# SUBSTANCE ABUSE IN ASIAN AMERICAN COMMUNITIES

## Introduction

Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs), also referred to as Asian Americans in this paper, are the most rapidly expanding racial group in the nation over the last decade and constitute nearly 6 percent of the U.S. population (U.S. Census Bureau, 2012). Asian Americans represent a diversity of ethnicities, cultures, and immigration history, and speak over 100 languages and dialects (Substance Abuse and Mental Health Services Administration [SAMHSA], 2001). It is estimated that nearly 67 percent of Asians in the U.S. are foreign-born and a significant proportion of the population have limited English proficiency (Asian American Center for Advancing Justice, 2012). With over 17 million Asian Americans in the U.S., it becomes increasingly important to properly assess the public health needs of this diverse population to ensure equitable resources for prevention and treatment.

Abuse of alcohol, tobacco, and other drugs (ATOD) continues to be a public health concern for all communities. Despite their growing numbers, Asian Americans appear to remain the least at-risk group for ATOD use and abuse. The annual National Survey on Drug Use and Health (NSDUH), one of the most comprehensive reports on the use of alcohol, tobacco, and illicit drugs in the U.S., documented in 2011 that among all racial groups, Asians were the least likely to engage in current alcohol drinking (40 percent vs. 42-57 percent), cigarette smoking (13 percent vs. 20-43 percent), and illicit drugs (4 percent vs. 8-10 percent) including marijuana, cocaine, heroine, inhalants, non-medical use of prescription drugs, and hallucinogens such as ecstasy and mushrooms (SAMHSA, 2012). These findings were consistent with data from national reports in previous years, state reports on ATOD use in California, and other epidemiological studies (Price et al., 2002; Centers for Disease Control and Prevention, 2012; California Department of Alcohol and Drug Programs, 2011). Accordingly, the prevalence of ATOD dependence and abuse was found to be lowest among Asians (3.3 percent) compared to blacks (7.2 percent), Hispanics (8.7 percent), American Indians (16.8 percent), and Whites (8.2 percent) (SAMHSA, 2012). These findings suggest that the Asian American population at large

experiences the least problems with alcohol, tobacco, and other drugs, reinforcing the "model minority myth" that Asian Americans have fewer challenges than other minority groups.

Surveillance studies tend to overlook variations in ATOD trends among Asian American. Moreover, such studies are typically conducted in English and/or Spanish, which systematically excludes limited English proficient individuals speaking Asian languages, who make up a large proportion of the Asian American population. As a result, data from national studies may be drawn from an over-represented sample of more acculturated Asian American individuals and subsequent findings may misrepresent actual trends in the population.

This paper will examine prevalence of ATOD use and abuse among Asian American populations by ethnicity and acculturation status, rates of treatment utilization by Asian Americans, barriers to care, and community-based models of culturally and linguistically appropriate substance abuse services.

**Prevalence of Alcohol, Tobacco, and Other Drug Use in Asian American Subgroups**

*Ethnic Subgroups*

While the overall rates of ATOD use and abuse are low in the Asian American population, certain ethnic subgroups appear to be at higher risk. A review of NSDUH data from 2004-2008 revealed that the past month binge drinking rate was highest among Koreans (25.9 percent) compared to other Asian ethnic groups; in fact, it surpassed the national average (24.5 percent) in 2008 (SAMHSA, 2010). Among all Asian subpopulations, Southeast Asians (Vietnamese, Cambodian, and Laotian) were most likely to frequently smoke cigarettes, with prevalence rates exceeding national estimates (U.S. Department of Health and Human Services, 1998; Chae et al., 2006; Liao et al., 2008). Compared with single-race Asian American adolescents, mixed race individuals were twice as likely to have been intoxicated with alcohol and over 40 percent were more likely to have smoked cigarettes in the past year (Price et al., 2002). A regional study of self-identified homosexual men from Northern California found that Filipinos were more likely

to binge drink, use marijuana, and use amphetamines than Vietnamese and Chinese men (Toleran et al., 2012).

These variations in ATOD patterns underscore the diversity and complexity of the Asian American population, highlighting specific vulnerabilities in some Asian ethnic groups. It is important to recognize the diversity of experiences that exist within the Asian American population, which has often, incorrectly, been viewed and treated as one homogenous group.

*Immigration Status and Acculturation Level*

Findings from a variety of studies of Asian Americans suggest a correlation between immigration-related factors and ATOD use behavior. A frequently discussed immigration-related factor is acculturation, defined as the degree to which Asian Americans identify with and integrate the dominant culture into their lives, which varies among members of the Asian American racial group and those from within the same subgroup (Leong & Lee, 2006). While acculturation is a complex concept, English-proficiency, length of time in the U.S., generational status, and country of birth, are often used as proxy measurements (Constantine et al., 2010).

Some studies indicate that Asian men with higher acculturation levels are less likely to smoke cigarettes than their less acculturated counterparts, while the opposite pattern is observed among females: highly acculturated women are more likely to smoke cigarettes than less acculturated women (Carr et al., 2005; Kim et al., 2007; Zhang & Wang, 2008; Constantine et al., 2010). Zhang & Wang suggest that "Asian women immigrants might identify with American women smokers and start smoking" (2008). It may be that it is less accepted for women to smoke in Asia compared to the United States. Studies on tobacco use among Southeast Asians in California and Minnesota found that 50-58 percent of Cambodian and 30-35 percent of monolingual Vietnamese men were smoked cigarettes, compared to 20-23 percent of the general population of men in the U.S. (Liao et al., 2010; Constantine et al., 2010). Similarly, respondents who preferred to speak English and who had spent a larger percentage of their lives in the U.S. were more likely to have never smoked than those who preferred to speak a

language other than English and who had spent most of their lives outside of the U.S. (Carr et al., 2005). In summary, it appears that less acculturated men and more acculturated women are more likely to smoke cigarettes, and Southeast Asians are the most at-risk group for frequent tobacco use.

While foreign-born Asians are more likely than American-born Asians to smoke cigarettes, research suggests they are less likely to engage in alcohol and other drugs. While foreign-born Asians tend to experience fewer problems with alcohol and other drugs, they become susceptible to problems with alcohol and other drugs with increased time in the U.S. (Yu et al., 2009). Asian adults born in the U.S. were found to have higher rates of alcohol (56 percent vs. 35 percent) and illicit drug use (7.3 percent vs. 2.5 percent) in the past month than foreign-born individuals (SAMHSA, 2010). It appears that ATOD use patterns among American-born and acculturated Asians begin to resemble those of the dominant group as acculturated individuals move away from traditional values and adopt those of the dominant culture. (Mercado, 2000). Reports suggest that socioeconomic and cultural challenges of immigration and intergenerational conflicts between acculturated children and less acculturated parents increase the likelihood of alcohol and other drug use as a way to cope (Yu et al., 2009; Mercado, 2000).

**Utilization of ATOD Treatment Services**

Few studies have looked specifically at substance abuse treatment utilization in Asian American populations. However, some research has shown that Asian Americans have the lowest rates of mental health and substance abuse treatment utilization among all racial groups (Zhang et al., 1998; Sakai et al., 2005). Some evidence suggests that Asian Americans are underutilizing ATOD services. One study examining data from a national survey found that 8 percent of Asians who met the criteria for substance dependence received treatment compared to17 percent of their Caucasians counterparts (Sakai et al., 2005). Furthermore, among individuals who met the

criteria for substance dependence, Asian Americans were six times less likely than Caucasians to report the need for treatment (Sakai et al., 2005).

**Barriers to Treatment**

Many factors shape the attitudes Asian Americans have towards seeking help for ATOD abuse including cultural belief systems about addiction, high levels of stigma associated with seeking professional care, systemic problems to accessing care, and lack of culturally and linguistically appropriate services.

*Belief Systems*

The idea that substance abuse and addiction are issues of self-control and willpower remains common among Asian Americans (Yu et al., 2009). Some individuals acknowledge the physical symptoms of chronic alcohol and other drug use, but do not perceive the behavior to be problematic (Sakai et al. 2005). Thus, they tend to seek medical treatment of somatic issues and avoid psychotherapy (Yu et al., 2009). The denial of problematic behavior among Asians identified as substance abusers is highlighted in a study of Chinese and Korean Americans enrolled in treatment programs. The researchers found the 95 percent of the Asian treatment participants were mandated by the criminal justice system yet the majority denied having a problem with alcohol and other drugs (Park et al., 2010). Because ATOD abuse is not widely understood to be a behavioral health issue, Asian Americans may be less likely to seek behavioral health professionals to seek treatment.

*Stigma and Shame*

The cultural values of saving face and stigma around seeking professional help contribute to denial of problems, delays in treatment, and underutilization of professional care in Asian American communities. The collectivist nature of Asian communities emphasizes family and group harmony rather than individualistic values. Inappropriate behavior as a result of excessive alcohol and other drug use is a deviation from social norms that brings shame to the

family, a powerful form of behavior control to maintain social relationships (API Health Parity Coalition, 2012; Ting & Hwang, 2009; Yu et al., 2009; Mercado, 2000). Protecting the reputation of the family and saving face often take priority over self-disclosure of personal problems and help-seeking behavior (Africa & Carrasco, 2011). Thus, Asian Americans tend to avoid treatment because of the shame inflicted upon the family (Masson et al., 2012; Niv et al., 2007; Sakai et al., 2005).

*Accessing Complex Health System*

Given that the majority of Asian Americans living in the U.S. are foreign-born and speak limited English, navigating the complex health system can be a formidable task. Other social and economic challenges may compound the issue. The U.S. Department of Health and Human Services estimated that in 2010, 18 percent of Asian Americans were unemployed compared to 12 percent of Caucasians. In California, Asians, along with Hispanics and adults with the lowest incomes and least amount of education, were the most likely to be uninsured or underinsured for behavioral and mental health coverage (Lee & Foster, 2008). Plans often demand high out-of-pocket expenses and do not cover traditional, alternative, or culturally-based medicine such as acupuncture (Africa & Carrasco, 2011). While these challenges are not exclusively experienced by AANHPIs, they remain major barriers to accessing ATOD abuse treatment for Asian Americans.

*Lack of Culturally & Linguistically Appropriate Services*

Many of the current ATOD abuse treatment programs assume that their services, including 12-step programs, can be implemented across all cultural groups (Mercado, 2000). However, Asian cultural values and social norms may render support groups and other widely accepted treatment approaches inappropriate and ineffective for this population. Therefore, it is important for service providers to understand the values and belief systems that govern the thoughts and behaviors of their Asian American clients in order to tailor a suitable treatment program (Mercado, 2000). Currently, there is little to no data on the number of ATOD professionals with specialized training or language skills relevant to working with Asian

American populations. It is a challenge to measure the number ATOD professionals because of the broad range of professionals certified to provide ATOD treatment services and the lack of uniform regulation of the ATOD field. Considering that Asian Americans are underrepresented in the mental health workforce, it is likely that they are also underrepresented in the ATOD field (National Alliance on Mental Illness [NAMI], 2003).

**Community-based model for culturally competent substance abuse services**

While there is a lack of empirical data supporting best practices for treating Asian Americans with ATOD-related disorders, a number of community-driven projects have developed effective culturally-competent interventions. Some studies have shown that treatment utilization and treatment outcomes improved when culturally-competent services were available (Yu et al., 2009; Liao et al., 2010; Yeh et al., 1994; Snowden et al., 2011;). This section will explore the key strategies employed in two projects that led to improved outcomes for the communities in the studies.

A case study from New York City reported that a culturally-adapted early intervention model was able to minimize barriers to substance abuse treatment among Asian Americans in the community (Yu et al., 2009). The researchers worked with two outpatient substance abuse programs serving Asian American clients that employed culturally competent and bilingual interventionists trained in case management and motivational interviewing to effectively engage Asian American clients in treatment. The interventionists also conducted screenings and treatment referrals in community settings (i.e. schools, libraries, fairs, parks), with tools that translated into multiple Asian languages. Of the 5,621 participants, 12 percent were screened positive for alcohol and other drug abuse, and 6.4 percent met the criteria for a full treatment intervention. This study found a higher substance abuse rate in the population than the national rate for Asian Americans (4.3 percent), suggesting that culturally appropriate outreach activities can improve data collection in hard-to-reach communities. Reports conducted six months after treatment admission found that the rate of improvement among Asian American

clients in this study was higher than the national rate in the areas of substance use, crime, social connectedness, and overall health. Finally, clients discharged from the participating outpatient programs were more likely to have completed treatment goals than clients from other outpatient clinics in New York City. It appears that once engaged in treatment, Asian Americans tend to successfully accomplish treatment goals. Although this study could have been improved by comparing the intervention group with a control group, the preliminary results further validate the effectiveness of and need for culturally-competent substance abuse services.

Another group of researchers in California applied a similar community-based approach to curb tobacco smoking among Vietnamese, Cambodian, and Asian communities and found a substantial decline over a 5-year period (Liao et al., 2010). Called the Racial and Ethnic Approaches to Community Health (REACH) Project, the study formed partnerships with key stakeholders in the community including local health departments, universities, community-based organizations, or research organizations led by community residents. Culturally tailored and linguistically appropriate health education interventions were delivered to the target communities via local radio and TV shows, with distribution of audio-based materials to low-literacy populations, and additional resource dissemination in community settings such as stores, places of worship, health fairs, clinics, and senior centers. The project trained service providers in cultural competency, organized free health education sessions through the hospitals, and empowered change agents in the community. During the 5-year study period, the rate of smoking declined among men in the communities served by the project. Furthermore, the quit ratio (proportion of smokers quitting) was 5-6 percent higher among men served by REACH than the state and national population of Asian American men. However, Cambodians and non-English speaking Vietnamese men still had a high prevalence of smoking and low quit ratio compared to national measures, calling for more effective language and culture-specific interventions to these populations.

Findings from these studies reveal some key areas that need development in order to improve treatment utilization and healthy behaviors in Asian American communities: coalition building among key organizations in the target community, development of culturally appropriate intervention programs, and data collection to measure AOD use patterns and monitor the efficacy of interventions (Yu et al., 2009; Liao et al., 2010; Wong et al., 2008; Ma et al., 2004).

**Conclusion**

Great strides have been made over the last decade to better understand and address substance abuse in the Asian American population. Recent studies have examined the diverse needs and experiences of different subgroups of the Asian American population and have challenged the "model minority myth", though there is still more work to be done to better understand ATOD use and abuse patterns, effective treatment and prevention strategies, and barriers to seeking care that exist in Asian American communities. As the Asian American population grows in size and visibility, it is important that more culturally and linguistically inclusive research be conducted. Future research should also examine how the psychological, socioeconomic, and physical tolls of immigration and acculturation impact ATOD-related behaviors. The success of existing community-based intervention models should be replicated and built upon to provide a basis for future ATOD efforts aimed at Asian Americans.

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