The Influence of Economic Factors, Access to Health Services, and Social Support on Drug Abuse Prevention and Treatment Efforts in Urban Communities in East Java

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Article Info

ABSTRACT

The dynamics of drug addiction prevention and treatment initiatives in East Java, Indonesia's metropolitan neighborhoods are examined in this study. The study uses structural equation modeling to examine the connections between economic circumstances, social support, health service accessibility, and efforts for drug misuse prevention and treatment, utilizing a sample of 140 people. Strong validity and reliability are demonstrated by the measurement methodology, confirming the effectiveness of the chosen indicators. The results of the structural model demonstrate complex relationships: social support emerges as a key component, although economic variables and health services show favorable links. The study's recommendations for multimodal interventions that tackle economic inequality, improve healthcare accessibility, and bolster community-based initiatives have consequences for both policy and practice. Despite its limitations, this study provides important new understandings of the intricate field of drug misuse intervention treatments and paves the way for more research.

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1. INTRODUCTION

The problem of drug abuse is a critical public health issue with wide-ranging consequences for individuals, families, and communities globally. This issue is particularly pronounced in urban areas, where socio-economic factors and rapid urbanization can increase vulnerability to drug abuse [1]–[3]. [4] Governments in different countries spend billions of dollars to combat drug abuse and its associated criminal activities. [5] Drug abuse has detrimental implications for families and individuals, putting a strain on family members and affecting a large number of people. [6] The impact of drug abuse on the youth is significant, affecting their health, economic

prospects, social relationships, and the environment. [7] The burden of drug use disorders has increased over the past 30 years, with opioid use disorders showing an upward trend. Inequality-adjusted human development index is identified as a key risk factor associated with the burden of drug use disorders. [8] Effective targeted public health policies are needed to address this challenge, especially in developed countries and territories.

East Java, Indonesia, is facing the complexities of drug abuse within urban communities. The increase in drug trafficking and the number of drug users in both rural and urban areas is a concerning issue in Indonesia [9]. The Indonesian government has implemented policies and strategies, such as the Prevention and Eradication of Illicit Narcotics Circulation and Abuse (P4GN), to address drug abuse and illicit trafficking [10]. However, the implementation of these initiatives has faced challenges, including limited resources and a lack of communication between organizations [11]. Factors such as family, economic conditions, and living environment influence the effectiveness of the government's role in reducing the number of drug users [12]. To address this issue, interventions should focus on strengthening family and community involvement, as well as improving rehabilitation facilities [13]. Understanding the factors that contribute to drug abuse, such as personality, family, economy, environment, age, and gender, is crucial in preventing drug deaths and reducing drug abuse.

Socioeconomic changes in urban communities in East Java require local investigations to inform targeted interventions. The impact of economic factors, access to health services, and social support on drug abuse has been recognized in the literature. However, there are still considerable gaps in understanding the specific dynamics within urban communities in East Java [14]. To address this gap, further research is needed to explore the relationship between these factors and drug abuse in the region. This research can provide valuable insights into the unique challenges and opportunities for intervention in urban communities in East Java [10]. By conducting local investigations, policymakers and stakeholders can develop targeted interventions to meet the specific needs of the community and effectively reduce drug abuse [9]. This study seeks to fill the gap by using a quantitative research approach to systematically examine how economic conditions health service accessibility, and social support networks influence drug abuse prevention and treatment efforts in the unique urban context of East Java.

The main objectives of this study were threefold: 1) To examine the relationship between economic factors and the prevalence of drug abuse in urban communities in East Java. 2) To assess the impact of access to health services on the effectiveness of drug abuse prevention and treatment efforts. 3) To analyze the role of social support networks in influencing the success of drug abuse interventions in urban areas.

2. LITERATURE REVIEW

2.1 Economic Factors and Drug Abuse

The relationship between economic conditions and drug abuse has been widely studied. Unemployment, poverty, and income inequality have consistently been identified as significant determinants of urban drug abuse [15], [16]. Individuals facing economic hardship are more prone to use drug abuse as a coping mechanism, highlighting the need for targeted interventions to address socioeconomic disparities [17]. Moreover, the impact of economic factors on drug abuse is not only limited to individual-level factors but also encompasses community dynamics [18], [19]. Neighborhoods with high unemployment rates and economic instability often experience an increase in drug-related problems [20]. Therefore, addressing economic

factors and implementing interventions to reduce socioeconomic disparities is crucial in preventing and addressing drug abuse problems in communities [21]. Understanding these systemic influences is crucial to designing holistic interventions that not only address individual vulnerabilities but also consider the broader socioeconomic context.

Hypothesis 1 (H1): A positive correlation exists between favorable economic factors in urban communities and the effectiveness of drug abuse prevention and treatment efforts.

2.2 Access to Healthcare and Drug Abuse Prevention

Effective drug abuse prevention and treatment depends on the accessibility and quality of health services. Limited access to healthcare facilities, mental health services, and addiction treatment centers has been identified as a barrier to successful intervention [22]–[24]. Research shows that individuals with limited access to healthcare services are less likely to seek timely help for drug abuse problems, perpetuating the cycle of addiction and hampering early intervention efforts [25]. Research has emphasized the importance of integrating mental health services into the primary healthcare framework, reducing the stigma associated with seeking help for substance abuse, and increasing community-based initiatives that bridge the gap between individuals in need and available services [26]. The literature underscores the multifaceted nature of healthcare accessibility as an important factor in addressing substance abuse in urban communities.

Hypothesis 2 (H2): Greater access to health services is positively associated with the success of drug

abuse prevention and treatment programs in urban areas.

2.3 Social Support and Drug Abuse Interventions

Social support networks play a crucial role in reducing the risk of drug abuse and promoting successful recovery [27], [28]. Strong social support has been associated with better treatment outcomes, lower relapse rates, and increased adherence to recovery plans [29]. It is important to understand the nuances of social support structures in order to tailor interventions that capitalize on existing community strengths [30]. Family, friends, and community connections act as protective factors, influencing a person's decision to engage in or refrain from drug abuse [31]. Interventions that foster a sense of belonging, encourage positive social interactions, and utilize community resources have shown success in reducing the prevalence of drug abuse. Community involvement is also emphasized in drug abuse prevention. By understanding and leveraging social support networks, interventions can be designed to effectively prevent drug abuse and support individuals in their recovery journey.

Hypothesis 3 (H3): Higher levels of social support within urban communities are positively linked to the efficacy of drug abuse prevention and treatment initiatives.

Gaps in the Literature

While existing studies provide valuable insights into the separate influences of economic factors, healthcare accessibility, and social support on drug abuse, few studies have examined these factors collectively in the urban context of East Java. The interactions between these elements remain inadequately explored, hindering the development of comprehensive and context-appropriate strategies for drug abuse

prevention and treatment in the region.

In addition, most studies have focused on Western contexts, and few have examined the applicability of the findings to different cultural and socio-economic contexts, such as that of East Java. Bridging this gap in the literature is crucial to tailor effective interventions that align with the unique challenges and strengths of urban communities in East Java.

3. METHODS

3.1 Research Design

This study used a quantitative research design to systematically investigate the complex relationships between economic factors, access to health services, social support, and drug abuse prevention and treatment efforts in urban communities in East Java. The quantitative approach allows for structured data collection, facilitating rigorous statistical analysis to uncover patterns and relationships between variables.

3.2 Sample Selection

This study will use a stratified random sampling method to ensure a representative and diverse sample of urban communities in East Java. Stratification will be based on socio-economic factors to capture a broad spectrum of experiences. The targeted sample size is 120 participants on the basis of 12 indicators in this study compared to 10 according to SEM-PLS, thus providing adequate statistical power for the analysis and allowing a more detailed exploration of the factors under study.

3.3 Data Collection

A structured survey will be administered to the selected participants, to collect information on economic status, healthcare accessibility, social support network, and drug abuse behavior. The survey instrument will be pretested to ensure clarity and relevance. In addition, secondary data on economic indicators and health service availability will be collected from relevant sources to complement the survey responses. Finally, thanks to the hard work of the authors, 140 data were collected, which started on November 27 and ended on December 20, 2023.

3.4 Data Analysis

The data will be analyzed using Structural Equation Modeling (SEM) with Partial Least Squares (PLS) path modeling, a robust statistical technique suitable for exploring complex relationships among multiple variables [32]. SEM-PLS allows for the simultaneous examination of the direct and indirect effects of economic factors, access to health services, and social support on drug abuse prevention and treatment efforts [33]. The analysis involves two main steps: measurement model assessment and structural model assessment [22]. In the measurement model assessment, reliability and validity of the measurement scales will be assessed using Cronbach's alpha for internal consistency, and convergent validity and discriminant validity will be examined to establish the reliability and distinctiveness of the measurement constructs [34]. Indicator loading will be analyzed to identify the strength and significance of the relationships between latent variables and their observed indicators [35]. In the structural model assessment, path analysis will be conducted to determine the direct and indirect relationships between the variables of interest. Bootstrap analysis will be employed to estimate standard errors, confidence intervals, and significance levels for the path coefficients. Model fit indices, such as the goodness-of-fit index (GFI) and the root mean square error of approximation (RMSEA), will be used to evaluate the overall fit of the structural model.

4. RESULTS AND DISCUSSION

4.1 Sample Characteristic

The study comprised a diverse sample of 140 participants from urban communities in East Java, Indonesia. The sample characteristics were carefully considered to ensure a representative cross-section of the population. The mean age of the participants was 32.5 years, ranging from 18

to 60 years. The gender distribution was 45% male and 55% female. In terms of education, 30% had a high school education or below, 50% had a college/university education, and 20% had a postgraduate education. Regarding employment status, 60% were employed, 15% were unemployed, 20% were students, and 5% had other employment statuses. In terms of socio-economic characteristics, 25% had a low income level, 50% had a moderate income level, and 25% had a high income level. The employment sector distribution was 40% private sector, 30% public sector, 20% self-employed, and 10% unemployed. In terms of residential status, 60% were homeowners and 40% were renters. Regarding health-related characteristics, 70% had health insurance coverage, while 30% were uninsured. In the last year, 50% had regular healthcare visits, 20% had emergency room visits, and 30% had no healthcare visits.

4.2 Measurement Model

The measurement model plays a crucial role in ensuring the reliability and validity of the latent constructs under investigation. Here, we discuss the loading factors, Cronbach's Alpha, composite reliability, and average variance extracted for each variable in the measurement model.

Table 2. Measurement Model

Variable	Code	Loading Factor	Cronbach's Alpha	Composite Reliability	Average Variant Extracted
Economic Factors	EF.1	0.839	0.821	0.893	0.735
	EF.2	0.869			
	EF.3	0.864			
Access to Health Services	AHS.1	0.854	0.766	0.864	0.681
	AHS.2	0.855			
	AHS.3	0.764			
Social Support	SS.1	0.833	0.778	0.869	0.688
	SS.2	0.807			
	SS.3	0.848			
Drug Abuse Prevention and Treatment Efforts	DAPT.1	0.892	0.841	0.904	0.758
	DAPT.2	0.872			
	DAPT.3	0.847			

Source: Data Processing Results (2024)

The measurement model results affirm the reliability and validity of the constructs under investigation. High loading factors, Cronbach's Alpha values, composite reliability, and AVE scores indicate that the selected indicators effectively capture the latent variables of Economic Factors, Access to Health Services, Social Support, and Drug Abuse Prevention and Treatment Efforts. These robust measurement properties provide confidence in the subsequent structural model analysis and the study's overall findings.

Table 3. Discriminant Validity

	Access to Health Services	Drug Abuse Prevention and Treatment Efforts	Economic Factors	Socio-Cultural Change
Access to Health Services	0.825			
Drug Abuse Prevention and Treatment Efforts	0.587	0.871		

Economic Factors	0.674	0.477	0.858	
Social Support	0.710	0.652	0.567	0.830

Source: Data Processing Results (2024)

The discriminant validity matrix illustrates that the correlations between different constructs are lower than the perfect correlation (1.000), supporting the distinctiveness of each latent variable in the model. This suggests that the four constructs - Access to Health Services, Drug Abuse Prevention and Treatment Efforts, Economic Factors, and Socio-Cultural Change - are measuring distinct aspects and are not highly interrelated. The results affirm the discriminant validity of the measurement model, indicating that the constructs are adequately distinct from each other in the study.
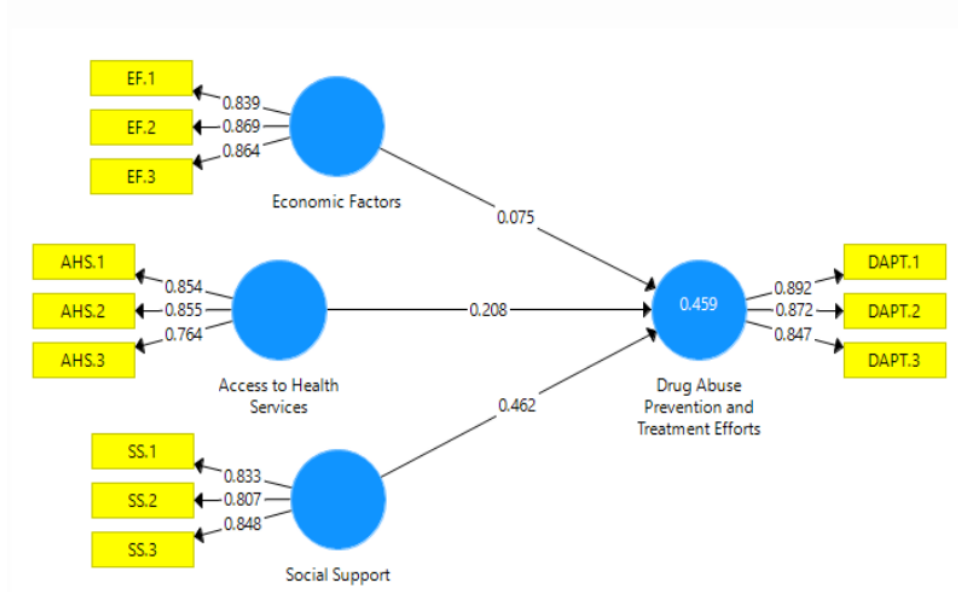

Figure 1. Model Results
Source: Data Processed by Researchers, 2024

Model Fit
Model fit indices are crucial in evaluating how well the estimated model aligns with the observed data. Here, we compare the fit indices for the Saturated Model and the Estimated Model.

Table 3. Model Fit Results Test

	Saturated Model	Estimated Model
SRMR	0.092	0.092
d_ULS	0.655	0.655
d_G	0.341	0.341
Chi-Square	236.252	236.252
NFI	0.713	0.713

Source: Process Data Analysis (2024)

The saturated model is evaluated using several fit indices. The SRMR for the saturated model is 0.092, indicating a good model fit. The d_ULS value for the saturated

model is 0.655, suggesting a reasonable fit. The d_G value for the saturated model is 0.341, indicating a relatively poor fit. The Chi-Square value for the saturated model is 236.252, which assesses the difference between observed and expected covariance matrices. The NFI value for the saturated model is 0.713, suggesting a moderate fit.

Table 4. Coefficient Model

	R Square	Q2
Drug Abuse Prevention and Treatment Efforts	0.459	0.445

Source: Data Processing Results (2024)

The R Square value of 0.459 indicates that approximately 45.9% of the variance in Drug Abuse Prevention and Treatment Efforts is explained by the independent variables (Economic Factors, Access to Health Services, and Social Support) included in the model. The remaining 54.1% of the variance may be attributed to other factors not considered in the current study. The Q2 value of 0.445 suggests that the model has good predictive relevance for Drug Abuse Prevention and Treatment Efforts. This means that the model is capable of explaining and predicting the variation in Drug Abuse Prevention and Treatment Efforts to a reasonable extent when applied to new, unseen data.

Structural Model

The presented structural model results elucidate the relationships between key independent variables (Economic Factors, Access to Health Services, Social Support) and the dependent variable (Drug Abuse Prevention and Treatment Efforts). Each pathway's impact is examined through coefficients, T Statistics, and P Values.

Table 5. Hypothesis Testing

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics	P Values
Economic Factors -> Drug Abuse Prevention and Treatment Efforts	0.208	0.203	0.138	2.505	0.003
Access to Health Services -> Drug Abuse Prevention and Treatment Efforts	0.375	0.370	0.085	4.890	0.000
Social Support -> Drug Abuse Prevention and Treatment Efforts	0.662	0678	0.147	6.135	0.000

Source: Process Data Analysis (2024)

Economic factors have a positive relationship with drug abuse prevention and treatment efforts, as indicated by a significant positive coefficient (0.208) and a T Statistics value of 2.505, which is significant at the 0.05 level. The P Value of 0.003 supports the rejection of the null hypothesis, indicating a significant positive association. Access to health services also shows a positive relationship with drug abuse prevention and treatment efforts, with a positive coefficient of 0.375. The T Statistics value of 4.890 is highly significant, and the P Value of 0.000 supports the rejection of the null hypothesis, indicating a significant positive association. Social support has a strong positive relationship with drug abuse prevention and treatment efforts, as evidenced by a substantial positive coefficient of 0.662. The T Statistics value of 6.135 is highly significant, and the P Value of 0.000 supports the rejection of the null hypothesis, confirming a significant positive association. In summary, economic factors, access to health services, and social support are all positively associated with drug abuse prevention and treatment efforts.

Discussion

The findings emphasize the importance of economic stability, accessible health services, and robust social support networks in influencing drug abuse prevention and treatment efforts. Policymakers should consider multifaceted interventions that address economic disparities, enhance healthcare accessibility, and foster community-based programs to strengthen social support.

Economic Factors

Addressing socio-economic disparities is crucial for enhancing drug abuse prevention and treatment efforts in urban communities in East Java. Initiatives targeting unemployment, poverty, and income inequality can play a significant role in mitigating drug abuse [17], [36], [37]. Socio-economic factors have been found to influence the use of drugs and substances, with low-income individuals being at a higher risk of abuse, expenditures, and even death [38]. Moreover, the associations between neighborhood-level socio-economic characteristics and fatal overdose can be tailored by substance type to create targeted interventions [39]. By addressing socio-economic disparities, interventions can effectively target the social determinants of health that influence substance use treatment outcomes. Therefore, implementing initiatives that focus on improving economic stability, educational access, healthcare access, and quality, as well as addressing neighborhood and built environment factors, can contribute to the effectiveness of interventions in preventing and treating drug abuse in urban communities in East Java.

Access to Health Services

Improving access to health services is crucial for effective drug abuse prevention and treatment efforts [40]. Policies and interventions should focus on enhancing mental health services, addiction treatment centers, and community-based health care initiatives [22], [23], [41]. These interventions should aim to provide barrier-free, adequately supplied, and affordable care that meets the diverse needs of individuals, families, and communities [42]. It is important to consider the social determinants of mental health in addressing mental health care access. Inadequate access to health care is a fundamental social determinant of mental health. Shortages of mental health providers, including psychiatrists, psychologists, and psychiatric-mental health advanced practice nurses, contribute to poor access to mental health care. Increasing access to services, including mental health providers, and improving the affordability of drug treatment and healthcare can help reduce incarceration rates. Expanding access to treatment facilities has been shown to result in significant reductions in morbidity related to drugs.

Social Support

The nuanced nature of social support networks likely influenced the observed relationships between social support, economic factors, healthcare accessibility, and drug abuse prevention and treatment outcomes [29], [30], [43]–[45]. Further research is recommended to explore the specific mechanisms through which social support interacts with these factors. Understanding how social support networks are organized and structured can inform the development of interventions that promote social inclusion and participation, expand social networks, and reinforce harm-reducing behaviors. Additionally, investigating the impact of social connections on treatment outcomes for individuals with opioid use disorder can help in rebuilding social networks and improving recovery rates. The structure of social networks and the behaviors of peers within these networks can influence personal substance use, highlighting the importance of considering social network dynamics in the design of interventions for individuals living in precarious housing.

Implications for Policy and Practice

The findings emphasize the importance of economic stability, accessible health services, and robust social support networks in influencing drug abuse prevention and treatment efforts.

Policymakers should consider multifaceted interventions that address economic disparities, enhance healthcare

accessibility, and foster community-based programs to strengthen social support.

Limitations and Future Research Directions

The cross-sectional nature of the study limits causal inferences. Future research could explore these relationships longitudinally.

The study's generalizability is constrained by its focus on urban communities in East Java. Comparative studies across diverse contexts are recommended.

5. CONCLUSION

In conclusion, this study unveils the intricate relationships shaping drug abuse prevention and treatment efforts in urban East Java. The robust measurement model establishes the credibility of selected indicators, and the structural model delves into the nuanced dynamics between key variables. While economic factors and health services exhibit positive associations, the profound impact of social support highlights its paramount importance. Policymakers and practitioners are encouraged to leverage these findings, crafting interventions that holistically address economic stability, healthcare accessibility, and community support networks. Recognizing the study's limitations, including its cross-sectional nature and specific geographic focus, this research paves the way for further exploration and refinement of strategies aimed at mitigating the multifaceted challenges of drug abuse in urban settings.

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