Addressing Opioid Use and Abuse Among Asian Americans, Native Hawaiians & Pacific Islanders

A Needs Assessment Report

APPEAL

Background

In 2017, prior to the COVID-era, the opioid epidemic claimed over 47,000 lives (increasing 410% since 2002), making it one of the greatest threats to our nation's health since HIV/AIDS. As a result, extensive national and local research, funding, and attention has been dedicated to understanding, preventing, and addressing opioid use and overdose for populations across the U.S. Despite this heightened national attention and urgency, very little is known about the effects of opioid use and the opioid epidemic on Asian Americans, Native Hawaiians & Pacific Islander populations (AANHPIs). This includes important issues including the scope and prevalence of opioid use and opioid use disorders (OUD) in AANHPI populations, and the risk and protective factors for OUDs, and the role of Pharma and physicians in promoting OUD among AANHPIs.

To address this gap, this study was funded by the MAT Access Points Project administered by The Center at Sierra Health Foundation as a necessary first step toward gaining critical basic knowledge about opioid use among AANHPIs to inform future research and treatment services. Designed by APPEAL as a needs assessment to support future funding, research, and interventions for AANHPI communities affected by opioids and OUDs, this report will focus on the key themes that emerged from this assessment.

Methods

Participants & Procedures

Key informant interviews were conducted between July and August 2020 with 10 adult participants. All participants were of Asian American (AA) or Native Hawaiian & Pacific Islander (NHPI) background and represented AA and/or NHPI communities in California across diverse sectors of health care, research, and advocacy.

Participants included AA or NHPI (1) clinicians including physicians and nurse practitioners, (2) substance use and cultural program managers and advocates, (3) substance use researchers and (4) community advocates including former users.

Participants were recruited by the team using a combination of convenience and respondent-driven sampling. Specifically, participants were identified by the team based on areas of expertise (e.g., physician, medication-assisted treatment provider), then contacted by e-mail or telephone to inform them of the nature of the study and the 30-60 minute interview process. On the day of the interview, the interviewer reviewed the purpose, benefits, and risks of the study with the participant, who verbally consented to participate before proceeding to the interview. All interviews were audio recorded for accuracy and transcription. After completion of the interview, participants received $250 for their time and effort and asked to provide additional names of individuals who might be able to provide additional information and perspectives on opioids among AANHPI communities.

Key Questions

To capture a comprehensive view of OUD, participants were asked a set of open-ended questions addressing the following domains:

1. Scope of opioid use and OUDs in AANHPI communities (e.g., how big of a problem is opioid use and addiction in your AANHPI community?);
2. Community knowledge and awareness of opioid (e.g., How aware or knowledgeable are members of your AANHPI community about opioid use and problems?);
3. Barriers to seeking treatment (e.g., What are barriers to seeking treatment of opioid use?);
4. Need for opioid treatment services (e.g., What do you feel are the need for opioid treatment services in your AANHPI community?);
5. Community/Policy actions (e.g., What are some policies around opioids that might help address opioid problems among AANHPIs?)

Results

Scope & Prevalence of Opioid Use

The main finding in this domain was the glaring lack of opioid use data and information about the AANHPI community; a theme reported by all 10 participants. Some participants reported the presence of anecdotal opioid use among AANHPIs, but noted the lack of statistical data on this topic. As one participant summed the problem with missing data stating, "*there is no number to quantify it, it's hidden, (and) no one is reporting the data.*"

In addition to a lack of data reporting, several participants indicated that the seeming low prevalence (as judged by low presence in treatment according to our provider participants) may be due to both low reporting rates of opioid abuse and limited knowledge and discourse about opioid use in the AANHPI community: "*[it is] a hidden problem on use and abuse. People don't report it. [Opioids] is an issue we hear through conversations and stories.*" It is also important to disaggregate data for specific ethnic subgroups and especially separate out NH & PIs from Asian Americans.

As expected, based on the different specialties of our participants, thoughts on opioid prevalence varied based on the informant's occupation. A key informant from law enforcement believed there is very low prevalence of opioid issues among Asian Americans, while another informant stated seeing the Bay Area compared to Los Angeles. Importantly, a substance use counselor warned that even if the data does not show high prevalence of opioid use in AANHPI communities, it did not mean it did not exist as "*We always find out until it's too late. The prevalence is there, but it's at the last point.*" This was seconded by a researcher who stated that more stories surrounding opioid use are emerging in certain AANHPI communities as OUD is discussed more openly.

Commonly Used Opioids

All informants stated that opioids were received from physicians through patient prescriptions. Three informants said that said that the prescriptions were provided for post-surgery pain management. Among medications, Vicodin and Oxycontin were most commonly reported, with some diversion occurring within families: *"Family sharing, someone is stressed and takes a Vicodin. We see it happen during times of distress, especially right now, with times being so distressing, especially for NHPI's, they are working heavy hours."* One informant who served as a substance use program manager for AANHPIs also said that fentanyl, a synthetic opioid 50-100 times more powerful than morphine, was being used more recently.

As an alternative to opioid prescriptions, five informants noted that the AANHPI community could turn to street heroin if unable to procure prescriptions from their physicians or health care providers. One participant reported, *"you have to be already addicted to heavy prescription pain medications and you might have run out or can't access it anymore so you are looking for a fix,"* while another stated, *"When the prescription [medications] are unavailable, they turn to street drugs."*

Opioids Knowledge & Awareness

The majority of informants said that the AANHPI community's knowledge of opioid use and abuse was low. One researcher said that when AANHPI's are asked about main issues affecting their community regarding drugs, opioids are never mentioned or discussed. In general, opioids did not seem to be on community members' minds with one informant stating the AANHPI community was *"not very knowledgeable, not very discussed, not often, not that aware of."* Similarly, a community worker mentioned that only people and family members with firsthand experience had knowledge of opioids, and that the community in general lacks the knowledge of it.

This was echoed by a law enforcement officer who agreed that the community was not as knowledgeable about opioids as other substances due to the low incidence and feelings that opioid did not pose an immediate threat to community health.In addition to limited reporting/prevalence of opioid use and abuse in AANHPI communities suppressing community knowledge, another reported reason for low community knowledge was that some Asian communities had low literacy levels—leading to not having a great understanding of opioid uses—and that Asians often get their information from print and media which not all communities may have access to. Additional reasons included AANHPI's resistance to services that might educate community members about opioids: "*They don't have enough knowledge, shame, they come to treatment much later than recommended.*" Another contributor was the overall lack of targeted work, efforts, and programs dedicated to helping AANHPI communities become more aware and educated about opioid use and abuse.

Perceived Safety

Respondents had various answers regarding the perceived safeness of taking prescribed medication. According to one respondent, pharmaceutical companies tend to tell providers that opioids were not addictive, which made providers believe that opioids were safe. Even in the medical world within providers there is a lot of misinformation. It was also shared to educate the AA community about the dangers of sharing. One respondent said that Korean clients "*think it is safe to use*" the medication because it is coming from a health provider. The older generation may have a greater understanding of the potential addiction compared to the younger generation being more experimental. Lastly, a respondent mentioned that youth have an "*impression that doctors know best*" which makes the newer generations more inclined to perceive it as safe and take the medication.

Compliance to doctor

Respondents were asked if the AANHPI community are more likely to comply in the presence of a doctor. A respondent mentioned that "*culturally they would be less likely to take [medication]*", although research shows that AAs tend to listen to authority especially when it comes to doctors. If their provider is AA, they are more likely to adhere to them as well. If they are being treated by an AA doctor who speaks the same language as them, it increases their chances to the treatment. On the contrary one participant said that NHPIs may prefer to go to a provider that is from a different culture. There is a lack of confidentiality in the NHPI community. At times they are afraid the information may get out to their own community "*and that's why [they] don't seek help.*" NHPIs are more comfortable with someone from another cultural background to share something private because it is less likely they will know someone from their circle.

Risk Factors for Opioid Use

Several physical risk factors for opioid use were identified by participants. Numerous participants reported chronic pain, with opioid abuse potentially stemming from chronic pain. Another informant shared that NHPIs tend to have issues with rheumatoid arthritis and lack adequate prevention care to reduce the need for, and use, of opioids. A researcher also mentioned that some NHPI communities work strenuous blue-collar jobs such as airport luggage handlers, creating work injuries and pains that lead to use of prescription pain medication.

On a community level, two informants reported that the lack of knowledge and education of opioids in the AANHPI community was a risk factor as it increases the chances people would not know the dangers and risks associated with opioids. One key informant gave an example of a patient with language barriers having difficulty understanding the instructions on a prescription bottle, with this difficulty potentially causing overuse or misuse of the prescribed opioid and increased of opioid abuse.

The AANHPI community's collectivist culture was stated as another potential risk factor. One key informant mentioned the fact that because AANHPI's lean on each other for support, culture may be a risk factor by making individuals more inclined to not report or seek treatment for opioid issues by relying on other AANHPIs for support and informal care. AANHPI members of the community might think they are saving the individual who has a problem from embarrassment or law enforcement as "*addiction has a stigma within Asian community, [leaving] few opportunities for Asians to talk about addiction, discuss it, and try to deal with it personally.*" Also, sharing among family members was another identified risk factor. Interesting, one participant reported that different ages of AANHPIs may use and abuse different opioids with older generations more likely to turn to prescribed opioids while younger generations more likely to turn to illegal street opioids.

Protective Factors

Informants identified several protective factors against OUD. One important risk factor that emerged across several participants was that AANHPIs often do not seek care or treatment, including for pain: "*AAPI people just don't want to go to the doctor. People delay treatments until it comes to a crisis state, it's bad for health but for the [opioid]epidemic it is a strong protective factor.*" Another related protective factor reported by a researcher was that AANHPI cultures are less likely to medicate to get rid of pain, stating "*pain…is something nature in Eastern culture, like fatalism it's seen as a natural occurrence…Western world, we are medicating to get rid of that pain. Eastern cultures do less of that.*"

Other participants stated that for NHPIs, they gained a "*protective*" education against misusing opioids from growing up in their homes and NHPI churches. Another participant said that for Korean Americans, the Christianity view of medication going into the body and Christian values that prohibit substance abuse plays a strong role in preventing opioid use.

Additional protective factors include for the older Chinese generation, history and learning about the Opium Wars (and the dependency on the British) and the Boxer Rebellion may play a factor in limiting opioid/opium use, as well as certain drugs being taboo in AANHPI cultures. Overall, this was noted to be a difficult question to answer it is not well known how extensive (and how hidden) opioid use is in the AANHPI community.

Community Need for OUD Services

Treatment

Participants reported that the community need for OUD treatment services was currently unknown and would require additional study in the form of surveys and other forms of data collection to determine. With regard to current treatment services, providers indicated that substance use treatment services in AANHPI communities were lacking and underutilized by community members, with the absence of culturally responsive providers contributing to this underutilization: *"[AANHPIs] need more providers comfortable with treating addiction and understanding harm reduction and stigma."*

Prevention

One participant stated that it was more important to focus efforts on the prevention side for OUDs versus treatment, with strong prevention education for youth being key. This participant reported that prevention services need to be culturally tailored and delivered in a way that is non-judgmental and destigmatized. Another participant also highlighted the importance of prevention work, especially during the present circumstances where many services need to be virtually delivered. This participant stated that youth coalitions work best to create OUD prevention awareness and opportunities for change including building community capacity and having a safe space, while another participant encouraged multi-agency collaborations that involve law enforcement, DPH and community organizations.

A third participant echoed this need to engage and mobilize youth and communities, referring to prevention services as a proactive approach: "*youth are going to be exposed directly or indirectly, we are going to be non-judgmental, it's a proactive approach, it's a call to action, providing opportunities to be a part of the change. A presentation is not enough, we need something that is appealing to them "call to action."*

In order to deliver these effective prevention services, a participant stated that prevention services must figure out, "*who are the trusted messengers, church, schools, limited tobacco work, everything is limited, going in the right direction, opening up the space to address the needs.*"

Barriers to Seeking OUD Treatment

Seeking OUD treatment services was noted by participants to be very low with one researcher noting based on national treatment data that, "*Treatment seeking is low in AAPI communities, especially for opioid use disorders…they are 1,000% less likely to get treatment for opioid use disorders compared to a white individual with opioid use disorder in terms of treatment seeking.*" The main barrier reported was stigma, with a provider, researcher, and community worker stating that the AANHPI community struggles to seek treatment because of the stigma it carries. This stigma was reported to come in two forms. First is public stigma, with an individual with OUD fearing they would be judged negatively by the community if their OUD was disclosed. Additionally, the individual would fear this would cause embarrassment for family and be seen as a sign of weakness from friends or family members if help were sought. The second form is private stigma with the individual from the AANHPI community with OUD feeling as though they could handle it on their own, leading them to be less likely to seek for help from friends and family. Overall, there was a general sense among participants that AANHPIs with OUDs would be stigmatized for seeking services, as well as ostracized and isolated if people in the community found out.

One participant clarified, "*stigma is prevalent across all cultures and ages, and that leads to people not wanting to get help for their drug use and dependency*" while a second participant stated that with "*addiction you are in a shell, you don't want to look at anyone. For them to understand and communicate, you need to talk about and stop shoving it under the carpet.*"

Other Barriers

Furthermore, two respondents said there was a lack of in-language educational materials. Also, a lack of outreach when sharing the existing resources in the community. Another respondent mentioned that insurance coverage is a barrier because the AANHPI community often wonders who will have to pay for the bill after seeing a provider. The blue-collared class cannot afford to take time off to seek the treatment because they are more worried about working and making ends meet rather than their health. A more current barrier is COVID-19 and the accessibility of resources and treatment. "*Community social support for addiction has ineffectively*" decreased because of the pandemic. For example, in-person social support groups are much more effective than Zoom meeting, but we are now limited due to the current pandemic situation.

Community OUD Activities & Resources

Opioids Policies

There were several recommendations in this domain as many respondents provided different perspectives on policy strategies for opioids use. Several mentioned the need to develop community policies through AANHPI churches and trusted faith-based organizations entities. This is particularly important in the Pacific Islander community where participants reported there was less trust of health care in general versus other communities.

On a broader civic level, an important policy strategy was to tighten the requirements for physicians in prescribing pain medications to patients.This could include strengthening state standards such as having California mandate a maximum 7-day supply of prescription medications after surgery. Then, if the patient required additional medications, the patient must contact the physician to obtain a refill of the original prescription. Relatedly, one participant identified the worksite as a place for instituting appropriate policies and raised the role of the Department of Labor played in regulating substance use and safety standards on pain medication.

Another participant also discussed the need for altering policies within the criminal justice system that criminalize substance use and SUDs, with racism playing a part in how opioid use has become prioritized (relative to other substances more linked to minority communities): "*There is a racism around the topic, racism and addiction, people don't care when minority communities get addicted, unless the white people do.*" For California, there was strong concern mentioned by participants regarding the carceral system and its impact on minorities: "*Especially in California, there is a high incarceration rate. Over the years, the California system keeps rewriting the criminal laws, the system is full right now, that kind of cycle is a money machine keeps people employed, there are people who need to be there with multiple offenses should be there, and some who 3 strikes and stole cd's and you are there or life. 3 strikes and now you are serving life.*"

Within the health care/health services arena, policy concerns and suggestions included preventing budget cuts for OUD prevention and treatment, and the need for cross-agency collaboration. One participant emphasized the importance of having health insurance to cover treatment services and medications particularly among the Medicaid population, with another participant stating that insurance/treatment coverage for OUDs lacked a perspective of minority communities and patients.

Finally, a major policy suggestion was to develop policies to increase access to data and information about opioid use, OUDs, and overdoses in AANHPI communities. Participants mentioned that there were currently no mechanisms to track these cases in real time as for example, the standard county dashboards that pertain to AANHPIs, was outdated by a couple years. As the main priority is to stop overdose, this lack of timely data was seen as a major problem.

Role of Pharmaceutical Companies in AANHPI Opioid Use

When the role of pharmaceutical companies (Pharma) was explored, several respondents noted that pharmaceutical companies played a major role in triggering and maintaining the opioid crisis including taking physicians to dinners and through visits by pharmaceutical representatives. They compared the industry marketing and influence as similar to that of Big Tobacco. As one participant stated, "*Pharma makes money on the patients,*" with additional participants indicating that it was the responsibility of physicians to change their behavior as Pharma is still using misleading opioid messaging as opioids are significant money makers for the companies, while continuing to develop new opioids all the time. They described newer opioids being produced that are stronger than Oxycontin like fentanyl which is 50-100 times more potent than morphine.

Another respondent stated that pharmacies may play a role in making sure that physicians appropriately prescribe pain medications as "they have more caps to track the amount of medication being given out." Although this may create some barriers for patients, they believed that it was a positive having pharmacies monitoring/regulating dispensing pain medications good for pharmacies. It was noted that the state CURES (Controlled Substance Utilization Review and Evaluation System) database could be improved, with pharmacies checking the CURES database during medication dispensing to limit misuse and diversion.

The lone physician participant in the study did state that in California, they had not witnessed as much pharmaceutical marketing for opioids over the past 3 years, but did see a rise in other medications such as Lyrica and Gavepentonoid (nerve suppressants, chronic nerve pain, for neuropathy).

Role of Physicians

Most respondents said that the role of physicians and clinicians in opioid use among AANHPIs was "*very important*" and "*huge.*" From the perspective of a provider in our study, it was deemed very important to prescribe opioids carefully for patients with chronic pain. This provider stated that clinicians have to educate themselves and renew their license each year to prescribe certain pain medications, with this provider pointing out that for patients with chronic pain, careful pain management could be "*frustrating*"; particularly given that for patients receiving high prescribed doses, discontinuing medication would lead to withdrawal.

Participants also reported being aware of Asian physicians who had been arrested in their communities for overprescribing opioids to their patients. These physicians were identified as solo practitioners working in their own practice as opposed to doctors working in managed care (e.g., Kaiser hospitals) where prescribing habits are closely monitored.

As one physician described, these physicians were running, "gorilla messy practice, off the books, not as sophisticated, because of the way you are approaching it, it gets sloppy." Interestingly, this physician also stated that many doctors for AANHPI communities worked long hours, often in the nights and evenings treating "working class" patients because "that brings in the most people. I can see the point of fulfilling a community need, that's what we are looking for, not like that for all community members, who work nights."

The other concern was the lack of Pacific Islander physicians, especially those who are trusted by community members. It was reported that for Pacific Islander doctors, patients would be more likely to adhere to treatment, including taking pain medications if prescribed or overprescribed—a possible risk factor. Thus, it is important for physicians to be responsible for prescribing opioids carefully and warn patients about side effects and risk for addiction. Also, for physicians to resist incentives from pharmaceutical companies to prescribe opioids.

One possible strategy that it was reported that physicians could implement was to discuss the potential harms and dangers of opioid use and misuse with patients when they prescribe pain medications, as well as screening patients for risk of OUDs

COVID-19 Impact

With regard to the impact of COVID-19 on opioid use among AANHPIs, participants stated substance use would likely increase during the pandemic due to increased stress, anxiety and isolation—but that no data was available yet. *"[AANHPIs] feel disconnected during stay at home order, its opposite of what we encourage in [substance use] treatment (going out, communicating)."*

Other

Other important issues including a possible connection between methamphetamine use and opioid use, particularly for the younger generation. One participant stated that Oxycontin was used by younger individuals to come down from the methamphetamine high. The participant described it as an "*up-down path to addiction.*" It was also noted that American Samoa has a high methamphetamine addiction problem with opioids also used by substance users to calm themselves down after using methamphetamines.

Other participants also discussed how Pacific Islanders have numerous health issues such as diabetes or cancer in which opioids may play a role, such as post-surgery or for cancer control. In these situations, it was perceived that less stigma would be associated with opioid use related to these medical conditions.

Conclusion

In conclusion, this needs assessment documents new information on how opioids and OUD impacts the diverse AANHPI communities. While the opioids epidemic is well documented among certain populations in the U.S., the understanding of how it impacts AANHPIs is only beginning to be discussed partly due to poor data collection but also related to the cultural stigma that keeps the problem hidden.

Substance use providers serving the AANHPI communities recognize the great harm and potential harm of the opioids epidemic and the importance of prevention and treatment resources tailored for the diverse AANHPI community. Having the ability to discuss OUD comprehensively allows service providers and community leaders better plan for a potential growth of OUD especially during and following the COVID pandemic. A focus on policy change can help to ensure that AANHPIs and other marginalized communities can be better protected systemically in addressing OUD comprehensively.

APPEAL

About APPEAL

Founded in 1194, Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) is a national health justice organization that has a current network of 1,400 members across the US and the Pacific Island territories/jurisdiction. APPEAL's mission is "to champion social justice and achieve equity and empowerment for Asian Americans, Native Hawaiians and other Pacific Islanders by supporting and mobilizing community led movements through advocacy and leadership development on critical public health issues.

Staff

Rod Lew, MPH- Executive Director APPEAL | Shane Esmundo, MPH, CHES- Project Coordinator | Priya Raman- Program Associate, APPEAL | Andrew Subica, Ph.D- Project Consultant

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