

Substance Abuse Among Asian/Pacific Islander Americans

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Introduction

Despite the increasing diversity of Asian/Pacific Islanders (A/PI) in the United States (Asian Week, Inc., 1991; U.S. General Accounting Office, 1990), reliable empirical data on the epidemiology of alcohol and other drug (AOD) use among various A/PI groups are sorely lacking (Zane & Sasao, in press). This is unfortunate because this paucity of data on AOD use tends to reinforce the myth that Asians are the "model minority" and free from significant social problems including AOD use, AIDS, gang and family violence, child abuse, and unemployment. As a consequence, AOD service needs are often neglected for the A/PI communities.

This chapter will discuss the current patterns and extent of substance abuse among A/PI Americans by providing a critical review of what little information exists in the empirical research literature. Some conceptual and methodological issues that may contribute to the difficulties in estimating the prevalence of substance abuse among Asian/Pacific Islanders will also be discussed. Such discussion may prove useful for advancing research on substance abuse within the larger context of Asian-American health and mental health. Finally, findings from the recently conducted

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statewide needs assessment project (Sasao, 1991a) on Asian AOD problems in California will be presented with implications for future research directions.

Extent of Alcohol and Other Drug Use/Abuse Among Asian/Pacific Islander Americans: A Critical Review

The empirical research literature provides mixed findings about the nature and extent of AOD problems among A/PI populations. For instance, a number of survey studies have found that Asian/Pacific Islanders do not seem to use or abuse substances as frequently as other non-Asian groups (see Austin, Prendergast & Lee, 1989; Johnson & Nishi, 1976; Trimble, Padilla, & Bell, 1987; Zane & Sasao, in press, for literature review). In contrast, clinical and anecdotal evidence suggests that serious substance abuse problems exist for certain Asian/Pacific populations (e.g., Nakashima, 1986). Thus, there is an obvious need for more empirical work on Asian/Pacifics that can facilitate effective prevention and treatment of AOD problems in these communities.

An examination of the empirical literature on AOD use among A/PI groups reveals that there are a very few methodologically sound studies that directly investigate the problem. Some of the methodological problems include: (a) exclusive focus on the larger and more acculturated Asian groups, such as Chinese and Japanese; (b) use of mainly student samples; (c) inaccessibility to Asian groups who may be at greatest risk for substance abuse problems (e.g., refugees, recent immigrants, adolescents); (d) use of disproportionately small sample sizes; (e) socioeconomic and other demographic differences, seldom being controlled, that may be confounded with ethnicity; (f) failure to use bilingual measures without evaluating conceptual equivalence; (g) failure to account for cultural differences that may affect self-report or self-disclosure with respect to AOD use and abuse. Given these methodological problems, extreme caution is required in interpreting some of the research findings.

To facilitate the literature review below, two categories of research were identified according to the type of populations used: (a) those research studies that used untreated cases in the general community or student samples; and (b) those research studies that examined treated cases including either existing archival data bases and/or clinical cases observed at drug treatment facilities.

Estimates From Untreated Cases

Much of the evidence for infrequent abuse or relatively lower use of substances among Asians has been documented in research using surveys of untreated cases from community or student samples. Most studies have compared various ethnic groups, but specific Asian subgroups have not been identified or differentiated, thus making it difficult to determine if the findings can truly be generalized to the various Asian/Pacific Islander populations.

In a study comparing Asian, primarily American-born Chinese and Japanese, with non-Asian students at the University of Washington, Sue, Zane, and Ito (1979) found that Asian students consumed less alcohol, had more negative attitudes toward drinking, and used fewer cues in the regulation of their own drinking than non-Asian counterparts. It was suggested that with assimilation into American culture came more lenient and positive attitudes toward alcohol consumption, including the possibility of alcohol abuse.

Several more recent student surveys (Maddahian, Newcomb, & Bentler, 1985, 1986; McCarthy, Newcomb, Maddahian, & Skager, 1986; Newcomb, Maddahian, Skager, & Bentler, 1987) also have revealed that the Asian respondents in California tend to report lower levels of substance use in terms of cigarettes, alcohol, marijuana, cocaine, and other hard drugs when compared to other ethnic groups, particularly Caucasians. For example, in the Newcomb and colleagues (1987) study, data were collected anonymously in 1985 from 2,926 7th, 9th, and 11th graders in Ventura County, California. The study assessed substance abuse frequency, perceived harmfulness of marijuana, perceived parental attitudes toward drug use, and mood state measures. When the risk factors (e.g., emotional distress, educational aspirations, and psychological adjustment) were constructed for different groups, the Asians also showed the lowest level of risk for future substance abuse. As with other studies, the small sample size of Asians ($n = 77$) limits the generalizability of the findings because the study excluded many sociocultural variables important for examining individual differences among A/PI Americans (e.g., acculturation level, family relationships, peer relationships).

Adlaf, Smart, and Tan (1989) compared drug use patterns across eight ethnic groups in Ontario, Canada. This study sought to examine inter-ethnic differences, but their operationalization of ethnicity varied from other studies. Ethnic group affiliation was designated as the ethnicity of participants' "ancestors on the male side on coming to this

continent." Judged by this definition, presumably participants of mixed ethnicity were included in the various ethnic samples. After controlling for certain demographic variables such as level of acculturation, religion, age, provincial region, and gender, the Asian group (Chinese and Japanese combined, $n = 102$) had the lowest use of tobacco, alcohol, and cannabis.

Thus, the previous studies appear to present convergent evidence of relatively lower substance use among Asians from different geographical regions. However, these comparisons with other ethnic groups may be difficult to interpret because the Asian sample sizes were extremely small in both an absolute and a relative sense. In each ethnic comparison of this study, the Asian or Asian/Pacific group constituted less than 3% of the total survey sample. The actual number of respondents studied ranged from 63 to 117.

The few studies that have included sizeable samples of Asians have been conducted in either California or Hawaii. Two studies conducted in Los Angeles on seventh and eighth graders (Projects SMART & SHARP, John Graham, Ph.D., University of Southern California, personal communication, 1988) indicated that the lifetime use of cigarettes, marijuana, and alcohol was lower for Asian/Pacifics compared to blacks, Hispanics, or Caucasians. Similar patterns of use were found in a statewide survey of drug and alcohol use among students in grades 7, 9, and 11 (Skager, Frith, & Maddahian, 1986, 1989). One of the few studies to examine inter-Asian differences in substance use was conducted as part of a statewide alcohol, drug, and mental health epidemiological survey in the state of Hawaii (Johnson, Nagoshi, Ahern, Wilson, & Yuen, 1987; McLaughlin, Raymond, Murakami, & Gilbert, 1987). Using a face-to-face interview with both Asians and non-Asians, researchers determined the relative prevalence of alcohol and other drug use among Chinese Americans, Japanese Americans, Filipino Americans, Native Hawaiians, and Caucasians. Results of the survey revealed that Native Hawaiians and Caucasians reported a higher level of use for all drugs, with the exception of tranquilizers, when compared to the three Asian groups. However, Asian groups (Chinese, Japanese, and Filipino) appear to use tranquilizers, marijuana/hashish, and pain drugs as frequently or more than non-Asian groups. Interestingly, although the use of alcohol has been reported to be very prevalent among A/Pi communities, alcohol was cited far less frequently by all Asian groups compared to non-Asian groups. It appears that certain cultural factors may be operating whereby Asian/Pacific Americans are using alcohol

and drugs primarily for self-medication purposes to alleviate depression, pain, and other socially acceptable physical illnesses, but not for recreational purposes. While the results underscore the importance of examining inter-Asian differences in substance use, it is unclear if the actual differences found can be generalized to non-Hawaiian A/Pi communities on the mainland. A number of investigators have noted how Hawaiian Asian groups may be quite different from their mainland counterparts in terms of their non-minority status, acculturation, English language proficiency, community cohesiveness, social-political identification, and so on (Kitano & Daniels, 1988; Sue & Morishima, 1982). Thus, there is a need to replicate their findings with mainland A/Pis before any definitive statement can be made about such prevalence data.

A bilingual telephone survey ($n = 127$) of a predominantly Japanese community in Southern California was conducted to assess not only the community's perception of substance abuse prevalence but also the community members' own use of cigarettes, alcohol, and marijuana (Sasao, 1991b). The results indicated that substance abuse is perceived as a significant social issue in this community. Respondents reported the levels of lifetime alcohol use (73%) and cigarette use (55%), which are slightly lower than the levels of the general American public (85% lifetime alcohol and 75% lifetime cigarette use among those who are 12 years old or older), according to the 1988 *National Household Survey on Drug Abuse* (National Institute on Drug Abuse, 1990). Further analysis of 30-day prevalence revealed that 55% of all lifetime cigarette users and 61% of all lifetime alcohol users had used the substance in the past month. In the past, using the telephone as a mode of data collection has been criticized with respect to the biased sampling due to low survey cooperation, reliability/validity problems, and anonymity/confidentiality issues. However, in this phone survey the rate of interview completion was high (82%). Important differences occurred between American-born and Japanese-born respondents. Compared to the former, the latter had a higher rate of refusing to participate and exhibited less knowledge and social concern over AOD use or abuse. The majority of the Japanese-born respondents were housewives of Japanese businessmen, who tended to reside in the United States for only a short period of time. There also appeared to be a difference in the manner by which the two subgroups defined "substance abuse." The Japanese-born respondents tended to reserve this term for only for such hard drugs as marijuana, LSD, and heroin, and did not include alcohol use and

cigarette use as potential substance abuse problems. The American-born definition of substance abuse was more inclusive, involving the use of alcohol and cigarettes. This difference may have important implications for prevention work with Japanese of different generations.

In a number of studies focused only on alcohol drinking patterns among Asians, Harry Kitano and his colleagues at UCLA questioned the myth of Asian/Pacific Americans as non-drinkers (Kitano & Chi, 1985; Kitano, Lubben & Chi, 1988; Lubben, Chi, & Kitano, 1989). Surnames of Chinese, Japanese, and Korean respondents were drawn from Los Angeles phone directories, in proportion to the Los Angeles population of each group. For the Filipino respondents, the "snowball" sampling technique was used: Initial interviews with Filipinos from known organizations were followed by referral to other potential Filipino subjects. The final sample included 298 Chinese, 295 Japanese, 280 Koreans, and 230 Filipinos. The demographic characteristics indicated that most of these respondents were married men between the ages of 30 and 60.

Results indicated that the alcohol drinking pattern of young Asian males is very similar to that found for a national sample of young adult male respondents (Cahalan & Cisin, 1976) and that certain Asian groups had a high proportion of heavy drinkers. The Japanese (25.4%) and Filipinos (19.6%) had the highest percentage of heavy drinkers, followed by the Koreans (14.6%) and the Chinese (10.4%). Analyses of attitude items corroborated the findings of Sue and colleagues (1979), in which more permissive attitudes associated with greater acculturation were related to heavier alcohol consumption. It appears, then, that at least in the case of alcohol consumption, Asian substance use has been underestimated. In a related finding, Maddahian and colleagues (1985) found that Asians were the largest group that tried only alcohol and no other substances. Kitano has explained that the diversity and variability among various Asians in their drinking patterns can be attributed to the cultural patterns brought over by their ancestors. This study was one of the first large sample surveys conducted to determine the alcohol drinking practices of various A/PI groups. However, the sampling methodology, which involved household interviews based on the phone directories and the snowball technique, may have omitted certain individuals in the Asian population considered at highest risk for alcohol problems (e.g., single, recently emigrated males living alone or in crowded communal arrangements with no private telephones).

Another large epidemiological survey of alcohol use among Chinese, Japanese, Caucasians, and Asian-Caucasians (mixed parentage) was conducted in Hawaii (Murakami, 1989). This survey was designed to control for the effects of certain sociodemographic variables (e.g., social class, gender, marital status). Caucasians tended to drink more and flush less than either the Chinese or the Japanese, whereas the two Asian groups did not differ from one another in drinking or flushing. Individuals of mixed Asian-Caucasian ancestry had mean alcohol consumption levels that were very similar to those of the Caucasian group and considerably higher than those of the Asian groups. However, Asian-Caucasians resembled Asians more than Caucasians in their tendency to flush. Results suggest that cultural variables such as assimilation (in this case, marital assimilation) into American mainstream culture have an important influence on the extent of alcohol use.

Given the diversity of the Asian/Pacific population in this country, it would be especially important to examine the substance use patterns of Asian/Pacific groups considered at high risk for health and/or mental health problems. Yee and Thu (1987) reported on the prevalence and nature of the substance use problems among one such group, the Indochinese refugees. Their study sampled 840 Indochinese refugees, mainly Vietnamese, residing in Houston, Texas, and several cities in Louisiana, and employed household interviews to assess AOD use and mental health status. Approximately 45% of the sample reported problems involving drinking alcohol and/or tobacco use, although the use of other drugs was not seen as problematic. A significant number of respondents viewed alcohol and smoking as acceptable ways both for directly coping with stressful situations and for alleviating personal problems resulting from stress.

Wong (1985) investigated the substance abuse among Chinese youth in a community associated with high-risk indicators, San Francisco's Chinatown. Using a non-random sampling of 123 Chinese youths, ages 13 to 19, Wong estimated that the prevalence of substance abuse among these youth was *higher* than that found among other youth in the previous study conducted in San Francisco with the same methodology. The lifetime use of cigarettes, marijuana, cocaine, and Valium in the Chinese sample was similar to that reported by the non-Asian samples (Caucasians, blacks, Hispanics). The Chinese sample tended to use Quaaludes more frequently than the other groups.

Estimates From Treated Cases

The use of treated cases or utilization data to estimate prevalence is a hazardous venture fraught with selection biases due to socioeconomic, administrative, and other nosocomial factors (Kramer & Zane, 1984). Nevertheless, this approach provides an alternative source for examining Asian substance use and abuse.

In recent years, in both San Francisco and Los Angeles, Asian/Pacifics using drug abuse treatment services have been consistently under-represented with respect to their respective proportions in the local populations. This has commonly been interpreted as reflecting service under-utilization (Murase, 1977) rather than a lesser need for services related to lower levels of AOD use.

Asian, Inc. (1978) used a key informant approach and estimated that the substance use of Chinese and Filipinos is lower than that of the general population, whereas the level of use for Japanese is similar to that found in the general San Francisco population. In a national study of drug abuse programs, Phin and Phillips (1978) found that A/PIs (55%) and Caucasians (63%-67%) were primarily admitted for heroin abuse. As for drug abuse patterns, A/PIs relative to Caucasians indicated a greater involvement with barbiturates (45% and 11%, respectively). Using the information collected from a large ambulatory population under the care of the Kaiser-Permanente Medical Care Program in its Oakland and San Francisco facilities, Klatsky, Friedman, Siegelau, and Gerard (1977) reported that when compared to Whites, Blacks, and Others, Asian/Pacific males and females ($n = 4,319$), under a generic category "Yellow," had the highest level of abstinence from alcohol. Namkung (1976) found that of the A/PIs in the California prison population, 95% were incarcerated for drug-related reasons. These studies have suffered from the same limitations as the untreated cases studies by not distinguishing between different Asian groups, using relatively small samples, not controlling for important demographic variations, and assuming cultural equivalence among the self-report measures and interview procedures.

The State of California has one of the largest databases of treated cases, the California Drug Abuse Data System (CAL-DADS),¹ which many local agencies and government use to make policy decisions. This database replaced the Client Oriented Data Acquisition Process (CODAP) System on July 1, 1982, when the National Institute on Drug Abuse

discontinued its system. Information for CAL-DADS is collected by clinics that use state or federal funds to provide direct treatment services to drug abuse clients. Some of the data include demographic characteristics, drug abuse patterns, and treatment summaries for each client.

The CAL-DADS admission data for Los Angeles and San Francisco counties indicate that the use of drugs (mainly heroin, marijuana, and cocaine) had been fairly stable from 1982 to 1989 (Sasao, 1990). Asian/Pacific Islanders had the lowest admission rates to county or federal treatment facilities. Again, this appears to reflect under-utilization rather than a lower need for services on the part of A/PI populations.

Summary

Research on either untreated or treated cases has produced a mixed pattern of findings in estimating the level of substance use among Asian/Pacifics. Nevertheless, certain tentative conclusions can be formed. First, it appears that alcohol use has been underestimated, particularly for certain Asian groups, such as Japanese and Filipino males. Second, there is some evidence that suggests that a major substance abuse problem for older Asian groups may involve the use of barbiturates, tranquilizers, and pain drugs. Third, cultural factors appear to play an important role in limiting and, at other times, enhancing substance use among certain Asian groups. Fourth, the past research has not been very informative because it is usually unclear which Asian groups are being studied. This is a serious methodological shortcoming because the Asian groups that appear at highest risk for developing substance abuse problems either have seldom been studied or have not been separately identified in previous research. Finally, it is highly likely that the estimates provided by these data will soon be outdated and grossly underestimated because many of the groups with the highest risk factors (i.e., Southeast Asian refugees, Koreans, and Filipinos) are the fastest growing groups in the Asian population. Whereas the Japanese and Chinese constituted the largest groups in 1970, it is estimated that by the year 2000 the Filipinos will be largest group, followed by the Chinese, Vietnamese, Koreans, and Japanese. Thus, as significant changes in sociodemographic and ethnic profile of the general Asian/Pacific population occur, these undoubtedly will be associated with certain changes in AOD use and abuse patterns.

Statewide Asian Drug Abuse Needs Assessment in California: A Multimethod Approach

As it was made clear earlier, relying on one single method in addressing the epidemiology of AOD use or abuse among the A/PI population is inadequate and misleading because of many methodological and conceptual issues that need to be addressed. A single approach or method, when used by itself, runs a high risk of estimation error (Brewer & Hunter, 1989; Campbell & Fiske, 1959; Denzin, 1970; Riley, Wagenfeld, & Sonnard, 1981; Sasao, in preparation). Thus, in our needs assessment, we used a multimethod approach in which various methods were utilized in order to find convergence in determining prevalence and other service needs in Asian/Pacific Islander communities.

Each of the following four methods provided the basis for the estimation of AOD prevalence and service needs among the diverse and growing communities of A/PI descent from different perspectives:² (1) Community Telephone Survey (general community residents' perspectives); (2) Community Forums/Client Focus Groups (perspectives of local community leaders and current/ex-AOD users); (3) AOD Use Indicator (Archival Data) Study (administrators/policymakers' perspectives); and (4) Service Utilization Study (administrators/policymakers' perspectives). The findings of this needs assessment are fully described elsewhere (Sasao, 1991a).

Methodology and Major Findings

Community Phone Survey

In the community telephone survey, a total of 1,783 community residents in Chinese ($n = 409$), Japanese ($n = 416$), Korean ($n = 399$), Filipino ($n = 159$), and Vietnamese (including ethnic Chinese) ($n = 400$) in Northern and Southern California were interviewed in order to collect information on the prevalence of AOD use/abuse and other drug-related problems, including social psychological correlates. Although the response rates and refusal rates varied considerably from group to group (response rates ranging from 31% to 67%; and refusal rates, from 8% to 46%), the final respondents represented wide geographical regions in the state of California (see Sasao, 1991a, for a detailed description of sampling procedures). Results indicated that about 60% to 80% of the community residents in each ethnic group

perceived that AOD use/abuse was a serious or moderately serious problem in their respective community. Alcohol and cigarettes were perceived to be the most commonly available substances in all Asian groups. Across all groups, self-reported lifetime use of marijuana and cocaine was generally low; however, issues of response biases need to be considered in interpreting these low prevalence rates. An interesting finding about personal use of alcohol and tobacco products is that more established groups, such as Japanese and Chinese, indicated *more* lifetime usage but *less* use in the past month; whereas newer immigrant groups, such as Vietnamese, Koreans, and Filipinos, indicated *more* use in the past month but *less* lifetime use. This indicates that use of alcohol and tobacco products, including cigarettes, seems to be rising in the latter groups, whereas its use among Japanese and Chinese appears stable.

Community Forums/Client Focus Groups

To collect qualitative, ethnographic information on the perceptions and attitudes of the local Asian community members regarding AOD use, and to procure suggestions for AOD prevention, 23 community forums and 18 client focus groups³ were held in the greater San Francisco, Los Angeles, and San Diego areas. Unlike the focus of the Community Telephone Survey, the information collected via these community group discussions provided the perspectives from the service providers and the AOD users in local communities.

A community forum group discussion, ranging from 5 to 19 participants, was held in each local ethnic community. In each forum, a variety of community groups and organizations was represented, including social/mental health/health services, religious leaders, political groups, citizens groups, teachers and students, businesses, law enforcement personnel, AOD program staff, and religious organizations.

Community forum participants agreed that alcohol and tobacco products were used most frequently in all groups represented. The use of hard drugs such as marijuana and cocaine, including crack cocaine, was noted as "on the rise," especially among the new immigrant youth.

Eighteen client focus groups, consisting of 5 to 10 current and former AOD users in each, were held in the San Francisco, Los Angeles, and San Diego areas. Potential participants were first identified by local community contacts, such as AOD program staff and law enforcement staff. Those who agreed to participate in the discussion groups were asked to read and sign an informed consent form, and were also asked

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to refer us to other potential participants. Both females and males, with ages ranging from 16 to 60, were represented in each focus group.

Again, the focus group participants cited alcohol and tobacco products as the most frequently abused substances within most of the Asian communities. Also, cocaine and marijuana use was very common among many immigrant youths. It was noted that the seemingly low prevalence of hard drugs among Asians could be attributed to the fact that the Asian AOD users and their families usually deny or hide their AOD problems until the problems become out of control.

One major problem with qualitative data collected via these discussion groups is the possibility that those sampled do not constitute a representative sample of the targeted community. In an attempt to circumvent this problem, an extensive feedback process was implemented with each community studied. Each forum or focus group participant was given the opportunity to respond to preliminary reports of the group discussions. This feedback process not only served as a check on the report's accuracy but also established a systematic means through which community members, including service providers and AOD users, provided additional information to the needs assessment during the course of the study.

AOD Use Indicators (Archival Data) Study

Studying the indicators of AOD use/abuse is an effective methodology for monitoring AOD trends and patterns, and also for assessing the extent of the local AOD problem (NIDA, 1980; Robins, 1985).

Thus, four types of AOD use/abuse indicators, broken down by sex, age, and ethnicity, from several different sources (e.g., education, health, and drug treatment services) were collected for 15 counties in California where large numbers of Asian Pacific Islander populations reside, according to the preliminary release of 1990 U.S. Census information (Jerry Wong, U.S. Census Bureau, Department of Commerce, personal communication, November 1990). These indicators were:⁴ (1) AIDS incidence, (2) drug-related deaths, (3) drug law violation arrests, and (4) school dropout rates.

(1) *AIDS incidence.* Acquired immune deficiency syndrome (AIDS) is commonly transmitted through the sharing of unsterile syringes by intravenous (IV) drug users; thus, the incidence of AIDS cases may be correlated with the prevalence of IV drug use (Siegel, 1988). The data were obtained from AIDS Surveillance Reports and AIDS Surveillance Programs from California counties. Analyses indicated that the percent-

age of A/Pis contracting the virus through IV drug use is the lowest among all ethnic groups, reflecting seemingly lower rates of heavy IV use among A/Pi communities. However, given that AIDS is a highly stigmatizing disease and Asians are less likely to report having the disease, the numbers may be underestimated (Aoki, Ngin, Mo, & Ja, 1989).

(2) *Drug-related deaths.* The number of drug-related deaths is most useful for monitoring general patterns because an increase would indicate an increase in the number of self-administering, active heroin and other drug users. Analyses of data from the California State Department of Health Services indicated that the statewide percentage of Asian mortality (1985-1988) due to alcohol and drug-related causes was approximately 2%, which is far lower than that for the other ethnic groups. Suicide was the leading cause of such death, followed by poisoning and cocaine use. Similar analyses at the county level yielded too few cases in each cell for any meaningful analysis.

(3) *Drug law violation arrests.* The number of drug arrests is considered to reflect overall drug usage on the local level. The statewide data of felony and misdemeanor drug offenses by ethnicity for 1988 showed that the total number of Asians (Chinese, Japanese, and Filipinos) and Pacific Islanders combined composed only 0.3% of the total number of Californians arrested for drug offenses. Although this is an extremely low number, given that the estimated A/Pi population in California is 10% according to the 1990 U.S. Census, it is notable that more Filipinos and Pacific Islanders are arrested for drug charges. In most counties, the number of A/Pis arrested was too minuscule to perform separate analyses.

(4) *School dropout rates.* Although youths drop out of public school systems for a number of reasons, it has been documented that AOD use or abuse accounts for a high number of dropouts among recent immigrant youths (Gregory Austin, Ph.D., Southwest Regional Laboratory, Los Alamitos, California, personal communication, November 18, 1991). Thus, as an indirect measure of possible AOD use, the school dropout rates may indicate AOD use among youth. Examination of school dropout rates obtained from the California State Department of Education, County and District Offices, revealed that the dropout rate for Asians (excluding Filipinos and Pacific Islanders) is lower than that for any other ethnic groups. However, the dropout rates for Pacific Islanders and Filipinos were among the highest. Therefore, it may be speculated that Filipino and Pacific Islander youths have been exposed to AOD use or abuse more often than the other groups because these

dropout youths are often found among gang members involving serious drug trafficking and abuse (Ernie Takemoto, Los Angeles County Probation Department, personal communication, September 6, 1991).

The AOD abuse/use indicator study is limited in generalizability of its conclusions that can be drawn because the data are indirect measures of AOD use/abuse. In many cases, data are not available for specific Asian ethnic groups, often categorized simply as "Asian," "Asian/Pacific Islanders," or "Other." Clearly, there is a need for many of the data sources to collect more accurate and detailed demographic and ethnic information.

Service Utilization Study

By examining trends in utilization of mental health and drug abuse treatment services, the patterns of AOD use or abuse among A/PI populations can be monitored. To this end, three data sets were analyzed: (a) Los Angeles County Mental Health System Data, (b) San Francisco City & County Mental Health System Data, and (c) California Drug Abuse Data System (CAL-DADS).

The Los Angeles County Mental Health System data set is a compilation of all client records for those who have entered public and private mental health service facilities in Los Angeles County since 1973. The present analyses for a 6-year period from 1982 to 1988 included all Asian clients (Chinese, Japanese, Filipino, Korean, Indo-Chinese, and Other A/PIs) and matched samples of Caucasians, blacks, and Hispanics who met primary or secondary DSM-III or DSM-III-R diagnoses of psychoactive substance-induced organic mental disorders, withdrawal delirium, hallucinosis, amnesic disorder, and psychoactive substance use disorders. An analysis of the numbers of clients seeking treatment indicated that there were no notable trends from year to year in service utilization for A/PI clients. Due to small numbers of clients in each cell when broken down by year, ethnicity, and treatment setting, such analyses did not yield useful data in examining the pattern of treatment admissions for A/PIs in Los Angeles County. Ethnic comparison in service utilization showed that A/PIs utilized the mental health system less frequently than other ethnic groups. This should not be interpreted simply to mean that there is a lower frequency of serious drug problems that require treatment. Because treatment admission data serve only as an indirect indicator of AOD use or abuse in the mental health system,

the findings found should be tempered further by the fact that many mental health service settings are not equipped to treat AOD cases.

Analyses of the San Francisco Mental Health System Data, similarly organized and maintained as the Los Angeles System, indicated that in the 3-year period (1988 through 1990), there were no significant trends of AOD use patterns in any of the ethnic groups (Asians, blacks, Hispanics, and Caucasians). However, there appeared to be a severe under-utilization of services by Chinese, Japanese, or Filipino clients seeking drug treatment through the mental health system.

The CAL-DADS, noted earlier in the chapter, was used to assess the yearly trends of treatment admissions from 1982 to 1988 by ethnicity and drug types used. Across the counties and all ethnic groups, including Asians, heroin was by far the drug involved in the most treatment admissions. Although there appeared no significant overall annual trends, the frequency of those Asians seeking treatment shows slight trends for specific drugs in specific counties. For example, in Los Angeles County, admissions among all ethnic groups for cocaine abuse increased from 1982 to 1988, while admissions for marijuana and other drug use declined. In Orange County, the overall rise in the Asians' use of drug abuse treatment seems to be due largely to those seeking treatment for heroin use.

AOD Use and Abuse in Asian Pacific/Islander Communities in California: Another Myth or Reality?

The 1990 California Statewide Asian Drug Abuse Needs Assessment (Sasao, 1991a) was initiated in response to the lack of definitive data on the epidemiology of AOD use among the ever-increasing A/PI populations in California. Despite the success image of A/PIs as a "model minority," results of this multimethod study provided empirical evidence that Asian/Pacific Islanders in California are not at all immune to AOD use or abuse. For example, although the A/PI populations as a whole report relatively low rates of alcohol and related problems, including low treatment admission rates and age-adjusted mortality due to chronic liver diseases and cirrhosis, alcohol still appears to be endemic to all of the A/PI groups studied. As noted earlier, treatment admission rates probably do not reflect the actual number of people who need treatment, but indicate service under-utilization rather than a

lower need for services. Also, cigarettes and tobacco products are commonly used, often excessively, by a large number of individuals in the A/PI communities. Other hard drugs such as marijuana, crack cocaine and methamphetamine ("ice") are also prevalent among some of the more established Asian groups, such as the Japanese, and also among the immigrants whose mother countries have a more lenient policy on drug trafficking.

In determining the prevalence of AOD use in the A/PI communities, several methodological and conceptual problems became apparent in the present needs assessment. First, the categories for A/PI, particularly Southeast Asians, are often excluded or lumped together under "Other" or all-inclusive "Asians" in many of the archived data sets examined (e.g., health and mortality, school dropout rates). The assumption here is that because the number of Asians represented is too small to consider separately, AOD use or abuse patterns for any one Asian group can be generalized to all others. The tendency to lump the ever-growing diverse A/PI groups into a single category ignores significant differences among various A/PI populations, thus making it impossible to accurately estimate AOD use prevalence.

Second, although general difficulties associated with prevalence estimation have been noted (Rouse, Kozel, & Richards, 1985), AOD use prevalence among A/PIs presents additional problems. For instance, it is unknown to what extent culturally anchored response biases (e.g., social desirability) enter into measurement errors with A/PI responses. The use of some substances, especially alcohol, seems culturally sanctioned to the extent that males are encouraged or expected to consume alcohol as a sign of "masculinity." In many A/PI cultures, alcohol drinking is well accepted and is part and parcel of Asian cultural events in the communities. Therefore, in the present Community Telephone Survey, some subgroup differences were found in that approximately 90% of the Korean community residents perceived the problem of AOD use as serious or moderately serious, whereas other Asian groups estimated the alcohol problem as less serious (60%-75%). Such ethnic differences in the definition of "substance abuse" as a potential source of measurement errors needs to be investigated in future research.

A third constraint in AOD prevalence estimation is sampling methodology. Although the use of ethnic surnames is an acceptable means of sampling, the true random sampling with A/PI populations is desirable but difficult to attain mainly because of geographical dispersion

and unknown cultural factors. An innovative method for selecting representative A/PI populations is clearly needed because those "rare and elusive" (Sudman, Sirken, & Cowan, 1988) individuals considered at risk for substance abuse are often neglected in ethnic minority research. Although the Client Focus Group Study attempted to recruit many of the high-risk individuals in the local Asian communities (e.g., recent immigrants with limited English proficiency, the homeless, and gang members), it was often difficult to identify and locate many of them. Given that AOD use and gang violence are highly interrelated activities among African-American and Hispanic-American communities, it is important to obtain information on AOD use among Asian/Pacific youth gangs. Unfortunately, there is virtually no systematic research for A/PI communities, except for some ethnographic interviews with a few Asian gang members (e.g., Chin, 1990; Vigil & Yun, 1990), which seem to indicate that Asian gang members are involved in drug trafficking but they are not drug users.

Fourth, the paucity of empirical research with the A/PI populations hampers the progress of work on AOD prevalence estimation. For example, there is a great need for the work on Asian substance abuse to converge with previous research that has identified important predictors of AOD use. Cultural variables can be examined in terms of how their effects on substance use and abuse are mediated by certain common sociopsychological processes (e.g., loss of control, peer cluster relationships, lack of personal and social skills). In view of current research emphases in Asian American health and mental health, the most promising areas of convergence would be in research on family cohesion, peer relationships, and stressful life events in terms of cultural adjustment (see Zane & Sasao, in press, for further discussion).

Most of all, a strong need for initiating and maintaining a continuous statewide needs assessment of substance abuse among Asian/Pacific Islander Americans is self-evident.

Summary

This chapter has reviewed the empirical literature and research on the epidemiology of AOD use and abuse among the A/PI Americans. Despite the increasing diversity and numbers of A/PIs in the United States, there is a paucity of studies that investigated culturally specific issues

related to AOD use. Some of the methodological and conceptual issues have been pointed out in the chapter.

Findings of the 1990 California Statewide Asian Drug Needs Assessment were briefly described, noting methodological and conceptual difficulties in accurately estimating AOD prevalence among A/PI communities.

In the midst of increasing costs for providing needed prevention and treatment services, a greater understanding and accurate portrayal of AOD use and abuse in the A/PI populations is important to guide the practical decisions for resource allocation, program planning, and other purposes. Creativity in designing and implementing culturally appropriate AOD research should facilitate accountability for prevention and treatment services.

Notes

1. On July 1, 1991, CAL-DADS was replaced by the California Alcohol & Drug Data System (CALADDS) in order to incorporate alcohol information.
2. Another component of the present needs assessment, Drug Services Survey (DSS), will not be discussed in the chapter because the primary purpose of the DSS was to assess the availability and current utilization of drug services, as well as the nature of administrative or psychosocial barriers to clients of Asian/Pacific Islander origin.
3. The community forums in three geographical regions were held for the following ethnic communities: Chinese, Japanese, Korean, Filipino, Vietnamese, Samoan, Cambodian (Los Angeles and San Diego only), Laotian and Hmong (San Diego only), and Thai (Los Angeles only). The client focus groups included the following ethnic communities: Chinese (Los Angeles and San Francisco only), Japanese, Korean, Filipino, Vietnamese (San Francisco and San Diego only), Cambodian (San Diego only), Laotian (San Diego only), and Samoan (Los Angeles and San Diego only).
4. Although other AOD use indicators (e.g., non-fatal emergency data) were collected, they were generally unusable due to either small numbers represented or unspecified ethnicity.

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