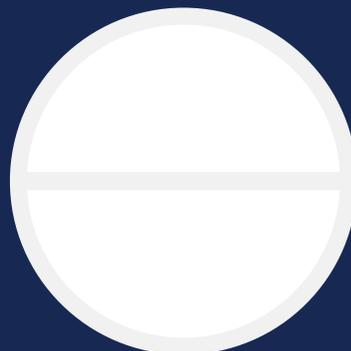


The Pain of Opioids:

A HIDDEN PROBLEM IN THE
ASIAN AMERICAN, NATIVE HAWAIIAN
& PACIFIC ISLANDER COMMUNITIES



About Asian Americans, Native Hawaiians & Pacific Islanders

Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) represent a diverse group of individuals from over 50 countries who speak more than 100 different languages or dialects, and religious faiths. AANHPI is a unique community of vast cultures, often excluded or inaccurately depicted in data. The community is often lumped together, leaving the needs of these diverse communities not properly addressed. While there are a few unifying values the communities share, every subgroup has distinct and unique histories, identity, culture, and stories of migration. The aggregated classification and data of AANHPI populations masks the disparities in health outcomes and social factors.

The US Census Bureau identifies Asians as “a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent” (American Community Survey, 2018). Data presented on the Asian community is often reported as aggregated data, masking the differences and disparities between various Asian subgroups such as East Asians, South East Asians, and South Asians. Many times, the data is skewed due to the large populations surveyed, cultural factors and migration patterns not incorporated or taken into consideration. As the fastest-growing racial group in the United States, the Asian American community in California alone consists of 6.6 million people.

- <https://data.census.gov/cedsci/table?id=ACS%25-Year%20Estimates%20Data%20Profiles&table=DPO5&tid=ACSDP5Y2018.DPO5&g=0400000US06>
- <https://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/>
- <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=65>
- <https://www.advancingjustice-la.org/sites/default/files/AANHPI-TransitionMemo-2019.pdf>

Letter from APPEAL Executive Director



Dear Friends,

When we started the Opioids Policy and Equity Needs Assessment (OPEN) project, little was known about opioid use and abuse among Asian American, Native Hawaiian & Pacific Islander (AANHPI) communities although there were many books about the general opioids epidemic, like Pain Killer and Dopesick. Central to these books, in addition to the personal and societal impact of opioids, was the role that some pharmaceutical companies played. In particular, they documented the story about Purdue Pharma’s deceit to the American public about the addictive danger of their product, Oxycontin, and their unethical role in promoting this prescription pain medication to physicians. Similar to the tobacco industry’s role in targeting vulnerable communities, this issue resonated with APPEAL’s mission to counter industry predatory marketing tactics.

The OPEN Project, funded as part of the MAT Access Points Project administered by The Center at Sierra Health Foundation, was intended to conduct an initial needs assessment about opioid use and to develop a policy platform for addressing opioid use in the AANHPI community. We soon realized that opioid use in the AANHPI community was a very complex issue—from opium’s early use in Asia, to the rise of street heroin, to pain prescription medications and most recently to even more dangerous drugs like Fentanyl. It was an issue compounded by lack of accurate and useful data on opioid use among AANHPIs and cultural factors like stigma. And now, with the greater impact of the COVID pandemic, we anticipate even greater significance as our community and country tries to recover over the next several years. The title for this document, Pain of Opioids, represents the dangerous side of pain medication but also the hurt that opioids abuse inflicts on AANHPIs and other marginalized communities.

In creating this strategic plan report, a community-based process was used to conduct key informant interviews and facilitate deeper conversations with our OPEN Community Advisory Committee. We would like to thank those who have shared their expertise and, in some cases, bravely shared personal experiences. We would also like to thank those who have worked on the frontlines in our AANHPI communities providing necessary prevention and treatment substance abuse and behavioral health services for years.

As a document, this is only a beginning step for addressing opioid use and abuse. We hope that this strategic plan can help contribute to a growing dialogue within our AANHPI communities and eventually with policymakers to create lasting change to address opioids prevention and treatment successfully.

Sincerely,
Rod Lew, MPH
Executive Director

Strategic Overview

BACKGROUND

This Strategic Plan was developed through a literature review, key informant interviews, drop quotes, and participation from key community leaders across all sectors. It was important to practice intersectionality and community participation in order to recruit key informants and a community advisory committee from all sectors/sections in the working field; such as physicians, substance abuse counselors, researchers, community workers, law enforcement workers, and someone who had a previous addiction. Throughout this report you will discover what resulted in the critical dialogue of opioid disparities and policy recommendations.

PLANNING PROCESS OVERVIEW

- Step 1: Conduct literature review
- Step 2: Conduct key informant interviews
- Step 3: Convene Community Advisory Committee
- Step 4: Assess Community Strengths and Challenges, External Opportunities and Threats
- Step 5: Assess Community Readiness
- Step 6: Identify Critical Issues
- Step 7: Develop and Prioritize Policy Recommendations
- Step 8: Complete Reports and Disseminate

“ There is a racism around the topic, racism and addiction, people don't care when minority communities get addicted...”



WHAT ARE OPIOIDS?

Opioids include prescription pain medications like Oxycontin, Vicodin, codeine, morphine, and fentanyl. Other types include heroin and opium.

Community Assessment

CURRENT

STRENGTHS:

- Working with family to address issue
- Advocates with expanded skillsets
- Share story with different platforms
- Strong cultural connection
- Gatherings
- Collectivistic, capacity to get together
- Find new ways to connect
- Telehealth services
- Existing SUD or mental health AANHPI services
- Family, faith, and spirituality
- Young people involved in social justices

CHALLENGES:

- The community is unaware of MATs and SUD, and how to address Opioid use, lack of awareness and seen not as an issue
- Providers don't necessarily know what to do
- Community is not aware of resources
- A lot of unknowns, dealing with law enforcement
- Not understanding realities, low awareness
- Ethnic bias
- Stigma that exist in families
- Spirituality can be a barrier as well (turn to church and pastors)
- Faith and spirituality can be a double edge sword
- Confidentiality, feeling safe to share experiences



FUTURE

OPPORTUNITIES:

- Good history and track record working with communities in a new realm of opioids
- Speak to faith leaders like church members and pastors on opioid prevention and policy
- Using online platforms and how we can measure effectiveness
- Youth involved in social justices
- Focusing on harm reduction/prevention, overdose reversal
- Current feelings for change, November elections
- Raise awareness on NARCAN
- Community based participatory research

THREATS:

- COVID-19 has changed ways to access our communities in person
- Low awareness, no messaging or information
- Budget cuts, prevention funding go away
- Programs not working full capacity because of COVID-19
- Misinformation
- Feelings toward governmental leadership



Purdue Pharma's Role in Opioids Crisis

“Purdue Pharma pleaded guilty on Tuesday to criminal charges that it misled the federal government about sales of its blockbuster painkiller OxyContin, the prescription opioid that helped fuel a national addiction crisis.”

New York Times, November 24, 2020

Community Readiness

The APPEAL Community Readiness Framework was used by the Community Advisory Committee to measure readiness of the AA and NHPI community to engage in various activities on opioid use and abuse. This chart shows the measures of readiness (in shaded boxes) across all areas were generally low (at the pre-contemplation or contemplation levels).

THE FRAMEWORK

Pre-Contemplation: coalition or community hasn't even begun thinking about taking action

Contemplation: coalition or community has only been thinking about taking action

Preparation: coalition or community has begun to plan for taking action

Action Initiating: coalition or community has begun taking action

Action Ongoing: coalition or community continues to take action on a consistent basis.

Maintenance: coalition or community has been taking action for several years and has begun developing a plan for sustaining action.

“ In the NHPI community, opioids in California is a problem, a hidden problem on use and abuse.

People don't report it. It is an issue we hear through conversation and stories...”

“ I think the older you get, or the older population you deal with, I think there is a stigma that is associated with the word ‘treatment’ or just admitting that you have issue with opioids...”

Readiness Levels for AANHPI Communities in 2020

	PRE-CONTEMPLATION	CONTEMPLATION	PREPARATION	ACTION INITIATION	ACTION ONGOING	MAINTENANCE
RESEARCH AND DATA	AANHPI					
INFRASTRUCTURE		AANHPI				
TREATMENT PROGRAMS		AANHPI				
PREVENTION PROGRAMS	AANHPI					
POLICY	AANHPI					

Policy Recommendations

*All bolded policies are high priority recommendations**

RESEARCH AND DATA

1. **Ensure data disaggregation on opioids use and abuse in the AA and NHPI communities**

CAPACITY BUILDING AND INFRASTRUCTURE

2. **Mandate funding capacity building efforts in the AANHPI to address opioids**
3. **Mandate funding for youth leadership development to prevent against opioids use among AA and NHPI youth and young adults (including on college campuses)**
4. Align opioid use with comorbidities like other substance abuse, homelessness and other health factors like mental health.
5. Advocate for Prevention outreach program on information-dissemination on opioids MAT

TREATMENT PROGRAMS

6. **Ensure funding for culturally and linguistically appropriate treatment services for AAs and NHPIs**
7. **Mandate that community health centers screen for and prioritize opioids use and develop treatment component**
8. Advocate for comprehensive treatment services that include components on detox and harm reduction.
9. Advocate for Improved treatment services in vulnerable populations such as the incarcerated populations



POLICY

10. Monitor and restrict promotion of opioid pain medications by the pharmaceutical companies
11. Advocate with physicians and other provider organizations to educate about and restrict overprescribing of opioid pain medications
12. Advocate for Medicaid coverage for workers and opioid services and all meds (formulary)
13. Advocate with pharmacies to educate about and restrict overprescribing of opioid pain medications



Acknowledgements

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About APPEAL

Founded in 1994, Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) is a national health justice organization that has a current network of over 1400 members across the U.S. and the Pacific Island territories/jurisdictions. 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."

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