



Addiction in the Asian American Communities

Cultural Considerations and Case Discussion

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Addiction in the Asian American Communities

- **Co-occurrence of mental health and addictive behaviors (substance dependence, substance abuse, gambling, and eating disorder) leading to COD (Co-Occurring Disorder).**
- **Under-utilization of services (mental health and medical health) by Asian American communities. 8% AAPI compared to 16 % non-AAPI enter substance abuse treatment.**
- **Treatment retention, duration and outcome data are similar across AAPI and non-AAPI, suggesting that AAPI do respond to treatment and that barriers to treatment are essential in addressing.**



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Interventions, Implementation:

- Theory (Cognitive Behavioral Therapy, Harm Reduction, Milieu Therapy and Family Systems)
- Assessment (SAMHSA Twelve Steps Process)
- Intervention (Leveraging cultural, spiritual and social dialogue)
- Case Management (Consider functioning, family and goals)



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SAMSHA Twelve Steps in the Assessment Process

- 1. Engage the client (person centered; trauma)**
- 2. Identify and contact collaterals to gather information (family, friends, other provider)**
- 3. Screen for/detect COD (safety screening; SSI-SA)**
- 4. Determine quadrant and locus of responsibility**
- 5. Determine level of care (6 dimensions of care)**
- 6. Determine diagnosis**
- 7. Determine disability and functional impairment**
- 8. Identify strengths and supports**
- 9. Identify cultural and linguistic needs and supports**
- 10. Identify problem domains (ASI tool)**
- 11. Determine stage of change (8 stages of change)**
- 12. Plan treatment**



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Population Stats and High Risk Groups

- Epidemiology and Impact: Usage rates compared to national data. Data from SAMSHA 2000 report 5% AAPI illicit drug use of which 70% were foreign born.
- Treatment Episode Data Set (TEDS) less than one percent of all patients who are admitted to national treatment surveys report themselves as AAPI; reflection of healthcare disparity.
- Japanese Americans had equal rate to national average. Mixed AAPI had higher rate at 11%.



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Readings:

- Price RK, Risk NK, Wong MM, Klinge RS. Substance use and abuse by Asian Americans and Pacific Islanders: Preliminary results from four national epidemiologic studies. *Public Health Rep* 2002;117(Suppl 1):S39–50.
- Sakai JT, Ho PM, Shore JH, et al. Asians in the United States: Substance dependence and use of substance-dependence treatment. *J Subst Abuse Treat* 2005;29(2):75–84.
- Niv N, Wong EC, Hser YI. Asian Americans in community-based substance abuse treatment: Service needs, utilization, and outcomes. *J Subst Abuse Treat* 2007;33(3):313–9.
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913701/>



Addiction in the Asian American Communities

Information/resources:

- <http://asianamericanhealth.nlm.nih.gov/belissues01.html>
- <http://www.samhsa.gov/newsroom/advisories/1005192854.aspx>
- <http://oas.samhsa.gov/2k10/179/SUAsianAdults.htm>
- <http://www.innovationscns.com/asian-americans-addictions-and-barriers-to-treatment/>
- www.multiculturalmentalhealth.org