

Regular article

Reducing cultural barriers to substance abuse treatment among Asian Americans: A case study in New York City

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Abstract

This article addresses the issue of underutilization of treatment services by Asian Americans. Although Asian Americans continue to be the fastest growing ethnic minority in New York City, they are reported to underutilize substance abuse treatment services. However, much of the underutilization may be attributed to cultural and language barriers hindering them from seeking help and support. Past literature indicates that when culturally appropriate services are available, service utilization tends to increase among Asian Americans. This study tested strategies to enhance the continuum of care in the Asian community by adapting a well-documented generic early intervention model in a culture-specific setting. The results of this study indicate that these models may be successfully adapted to culturally specific settings such as Asian American communities. When culturally competent services combined with case management and motivational interviewing are provided, there tends to be an increase in Asian clients' chance of accomplishing treatment goals. © 2009 Elsevier Inc. All rights reserved.

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1. Introduction

Almost 12% of all Asian Americans in the United States reside in New York City, and they represent one of the fastest growing ethnic minority groups in this municipality. In addition, New York City has one of the most diverse Asian populations in the nation, of which 46% are Chinese, 22% Indian, 11% Korean, 7% Filipino, 3% Bangladeshi, 3% Pakistani, 3% Japanese, 2% Vietnamese, and 1% Thai (U.S. Census Bureau, 2006). Other ethnic Asian groups in the city include Cambodian, Laotian, Malaysian, Indonesian, and Sri Lankan. Recent statistics, however, show a growing substance abuse problem among the growing population. Although the rate of substance abuse and dependence among Asian Americans and Pacific Islanders (AAPI) 12 years and older has been relatively low, 4.7% versus the 9% national

rate, 8.5% for Blacks, and 8.3% for Hispanics, the rate of drug treatment admissions among AAPI increased by 25% (from 13,400 to 16,700) from 2000 to 2002 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2005, 2008).

Regardless of the large community size and increases in substance abuse admissions, Asians tend to be under-represented in substance abuse treatment programs. Although AAPI make up about 4% of the total U.S. population, less than 1% of all admissions to substance abuse treatment facilities involved AAPI (SAMHSA, 2002). Similarly, Asian Americans make up 10% of New York City's population and 18% of the local population of New York's Queens County, but they represent less than 1% in admissions for any type of substance abuse treatment services in any given year from 2004 to 2007 in New York City. More specifically, in 2007, of all the clients admitted for substance abuse treatment in New York City, Asian Americans constituted only 0.17% of the clients utilizing

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crisis services, 0.01% utilizing inpatient rehabilitation services, 0.03% utilizing methadone treatment program services, 0.02% utilizing residential services, and 0.34% utilizing outpatient treatment services (Office of Alcoholism and Substance Abuse Services [OASAS], 2008a, 2008b).

Substance use disorders among Asian Americans may be attributed to a number of social and cultural factors. Many new immigrants from Southeast Asian countries have endured multiple traumas such as living in war-torn areas, being forced to witness the torture and deaths of loved ones, facing the dangers of escape from their homelands, coping with life in refugee camps, and adjusting to a foreign culture upon arrival in the United States (Amodeo, Robb, Peou, & Tran, 1996; Yee & Thu, 1987). Migration from all that is familiar to a new and unknown environment is a great challenge faced by these immigrants. They come into a new country with hope and expectations but may have to initially compromise by taking jobs much below the status they enjoyed in their country to meet immediate financial needs (Kim, McLeod, & Shantzis, 1992). Assimilation into a new culture, grappling with financial issues, navigating the system to fulfill legitimate needs, and dealing with discrimination and prejudice make the situation very stressful. Shinn (1990) also identifies language differences, economic hardship, cultural differences, split family, and intergenerational tensions as factors adding to the stress of immigration. In addition, as a result of their struggles, parents have high expectations of their children and may set very high and stringent standards for them. Youths who find a gap between what is expected of them and what they have actually achieved experience a high degree of emotional stress in their fear of failure, which they may try to relieve through use of alcohol and other drugs (Sekiya, 1989). Indeed, alcohol abuse is not only reported among new Asian immigrants for dealing with sadness and painful memories (D'Avanzo & Frye, 1992) but also noted among acculturated Asian Americans as acculturation tends to lead to greater family and cultural conflicts with less assimilated parents (Bhattacharya, 1998). Moreover, Breslau and Chang (2006) reported that although foreign-born Asian Americans tend to have lower lifetime prevalence of all psychiatric and substance abuse disorders compared with those born in the United States, the former are likely to have higher risks for substance disorder with increased duration of stay in this country. As a result, a considerably large number of Asian Americans, especially second-generation immigrants, turn to substance use as a way of escaping family confrontations and pressure (Mercado, 2000).

Cultural beliefs also play an important role in determining Asian Americans' substance use patterns and their willingness to seek help. Asian cultural values may be related to overall low alcohol use among Asian Americans as compared with other ethnic groups in the United States, where the values of conformity and harmony in Confucian and Taoist philosophies emphasize responsibility to others, reinforcing moderate drinking, and sanctions against drunkenness (Caetano, Clark, & Tam, 1998). Furthermore,

drinking in most Asian cultures takes place in prescribed social situations, which may also help to limit the likelihood of alcohol abuse (Kitano, Hatanaka, Yeung, & Sue, 1985). However, in parts of Asia, the predominant belief is that substances such as alcohol are harmless unless the individual engages in behaviors that disgrace the family. Drinking is thus perceived as an acceptable way to deal with personal problems (Yee & Thu, 1987). Drinking alcohol is sometimes considered a status symbol in social or business settings, and refusing a drink from a person of stature like a boss or an elder person is seemingly rude and disrespectful. In addition, for the most part, Asian culture dictates that an addiction to alcohol or drugs brings shame, guilt, and stigma to the individual as well as to the whole family (Sue & Sue, 1987). Such a combination of cultural perspectives on alcohol use and abuse reinforces denial rather than open admission to substance problems, resulting in delays in seeking treatment until the problem becomes severe and acute (James, Kim, & Moore, 1997). Lum (1982) also reported that Asians tend to attribute addiction and mental illness to lack of self-control and will power and tend to associate it with somatic variables and environmental factors; thus, they are likely to avoid psychotherapy but seek medical treatment instead.

For many Asian Americans, the language barrier further hinders them from seeking opportunities outside their communities and from accessing available public services including those for substance abuse services. Studies have demonstrated that treatment utilization by Asian Americans increases substantially when bilingual and culturally appropriate personnel provide the treatment services (Zane & Kim, 1994).

There are multiple social, economic, and especially cultural factors for increased substance problems among Asian Americans and thus the need for services to deal with these problems. Indeed, past research has reported that underrepresentation of ethnic minorities at substance abuse treatment services tends to indicate underutilization rather than a lower need (Kiyoko, 1998; Reid, Crofts, & Beyer, 2001). This study attempted to probe the following questions:

- To what extent can a general service model be adapted to a culturally specific environment so that Asian Americans can be effectively engaged for screening and for subsequent intervention services?
- To what extent can relevant information be collected through outreach efforts in various Asian communities so that a general picture of substance use among Asian Americans can be drawn?
- To what extent can staff with appropriate cultural backgrounds enhance the effects of services so that Asian clients can be retained to finish their treatment programs?
- To what extent can culturally sensitive services enhance long-term treatment outcomes so that clients will show improvement not only in substance abuse but also in social and general health areas?

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