ADELA JANSEN

I'm a proud Southeast Asian, born and bred in Indonesia. Before pursuing a Master's in Social Work at Columbia, I served as the youngest policy analyst in the Governor's Delivery Unit of Jakarta, the capital of Indonesia. My research interests are mainly in social and psychosocial determinants of health and empowerment of vulnerable communities.

INSPIRATION FOR ARTICLE

After moving from the other side of the globe to the U.S., I realized I am viewed just as 'Asian' here. It was as if all my cultural experiences and diverse ethnic backgrounds were deliberately ignored. After I started talking to other BIPOC folks who are non-citizens, immigrants, or first-generation immigrants, I found that many feel the same as I did. Eventually, I learned about different ethnicities that fall under the Asian, Latinx, and Black umbrella terms and how different they are. For instance, it is rare to find an Indonesian American to drink beyond their capacity due to the extremely conservative culture in Indonesia. On the other hand, Korean Americans are likelier to drink because it is part of their culture in Korea. This was basic knowledge for myself and many around me. Hence, when finding that data collection in the U.S. disregards, I instinctively knew that many ethnic groups are currently overlooked, but also ironically very much acknowledged though only as a monolithic group. This inspired me to look into disparities in social and health issues impacting different ethnicities under the same racial umbrella.

ABSTRACT

This reading challenges the prevailing Model Minority Myth perspective which influences the examination of substance use patterns among different subgroups of East Asian American (EAA) youth. A disaggregated analysis of existing literature reveals significant variations in substance use across EAA subgroups. This article explores influencing factors such as acculturation, cultural norms, and peer dynamics, emphasizing distinctions between Chinese Americans, Taiwanese Americans, Korean Americans, and Japanese Americans. Several EAA subgroups show a higher prevalence of cigarette or alcohol use than their white counterparts, a finding normally hidden by the aggregation of Asian American data. These unrealized differences prompt a call for tailored and culturally appropriate treatment approaches. Data shows EAA youth are more likely to not seek treatment or to drop out after beginning treatment (Wang & Kim, 2010 as cited in Ong, 2023). Understanding the typical family dynamics as well as the discrimination faced by EAA communities, including cultural stigma and culture-specific syndromes, plays a crucial role in improving treatment adherence. Additionally, studies of treatment preferences show that implementing family-based programs, outreach efforts, and involving culturally attuned treatment providers is crucial to actively address the unique needs of youth of different EAA subgroups (Lee et al., 2004).

Keywords: substance use, treatment approach, culturally appropriate care, East Asian American, model minority

Asian Americans (AA) are the fastest-growing minority group in the United States (Budiman & Ruiz, 2021). Often referred to as the "model minority," the AA community is perceived as a monolithic group that is successful and stays out of trouble. The Model Minority Myth has created distortions and misperceptions about the actual struggles of many Asian Americans which range from mental health to other areas of health (Blackburn, 2019). The stereotype that Asian Americans are "doing well" ignores how many Asian American youth face dual exposure to strict parenting (i.e. tiger parenting with punishment and shaming tactics) and holding a bicultural identity, which can result in poor coping behaviors such as substance abuse (Saraiya et al., 2019). In reality, a 2002 study shows that compared to girls of other ethnocultural groups, Asian American girls have the largest increase in use of alcohol (from 9.5% to 28.4%), cigarettes (from 7.4% to 17.1%), marijuana (from 2.4% to 9.1%), and other stimulants (from 1.5% to 2.3%) from 8th to 12th grade (Wallace et al., 2003). Moreover, since research on alcohol and substance use often lumps all subgroups within the Asian American (and sometimes Pacific Islander) community together, this aggregate data masks high rates of substance use within specific groups (Kane et al., 2017). This creates an increased danger of overlooking and ignoring the needs of the AA community.

EAST ASIAN AMERICAN (EAA) YOUTH

Compared to other Asian American subcultures, East Asian Americans currently fit the mold of the Model Minority Myth the most. EAA ethnicities include Chinese Americans, Hong Kong Americans, Japanese Americans, Macau Americans, Mongolian Americans, North Korean Americans, South Korean Americans, and Taiwanese Americans (Asia Society, n.d.). The 2019 American Community Survey (ACS) data from the U.S. Census Bureau shows that the Asian American groups with the highest median household income and the highest percentages of adults (age 25 and above) with at least a bachelor's degree are mainly in the EAA category (Jin, 2021). Within this group, the Taiwanese, Chinese,

Japanese, and Korean American subgroups stand out the most in terms of economic and educational achievement. When referring to Asian Americans in the U.S., most only consider East Asians, further perpetuating the misconception of Asian Americans as a "successful" monolithic model minority. The common perception is that Asian Americans in general are as successful as their white counterparts, at least from an economic and educational standpoint. This translates into a double-layered assumption that East Asian Americans are economically successful and, therefore, not at high risk of substance use. However, simply earning a high income or a bachelor's degree does not define the population's well-being, especially in terms of mental health and substance use. Additionally, even if rates of substance use for Asian Americans are lower than other racial groups, most data do not show the variances among different Asian American subgroups/ethnicities nor their experiences of racial or minority stress (National Survey on Drug Use and Health, 2021).

Many East Asian Americans are from immigrant families where using certain substances, namely alcohol, is common or seen as a norm in their country of origin. This paper focuses on the high prevalence of substance use, especially alcohol and cigarette use, among some EAA subgroups. Furthermore, cultural norms in the Asian American community mean these groups are already less likely to seek professional help, and false assumptions of substance use among different EAA subgroups have further contributed to limited availability and accessibility to treatment for those who do need help (Guarnotta, 2023). In general, public health researchers and practitioners have been led to deprioritize analyzing the patterns of substance use among East Asian Americans and Asian Americans (Kane et al., 2017). Hence, it is unsurprising that policies and programs tend to ignore the need for prevention and treatment for this population.

The relationship between different subgroups of EAA youth and substance use, as well as treatment approaches appropriate for this population, should be examined. Youth populations are prioritized in this

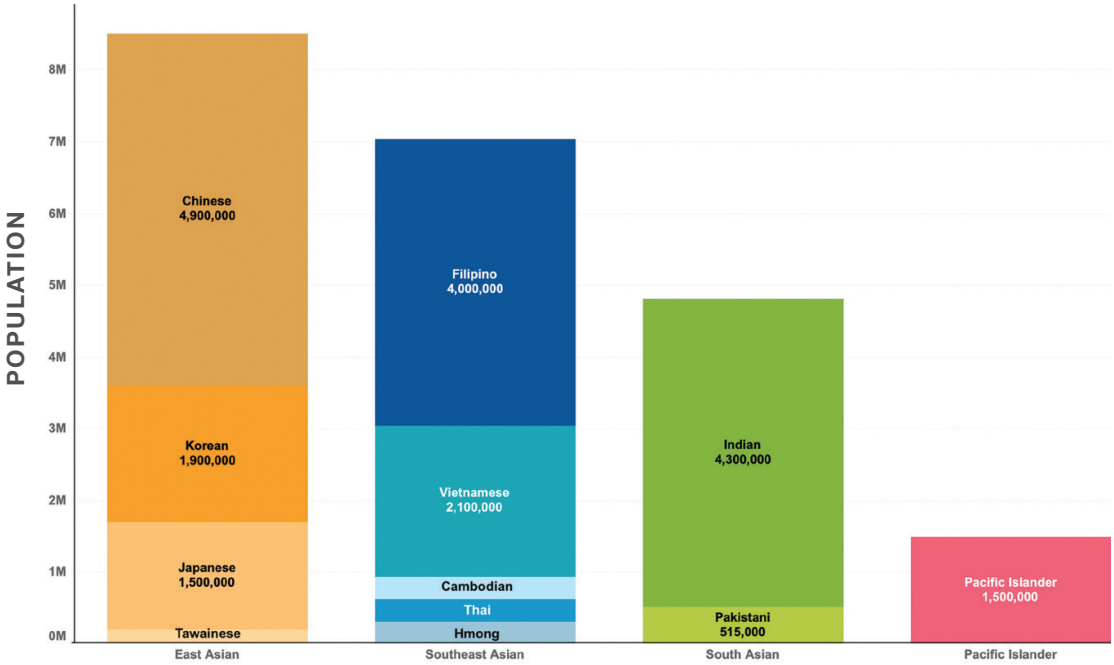
paper since this is a crucial stage for intervention in the development of alcohol and substance use issues.

FACTORS INFLUENCING SUBSTANCE USE ACROSS SUBGROUPS

The 2019 ACS data from the U.S. Census Bureau shows that the East Asian American subgroup has the highest percentage population (8.6 million) in the U.S compared to other Asian American subgroups. Acknowledging the distribution of ethnicities of Asian Americans is crucial to understanding how current aggregated data concerning Asian American substance use has created biases and oversight of substance use prevention and treatment for Asian American subgroups that need them the most.

TABLE 1

ETHNICITIES UNDER THE ASIAN AMERICAN UMBRELLA



Source: U.S. Census Bureau, 2019 American Community Survey as cited in Jin's (2021) article.

The 2013 U.S. National Survey on Drug Use and Health (NSDUH) reveals that Asian American youth have the lowest prevalence of past-month alcohol use and binge drinking compared to other races or ethnic groups (Substance Abuse and Mental Health Services Administration, 2013). However, data which combine all Asian American sub ethnicities under one category hide and ignore the reality of high-risk groups. A 2017 study found prevalence estimates of alcohol use among Korean, Japanese, and Filipino American adolescents were in fact very similar to other racial groups (i.e. white and Black populations) that experience a high risk of alcohol use (Kane et al., 2017). Another study by Cook et al. (2015) found the culture of drinking in the country of origin, namely Korea, Japan, and the Philippines, predicted heavy episodic drinking among these young adults. Low levels of alcohol use among Chinese Americans and Asian Indian Americans–the two largest Asian American subgroups in the United States, skew the data when evaluating alcohol use among Asian Americans as a whole (Saraiya et al., 2019; U.S. Census Bureau, 2021). Collectively, these findings accentuate the existing alcohol use amongst Asian American youth and the importance of disaggregating this data by ethnicity.

There is limited research on illicit substance use (e.g. cannabis, opioids, and illicit stimulants) among Asian Americans. The existing small body of research depicts Japanese and Korean ethnicities reporting higher use of illicit substances compared to other Asian American ethnicities (Ryabov, 2015; Saraiya et al., 2019 as cited in Ahmmad & Adkins, 2021).

CHINESE AMERICANS & TAIWANESE AMERICANS

Although Chinese Americans comprise over half of the East Asian population in the U.S., this group consistently reports low alcohol use prevalence compared to other Asian American subgroups (Chang et al., 2008). However, this does not mean alcohol and substance use is non-existent among Chinese American youth.

This phenomenon requires examining the process of acculturation–how closely one adheres to cultural norms in the U.S–which appears to be a

strong predictor of substance use for other ethnicities. For instance, one study highlights how Chinese Americans are more influenced by specific cultural values (i.e., family obligation and expectations of autonomy). This means that Chinese American youth with a higher internalized sense of these values engaged in less misconduct (Juang & Nguyen, 2009). Although family values are a strong predictor of substance use in Chinese American youth, it is important to note that substance use is part of Chinese culture. Moreover, Chinese and Taiwanese American youth are greatly impacted by the recent history of immigration in their families. Immigration can greatly alter family dynamics and values and affect how these values contribute to substance use.

In existing research on substance use in Taiwanese Americans, this group is often combined with Chinese Americans, perhaps due to the very similar culture and the comparatively lower population of Taiwanese Americans. A study on smoking behavior among Chinese American and Taiwanese American college students found personal meanings associated with smoking are powerful predictors of smoking for this population (Spruijt-Metz & Hsia, 2003). Specifically, participants of this study reported that personal feelings about smoking are closely related to culture and smoking customs in some regions in China and Taiwan where smoking is socially accepted and even encouraged among men. In comparison, the personal feelings about smoking in female participants are more influenced by family education and parental attitudes compared to social customs.

KOREAN AMERICANS

On the other hand, Korean American college students are found to be drinking alcohol more frequently and in higher amounts compared to Chinese American students. Particularly, Korean Americans are more likely than Chinese American students to view drinking as a socially acceptable practice and a way to facilitate social interactions (Chang et al., 2008). The two most common environments where Korean Americans drank alcohol were drinking at night with friends or at parties (Nakashima & Wong, 2000). Drinking behavior among Korean

American students is closely associated with the drinking behaviors of their parents and friends. They are more likely to drink frequently when they have more spending money and are more likely to engage in substance misuse if their parents or friends use alcohol or tobacco (Chang et al., 2008). Similarly, along with their Chinese American counterparts, acculturation is not a significant predictor of drinking for Korean American teenagers. Peer influence, scholastic achievement or aspirations, and current smoking habits are stronger predictors (Cook et al., 2009). Contrary to their Chinese American counterparts, gender difference does not significantly change the measure of alcohol use among Korean American teenagers.

Regarding smoking, a 2002 study (Price et al.) found that 33.5% of Korean Americans use cigarettes, which is higher than the percentage of Caucasian Americans who do so (30%). Moreover, from 2010 to 2013, the prevalence of cigarette use among Korean Americans was 20%, a number that is almost twice the average of the aggregate Asian American population (10.9%) in the same period. This means the risk of cigarette smoking among Korean Americans is comparable to other higher-risk U.S. demographic groups (Martell, Garrett, and Caraballo, 2016 as cited in Ahmmad & Adkins, 2021).

JAPANESE AMERICANS

As discussed above, the use of alcohol among Japanese American youth is prevalent (Kane et al., 2017). The influence of acculturation to U.S. cultural norms is especially significant for Japanese Americans and their relationship with alcohol and substance use (Ahmmad & Adkins, 2021). The drinking culture of their country of origin is also a significant determining factor (Cook et al., 2015). These findings are unsurprising since Japan is to this day known for its drinking culture. The drinking culture in Japan has become so normalized that the Japanese government encouraged its younger generation to drink more to support the alcohol industry during the COVID-19 pandemic, exacerbating the existing prolific drinking culture (Hida & Yoon, 2022).

A separate study in Hawaii indicates that the onset of smoking and drinking among Japanese American students is closely associated with Japanese culture. The findings emphasize that although acculturation is an influential factor, nationality and level of education have stronger associations with smoking, and education is a stronger predictor of alcohol use (Tomioka & Maddock, 2007). This research shows that social workers are needed to ensure a quality of education which centers the experiences of East Asian Americans, namely concerning their experience in American public education.

MULTIETHNICITY ASIAN AMERICANS & PART-ASIAN AMERICANS

Literature (cited in Ahmmad & Adkins, 2021) shows that marriages between two Asian ethnicities and between Asians and other racial or ethnic groups are increasing, resulting in more youth identifying as multiple Asian ethnicities (e.g. Vietnamese and Chinese).

These individuals often identify as multiracial (e.g. Japanese and white); however, there is no research exploring the prevalence and patterns of substance use among these groups. The failure to consider Asian identities beyond mono-ethnic and mono-racial studies will increasingly create confusion and misinterpretations regarding the relationships between race, ethnicity, and substance use.

TREATMENT CHALLENGES AND RECOMMENDED TREATMENT APPROACHES

Unfortunately, research on treatment approaches for Asian Americans, including East Asian Americans and particularly EAA youth, is limited. Regardless, available studies do show that Asian Americans have certain preferences for substance use treatment (Wang & Kim, 2010). Most studies group East Asian Americans with other Asian American subgroups. Regardless, there is a common denominator showing Asian Americans require culturally appropriate care and approaches that take into consideration discrimination based on race and ethnicity.

CULTURALLY-APPROPRIATE CARE

Research shows that when Asian Americans participate in therapy services, they are more likely to drop out than their white counterparts (Wang & Kim, 2010 as cited in Ong, 2023). One potential explanation for this may be the cultural practice of shaming substance use and mental illness and the pressure to maintain the family's image. These tendencies may cause families to encourage their youth to avoid going to professionals and choose to address these issues in private or deny their existence altogether (Gateway Foundation, n.d.; Gemme, 2023). Hence, the Asian American population as a whole can benefit from family support for people who misuse substances, open discussion of the cultural stigma of substance-use problems, and culturally appropriate localized knowledge of drug misuse (Lee et al., 2004).

Due to the aforementioned reasons, Asian Americans are less likely to seek help and treatment services compared to other racial groups (Guarnotta, 2023; Spencer et al., 2010). In fact, only 3.3% of Asian Americans needing substance abuse treatment receive such treatment (SAMHSA, 2019). Compared to the rest of the country, Asian Americans are three times less likely to seek and receive treatment compared to the general population (SAMHSA, 2014 as cited in Kaliszewski, 2022). Therefore, more outreach efforts regarding treatment options and processes are needed in the communities of EAA youth.

As such, Asian Americans would benefit from shame and stigma reduction programs. Two studies in 2007 and 2013 on Japanese American youth highlight the need for culturally specific interventions for Japanese, Japanese American, and part-Japanese American teenagers and youth. Culturally appropriate care requires therapy providers to better understand the influences and effects that culture, ethnicity, and regional customs have on alcohol and substance use among adolescents (Tomioka & Maddock, 2007; Williams et al., 2013).

As treatment adherence is also associated with how much the client can relate to and understand the treatment provider's explanation

of symptoms and illnesses, treatment providers should be trained in acknowledging and understanding the existence, prevalence, manifestation, and treatment of Asian culture-specific syndromes. Examples of these include:

> "hwa-byung" (Korean syndrome similar to, yet different from DSM-IV major depression), "taijin kyofyusho" (Japanese disorder similar to, yet different from DSM-IV social phobia), and "koro" (Southeast Asian syndrome now referred to as genital retraction syndrome in the global mental health literature) [which] are all psychological disorders that have been documented in Asian-Americans/Pacific Islanders. Clinicians unaware of such disorders are at higher risk for misdiagnosing such problems and, thus, implementing culturally inappropriate interventions. (Iwamasa, 2012, Inadequacies section)

Additionally, American treatments and methodologies may be dismissive of culturally specific healing practices that are unknown or unfamiliar in the U.S. Treatment providers must not only be aware of culturally specific practice, but also understand how Asian healing practices have been ignored and looked down upon. Asian American youth who grow up in the U.S. may have complicated feelings regarding these practices. All in all, providers can use this as an opportunity to explore the complexities of discrimination and healing instead of ignoring them.

OPPRESSION AND DISCRIMINATION

Due to the myth of the model minority, oppression and racism can also be the causes of mental health issues and substance use among Asian Americans. Asian Americans and Pacific Islanders often experience discrimination in their places of employment, where they may experience the “glass ceiling effect:”

> Although trained and competent, in many companies, Asian Americans and Pacific Islanders find it difficult to move beyond mid-level positions. Stereotypes of Asian-American/Pacific

> Islander employees as being smart, hardworking, and reliable, yet passive and quiet, result in many individuals being passed over for much-deserved promotions and recognition. Implications for negative effects on self-worth are clear. (Iwamasa, 2012, Oppression section)

Accordingly, the American Psychological Association recommends treatment providers serving the Asian American population be aware of inaccurate historical stereotypes and myths of Asian Americans (e.g. the Model Minority Myth). Treatment providers should gain knowledge of the diversity in educational and occupational achievement, socioeconomic status, and the frequent need for family members to have multiple jobs to make ends meet among Asian Americans (Iwamasa, 2012). As in treatments with any other racial group, treatment providers should not make assumptions regarding a client's experiences and how much an Asian American individual adheres to their cultural values and practices. Thus, recruiting treatment providers who identify as East Asian American and have lived experiences similar to EAA youth is extremely beneficial–although not always required. Additionally, hiring treatment providers who speak East Asian languages is important. Although language barriers can generally be a challenge for Asian Americans who are recent immigrants as well as first-generation EAA youth, it may not be a challenge for second and third-generation EAA youth.

Lastly, treatment providers should be aware of the common substances used by EAA youth. For instance, between 2000 and 2010, methamphetamine and marijuana were the two most commonly reported illicit drugs among Asian Americans (SAMHSA, 2014 as cited in Guarnotta, 2023). Part of exercising due diligence in providing the best support for Asian American youth includes recognizing the common causes of substance misuse among different EAA ethnicities as outlined in this paper. For example, alcohol misuse among Korean American youth is mostly a peer-reinforced phenomenon (Nakashima & Wong, 2000). Hence, strategies and goals have to be set accordingly depending on the tendencies of each population.

PREFERENCES FOR PREVENTION APPROACHES
RESILIENCY-FOCUSED PREVENTION PROGRAMS

A 2004 study on perceptions of substance use in Asian American communities, namely the Chinese, Indian, Korean, and Vietnamese populations, shows that these populations lack interest in using support groups such as Alcoholics Anonymous or Narcotics Anonymous because of their cultural preferences to confide in family and friends (Lee et al., 2004). The study recommends drug-prevention programs for the Asian American population to focus on a range of other available treatment options as well as the pros, cons, and feasibility of using personal resources to address substance-use problems. Also, Asian American populations tend to respond favorably to topics such as wellness, health promotion, and resiliency (Fang & Schinke, 2013). As such, family-based prevention programs focusing on strength and resiliency rather than pathology and deficits may be particularly relevant to East Asian Americans.

Asian American participants in another study reported they would be more attracted to programs made specifically for Asian Americans, but very few such programs exist. Schools and community centers (e.g., health clinics, YMCA, etc.) were the most frequently mentioned locations to hold such a program. Some participants felt an online program that targeted the Asian community would be appropriate, and some also showed preferences for family-based programs (Fang et al., 2011). However, other participants noted that Asian parents' "ordering" communication style tends to create a negative atmosphere and tense relationships with their children even in treatment settings. Many also mentioned that Asian American parents are generally more focused on their children's academic performance than other supplemental or extracurricular activities, so parents may overlook the need for a family-based prevention program.

FURTHER RESEARCH

Generally, there needs to be more research on the preferences of Asian American individuals for prevention approaches. One consistent finding among most Asian American subgroups is the importance of considering the perspectives of the family. Consequently, ensuring that treatment approaches are aligned with an individual's family preferences and culture is crucial. There is a lack of research on prevention among Taiwanese Americans and other ethnicities with smaller populations such as Hong Kong Americans, Macau Americans, and Mongolian Americans. Moreover, due to the minute population of North Korean Americans, the term Korean Americans generally refers to South Korean Americans, although North Korean Americans have distinctly different alcohol and substance use behaviors in their country of origin.

There is minimal research and data on effective treatments for East Asian Americans, much less EAA youth. More and updated research, as well as disaggregated data alongside studies on appropriate treatment approaches, specifically on EAA youth, is needed for public health professionals, social workers, and treatment providers to create appropriate policies and programs to help EAA youth who require support. Future research must look into separate Asian American subgroups/ethnicities and consider the distinct cultural differences among these groups. Research must also include South and Southeast Asian subgroups, especially groups with a high population in the U.S. (i.e. Filipino Americans and Vietnamese Americans). Ultimately, efforts for further research are increasingly needed as these populations continue to grow.

CONCLUSION

There are clear differences in substance use between ethnicities that fall under the East Asian American term or identity, notwithstanding the similarities among Chinese American, Taiwanese American, Korean American, and Japanese American youth, which include less likelihood to seek help and a higher likelihood to drop out of therapy services

compared to their white counterparts. Differences such as drinking habits and social norms are influential determinants for higher-risk ethnicities such as Korean Americans and Japanese Americans. Due to the history of systemic racism against Asian Americans, more advocacy and cultural representation in treatment, such as understanding culture-specific explanations of certain symptoms and illnesses, is necessary (Gemme, 2023). On a macro level, efforts to dismantle stereotypes and the Model Minority Myth are also necessary as these can lead to mental health issues and substance use among Asian Americans. Lastly, the familiarity of providers with the treatment preferences of the Asian American population may improve treatment adherence and willingness to continue treatment. Consideration of family perspectives on treatment approaches and acknowledging the pressure from stigmatization of mental health among Asian Americans is crucial to the well-being of this community.

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Commentary

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Urgent need for substance use disorder research among understudied populations: examining the Asian-American experience

Sugy Choi, Sahnah Lim, Simona C. Kwon, Chau Trinh-Shevrin, Charles J. Neighbors, Stella S. Yi

Department of Population Health, NewYork University Grossman School of Medicine, New York, NY 10016, United States

*Corresponding author: Department of Population Health, New York University Grossman School of Medicine, New York, NY 10016, United States.
Email: Sugy.choi@nyulangone.org

Abstract

Substance use disorder (SUD) among Asian Americans is understudied. Our review of National Institutes of Health–funded projects reveals a striking underrepresentation of research focused on SUD in this population, possibly perpetuated by the pervasive societal myth that Asian Americans are a healthy community. Moreover, the limited availability and disaggregation of data on SUD among Asian Americans further hinder our understanding of prevalence rates, treatment utilization, and associated disparities—thereby limiting opportunities for prevention and intervention. In light of these findings, our review serves as a crucial call to action, emphasizing the urgent need for increased research efforts and resources to address the significant gaps in knowledge and inform effective interventions for addressing SUD among Asian Americans.

Key words: addiction; Asian American; ethnic groups; disparities.

Introduction

Substance use disorder (SUD) is a pressing medical condition characterized by the harmful consumption of substances like drugs or alcohol, encompassing a wide range of substances, including opioids, cocaine, methamphetamine, and cannabis. In the United States, SUD has emerged as a significant public health concern, particularly due to the opioid epidemic. However, within this nationwide focus, it is essential not to overlook certain populations that have been both understudied and underserved in the context of SUD.

Research aimed at understanding the experiences of underserved populations plays a pivotal role identifying barriers to access and developing targeted strategies to enhance health care delivery and reduce disparities related to SUD. Recognizing this, we focus our research on examining the unique challenges faced by the Asian-American population in relation to SUD.[1,2] By doing so, we envision that the broader insights gleaned from our study can be applied meaningfully to other understudied groups confronting similar hurdles, such as issues related to data disaggregation, language barriers, and harmful stereotypes.[3]

Examining the Asian-American experience

According to the 2020 National Survey on Drug Use and Health (NSDUH), approximately 1.5 million Asian adults aged 18 years or older had an SUD.[4] Cannabis emerged as the most frequently used illicit drug in the past year among this population.[5] In 2020, there was a significant increase in the incidence rate of past-month alcohol and cocaine use and tranquilizer misuse among Asian-American individuals compared with White individuals in 2016.[6] Both adult and youth Asian Americans face unique challenges and disparities in accessing appropriate support and treatment for SUD.[7] Asian Americans, the fastest-growing racial-ethnic group in the United States,[8] often encounter challenges in accessing formal support for substance use treatment. These challenges can be attributed to a cultural emphasis on self-reliance and a strong desire to maintain positive images and values regarding SUD and mental health.[9-11] Additionally, a significant percentage of Asian-American adults are foreign-born (71%),[8] and approximately one-third of Asian-American adults have limited English proficiency (LEP),[12] further complicating their access to appropriate substance use treatment services and interventions. Structural and system-level factors, including the lack of a bilingual and bicultural workforce, resources, and programs specifically tailored to meet the needs of Asian-American communities, play a significant role in perpetuating disparities in substance use treatment access. The underinvestment in culturally and linguistically sensitive health services, campaigns, and outreach efforts further marginalizes Asian Americans and contributes to their reluctance to seek formal support for substance use treatment and mental health. Consequently, some individuals may turn to substance use as a coping mechanism for their emotional distress.[13]

Recent trends in overdose mortality among Asian Americans show a concerning pattern, with overdose deaths increasing by 967% from 2007 to 2019 due to the concomitant use of opioids

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Table 1. Key recommendations and action steps for advancing multifaceted approach to address substance use disorder in Asian American communities.

1. Increase National Institutes of Health funding and support for research on Asian-American communities and substance use disorder (SUD), especially for interventions targeting overdose prevention among specific Asian communities as opposed to a general focus on "Asian Americans."
2. Improve data collection for limited-English-proficiency Asian-American individuals and disaggregate data for different Asian-American ethnic groups. Report consistent data to gain a comprehensive understanding of SUD prevalence and treatment needs among these subgroups. Additionally, support the expansion of data collection in multiple languages.
3. Promote intersectional approaches by examining trajectories across the lifespan at the ethnic group level. This approach will enhance the development of culturally tailored interventions that consider cultural norms, immigration status, language needs, ethnic background, age, and the availability of mental health support within the family and community.
4. Strengthen community-based and patient-centered approaches, fostering synergy between research and practice. This collaboration should facilitate the timely translation of research findings into effective interventions and policies that directly benefit Asian-American communities. Utilize the existing relationships that community-based organizations have to reach limited-English-proficiency Asian-American individuals, taking into account mistrust and fear of public shame.
5. Develop and test tailored interventions designed to prevent substance use and reduce the harms associated with substance use among Asian-American subgroups. These interventions should take into consideration cultural norms, language, ethnic background, age, and other relevant factors to effectively address the unique needs of each subgroup.

Recognizing the need for more equitable research practices, the recommendations can be revised to encompass all understudied populations and underscore the importance of considering ethnic subgroups and cultural nuances within each community, aiming to address the disparities and challenges surrounding SUD comprehensively.

and cocaine.[14] Additionally, the prevalence of methamphetamine use without injection doubled from 2015 to 2019 among Asian Americans, along with several other racial and ethnic minority groups, highlighting an upward trend in substance use.[15] On the other hand, there was a disparity in the patterns of substance use and misuse between Asian and White Americans during the COVID-19 public health emergency in 2020, with a marked increase in the incidence rate among Asian Americans.[6] While these increases may be lower compared with other racial groups, it remains concerning that Asian Americans exhibit the lowest rates of substance use treatment utilization for SUD among all racial and ethnic groups.[16] The surge in anti-Asian sentiment and experiences of discrimination, exacerbated by the COVID-19 public health emergency, have contributed to a decline in mental health among Asian Americans, with approximately 30% of Asian Americans reporting having experienced discrimination.[17] This deterioration in mental well-being may, in turn, increases the susceptibility of Asian Americans to substance use as a coping mechanism.[18-22] This chain of effects highlights the complex interplay between societal factors, mental health, and substance use in the community.

Asian Americans in need of SUD treatment underutilize SUD services. They are less likely to recognize that they have an SUD or seek behavioral health services.[23] Asian-American populations with SUD who do enter treatment receive significantly less psychosocial support compared with their White counterparts and have lower treatment retention rates than other racial/ethnic groups. This is, in part, due to the treatment or services not being culturally tailored, resulting from a lack of evidence-based treatment and strategies specifically designed for Asian-American populations.[9] Limited availability of treatment options in certain neighborhoods further exacerbates these disparities.[9] It is important to note that completion rates vary among Asian Americans based on factors such as state population, density, and social networks.[10] Methamphetamine and opiate users, particularly among Asian Americans, exhibit lower completion rates than alcohol users.[24] The lack of data disaggregated by Asian ethnic groups has impeded understanding of the nature and prevalence of SUD within Asian-American populations. Based on prior literature revealing social and health disparities by Asian ethnic group (eg, Chinese, Korean, Taiwanese, Pakistani, Vietnamese, Cambodian), we assert that SUD treatment and completion rates differ by subgroup as well.

Examination of funding landscape of Asian-American SUD research

We highlight the urgent need for SUD research among Asian Americans and provide recommendations for addressing this issue (Table 1). First, we examined the funding levels for research on Asian Americans and SUD by the National Institutes of Health (NIH). The NIH is widely recognized as the largest funding source for biomedical and health research in the United States.[25] The NIH has emphasized the importance of advancing health equity. It recognizes the need to address health disparities and promote inclusivity in research to ensure that all population groups have equal access to health care advancements and benefit from scientific discoveries. The NIH–National Institute on Minority Health and Health Disparities (-NIMHD) specifically focuses on reducing health disparities and promoting health equity among racial and ethnic minority populations. One of the priority areas of NIMHD is to standardize and disaggregate subpopulation data. The importance of disaggregating data by specific ethnic and racial groups, such as Asian ethnic groups, has gained attention as it allows for a more accurate understanding of the diverse experiences, health outcomes, and health care needs within these populations.[3,26] This recognition stems from the realization that aggregating data at a higher level can mask important disparities and hinder the development of targeted interventions and policies.[4] Examining NIH-funded research is crucial not only because it advances public health and improves the well-being of individuals and communities but because it can provide training and education for the next generation of scientists and health care professionals who specialize in Asian-American health. A prior study shows that the overall number and amount of research grants focusing on Asian Americans, Native Hawaiians, and Pacific Islanders have increased from 1992 to 2018, although they represent only 0.17% of the NIH budget.[2] Yet, these communities represent 6% of the US population and are projected to double in size by 2060.[27]

Through a systematic search of NIH grants, we enumerated funding support for Asian Americans and SUD from January 1985 to September 2023. Our analysis focused on identifying administering institutes and centers, studied substances, Asian ethnic groups, special populations, research designs, and

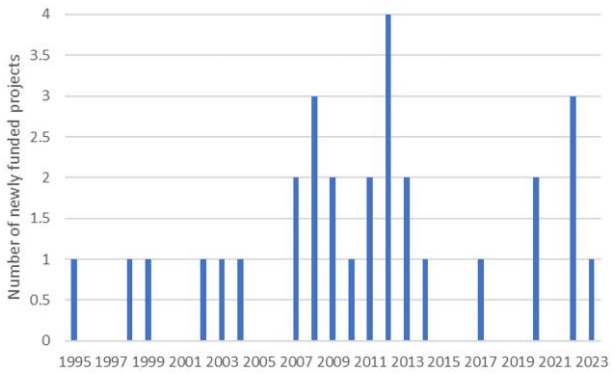

Figure 1. NIH-funded projects focused on Asian Americans and substance use disorder. Abbreviation: NIH, National Institutes of Health.

themes. A total of 534 records on NIH RePORTER were retrieved using the search term "Asian Americans" and/or "substance use disorder"; "Asian Americans" and/or "alcohol"; "Asian Americans" and/or "opioid"; "Asian Americans" and/or "illicit". During the screening process, we collapsed the same projects across multiple years into 1 record and excluded in vivo studies. Ultimately, we included 30 unique records in our analysis after removing abstracts that did not meet our criteria. After the full abstract screening, we grouped records into 2 categories: (1) studies focused solely on Asian Americans ($n = 17$) and (2) studies focused on both Asian Americans and non–Asian Americans, including Asian Americans as one of the race/ethnicity groups ($n = 13$). Only a few projects examined Asian-American ethnic groups ($n = 8$), country of origin ($n = 3$), foreign-born status ($n = 1$), or spoken language ($n = 1$). It is unclear whether currently active studies will examine and report on ethnic differences. The extent of reporting on ethnic differences may depend on the availability of a sufficient sample size within each group.

Figure 1 illustrates the trends in NIH-funded projects from 1995 to 2023, revealing a scarcity of funded projects aimed at studying SUDs among Asian Americans. Out of the 30 funded projects, the majority focused on any substance use ($n = 17$), followed by alcohol only ($n = 10$), club drugs ($n = 1$), and cocaine and alcohol ($n = 1$). Most of the projects aimed to understand the epidemiology and behavioral risk factors for using substances or accessing treatment services, and a significant portion focused on special populations such as college students ($n = 3$), adolescents/youth or young adults ($n = 7$), gay/bi/men who have sex with men ($n = 1$), and elderly populations ($n = 1$). Most of the research was funded by the National Institute on Drug Abuse ($n = 12$), followed by the National Institute on Alcohol Abuse and Alcoholism ($n = 11$), NIMHD ($n = 5$), and the National Institute of Mental Health ($n = 2$). Additionally, less than one-third of the projects were funded by the R01 mechanism ($n = 8$), of which none were intervention studies. There was 1 R24 grant focused on piloting an intervention using a community participatory research design.

Few projects on SUD in Asian Americans have been funded by the NIH, reflecting the pervasiveness of the "model minority stereotype," which suggests that Asian Americans are a healthy and monolithic community.[25]

One of the primary limitations of this analysis is its reliance on data extracted from the NIH RePORTER database using the search terms. While we made every effort to extract relevant information accurately, the database may not provide exhaustive details on the specific factors considered within each grant. This analysis is constrained by the available data and may not capture the full scope of research priorities and focus areas related to SUD in Asian-American communities.

Advocacy efforts have focused on improving the quality of data for Asian-American ethnic groups in addiction health services research.[28] Currently, there is a significant gap in research, and there are no publicly available national-level data on addiction health services research by Asian-American ethnic groups. The NSDUH and the Treatment Episode Data Set (TEDS), 2 major sources of national-level data on substance use, do not publish Asian-American ethnic group data. Although NSDUH has Asian-American ethnic group data available through the Restricted Data Center, TEDS does not include Asian-American ethnic group data. The NSDUH primarily offers interviews in English and Spanish.[29] NSDUH interviewers may use language-assistance tools to facilitate interviews in other languages when necessary. However, given the linguistic diversity within the Asian-American population, the lack of language options beyond English can hinder the participation and accurate representation of individuals who are not proficient in English.[30] The exclusion of non–English-speaking Asian Americans or individuals with LEP from the survey may limit our understanding of substance use and mental health patterns within this population. Both SUD and LEP populations are more likely to be of low socioeconomic status (SES).[12,31] Consequently, underrepresenting individuals of low SES may impact the accuracy of SUD prevalence estimates. It is imperative to understand the relationship between LEP and low SES in Asian-American communities to fully assess the implications of this exclusion. Additionally, due to the limited sample size of Asian Americans in these datasets, there are challenges in obtaining a sufficiently large sample within a single year. Many studies have been pooling data across multiple years to overcome the limitations posed by the small sample size in order to derive more reliable conclusions. Therefore, the implication of pooling data has led to collapsing subgroups into broad categories, hindering understanding of the prevalence of SUD and appropriate treatment strategies for Asian-American communities. Where possible, there is a need to harness existing available data and use innovative data strategies to support disaggregated data analysis.[3]

To adequately diagnose current problems and address future concerns among this understudied population, there is an urgent need to skillfully harness the data available with a focus on ethnic group variations. By examining these variations, we can gain insights into the unique challenges and needs of different ethnic groups. For example, alcohol use may be more prevalent among younger Korean-American adults compared with younger Asian-Indian adults, indicating the influence of cultural and contextual factors specific to each group.[32] Additionally, immigration is protective against alcohol use among Chinese Americans, Filipino Americans, and Asian-Indian Americans, but not among Korean or Japanese Americans, possibly reflecting unique acculturation experiences and cultural norms within ethnicity.[33] By utilizing an intersectionality approach and examining variations of SUD by age, ethnicity, and gender, we can gain a more nuanced understanding of substance use trends and tailor interventions that address the specific needs and challenges faced by different subgroups within the Asian-American population.[34,35]

However, it is important to acknowledge the challenges in addressing these differences and making informed decisions

within Asian-American ethnic groups. The lack of quality Asian-American ethnic group race/ethnicity data, including individuals with LEP, in addiction health services research presents a significant challenge in addressing addiction disparities that exist among Asian-American ethnic groups. Approximately one-third of the Asian-American population have LEP, and neglecting to offer surveys in Asian languages denies them the opportunity to contribute their valuable perspectives and experiences.[32]

Recognizing and addressing the cultural and contextual factors that influence the experiences of Asian Americans in SUD treatment is crucial for achieving equitable and effective care.[36] Through community-based and patient-centered research and the implementation of culturally and linguistically tailored interventions, we can make substantial progress in improving treatment access, utilization, and outcomes for Asian Americans seeking SUD treatment.

Despite recent attention given to the lack of health data among Asian-American communities during the COVID-19 pandemic, this population remains understudied.[37] It is important to include Asian Americans and examine ethnic group differences in efforts to understand health disparities related to substance use and access to SUD treatment services.

Broad themes and implications for other understudied populations

Historically, Asian Americans have been understudied in national health research, especially in the context of SUD research. This commentary underscores the urgent need for targeted SUD support, research initiatives, resources, and programs that specifically cater to the diverse Asian-American population, both as a collective and when disaggregated by ethnic groups. The insights gained from examining the Asian-American experience with SUD can offer valuable insights for research involving other understudied populations. There is tremendous heterogeneity across ethnic groups, such as Native Hawaiians, Pacific Islanders, Caribbean Black, Latinx, and Middle Eastern and North African (MENA) communities. These groups encounter similar challenges, such as issues related to data disaggregation, language barriers, and the burden of negative stereotypes. Native Hawaiians and Pacific Islanders, for instance, are diverse not only in terms of their historical experiences but also in their geographic regions, cultural and linguistic identities, and citizenship and immigration statuses. Although they have often been grouped with Asian-American communities, there is a growing recognition of the need to distinguish them as unique populations. Similarly, the Latinx population comprises individuals from Central and South American backgrounds, who exhibit vast diversity in terms of culture, language, migration, and immigration experiences. Within the MENA population, there exists an emerging racial and ethnic group that has been largely overlooked in data-collection efforts. Much like the challenges faced by Asian-American populations in classifying ethnic groups, the MENA community's recognition and classification within US racial and ethnic categories remain subjects of ongoing debate and ambiguity. The absence of data disaggregation or their inclusion within the White category in health disparity statistics obscures the distinct health and social patterns within the MENA community.[38] Disaggregating data by specific ethnic groups within these populations can unveil crucial insights into SUD prevalence, treatment needs, and completion rates. Exploring the nuances within racial and ethnic groups, considering factors such as age and migration experience, is an indispensable and encouraging pursuit. Enhancing access to treatment and support for all communities necessitates addressing cultural norms and values, promoting cultural competence in health care services, and improving the availability of linguistically appropriate services, education, and programs. To achieve equitable access to SUD treatment, it is imperative to allocate resources effectively, develop culturally sensitive interventions, and tackle systemic barriers, including limited linguistic accessibility. These efforts are essential to ensure that individuals from diverse backgrounds can readily access the support they need to effectively address SUD and ultimately achieve improved health outcomes.

Contribution statement

All authors were involved in drafting and critically revising the manuscript for important intellectual content.

Supplementary material

Supplementary material is available at *Health Affairs Scholar* online.

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Conflicts of interest

Please see ICMJE form(s) for author conflicts of interest. These have been provided as supplementary materials.

Notes

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