

Sociocultural Contextualization and Substance Use Disorder (SUD) Interventions among Asian Americans

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The sociocultural realities of Asian Americans have not yet been intensively incorporated into the counseling practice and research field. This paper aims to develop an analytical understanding of the sociocultural of Asian American clients in light of the Model Minority concept, a cultural label that enables public stereotypes to convey oversimplified images of Asian Americans. This conceptual paper will review and analyze a variety of interventions that are culturally congruent with the needs of Asian American clients with substance use disorders (SUD), including Family Systems Therapy and 12-Step Programs. From July 2020 to January 2021, the author of this study conducted a desk-based data collection and analysis of 100 journal articles, government reports, and newspapers to gain an understanding of the sociocultural contextualization of substance use disorders (SUD) interventions among Asian Americans. On a macro level, this paper will enable mental health professionals such as psychologists and social workers to understand how the dominant values and assumptions of American society influence and shape Asian American life experiences. This knowledge is important, as it will allow mental health professionals to engage in social action to bring change that improves the quality of life for Asian American clients, and other marginalized populations across the world.

Keywords: addiction, Asian Americans, United States, substance abuse

Globally, the sociocultural realities of Asian Americans have not yet been intensively incorporated into the counseling practice and research field. This paper aims to develop an analytical understanding of the culture and politics of Asian American clients in light of the Model Minority concept, a cultural label that enables public stereotypes to convey oversimplified of Asian Americans. The primary tenet of the Model Minority label implies that all Asian Americans are problem-free overachievers (Kiang et al., 2017). This inevitably glosses over and obscures social issues such as economic struggles, psychological problems, racism, and discrimination

experienced by Asian Americans. At the same time, it also hinders those with substance abuse issues from seeking intervention. The sociocultural context of drug abuse among Asian Americans focuses more on the physical impact, and less on mental and emotional health (Cook et al., 2015; Wu & Blazer, 2015). Furthermore, the very topic of substance abuse is considered taboo, and is not openly discussed because it will bring shame to those with substance abuse issues and their family (Niv et al., 2017; Saraiya et al., 2019). As a result, Asian American addiction treatment utilization rates are still low despite the annual increase of substance abuse cases among Asian

Americans (from 4.09% in 1991 to 10.22% in 2001) (Fang & Schinke, 2013; Saraiya et al., 2019). In 2018, 2.7 million Asian American adults had a mental and/or substance use disorder, but only 0.1% to 3.3% received treatment (Vaeth et al., 2017). Offering substance abuse interventions that are culturally congruent with the needs of Asian American clients requires understanding the dominant values and assumptions of American society that influence and shape the life experiences of this population.

The author is using a desk-based or secondary data analysis to gain understanding of the sociocultural contextualization of substance use disorders (SUD) interventions among Asian Americans. According to Bhasin (2020), the desk-based study is a type of secondary data analysis where the researcher finds, collects, and reviews the publicly available data about the research topic. This desk-based study was conducted from July 2020 to January 2021. Using keywords; Asian Americans, substance abuse, interventions, Model Minority, Family Systems Therapy, Healthcare Intervention Services (HIS), and Modified 12-Step Programs, this paper will review different types of interventions that are culturally congruent with the needs of Asian American clients with substance use disorders (SUD). On a macro level, this paper will enable mental health professionals such as psychologists, social workers, and counselors to understand how the dominant values and assumptions of American society influence and shape Asian American life experiences. This knowledge is critically important, as it will allow mental health professionals to engage in social action to bring change that improves the quality of life not only for Asian American clients, but other marginalized populations across the world.

Asians are one of the fastest growing populations in the United States. The Asian

population grew 72% between 2000 and 2015 and comprises about 5.7% of the total population in the United States (United States Department of Health and Human Services, 2021). Asians are a diverse group that consists of more than 40 different races and ethnicities. Nationally, the largest Asian American subgroups are Chinese, Filipino, Asian-Indian, Vietnamese, Korean and Japanese. Together, these groups represent 87% of the Asian Americans, including Pacific Islanders, in the United States (Fong & Tsuang, 2007; Lee et al., 2018). As one of the growing populations in the United States, is it critically important to understand the health issues faced by this population. As of 2020, the majority of Asian Americans, more than 18.9 million, reside in three states: Hawaii, California, and New York (United States Department of Health and Human Services, 2021). Additionally, Yu et al. (2019) found that Asian Americans represent 10% of New York City's overall population, and 18% of the local population within New York's Queens County.

The majority of Asians in New York City live in close-knit communities, particularly in Queens. Although Asian Americans are the fastest growing ethnicity in New York City, substance addiction remains a largely hidden concern that is not openly discussed in the community. Wu, Zhu, and Swartz (2016) and Yu (2014) mentioned that the total number of Asian American clients admitted for addiction treatment in New York City is very low, as they constitute only 0.17% of the clients who utilize drug crisis services, 0.01% inpatient rehabilitation service users, 0.035% of methadone treatment service users, 0.02 % of residential service users and only 0.34% of outpatient treatment service users.

Model Minority and Substance Use Disorders (SUD) among Asian Americans

Since the 1960s, Asian Americans have become known as the Model Minority, a label that creates both advantages and disadvantages. As cited by Kiang et al. (2017), Pina et al. (2019), and Wu (2014), the Model Minority label describes Asians as the minority group in the United States that displays “unquestioned obedience” towards their elders, possesses a high moral sense, values respect for parents and teachers, has stable life conditions, and is education-driven. This Model Minority label, however, obscures various difficulties faced by Asian Americans including poverty, drugs, suicide, and mental illness. In addition, Asians in America encompass 40 ethnicities and 26 different languages. Typically, the Model Minority solely applies to educated and high-income Asians such as Japanese and Koreans (Pina et al., 2019).

In reality, the Asian community still faces many barriers to societal integration. Chinese in New York City, for example, tend to have less schooling compared to the city’s general population; 16% of Chinese residents had less than a ninth-grade education compared to the 10% rate for all adult New Yorkers (Yu, 2014). In addition, Asians have 27% lower income than the city-wide per capita level, with 21% of Chinese residents as a whole and 31% of Chinese senior citizens living below the poverty line (Wu et al., 2016). In a high cost-of-living city such as New York, poverty and lack of education might be underlying causes for Asian Americans to become involved with substance addiction. Since poverty and unemployment create anxiety and depression, some might decide to use alcohol and drugs to deal with their problems (Cheng et al., 2018; Lui & Zamboanga, 2018; Saraiya et al., 2019; Yu et al., 2009).

Evidence of the Nature and Impact of Substance Addiction

Addiction to substances is one contributor to a host of difficulties in Asian Americans’ daily lives. These include a high risk for posttraumatic stress symptoms (PTSS), involvement in criminal activities, economic hardships, and isolation from their own family members and community (Cheng et al., 2017; Iwamoto et al., 2012; Saraiya et al., 2019; Wu & Blazer, 2015). Individuals experiencing difficulties in controlling addiction also experience a greater incidence of workplace conflict. For example, individuals who ingest large quantities of alcohol daily typically experience difficulties with activities such as waking up in the morning, showing up to work, and focusing on their job. Over the long term, they might not be able to sustain their jobs, leading to a loss of financial support. For those who have families, substance addiction isolates them from other family members; this is especially likely to occur when they are unable to fulfill their parental responsibilities.

In Asian American society, elders are entrusted with serving as role models for the younger generation, and children are expected to obey their parents and other elders (Shih et al., 2019; Sung, 2004). If children become involved with any social problem, including substance use disorder (SUD), they will be isolated, stigmatized, and discriminated against by their elders as well as the rest of the Asian American community (Chang et al., 2017; Lee et al., 2017). Ultimately, addiction to substances also will lead to other serious problems such as involvement in gangs and the drug trade.

A second serious impact of the substance abuse for the local community is the involvement of criminals who control the black market supply of drugs. The profits that they obtain from the black market are often used to support other illegal activities,

such as prostitution and human trafficking, and create unsafe environments in which local community members may be exposed to illicit and dangerous activities (Walsh & Yun, 2018). According to one news report from Goldstein (2013) in the New York Times, New York City's Chinatown has become a major route for the drug trade, especially to fulfill demand for methamphetamine. In 2013, the Drug Enforcement Administration (DEA) was able to intercept drugs worth \$193,000.00 by arresting four individuals involved with New York drug traders.

Sociocultural Influence and Help-Seeking Behaviors

When adults are involved in substance addiction, and are not getting help, society suffers lowered productivity. Social and cultural beliefs about drug and alcohol addiction play an important role in determining the impact of drug use and willingness of Asian American clients to seek help. For example, differing definitions of alcoholism and drug abuse among Asian Americans lead to complex discussions of addiction treatment within the community. As studied by Iwamoto et al. (2016), Niv et al. (2007) and Sakai et al. (2005), an interpretation of alcoholism common among Asians focuses more on the physical consequences of chronic use, rather than loss of control. As long as alcohol or drug users can maintain a relatively healthy appearance, despite constantly taking these substances, the habit will not be considered problematic.

There is a predominant belief that the use of drugs and alcohol is harmless as long as the users did not engage in behaviors that might disgrace their family – a stance that leads to denial and delay in seeking professional mental health help and treatment (Masson et al., 2013; Saraiya et al., 2019; Yu et al., 2014; Yu et al., 2009). If left untreated, substance addiction among Asian Americans can lead to economic burdens

and conflicts with family members, as well as with community and legal authorities.

Addiction to alcohol or drugs also was found to bring shame and guilt to the Asian American family and its community (Wu et al., 2016; Yu et al., 2009). This stigma has led many Asian Americans to hide such problems. As long as they can physically hide their chronic substance use from family members and society, they might think alcohol and drug addiction is not a “problem.” Moreover, many Asian American clients tend to seek help only when their addiction has increased in severity or duration. As a result, they are prone to greater risk of substance abuse morbidity due to the delay in getting proper help. This explains why many Asians will attend drug treatment, especially driving under the influence (DUI) programs, only if they are mandated through the criminal justice system rather than by self-referral (Sahker et al., 2017; Wu & Blazer, 2015; Yu & Warner, 2013).

In a study from Masson et al. (2013) Japanese-Americans had the highest rate of alcohol use compared to other Asian American subgroups, while Filipino-Americans and Vietnamese-Americans had the highest rate of illicit substance use. National survey and treatment admissions data in 2019 reported that marijuana is the primary drug type for Asian American clients (1.4M) followed by psychotherapeutic drugs (526K), hallucinogens (283K), cocaine (205K), inhalants (171K), methamphetamines (35K), and heroin (7K) (Substance Abuse and Mental Health Services Administration, 2020). However, Asian American clients might have difficulties realizing their addiction problems if they have no knowledge of the symptoms, the available services, and the resources that can help them. As mentioned by Amodeo et al. (1996), Cambodian and Vietnamese clients who have chronic use of substances will seek medical treatment for somatic

complaints that mask mental health and substance misuse problems. A more recent study from Wu et al. (2016) found that minority groups, including Asian Americans, reported greater odds of misusing cannabis than Caucasians, and that low levels of education contribute to higher chances of cannabis dependence among Asian American clients. A preponderance of Asian American clients attend treatment only after they have been arrested for driving while intoxicated, after episodes of domestic violence, or after having been identified by the child welfare system for incidents of child abuse or neglect.

A body of literature from Saraiya et al. (2019), Vaeth et al. (2017), and Yu (2014) reveals that there is still a low prevalence of addiction to substances among Asian Americans compared to other races in the United States. However, this does not mean that addiction to alcohol and drugs among Asian Americans is of little concern. This is because there has been a significant increase in the Asian American rates of drug misuse and admission to addiction treatment programs (Iwamoto et al., 2019; Yu, 2014).

According to the Substance Abuse and Mental Health Services Administration (SAMSHA) data, the rate of drug treatment admissions among Asian Americans, including Pacific Islanders, increased by 25% (from 13,400 to 16,700 cases) from 2005 to 2008. And, in 2020, access to medication-assisted treatment, namely methadone to treat heroin addiction, among Asian American clients increased from 382,867 in 2017 to 637,157 in 2019 (Substance Abuse and Mental Health Services, Administration, 2020). However, the overall Asian American rate of admission in 2015 to publicly-funded addiction in-treatment facilities across the United States is still considered low, though 1 in 7 (14.2%, or 106K) Asian Americans struggled with illicit drugs and alcohol

(Wong & Barnett, 2010; Wu & Blazer, 2015).

Family Systems Therapy

There are four types of psychosocial intervention that can be culturally adapted to address substance abuse among Asian American clients: Family Systems Therapy, Healthcare Intervention Services, Modified 12-step Program, and Cognitive Behavioral Therapy.

Mercado (2000), Juang et al. (2016), and Pina et al. (2019) discussed the use of Family Systems Therapy to help Asian American substance abusers and their families. This therapy uses six core components from Family System Theory: differentiation of self/fusion, triangles, nuclear family emotional system, family projection process, multi-generational transmission process and sibling positions (Juang et al., 2016; Pina et al., 2019). Social workers and mental health counselors in addiction treatment agencies utilize Family Systems Therapy to help their clients with substance addiction issues (Kwon, 2020; Liddle & Hogue, 2001; Mercado, 2000; Weng, 2016).

Research to prove the effectiveness of Family Systems Therapy to Asian-American substances use disorders (SUD) clients and their families is still limited. For example, Ai et al. (2021) reported that having a good emotional system, such as respect and trust between family members, was found to lower the likelihood of having substance use disorder (SUD) among Asian Americans. Further, Lui (2016) found that the family closeness and sibling independence drawn from Family Systems Therapy would improve the quality of mental health among Asian American clients. Further studies from Juang et al. (2016) and Kwon (2020) reported that positive family cohesion and conflict resolution skills influenced psychological distress among Asian Americans, which is expected to eventually reduce the

frequency of drug use among Asian American youth clients.

However, despite extensive research proving that family counseling and/or therapy fits well with Asian Americans given the heavy emphasis on family in this population, these family-based techniques are underutilized in clinical settings. Asian Americans usually lives in a close-knit community and places heavy emphasis on the family (Cheng et al., 2018; Cheng et al., 2017; Lui & Zamboanga, 2018). The use of Family Systems Therapy by mental health professionals is likely to succeed in helping Asian Americans with substance use disorders because of its modest approach to confront the existing issues (Mercado, 2000). Additionally, communications campaigns to increase awareness of Family Systems Therapy should focus on geographic areas that have a high density Asian American population, such as Queens. To increase efficacy, the printed materials used in the campaign should be translated into different Asian languages. Finally, the use of interpreters would help increase the level of interaction between Asian American clients and counselors.

The specific strategies employed by Family Systems Therapy might also fit with the cultural beliefs and practices of Asian American clients. Family projection, for example, is one of the strategies used when counselors intervene between the client and their family members. This strategy can generate outcomes such as open discussion about chronic intake of substances or disclosure of real feelings about how addiction affects family members. In terms of its manner of dealing with change, Family Systems Therapy places emphasis on problem-solving by helping clients to remain detached yet calm and interested. This is congruent with Asian American cultures, that are often comfortable with modest communication and behavior. Each family member will be able to speak directly with a therapist, using positive

reframing and reflection that will be congruent with customary Asian American patterns of communication.

Other Family System Therapy components such as consciousness training, dramatic relief, environmental re-evaluation, and social liberation will help to encourage behavioral change among clients. For example, during the environmental re-evaluation process, a combination of affective and cognitive assessments can explain how the presence or absence of a personal habits affects a client's social environment. On the one hand, the absence of family support will reduce the ability to sustain a period of recovery among Asian Americans with SUD (Ai et al., 2021; Fang & Schinke, 2013). On the other hand, the presence of bicultural and bilingual professionals will increase retention rates among clients, especially when clinicians are culturally competent and sensitive to client needs. Social liberation in experiential change can be achieved through recognition of social opportunities or alternatives for people who are relatively oppressed or underserved. Some of the possible intervention strategies operate by "improving opportunities and pressures for desired behaviors" (Funnell & Rogers, 2011, p. 330).

Healthcare Intervention Services

The Healthcare Intervention Services (HIS) was developed in 1989 to provide intervention services to at-risk individuals in non-treatment settings, such as emergency rooms and primary doctors' offices (Clarke et al, 2019). Early intervention is the key element for HIS, which is characterized by a five-step sequential process: screening, assessment, brief intervention, full intervention with a referral, and follow-up with treatment outcomes (Yu et al., 2009). Social workers determine whether the client falls into one of two categories: "no problem" or "at risk." Using the HIS approach, mental health professionals such as counselors,

psychologists, or social workers who are working with at-risk clients specify treatment using the Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) form. The LOCADTR places clients in one of the following levels of care: crisis services, outpatient, inpatient rehabilitation, or residential.

In addition, mental health practitioners, including social workers and psychologists, may use other HIS components including motivational interviewing (MI) and case management (CM) to further understand clients' narratives related to misuse of alcohol and drugs. According to Yu et al. (2019), MI is a directive method, focusing on a patient-centered approach that can be used to enhance client motivation. The MI is different from other approaches in treating substance abuse clients because it focuses on eliciting client experiences and on identifying the best steps towards behavioral change. The use of MI has been proven effective to address substance addiction issues in abstinent, non-abstinent, and cocaine detoxification programs (Rollnick & Miller, 1995; Yu et al, 2019). Studies reported that Asian American clients showed positive change in addictive behaviors, such as decreased alcohol intake, after receiving HIS model interventions conducted by certified and trained mental health professionals (Oh & Lee, 2016; Yu et al., 2009).

Modified 12-step Program

The third intervention that promises cultural fit with Asian Americans is the modified 12-step program (Amodeo et al., 1996; Verissimo, & Grella, 2017; Zemore et al., 2018). Originally, the 12-step model introduced 12 elements in their primary addiction treatment program, including mandating "recovering" clients who were in a two-year period of sobriety to "meet regularly with patients on a one-on-one basis to provide advice, to act as a role model and to be a confidante" (Cook, 1988, p. 269). The 12-step program was modified

due to the particular Asian American view of alcoholism and drug dependence as a physical illness unrelated to self-control.

With such modification, 12-step programs have shown effectiveness in treating Cambodian clients (Amodoe et al., 2004). Modifications include (a) the use of group coordinators that are familiar with Cambodian cultures, and (b) not using formal or local sponsors but instead members of the same race with a period of longer sobriety to teach and guide newer members. In Massachusetts, modified 12-step meetings were conducted at the local Buddhist temple and were guided by a leader who taught aspects of the 12-step philosophy and educated members about alcohol and drug issues. Amodeo et al., in their 1996 study, found that the use of a 12-step program that was modified to fit Southeast Asian American cultures can attract more Cambodian participation, as well as increase attendance and abstinence rates.

Cognitive Behavioral Therapy

Finally, O'Hare and Tran (1998) discuss the use of Cognitive Behavioral Therapy (CBT) to help Southeast Asian Americans, such as Cambodian and Vietnamese, who were diagnosed with substance use disorders (SUD). According to O'Hare and Tran, CBT includes steps to help clients with substance abuse problems: (a) self-monitoring thoughts, feelings, and situations which are likely to 'trigger' an impulse to abuse alcohol or drugs; (b) effective social skills to deal with situations in which the client may be pressured to use drugs; and (c) stress management skills to lower anxiety, deal with somatic complaints, and covertly rehearse new behavioral skills.

CBT methods have been proven effective to treat substance addiction for individuals, couples, family, and community-based interventions (Hall et al., 2019; Huey & Tilley, 2018; O'Hare & Tran, 1998). CBT

can also be used to treat depression and anxiety disorders, often co-morbid with substance use disorders (SUD). Huey and Tilley (2018) and O'Hare and Tran (1998) argued that CBT is effective for Southeast Asian American clients because of the congruency between CBT principles and Asian cultures such as: (a) respect for the teaching modality inherent in psycho-educational and skill-based approaches, (b) the relative structure and emphasis on personal initiative and responsibility in treatment, (c) the ability to examine cognitive schemas relevant to the problem without being unnecessarily intrusive, (d) the use of stress management, and (5) incorporation of CBT methods into family and community-based interventions.

Discussion

Using a desk-based study publicly available data about the research topic including journals, government reports, and newspapers, this conceptual paper aimed to provide an understanding of substance addiction among Asian Americans as a social problem that merits more attention from community leaders, social policy makers, and community members. Masson et al. (2013) bolstered this last point by arguing that discussion related to the sociocultural contextualization of substance use disorders (SUD) would be useful to improve and expand addiction treatment programs that serve the Asian American community, an underserved population in the United States.

Addiction treatment agencies and stakeholders need to teach the Asian American community about the importance of reaching out and receiving help at the early stages of addiction, and at the same time increase awareness that substance abuse is not a taboo topic, but rather a social issue that deserves professional support. A variety of activities are likely to stimulate healthy discussions between the Asian American community, social workers, mental health professionals, and

stakeholders. One promising route is through informal cultural discussions related to drug and alcohol addiction that can be conducted at town halls, during festivals, or during social events in the local Asian American community. These types of discussion will also generate more information regarding the ways in which substance abuse among Asians differs from other races, and this knowledge can be used to discover protective factors to achieve recovery and, ultimately, lead to a better quality of life.

Limitations remain regarding the type of interventions and quality of services available for Asian American clients with substance use disorders (SUD). In many cases, they are being referred to services with limited numbers of culturally-responsive practices. Inpatient and residential treatments, for example, require clients to stay at the residential facility, and actively participate by sharing their experiences with clinicians and other members. This is less feasible for Asian Americans who need to work, who do not have insurance coverage, or who have limited English language skills.

Conclusion

In the future, a discussion about program evaluation will be useful to improve and expand programs that serve the Asian American community. Future studies should also address Asian American therapeutic dilemmas in order to encourage social workers' participation in thoughtful, client-empowering discussions. These include the concepts of independence versus acculturation and individuation, equality versus hierarchy and authority, and supportive versus dynamic treatment. It is critically important for mental health professionals to engage in social actions to bring change that improves the quality of life not only for Asian American clients, but other underserved populations across the world.

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