

# Leveraging Asian American & Pacific Islander Resilience in Substance Use Recovery

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## Background :

- Asian American Pacific Islanders (AAPI), the fastest-growing racial/ethnic group in the U.S, are experiencing an increased burden of substance use disorders. Recent data showed increased admissions for Substance Use Disorder (SUD) treatment and opioid overdoses in this group.<sup>1</sup>
- AAPIs face unique barriers to engaging in SUD treatment related to cultural identity, such as acculturation stressors and stigma.
- AAPI cultural values and prosocial coping skills may also be associated with positive outcomes, such as high SUD treatment completion rates.<sup>2</sup>

## Objective:

- This project aims to understand barriers and facilitators to accessing SUD services among AAPI with an emphasis on cultural, family, and community dynamics.

## Methods :

- Stanford IRB Approval
- Semi-structured qualitative interviews of participants in Los Angeles County, each exploring path to recovery, factors inciting addiction, upbringing and cultural context.
- Eligibility criteria:**
  - Adults 18 years or older
  - Self-identify as AAPI
  - Self-identify with a history of SUD
- Standard qualitative methodology with thematic analysis.

### Diclosures:

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## Results :

**Table 1. Thematic Analysis: Primary themes and subthemes broken down into barriers and facilitators of SUD treatment.**

Primary Themes	Barriers to SUD Treatment	Facilitators of SUD Treatment
Family Dynamics	Acculturative family distancing Saving face Can Hide SUD/Mental Health Needs	Mobilizing AAPI Families to Support Recovery
Community Needs	Limited Community Awareness of SUD Need Limited AAPI Culturally Competent and Concordant SUD Programs	Engaging the Community AAPI Culturally Competent & Concordant Treatment Staff Help AAPI Recovery

**Figure 1. Interview Quotes.**

"I just remember going into my first [API women's AA group] and seeing like 60 Asian faces... it blew me away...having a group that really understood, I think helped propel my sense of recovery... to feel a lot more connected."  
(4th-Generation Korean Female)

"[My parents] didn't understand how do Asians, or Japanese become addicted to a substance? I was raised in a good home... had all the accolades and things...my parents provided, so they were probably baffled... so they started going to support groups"  
(3rd-Generation Japanese Male)

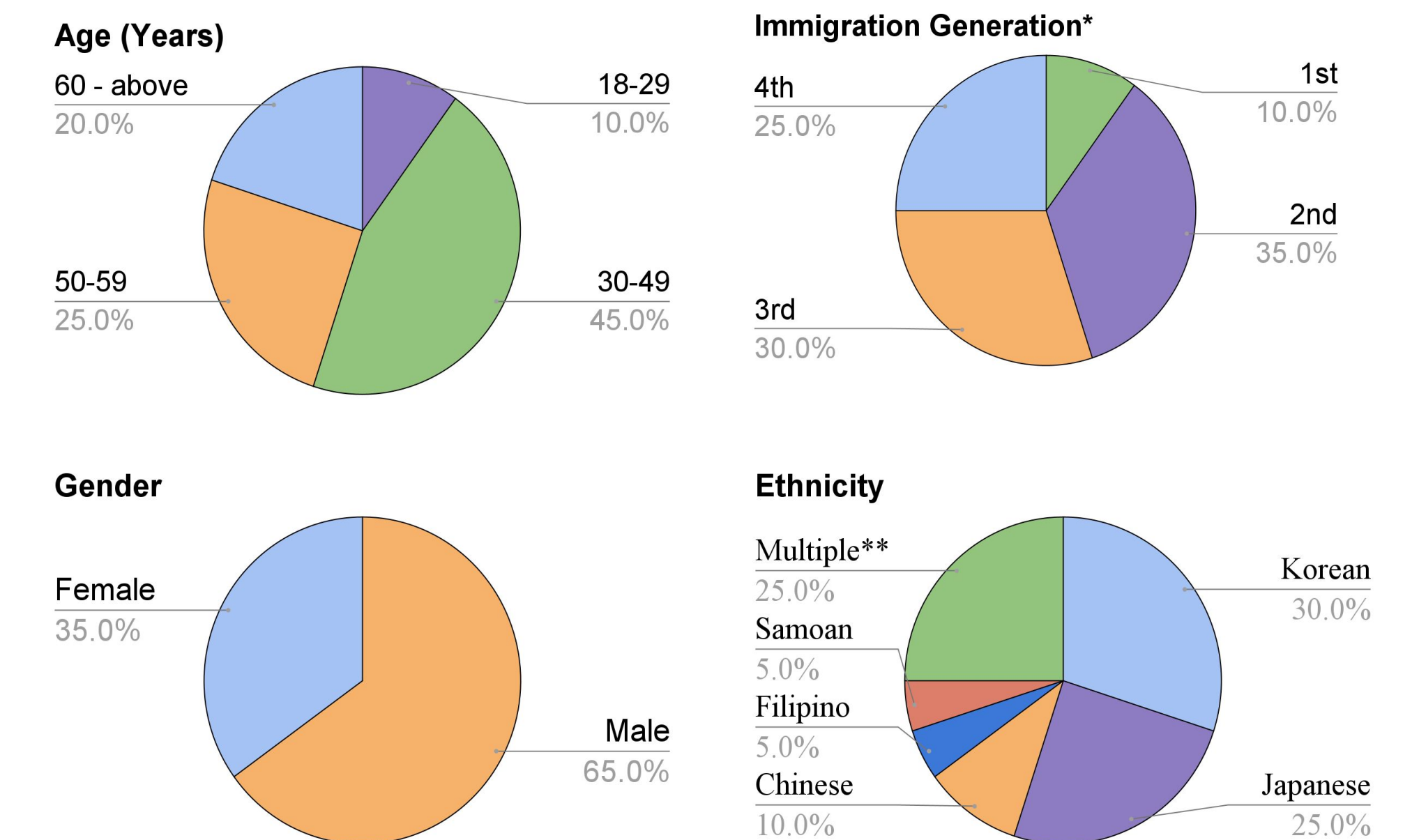
"I never saw Asians using, so I always think what's important about [the AAPI residential program] is I was seeing Asians having a problem like me."  
(4th-Generation Japanese man)

"I can see how it might be difficult for some people to talk [about addiction] in AAPI. Cuz AAPI really traditional parents, they don't even know what drug treatment was."  
(3rd-Generation Filipino woman)

"My mom—she was pretty courageous for a Japanese mom... she believed in, you know, like the whole enabling thing... She kept arguing with the staff, 'how can me not helping him, making him feel good that I'm giving something, be a bad thing?' ... I think it's especially hard for Asian parents because they have this obligation thing to make sure that their kids succeed, right?" (4th-Generation Japanese man)



**Figure 2. Demographics of Participant Population (n = 20).**



\*Defined as 1<sup>st</sup> generation are immigrants to the US, 2<sup>nd</sup> generation are children from 1<sup>st</sup> generation, and so on.

\*\*one multi-ethnic participant was Japanese and Latino, another was Japanese and Korean, and 3 multi-ethnic participants were Japanese and White.

## Discussion:

- Family imposed expectations and shame can discourage participants from accessing SUD care.
- Providing parents with the knowledge to support their children's treatment is a key factor in facilitating recovery.
- Spreading awareness and engaging AAPI communities will help destigmatize SUD and promote culturally informed care.
- Providers should be aware of cultural, familial, and community dynamics that AAPI patients experience to tailor treatment to their patients' diverse needs.

## References:

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## Additional Content:

