

Editorial

Issues and Practices in Providing Substance Abuse Treatment Services to Asian Americans: A New York Experience

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EDITORIAL

Asians are the fastest growing ethnic group in America. Take New York for example. Of the 14,674,252 persons identified as Asian Americans, 10 percent reside in New York State. Asian Americans tend to live in closely-knit communities. Seventy-three percent of Asian Americans living in New York State resides in New York City. Additionally, Asians are a diverse ethnic group, and New York City has one of the most diverse Asian populations in the nation; of the population in the City, 50 percent are Chinese, 19 percent Indian, 9 percent Korean, 6 percent Filipino, 2 percent Japanese, and 1 percent Vietnamese. Other ethnic Asian groups in the City include Bangladeshi, Pakistani, Tai, Cambodian, Laotian, Malaysian, Indonesian, and Sri Lankan (USCB, 2010).

Between 2000 and 2010, the Asian population increased dramatically. New York City saw a near 60 percent increase in its Asian population, far more than the overall population growth. However, Asians face many barriers to integration in society. Chinese residents in New York City tend to have less schooling than the City's general population: 16 percent of Asian residents had less than a ninth-grade education compared to the 10 percent rate for all adult New Yorkers (USCB, 2010). The 2010 Census data also show that 38 percent of Asians living in the City had limited English proficiency as compared to 16 percent for the City's general population.

In addition, Asian residents tend to have lower incomes than other residents. Take, again, Chinese for example. With per-capita income 27 percent lower than the city-wide per-capita income, 21 percent of all Chinese residents and 31 percent of Chinese senior citizens lived below poverty line [1]. Other Asian-American groups show similar traits. While Japanese Americans tend to be financially better off than their counterparts, they encounter significant language barriers. About 45 percent of the Japanese population, 41 percent of all working-age adult Japanese Americans, and 52 percent of senior Japanese citizens in the City experience language difficulties [2].

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The lack of English proficiency and the low socioeconomic statuses force a great proportion of Asian Americans to stay in their own communities and avoid needed substance abuse and other public services. Indeed, although Asian Americans and Pacific Islanders made up about 6 percent of the total US population, only 1 percent of all admissions to substance abuse treatment facilities involved Asian Americans and Pacific Islanders [3]. Similarly, although Asians make up 7% of the New York State population and are even over-represented in certain areas such as New York City (12%) and Queens County (22%) (U. S. C B, 2009), they are less than half a percent of admissions to any type of substance abuse treatment services in the state in any given year [4].

However, under representation of ethnic minorities at substance abuse treatment services indicates underutilization rather than a lower need [5,6]. Recent statistics show significant increases in the rates of substance abuse and admissions to treatment among Asian Americans and Pacific Islanders (AAPI). In 2006, the rate of substance dependence and abuse was more than 4 percent among AAPI aged 12 and older, with alcohol 33 percent, stimulants 27 percent, marijuana 20 percent, and opiates and cocaine 9 percent each [3]. The increased rate of substance use disorders among Asian-Americans may be attributed to a number of social and cultural factors such as: new immigrants from Southeast Asian countries have endured multiple traumas during wars and regional turmoils [7]; alcohol and smoking are acceptable ways for directly coping with stressful situations [8]; and many highly educated new immigrants have to take low-status jobs to meet immediate financial needs [9]. Furthermore, language differences, economic hardship, cultural differences, split family and intergenerational tensions add to the stress already endured by Asian Americans through the long process of immigration [10].

The lack of English language proficiency among Asians has been identified as one of the most significant barriers to accessing available treatment services and to delivery of effective

services in the Asian community [11,12]. Yu et al. (2009) [13], based on a case study in New York City, reported that adapting a previously tested program model and converting it to fit the needs of a culturally specific environment is efficacious in addressing the issue of underutilization of services by the Asian-American Community. Employing bilingual case managers trained in culture competency and motivational interviewing, identifying a culturally appropriate screening instrument for the Asian-American population and translating it into various languages resulted in the participation of approximately 20 ethnic communities within the Asian-American population. Translating the instrument into different Asian languages (e. g. , Chinese, Vietnamese, Korean, Bengali, Farsi, Hindi, etc.) greatly enhanced the applicability and efficacy of the service model and helped screen and provide substance abuse intervention services to large numbers of the targeted communities. Asians, however, may continue seeking services once they know how to navigate in the system. Yu and Warner (2013) [14], looking at the population treatment in New York State, further reported that, while Asians are under-represented in substance abuse treatment and comprise a small minority of persons in treatment, a sizeable proportion of Asians have at least one other admission over the study period and they tend to have similar time to and rates of readmission as other racial-ethnic groups.

Notwithstanding the accomplishment in increasing understanding of and services for substance abuse among Asian Americans, more efforts are needed to better meet the needs of Asian Americans. Past research indicates that the rate of substance abuse among the Asian communities is likely to be higher than the reported national rate. There is also a difference in the use and abuse patterns of the various sub-Asian-ethnic groups, and the groups at greater risk should be specifically targeted. The underutilization of services among Asian-Americans may be attributed to various cultural barriers to seeking services they need. Therefore, cultural competency is key in encouraging a client to seek services and to further engage him or her in treatment. Strategies for providing services in the Asian community need to emphasize the outreach activities, case management, and motivational interviewing skills that have reported success in past research.

Furthermore, training on motivational interviewing in specific cultural environments should be provided to all staff serving ethnic Asian groups in order to enhance their abilities in engaging, retaining, and especially following up with clients to improve treatment outcomes. To increase treatment services for Asian Americans, comprehensive client-level data are needed to test hypotheses regarding the cultural and systemic barriers that

are unique for Asians. Many past research studies were based on data that aggregated Asians with such native ethnic groups as Pacific Islanders and Native Hawaiians, which increased bias associated with socio-cultural differences. That there are many more differences than similarities among Asians and between Asians and other racial-ethnic groups underscores the need for continued investigation of the unique linguistic, cultural and immigration-related factors that condition Asians' treatment need and experiences so that outreach and interventions may be more effectively tailored.

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