoidance among OKP/RPDK ($r = 0.307$, $p < 0.001$). This relationship indicates that higher self-efficacy is directly associated with stronger drug refusal tendencies.

Table 2.Correlation between Self-Efficacy and Drug Avoidance

| Independent Variable | Dependent Variable | r | p |
|---|---|---|---|
| Self -efficacy | Drug avoidance | 0.307 | <0.001 |

*Note*. Correlation is significant at $p < .001$.

Although the strength of the relationship was moderate, the high level of statistical significance ($p < 0.001$) reinforces the robustness of the finding. This confirms that self-efficacy plays a crucial role in influencing individuals' decisions to avoid drugs, particularly in high-risk situations.

The result aligns with Bandura's (1997) self-efficacy theory, which emphasizes that individuals' perceptions of their abilities strongly affect behaviour, including the capacity to make healthy and constructive decisions. In this context, individuals with higher confidence in their capabilities are more assertive in rejecting drugs, even when facing social or emotional pressures.

Overall, this finding supports the hypothesis that self-efficacy significantly influences drug avoidance, highlighting the importance of incorporating self-efficacy enhancement strategies into drug treatment and rehabilitation interventions.

*4.3 Influence of Social Support on Drug Avoidance*

As shown in Table 3, Pearson's correlation analysis revealed a significant positive relationship between social support and drug avoidance among OKP/RPDK ($r = 0.281$, $p < 0.001$). This indicates that higher levels of social support are associated with stronger drug

refusal tendencies.

Table3. Correlation between Social Support and Drug Avoidance

| Independent Variable | Dependent Variable | r | P |
|---|---|---|---|
| Social support | Drug avoidance | 0.281 | <0.001 |

*Note*. Correlation is significant at p < .001.

Although the strength of the correlation was moderate, the high statistical significance confirms its reliability. The result suggests that individuals who perceive adequate support, whether from family, peers, or significant others, are more capable of rejecting drugs, particularly during high-risk situations in rehabilitation programs.

This finding is consistent with Wills and Cleary (1996), who stated that social support functions as a protective factor that reduces the likelihood of engaging in risky behaviors, including drug use. Similarly, Mahmood, N. M et.al (2022) found that community-based interventions focusing on social support enhanced individuals' resilience against drug involvement.

While the correlation between social support and drug avoidance was weaker than that of self-efficacy, it nonetheless has meaningful practical implications. Specifically, interventions involving family, peers, and the community can strengthen individuals' drug avoidance capacity by fostering feelings of acceptance, understanding, and support.

*4.4 Influence of Self-Efficacy and Social Support on Drug Avoidance*

To determine the relative contributions of self-efficacy and social support toward drug avoidance among the respondents, a multiple regression analysis was conducted and the results are presented in Table4 below.

Table 4. Regression Analysis of Self-Efficacy and Social Support on Drug Avoidance

| Variable | B | β | t | p | $R^2$ | F(2,226) | Sig. F | Adjusted $R^2$ |
|---|---|---|---|---|---|---|---|---|
| Self-efficacy | 0.515 | 0.218 | 2.901 | .004 | 0.112 | 14.253 | <.001 | 0.104 |
| Social support | 0.198 | 0.160 | 2.128 | .034 | | | | |
| Constant | 1.159 | - | 2.184 | .030 | | | | |

*Note*. All coefficients are significant at p < .05 unless otherwise stated

The results of the analysis indicate that thus regression model is statistically significant with F(2,226) = 14.253, p < .001. This shows that both independent variables namely self-efficacy and social support, collectively contribute significantly to drug avoidance OKP/RPDK.

The coefficient of determination ($R^2$ = 0.112) showed that 11.2% of the variance in drug avoidance could be explained by the combination of these two variables. The adjusted $R^2$

value of 0.104 indicates that the model still has a reasonable explanatory power.

Between the two predictors, self-efficacy contributed more strongly to drug avoidance (B = 0.515, β = 0.218, p = .004) than social support (B = 0.198, β = 0.160, p = .034). Although the contribution of social support was weaker, it remained statistically significant, underscoring its positive role in drug refusal.

These findings are consistent with Sakari et al. (2021) and Mohamad. A et al. (2019), who demonstrated that positive social networks provide protection and enhance motivation to avoid substance abuse.

The regression analysis confirmed that both self-efficacy and social support are significant predictors of drug avoidance among OKP/RPDK. Self-efficacy emerged as the stronger predictor, highlighting the importance of strengthening individuals' internal confidence in making decisions to abstain from drugs. Nevertheless, social support cannot be overlooked, as it plays an essential complementary role in motivating recovery and resilience.

## 5. Discussion

### 5.1 What Are The Levels Of Self-Efficacy And Social Support Among OKP/RPDK Involved In Treatment And Rehabilitation Programs?

The findings revealed that the levels of self-efficacy and social support among Supervised Individuals (OKP/RPDK) were moderate, as reflected in the mean scores for both variables. This indicates that although respondents possessed some level of confidence and social support networks, these were not at an optimal level to fully assist them in overcoming challenges in the rehabilitation process. These results are consistent with studies by Zainal et al. (2022) and Fauziah Ibrahim (2020), which also reported moderate levels among individuals undergoing drug treatment. Such results highlight the need for continuous interventions aimed at enhancing both the psychological and social capacities of participants.

Social support was also found to be an important protective factor, providing emotional resources, informational support, and practical assistance that reinforce positive behaviour and build resilience (Cobb, 1976; Thoits, 2011). The combination of self-efficacy and social support has been linked to reduced involvement in risky behaviours, including substance abuse (Wills & Cleary, 1996). Within the OKP/RPDK context, support from family, peers, the community, and relevant authorities is particularly crucial in helping individuals remain drug-free, especially in high-risk relapse situations.

### 5.2 Is There A Significant Relationship Between Self-Efficacy And Drug Avoidance Among OKP/RPDK?

The correlation analysis demonstrated a significant positive relationship between self-efficacy and drug avoidance (r = 0.307, p < .001). This indicates that higher self-efficacy is associated with stronger drug refusal. The finding supports Bandura's (1997) theory, which posits that self-efficacy represents an individual's belief in their ability to control actions and make positive decisions, including the rejection of drug use.

In the OKP/RPDK context, confidence in one's ability not only increases determination to abstain from drugs but also equips individuals to overcome social pressure and temptations encountered during rehabilitation. This result aligns with Wills and Cleary (1996), who found that self-efficacy functions as a protective factor reducing the likelihood of substance abuse among adolescents.

Furthermore, the moderate level of self-efficacy observed in this study suggests the need for targeted interventions to further strengthen participants' self-confidence. Zainal et al. (2022) highlighted that while strong social support is important, self-efficacy remains a fundamental factor in enabling individuals to resist negative influences. Thus, the combination of self-efficacy development and strong social support networks should be central to designing holistic and effective rehabilitation programs.

### 5.3 Is There A Significant Relationship Between Social Support And Drug Avoidance Among OKP/RPDK?

The study also identified a significant positive relationship between social support and drug avoidance (r = 0.281, p < .001). Although the strength of the relationship was moderate, it demonstrates that individuals who receive support from family, peers, and the community are more likely to reject drugs in high-risk situations. This finding supports the study's hypothesis that social support plays a critical role in rehabilitation.

The result is consistent with Wills and Cleary (1996), as well as Yanuarti et al (2023), who highlighted social support as a protective factor in preventing individuals from engaging in drug use. Zainal et al. (2022) also found that strong social support positively influences readiness for change. However, self-efficacy continues to serve as the fundamental foundation for maintaining drug-free behaviour.

This highlights the need for rehabilitation interventions to focus not only on enhancing internal psychological strengths but also on strengthening social networks to create a more comprehensive and supportive recovery environment.

### 5.4 Is there a significant influence of self-efficacy and social support on drug avoidance among OKP/RPDK?

Multiple regression analysis confirmed that both self-efficacy and social support were significant predictors of drug avoidance ($R^2$= 0.112, p < .001). Self-efficacy was the stronger predictor ($\beta$ = 0.218) compared to social support ($\beta$ = 0.160), emphasizing self-confidence as the key determinant of drug refusal.

This finding is consistent with Bandura's (1997) social cognitive theory, which asserts that self-efficacy influences behaviour by shaping motivation, resilience, and the ability to act effectively under pressure. Thus, OKP/RPDK with higher self-efficacy are more likely to take initiative, persist in difficulties, and resist negative peer or environmental pressures.

The findings also support Loy See Mey et al. (2022),who showed that both self-efficacy and social support contribute to reducing drug use risk. The implication is that treatment programs

should focus on interventions that strengthen self-efficacy while simultaneously building robust social support systems.

*5.5 Practical Implications for Rehabilitation Programs*

The findings provide valuable insights for designing more holistic and effective rehabilitation interventions for OKP/RPDK. The study emphasizes two key components: self-efficacy and social supportthat can significantly influence drug avoidance.

From the self-efficacy perspective, interventions such as relapse prevention training, motivational counselling, and decision-making skills development are recommended to build confidence and resilience against drug temptations (Zimmerman & Schunk, 2001).

From the social support perspective, group therapy, family counselling, and community engagement programs can strengthen positive networks that enhance motivation and commitment to recovery (Dobkin et al., 2002; Kelly et al., 2012). Consistent social support reduces feelings of isolation and reinforces determination to abstain from drugs.

A comprehensive approach that combines internal confidence (self-efficacy) with external reinforcement (social support) is crucial. This dual strategy enhances psychosocial resilience among OKP/RPDK and contributes to long-term rehabilitation success.

*5.6 Limitations and Future Research Directions*

Despite offering valuable insights, this study has several limitations. The sample was drawn from a specific demographic; OKP/RPDK at AADK Hulu Langat, which may limit the generalisability of the findings to other populations. Additionally, the cross-sectional design did not allow for causal conclusions or the observation of long-term outcomes.Future research is encouraged to employ longitudinal designs to examine how self-efficacy and social support evolve over time and their sustained influence on drug avoidance. Expanding the sample to include diverse age groups, cultural backgrounds, and individuals in different stages of rehabilitation would provide a deeper understanding of these factors across contexts.

## 6. Conclusion

This study aimed to explore the relationship between self-efficacy, social support, and drug avoidance among Supervised Individuals (OKP/RPDK) under AADK Hulu Langat. The findings demonstrated that both self-efficacy and social support had significant positive relationships with individuals' ability to resist drug use, particularly in high-risk relapse situations.These findings support Bandura's (1997) Self-Efficacy Theory and the Social Support theories proposed by Cobb (1976) and Thoits (2011), which emphasize that internal confidence and supportive social networks are essential in fostering positive behaviors and avoiding risky conduct.

Through multiple regression analysis, self-efficacy was identified as the stronger predictor compared to social support in influencing drug avoidance. This highlights the greater impact of internal factors, specifically individuals' confidence in their ability to make healthy decisions, relative to external influences alone.Descriptive statistics further revealed that both

self-efficacy and social support levels among respondents were moderate, suggesting room for improvement through targeted interventions.The results of this study underscore the importance of developing integrated rehabilitation approaches that combine self-efficacy enhancement with the strengthening of social support systems. Such findings not only contribute to the improvement of drug treatment and rehabilitation programs but also provide valuable insights for more effective and sustainable prevention strategies.

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