

CONFERENCE PROCEEDINGS

THURSDAY, JUNE 5, 2008

Opening Plenary-06/05/08, 9am

Dr. Terry Cline, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville MD

Dr. Terry Cline, administrator of SAMHSA, presented its vision of reaching out to and serving all populations in a culturally competent manner. He emphasized diverse populations, SAMHSA's commitment to understanding the unique needs of the rich cultural diversity within the AAPI populations, such as intergenerational socio-economic differences. In order to best serve the diverse populations, SAMHSA tries to employ culturally competent practices. In an effort to learn more about the culture and needs of the Pacific Island jurisdictions, Dr. Cline visited American Samoa. This was the first time a SAMHSA administrator visited a Pacific Island jurisdiction. Dr. Cline visited programs in several parts of the island and met with community leaders, the SPF SIG program staff, and received a briefing on the American Samoa underage drinking prevention campaign. Dr. Cline emphasized the need for collaboration among Federal, State, and community-based agencies to produce institutional change and improve substance abuse service outcomes. Dr. Cline emphasized the need for collaboration among agencies to initiate change.

Workshop 1: AAPI HIV/AIDS

Dr. Martin Iguchi, University of California, Los Angeles (Moderator); Dr. Stella Gran-O'Donnell, National HIV Testing Mobilization Campaign; Dr. Tooru Nemoto; and Dr. Bruce Shiramizu, University of Hawaii John A. Burns School of Medicine.

Dr. Stella Gran-O'Donnell opened by asking 2 questions: 1) How many people know someone with HIV and 2) How many people know someone who has died from AIDS. The majority of new HIV infections are among people of color, making up 71% of the newly infected population. 67% of AAPI men contract HIV through male to male contact. Eighty percent of AAPI women acquired HIV through heterosexual contact. The majority of infected AAPI individuals are foreign born. Dr. Gran-O'Donnell concluded by reviewing strategies to prevent HIV transmission, including testing.

Dr. Tooru Nemoto presented the SAMHSA funded Teapot Project. He used a power point presentation to summarize data and the different treatment strategies employed for AAPI populations. The data was collected from service providers, in the San Francisco Bay Area.

Dr. Bruce Shiramizu began with a summary of the cultural considerations in working with AAPI populations. He gave an overview of the AIDS clinical trials program in Hawaii which provides free services and referrals. Dr. Shiramizu collected data from the clinical trial program, involving cohorts of patients from Hawaii. This cohort data has led to further studies on the role the virus plays in causing dementia.

The audience was very engaged in the question and answer session, especially regarding the outreach method and culturally competent methods in serving AAPI families.

Older adults were also a topic of discussion among the panelists and participants. This population has been identified as a high risk population for HIV/AIDS due to divorces, change in partners, increased use of Viagra, and the lack of outreach.

Workshop 2: AAPI Treatment Models

Mr. Mike Watanabe, Asian American Drug Abuse Program (Moderator); Ms. Lien Cao, Asian American Recovery Services(AARS); Dr. Darryl Inaba, Genesis of Asante Health System; Dr. Joseph Sakai, University of Colorado; and Ms. Ellen Ahn, Korean Community Services

Ms. Lien Cao discussed the treatment models used by AARS. The Vietnamese population in Santa Clara County is one of the main groups served by the agency. As recent immigrants, the Vietnamese population presents unique issues to AARS. For example, in Vietnam, the concept of psychology does not exist, so Vietnamese and Laotian populations in the U.S. are skeptical of behavioral therapy. Ms. Cao's experience showed that these populations prefer quick results, which AARS tries to accommodate with a rigorous six-month program which implements clear instructions and "grading." In working with this population, AARS has also had to consider the concept of pride. Specifically, as Vietnamese populations do not share private issues with strangers, AARS staff have had to win the trust of individuals through non-traditional methods, such as visiting nail salons and restaurants, and participating in family events in order to become considered part of their "extended family."

Dr. Darryl Inaba discussed the disparities in substance abuse treatment. Although substance abuse has been one of the top public health problems for the past 200 years, it is still one of the least funded. He discussed some of the factors related to under-funding, including an "awareness gap," in which 76% of persons who meet most or all criteria for a diagnosable substance abuse disorder actually deny any problem. In regard to AAPI populations, the "Model Minority Myth" leads some to think AAPIs do not have substance abuse problems. In 1980, Dr. Inaba learned that there had not been any research on Asian Americans, through a historical study of National Institute of Drug Abuse. His study of over 900 self-identified AAPIs in the San Francisco penal system was the first ever to study AAPI substance abuse. All of the subjects in the study had been incarcerated for substance-related crimes. Through interviews, Dr. Inaba found that fewer than 5% of his subjects acknowledged their substance problem, indicating an even larger "awareness gap" than that of mainstream society and only 2% of the subjects sought or received any treatment. He stressed the importance of learning current trends in drug use in order to provide comprehensive treatment. Specifically, Dr. Inaba found that Chinese American youth in San Francisco were using a substance unknown to mainstream society and that there is an increase in prescription drug abuse. He also cited other considerations when treating the AAPI community. In working with families, Dr. Inaba observed that tightly-knit families are less likely than "loose-knit" families to produce substance abusers. Therefore, his organization offers family nights in order to include the patient's family in the recovery process.

Dr. Joe Sakai also discussed the disparity in substance abuse treatment faced by AAPI groups. Although Addiction Research & Treatment Services (ARTS) is the major alcohol and drug treatment

service provider in Denver, very few API individuals were among the 1,500 patients ARTS serves daily. Furthermore, over 100,000 APIs live in Denver, and an AAPI-specific treatment program does not exist. Therefore, AAPI groups are not utilizing substance abuse treatment services. Dr. Sakai collaborated with Dr. Rumi Price to research two questions: (1) Are AAPIs less likely to be substance-dependent? (2) Are substance-dependent AAPIs less likely than substance-dependent Caucasians to receive treatment? They surveyed 5,000 AAPIs and 117,000 Caucasians and found the following: (1) lower rates of substance use among AAPIs than among Caucasians, (2) lower rates of substance dependence among AAPIs, (3) lower rates of treatment among substance-dependent AAPIs than among substance-dependent Caucasians, (4) significantly less awareness of the need for treatment among substance-dependent AAPIs than substance-dependent Caucasians, and (5) significantly lower rates of treatment among AAPIs born outside the US. For future research, Dr. Sakai recommends examining strategies to increase treatment among AAPIs.

Ms. Ellen Ahn spoke of her experience in working with AAPI groups from the service perspective. She recommends that the service provider be of the same ethnicity as the patient. She finds that this situation is more likely to ensure cultural competence and language proficiency, which allows the service provider and patient to begin their work as soon as possible. Ms. Ahn also recommends service providers become as culturally competent and well-versed in understanding their own communities. She provided an overview of Korean Community Services (KCS) as well as best-practices with AAPI groups. KCS serves mostly Korean and Vietnamese patients, who comprise the largest AAPI groups in Orange County, CA. KCC uses motivational enhancement therapy and the “matrix model” for both AAPI and other populations. Best practices in working with Korean and Vietnamese individuals include brief interventions and didactic approaches. These clients are also more receptive to the health and medical aspects of treatment. She found collaboration with religious organizations absolutely necessary when serving most Korean patients. KCS rarely treats self-referred AAPI patients. Most patients are referred through the Drug Court and other criminal justice referrals.

A member of the audience asked for suggestions regarding working with substance abusing/using parents and/or other role models, who have the ability to influence young people and how one might work with parents or other role models who use alcohol or drugs. Dr. Inaba’s outpatient treatment program, *Genesis of Asante Health System*, includes the family once a week while his residential treatment program incorporates the family more frequently. Ms. Ahn adds that motivational therapy with Korean Community Services consumers have been effective.

Workshop 3: Asian American, Native Hawaiian, Pacific Islander Prevention Services, “Promising Practices,” Part 1

Mr. Victor Leo, Asian Pacific American Community Support and Service Association (Moderator); Mr. Michael Byun, Asia Services in Action; Mr. Benjamin Tili, American Samoa Department of Education; Mr. Kalani Kabalioumi, Marimed Foundation; Ms. Cheryl Toledo, Asian American Drug Abuse Program; and Ms. Marita Edwin, Republic of Marshall Islands Division of Human Services

Mr. Ben Tili discussed the prevention strategies he used working with youth through the Safe & Drug-Free Schools program. He noted the importance of working with students in both the school and in the community as program participants generally came from “broken homes,” in which “problem children” are often sent to live with relatives in American Samoa from the Continental

U.S. Mr. Tili stressed the need to teach empathy, problem-solving skills, and anger management to reduce disruptive behavior, as these values are not taught by families.

Mr. Michael Byun introduced the ISAT after-school and summer camp program which focuses on substance abuse, violence prevention, and other health topics for middle school children. Since the program's inception in 1996, it has served over 1,200 youth, of which 85% developed "refusal skills" and could identify 10 health risks associated with alcohol and substance use. All surveyed students stated that they would not use alcohol, marijuana, or inhalants. The ISAT program implements a SAMHSA "best practice," the life skills education model. The program also utilizes community partner organizations, adult mentors, college students and high school students from refugee communities similar to youth in the program in order to provide culturally competent services.

Mr. Kalani Kahalioumi provided a summary of one of Marimed Foundation's most popular youth programs, a 4-day coastal voyage or 5-day sea voyage. Through participation in the program, youth build self-esteem, while also learning responsibility and teamwork. In the program, the youth must work together to sail to a destination somewhere in Hawaii.

Ms. Cheryl Toledo presented a successful phase model for policy advocacy implemented at the Asian American Drug Abuse Program (AADAP). In response to increased tobacco use by youth, AADAP initiated a policy campaign advocating stricter enforcement of tobacco retail licensing laws to prevent underage purchases of tobacco. AADAP found that state laws were ineffective as insufficient funding resulted in inadequate enforcement. Therefore, the underage purchase of tobacco was identified as a local issue that necessitated a local solution. The campaign began when 24 percent liquor stores in Gardena, CA were found to sell tobacco to minors. The policy campaign focused on Cerritos, CA, as just over half of the population is composed of AAPI individuals. The second stage of the campaign involved drafting a strategy chart, which summarized short and long term goals, strategies, allies, opponents, and targets (such as city council members and other elected officials). In the third stage, AADAP recruited youth and adults to build community based coalitions. In the implementation stage, the campaign focused on media advocacy through press releases and presentations to the city council. In the final stage, strategies were evaluated for successes and challenges. Initially, the City of Cerritos resisted the campaign and the ordinance was not put on the City Council agenda until over two years after the start of the campaign. The campaign proved to be effective as law enforcement conducted compliance checks throughout the year, resulting in a decrease from 20 percent to 5 percent of stores that were selling tobacco to minors. Ms. Toledo recommended the phase model because of its flexibility.

Ms. Marita Edwin provided a summary of current issues impacting the Republic of the Marshall Islands. Poverty and unemployment are significant issues for the Marshallese; they have the highest rate of unemployment amongst Pacific Islanders. Sixty-four percent of Marshallese youth do not graduate high school. Substance abuse is a serious problem, leading to domestic violence, unemployment and crime, among other social problems.

Workshop 4: Workforce and Capacity Building

Mr. Vaka Faletau, Los Angeles County Department of Children & Family Services (Moderator); Dr. Serge Lee, California State University, Sacramento; Ms. Susan Nakaoka, California State University, Dominguez Hills; Mr. Mahonri "Mo" Sapiga, California State University, Dominguez Hills; Ms. Kathryn Tupua, American Samoa Department of Human and Social Services

Dr. Serge Lee provided a summary of a Master of Social Work program, designed to educate Southeast Asian students. The program emphasizes culture and community issues, including Southeast Asian American mental health. The academic program's objective is to train Southeast Asian mental health specialists. Dr. Lee advises anyone who wishes to start a similar program to first seek funding.

Ms. Susan Nakaoka spoke about current efforts to create a Pacific Islander (PI) specialization in the California State University, Dominguez Hills (CSUDH) Master of Social Work (MSW) program. The program was initiated as a result of requests from the community for trained service professionals who could meet the needs of PI groups. The program would consist of weekend coursework scheduled for working professionals. As most CSUDH students are first-generation college or graduate students, many supportive services will also be provided. The goal of the program will be to place graduates within local PI serving community organizations. Ms. Nakaoka discussed current barriers to implementation, including lack of funding and interested students. At least 15 students need to enroll into the PI specialization and university faculty need to conduct PI research and/or develop PI curriculum.

Mr. Mo Sapiga provided further detail regarding the Pacific Islander (PI) specific health and human services class he is teaching as part of the preparation for a MSW program at CSUDH. He emphasized the need for PI specific service providers as the university is located in Carson, which has a large population of Pacific Islanders. From a survey of PI students, Mr. Sapiga found that students wanted a course to examine issues they found most pressing: gang violence, housing, health, and substance abuse issues. As part of the class curriculum, students will interview a service professional from the PI community, which will also further develop the PI network. The MSW courses will also be made available to working professionals through an intensive weekend program.

Ms. Katie Tupua discussed the need for experienced professionals, including clinical psychiatrists, psychologists, registered nurses and trained clinical supervisors in American Samoa. She stressed the importance of encouraging the existing workforce to obtain advanced degrees in order to meet Samoa's needs. Ms. Tupua spoke of structural difficulties in developing a professional workforce, such as sustainability, and suggested development of infrastructure initiatives within colleges and universities to create career pathways for youth. Specifically, she suggested establishing core academic programs, including both pre and post-service options for high school graduates and working professionals. Ultimately, she would like to see systems integration, including behavioral health, as well as training across public systems so that comprehensive services can be delivered. Ms. Tupua noted that the Federal government has been pushing for evidence-based practices (EBP), in spite of a deficit of EBP's geared specifically for AAPI populations. Therefore, she highlighted the importance of best and "promising" practices in working with the Pacific Islander population.

Workshop 5: CADCA – NHPI Coalition Building

Ms. Barbara Benavente, Guam Department of Mental Health & Substance Abuse (Moderator); and Dr. Eduardo Hernandez-Alarcon, Community Anti-Drug Coalitions of America

Dr. Eduardo Hernandez-Alarcon described the Community Anti-Drug Coalitions of America (CADCA) as an organization which provides training, technical assistance and publications. CADCA's primary goal is to increase the number of applications for Drug-Free Communities Grants, from historically under-represented communities, especially Asian American and Pacific Islanders. In order to apply for the grants, interested coalitions must have been meeting for at least six months, with meeting documentation, prior to application. Other requirements are that coalitions must include at least twelve different community sectors, such as youth and the elderly. The grants provide coalitions with \$125,000 for each of five years, up to two times. Since 1997, approximately 770 drug-free communities have been established in the United States. According to Dr. Hernandez-Alarcon, the work of community coalitions is one of the reasons that the United States is one of the few countries wherein youth substance use is declining. The community coalition strategy is not a model program, but it is a strategy that local communities must adapt to their specific strengths and needs. He emphasized that coalitions should be a collaborative effort, between staff and community members.

In response to an audience inquiry regarding the efficacy of the community coalition strategy, Dr. Hernandez discussed preliminary data, which has documented a decrease in usage of certain drugs by the 14-18 year old (target population) category, over a period of five years. He also called attention to a community coalition that was successful in initiating policy change to eliminate underage drinking at a popular festival. This coalition was able limit alcohol consumption to the boundaries of a "beer garden" by police.

Workshop 6: Challenges and Successes in Treating Asian American and Pacific Islanders for Substance Abuse

Dr. Lalita Chandra, Research Foundation for Mental Hygiene, New York, NY (Moderator); May Lai, Hamilton-Madison House, New York, NY; Dr. Angelo Dias, Asian Outreach Program of the Child Center in New York, Elmhurst, NY; Sunjung Cho, AARS, South San Francisco, CA; Glenn Andres, AADAP, Los Angeles, CA; Young Baek, AADAP, Los Angeles, CA

Dr. Lalita Chandra started the workshop by providing data regarding the available substance abuse treatment services available for AAPI populations and the disparities in these services.

Ms. Sunjung Cho provided a summary of Asian American Recovery Services (AARS). AARS has provided family therapy to 95 families through their Family Oasis Program, using the Brief Strategic Family Therapy (BSFT) model, a program designed to improve children's mental health and reduce substance abuse. Ms. Cho also described the Brief Strategic Family Therapy (BSFT) model.

Mr. Glenn Andres gave a brief history of AADAP and its comprehensive substance abuse services and programs.

Ms. Young Baek reviewed the AADAP statistical database and identified marijuana and methamphetamines as the drugs of choice among AAPI populations. She described several culturally competent strategies employed by AADAP, including media outreach, linguistically competent staff, extra-curricular activities, and “matching” based on age and/or ethnicity. Staff members are “matched” to clients by age and/or ethnicity in order to facilitate communication and address cultural barriers. Once a month, a potluck is held to facilitate communication between parents and children.

Utilizing a power point presentation, Ms. May Lai discussed the barriers and challenges to treatment of substance abuse within AAPI groups. Ms. Lai provided recommendations for working with clients that are not ready to quit using substances. She also stressed the importance of client-centered treatment, including availability services “after-hours.”

Dr. Angelo Dias utilized a power point presentation to describe the structure of his organization. His program emphasizes outreach because AAPI clients are unable to access substance abuse treatment due to a lack of health insurance. As a result of outreach activities, the agency has received an increase of service applications by 400%. Dr. Dias spoke of important strategies used to work with the AAPI population, including the importance of viewing the client as a human being and not to only focus on cultural differences. The agency also ensures availability of culturally competent services by hiring AAPI interns.

According to Dr. Chandra all of the programs are unique, but the needs are the same. Dr. Chandra identified client resistance as the most difficult barrier in working with AAPI clients.

During the question and answer session, the following issues were discussed:

- 1) Perception of service providers by AAPI clients.
- 2) A panel member stated there is a big need for Samoan service providers.
- 3) Some AAPI service providers are assimilated and may not be able to provide culturally competent services to new immigrant populations.
- 4) Service-providers should have a client-centered emphasis.

Plenary Panel – 06/05/08, 11:30am

Alan Shinn, Coalition for a Drug-Free Hawaii, Honolulu, HI (Moderator); Dennis Romero, Center Substance Abuse Prevention, Rockville, MD; Dr. H. Westley Clark, Director, Center Substance Abuse Treatment, Substance Abuse Mental Health Services Administration Rockville, MD

Mr. Dennis Romero, Deputy Director, CSAP, utilized a power point presentation, which is available on the NAPAFASA website, along with most of the other presentations. He urged each participant at the conference to get actively involved in the prevention of substance abuse, by providing culturally competent services. The AAPI population are one of the fastest growing populations in the U.S. and substance abuse is a very complicated issue within AAPI groups. Mr. Romero described substance abuse as a disease and a public health problem, which can only be addressed through collaboration. He urged service providers to “think outside of the box,” in identifying solutions to substance abuse, focusing on leadership and not just funding to identify solutions for substance abuse. Mr. Romero also spoke of humanizing clients, asking service providers to “dig deeply into the conditions that underlie the problems of your communities.”

Mr. Alan Shinn, who is a member of the CSAP National Advisory Council, recognized Mr. Romero for being committed to Pacific Islander issues and participating in the Pacific Islanders Substance Abuse and Mental Health Collaborating Council meeting in Guam.

Dr. H. Westley Clark, Director, CSAT, provided an overview of the Substance Abuse and Mental Health Services Administration (SAMHSA), whose mission is “To Build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.” SAMHSA also strives to ensure that evidence-based substance abuse treatment practices are accepted and implemented. SAMHSA faces multiple challenges, such as in provision of adequate resources, in outreach, development of culturally appropriate, evidence-based interventions, development of a qualified workforce, and integrating substance abuse services into public health. Dr. Clark provided data specific to substance abuse within AAPI groups. In 2006, 18,111 AAPI individuals were admitted for substance treatment, in which methamphetamine, marijuana, alcohol only, alcohol with a second drug, and cocaine were the most frequent reasons for admission. There is a large disparity between individuals in need of substance abuse treatment and those actually receiving services. This holds true in Hawaii, in which only 3.5% of those in need are receiving services and in California, in which only 5.6% of the population in need of services are actually receiving treatment. Dr. Clark identified several issues in treating substance abuse within the AAPI community: language and cultural barriers, related to immigration and refugee status, including unemployment; assimilation resulting in the loss of traditional cultural values and norms; and intergenerational conflict. Furthermore, “Island Communities,” such as Hawaii, Guam, and American Samoa, face even more challenges due to geographical barriers (i.e.: rural, isolated communities with unreliable means of communication). Dr. Clark emphasized the importance of culturally competent services in order to assist in the recovery process. He gave an overview of 85 discretionary grants that CSAT funds for AAPI populations. Non-substance abuse related grants include programs related to HIV/AIDS and homelessness. A substance abuse specific program is the Access to Recovery (ATR) program, which seeks to encourage a consumer focused treatment model through the implementation of a voucher system, which can be used for employment training, spiritual support, child care, housing support, and non-medical healing practices, and inclusion of non-traditional substance abuse treatment providers, such as faith-based organizations. The goal of the ATR program is to ensure client choice and culturally competent services. The ATR program has served 1,482 AAPI clients through programs in Colorado, Michigan, Iowa, Rhode Island, Ohio, California, and Hawaii, among others. Dr. Clark discussed ATR funded programs in California, in which clients receiving services from both faith-based and secular providers had a higher rate of success. Over 135 service providers in the states of Colorado, Wisconsin, Florida, and Massachusetts, served just over 20,000 AAPI clients through the Screening Brief Intervention Referral & Treatment (SBIRT) program. SBIRT seeks to provide early identification and treatment for individuals who do not perceive a need for services. Almost half of SBIRT participants change patterns of substance misuse. Dr. Clark concluded by identifying future challenges, including inclusion of Pacific Islanders in national surveys, disaggregating Pacific Islander data, limited access to data due to small populations, and strategies, including creation of a Pacific Jurisdictions Data Workgroup.

Lunch and Plenary

Dr. Ford Kuramoto, National Asian Pacific American Families Against Substance Abuse (Moderator); Ms. Emilie Dearing, National Asian Pacific American Families Against Substance Abuse Board; Mr. Floyd Mori, Japanese American Citizens League; Mr. Dave Okimoto, King County United Way; Dr. Larke Huang, Substance Abuse and Mental Health Services Administration; and Dr. Kyu Rhee, National Institutes of Health and National Center on Minority Health and Health Disparities

Mr. Floyd Mori discussed his experience as a minority high school student in Hawaii. He discussed issues impacting AAPI populations, including lack of political representation, lack of awareness of issues affecting AAPI by both political leaders and AAPI groups, and barriers faced by AAPI groups in accessing health care. Mr. Mori provided several examples, such as his unawareness of AAPI drug use in Utah, the lack of Vietnamese speaking services for 70,000 Vietnamese speaking Louisiana residents, and the Japanese community's concern that the Japanese American Citizens League address health related issues. Due to issues of access and under-representation, The AAPI Summit was developed, with a meeting with HHS Secretary Mike Leavitt and agency heads. At the conclusion of the meeting, an understanding emerged that an AAPI community exists and their issues are not being addressed. Mr. Mori closed by saying, "We need to have our faces continually in front of them to have our issues heard."

Ms. Emilie Dearing, who also attended the meeting with Secretary Leavitt, further summarized issues addressed at the meeting. The goals of the meeting were to raise the AAPI awareness of their communities and assure the delivery of culturally competent and linguistically appropriate services. Issues included health disparities, emergency preparedness, availability of primary health centers, mental health, and access to linguistically appropriate and culturally competent service providers, hepatitis B and health literacy, and the linkages between behavioral health and primary healthcare agencies for the AAPI communities. However, substance abuse was not an identified issue among some of the AAPI leaders. Therefore, the most recent meeting in May, 2008 confirmed the attendance of this conference to elevate the issue of substance abuse within AAPI communities to the same level as primary health issues. An AAPI institute was proposed to Dr. Terry Cline to address the systematic needs, such as program development, technical assistance, training, parent education, resource center, and research and data collection to expand the AAPI substance abuse services.

Dr. Ford Kuramoto went on to honor Francisco "Frankie" Irigon for his lifetime of work with the AAPI communities in Seattle and across the U.S. He was also influential in raising awareness of government agencies regarding Pacific Islanders.

Mr. David Okimoto accepted the award for Mr. Irigon and discussed Mr. Irigon's role as an advocate for the AAPI community and a NAPAFASA Board Member.

Dr. Larke Huang utilized a power point presentation to describe SAMHSA's activities in reducing health disparities. She thanked the leadership staff at SAMHSA for their presence at this conference. Dr. Huang presented the National Network to Eliminate Disparities in Behavioral Health Initiative, which seeks to facilitate collaboration and identification of best practices among community based organizations through data collection. The initiative will geo-map state-wide service providers and will show each provider's focus topic and served population. The initiative

will also address SAMHSA's grant administration process, which appears to place AAPI communities at a disadvantage.

Dr. Kyu Rhee utilized a power point presentation to discuss the role of National Institute of Health (NIH) in addressing health disparities in the AAPI community. He emphasized that good policy should be based on science and practice. NIH's current focus is the development of a health workforce because the current workforce cannot treat all those who need it. There will be a research Summit on Eliminating Health Disparities on December 15-18 in Washington D.C.

Concurrent Workshops

Workshop 7: "Strategic Prevention Framework State Incentive Grants" (SPF-SIG) Grantees

Mr. Benjamin Tili, American Samoa Department of Education, Safe & Drug-Free Schools (Moderator); Ms. Grace Rosadino, Guam Department of Mental Health & Substance Abuse; Mr. Gabe Nae'ole, Pacific Resources for Education and Learning; Ms. Kathryn Tupua, American Samoa Department of Human and Social Services; and Mr. Caleb Otto, Palau National Congress

Ms. Grace Rosadino stated that Guam is currently funding five substance abuse prevention coalitions. She described the Strategic Prevention Framework (SPF), in which there are five components: needs assessment, capacity building, planning, implementation, and the evaluation. She showed a video depicting implementation of the SPF in a Guam village.

Mr. Gabe Nae'ole, utilizing a power point presentation, summarized SPF activities in Hawaii. He gave an overview of the SPF process, including the grant application and administration. The State of Hawaii is currently identifying the criteria for the counties that will receive funding.

Ms. Katie Tupua utilized her power point presentation to summarize SPF activities in American Samoa. Implementation of SPF required using "local people for local solutions," in which 12 non-profit community coalitions were established, providing training on data collection, program development and evaluation. An "equity model" is used to disburse funding to the coalitions. The lack of materials in Samoan and lack of data were cited as difficulties in SPF implementation.

Dr. Caleb Otto presented a summary of SPF activities in Palau, in which traditional leadership has been the focus of activity. He also presented trends on alcohol consumption, current alcohol legislation, and advocacy efforts. Specifically, a compromise was reached in the Palaun Senate to close bars at 2 a.m., (as proposed, to the existing ordinance, which is 4 a.m.)

Participants requested copies of the power point presentations, since presenters did not have hard copies. NAPAFA staff stated that power point presentations would be available on the website as soon as all were collected.

Workshop 8: Pacific Islander Treatment Issues

Ms. Barbara Benavente, Guam Department of Mental Health & Substance Abuse (Moderator); Mr. Steven Shapiro, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment; Mr. Ieti Leaea, Asian American Drug Abuse Program; Mr. Wayde Lee, Alu Like, Inc.; and Ms. DarLynne Kaahanui, Alu Like, Inc.

Mr. Steve Shapiro highlighted the need for improved services in both American Samoa and the Continental U.S., especially as there are more Samoans currently residing in the Continental U.S. than in American Samoa. In treating Pacific Islanders, he found that the traditional paradigm, focusing on “disease” and “abuse,” is ineffective. Therefore, Mr. Shapiro encouraged a shift to motivational interviewing, using concepts such as “wellness” and “health,” and family-centered activities. He suggested identification of evidence-based practices relevant to Pacific Islanders as the next step in developing improved and expanded programs.

Mr. Ieti Leaea discussed barriers faced in treating Samoans in the Asian American Drug Abuse Program (AADAP) residential drug treatment program. Pride and stigma within the Samoan culture were identified as primary deterrents in obtaining treatment. Admission of a substance abuse problem by seeking treatment would damage the reputation of both the individual and his or her family. Also associated with the concept of familial honor is the general distrust of outsiders. To overcome these barriers, AADAP is reaching out to Samoan enclaves or “urban-day villages” to communicate the message that substance abuse affects the individual, the family and the larger community and that there is hope in treatment and recovery. Mr. Leaea also discussed three key issues regarding substance abuse treatment and American Samoans. First, data collection is necessary as the prevalence of substance abuse and utilization of treatment services by American Samoans is non-existent. Secondly, informational pamphlets and newsletters are the most promising ways to reach Samoan communities. Finally, Mr. Leaea recommended collaboration with service providers in New Zealand, who have experience working with Pacific Islander populations.

Ms. DarLynne Kaahanui introduced the Kahua Ola Hou program, which was founded in 2000 and is a three-week substance abuse program for adolescents. The program utilizes behavior modification techniques. In the first week, participants learn and practice “Hoopono” (acceptance of their bodies) and prepare for “Hooponopono” (making it right between two people, asking for forgiveness) with no familial contact. In the second week, youth and families (optional) participate in Hooponopono. In the final week, youth are introduced to all of the available community resources.

Mr. Wayde Lee further discussed the Kahua Ola Hou curriculum, which is centered on the concept that an individual can only change him/herself, asking: “In life, whom can you change? Only yourselves.” Based on this concept, participants are empowered to view themselves as healers, who are in control of their own bodies. The program does not accept funding from government sources in order to maintain autonomy and maximize cultural competence.

Ms. Barbara Benavente also discussed Guam’s struggle in balancing Federal funding requirements with the need to maintain autonomy to assure culturally competent services. In closing, she reiterated key issues addressed during the workshop: language accessibility, collaboration with New Zealand service providers, and the preservation of culture and community.

Workshop 9: Research and Practice “Translation”

Dr. Terry Gock, Asian Pacific Family Center (Moderator); Dr. Darryl Inaba, Genesis of Asante Health System; Dr. Joseph Sakai, University of Colorado; and Mr. Fred Payo, Asian American Drug Abuse Program

Dr. Terry Gock began the workshop with introductions and asked audience members to introduce themselves.

Dr. Joe Sakai discussed his current study, regarding “chronically disordered” Asian American and Pacific Islander (AAPI) youth. Chronic disorders, even in youth can predict substance dependence, risky sexual behavior, and adult gang behavior. Chronically disordered AAPI youth were significantly more likely to be alcohol or marijuana-dependent and/or display adult antisocial behavior. They are also significantly more likely to report parents with alcohol and drug problems. Native Hawaiians and Pacific Islanders are 2-4 times more likely than Caucasians to be chronically disordered. Dr. Sakai has been unable to successfully study chronically disordered AAPI youth as he is having difficulty recruiting participants. He encouraged the support of research into this population because it will inform treatment design and advocacy work.

Dr. Darryl Inaba presented a study he conducted in graduate school, in which he researched the “reward reinforcement” effect of drugs on the brain. Substance dependent rats continued to use drugs despite extremely adverse effects, whereas non-dependant rats would rather starve to death than suffer those same adverse effects. Dr. Inaba explained that a particular strain of genetically “tee-totaling” or abstinent mice would rather die of dehydration than drink alcohol. However, two to three months of unavoidable stress turned even these “tee-totaling” mice to become alcoholics and addicts. Drugs found to be addictive for humans were also found to be addictive for many other animals. His research concluded that it is a difference in brain biology, not in consequences, including, immorality or misconduct, which is responsible for compulsive drug behavior. MRI brain scans show that people who are more likely to become dependent or relapse react more strongly to the first exposure to drugs or alcohol. These findings shift the concept of addiction from immorality to illness.

Mr. Fred Payo surveyed 1,043 college students’ perceptions of HIV and substance use. California State University, Long Beach (CSULB) students showed heaviest use of alcohol and drugs due to the availability of them in Long Beach, CA. As a result of this study, Project Choice was created at CSULB to recruit and train students in substance abuse and HIV prevention. From the study, cultural practices and values were found to affect students’ willingness to discuss HIV and substance abuse. However, in private settings, students were more likely to inquire about alcohol, drugs, and sex, especially with a Peer Health Advocate.

Dr. Inaba asserted that depressive disorders, even more than drug use, are a determinant of high risk behaviors. Although Mr. Payo found that most of the study participants admitted to experiencing depressive symptoms, he found the largest stressor for AAPI students was caused by their unwillingness to talk about their emotions.

Workshop 10: AAPI Prevention, “Promising Practices,” Part 2

Ms. Alicia DeLeon Torres, National Asian Pacific American Families Against Substance Abuse (Moderator); Mr. Sean Spriggs, Coalition for a Drug-Free Hawaii; Ms. Tram Nguyen, Asian American Recovery Services; Mr. Glenn Masuda, Asian Pacific Family Center; Mr. Kerio Walliby, Federated States of Micronesia Substance Abuse & Mental Health; and Mr. Rod Lew, Asian Pacific Partners for Empowerment and Leadership

Mr. Sean Spriggs reviewed data regarding drug use by underage Pacific Islander (PI) youth in Hawaii. He noted that the decrease in methamphetamine use among youth can be attributed to the efforts of law enforcement. It was also noted that an increase in cocaine use has been observed among youth. Mr. Spriggs also summarized some factors contributing to drug use among youth, such as availability of drugs.

Ms. Tram Nguyen began by asking the audience to introduce themselves. She described the Tam An program, in which there are three components: Youth Into Voice Visual, community education campaign, and local partnership. The goals of the program are to increase substance abuse awareness, improve access, and improve overall mental health and social functioning. According to Ms. Nguyen, the Tam An program can be replicated and be successful in other communities.

Mr. Kerio Walliby reviewed statistical information regarding Micronesia and available substance abuse programs, which include radio programs, community workshops, school visits, and special events. He also reviewed Micronesian laws related to alcohol consumption. Mr. Walliby discussed two particular laws, the temporary ban on the sale and consumption of cigarettes during the “World No Tobacco Day” and the temporary ban on the sale and consumption of alcohol on Christmas and New Years holidays. He concluded by describing future strategies: a survey, “Science Academy,” tobacco Synar inspections, and three Prevention Fellows joining the Fellowship Prevention Program at CSAP.

Mr. Rod Lew presented the work of Asian Pacific Partners for Empowerment and Leadership (APPEAL), which is a national organization that addresses health justice issues and develops model programs that can be replicated nation-wide. For the last 15 years, the organization’s focus has been around tobacco and associated health justice issues. Mr. Lew described Phillip Morris’ marketing strategy, “Push, Pull, and Goodwill,” targeting AAPI communities. Mr. Lew suggested that prevention should focus on social change instead of getting people to quit. He also suggested that a framework of developing a “learning community” as opposed to disseminating information is an approach that guarantees sustainability of learning. Mr. Lew reviewed the impact of the Leadership Development program at APPEAL.

Workshop 11: Problem Gambling Prevention and Treatment

Dr. Larry Gasco, National Asian Pacific American Families Against Substance Abuse (Moderator); Mr. Borann Heam, Asian American Drug Abuse Program; Ms. Diane Ujiiye, Asian Pacific Islanders Community Action Network; and Mr. Michael Liao, NICOS Chinese Health Coalition

Ms. Diane Ujiiye began the session by engaging the audience with “an ice breaker” regarding the perception of gambling within the AAPI population.

Dr. Larry Gasco provided an overview of NAPAFASA's Gambling Prevention Project.

Mr. Michael Liao gave a summary of problem gambling issues within the AAPI population. Problem gambling was identified as a long-standing problem that has only recently begun to be recognized as a major problem. Although mental health and problem gambling are co-occurring disorders, problem gambling is still not recognized as a health problem. Mr. Liao showed the similarity between the brain scans of pathological gamblers and drug addicts. Although the use of brain imaging is new, it will be used to identify problem gambling as a serious health issue.

Mr. Liao cited a lack of alternative entertainment as a key prevention issue among non-English speaking AAPI groups. He gave a historical overview of available gambling institutions in California. Hawaii and Utah are the only states that do not have any form of legal gambling. Although illegal, internet gambling has increased access to anyone.

Mr. Borann Heam summarized lessons learned from the AADAP problem gambling program. The purpose is to provide strategies to prevent problem gambling and training to other AAPI community based organizations. Prevention strategies include keeping track of time when in casinos and only using cash. He identified current issues impacting problem gambling, such as soaring gas prices throughout California resulting in increased gambling at local venues.

Ms. Ujiye summarized policy-level difficulties, including lack of funding and data, regarding pathological gambling. Specifically, there is a lack of disaggregated and AAPI language specific data. Existing AAPI data from a recent state survey does not show the true extent of problem gambling because the data was collected through a telephone survey that had methodological problems. She stressed the role of policy advocacy in combating pathological gambling as the Office of Problem Gambling cannot compete with the \$13 billion dollar gambling industry. Specifically, Ms. Ujiye advocated for increased access to services instead of focusing only on abstinence.

Workshop 12: AAPI Sexual Orientation, HIV/AIDS and Substance Abuse Issues

Mr. Jeff Mori, Asian American Recovery Services (Moderator); Mr. Armand Cachero, Asian Pacific AIDS Intervention Team; and Mr. Al and Ms. Jane Nakatani, Honor Thy Children

Mr. Jeff Mori opened the workshop with the observation that while HIV/AIDS has been the focus of workshops in previous years, this workshop will also consider sexual orientation.

Mr. Armand Cachero discussed his personal experience as a HIV positive, homosexual, substance abuser, who has also experienced mental health difficulties. He explained that the combination of the isolation he felt as a homosexual, mix-raced individual, with a bi-polar disorder, led him to start using ecstasy and crystal methamphetamine. Mr. Cachero experienced a high from his first crystal methamphetamine exposure and therefore, continued to use. He did not believe that he had a problem, as long as he remained employed and did not hurt anyone. Feeling suicidal, he deliberately had sex with someone who was HIV positive. After he broke his self-imposed rule to spend only \$15 for drugs, he went to a gay and lesbian center for help and learned he was HIV positive. In the workshop, Mr. Cachero thanked alcohol and drug service providers for their harm reduction efforts.

Twenty years ago, Mr. and Mrs. Al Nakatani lost two sons to HIV/AIDS and one to a hate crime. They currently head an educational, non-profit organization, Honor Thy Children, to promote the “acceptance of human diversity.” Mr. Nakatani observed that stigma against homosexuality towards youth is much crueler than stigma directed against adults. Discrimination against lesbian and gay children can destroy their spirit since children have limited life experience and do not have the adult protective factors. The harm is especially dangerous for children if shame and negative messages regarding homosexuality are experienced for prolonged periods of time. Mr. Nakatani described different sources of stigma experienced by children. He cited his own experience, in which neither he nor his wife was aware of homosexuality and discussed the pressure children feel from parents, who are often socialized to bend their children to fit gender roles. Other sources of stigma include religion and peer pressure. The Nakatani’s sons used drugs as self-medication to deal with the pain of a lifetime of stigmatization and degeneration. Mr. Nakatani stated that, contrary to popular belief, queerness is not a choice, but begins very early in life. In his own experience, one of his gay sons said he knew he was different when he was only five years old. Research shows that identification of being different at that age is not uncommon. He echoed Mr. Mori in saying, “This is the only workshop of the entire conference where you will hear about sexual orientation.” Mr. Nakatani expressed a need for advocacy on behalf of the queer community as mainstream society is unresponsive to their needs across a broad range of issues, including healthcare and education. He maintained that an educational system that legitimizes only one segment, such as white heterosexual individuals, of the population, legitimizes the stigmatization of other segments of the population. The AAPI Lesbian, Gay, Bisexual, Transgender, Queer community and mainstream society must work together to reduce stigma in all facets of society.

Workshop 13: AAPI Youth and Parent Program Models

Mr. David Chen, Chinese American Planning Council (Moderator); Ms. Ursula-Ann Siataga, Asian American Recovery Services; Mr. Steve Teu, Asian American Recovery Services; Mr. Chris Ma’umalanga, Tongan American Youth Foundation; Ms. Barbara Snyder, Asian Services in Action; Ms. Ange Hwang, Asian Media Access; and Mr. Peter Vang, Fresno County Department of Employment and Temporary Assistance

Mr. Peter Vang provided a summary of issues, including acculturation, unemployment, education, housing, health, mental health, suicide and divorce, affecting Southeast Asian communities in Fresno County, CA. Nine percent of public assistance recipients in Fresno County are Southeast Asian. Youth of Southeast Asian descent experience conflict between the values of their cultural heritage and those of mainstream American culture, alongside linguistic difficulties and inter-generational conflict. Mr. Vang observes both older and younger generations of Southeast Asians using tobacco and alcohol. However, the older generation also uses opium, while younger generation is using marijuana and methamphetamine. He suggested that as a culturally competent and effective practice, service providers should collaborate with Hmong clan leaders in working with Hmong populations. The clan system is an important way to engage this community.

Mr. Chris Ma’umalanga discussed the crisis of Tongan American youth, of which only 40% graduate high school and only half of them attend college. This is in comparison to 80% of native Tongan youth who graduate high school and attend college. Gang violence is also a major problem facing Tongan American youth and has even infiltrated churches. In response to poor academic achievement and gang violence, Mr. Ma’umalanga and the Tongan American Youth Foundation

(TAYF) started an annual high school conference to connect youth with Tongan American community leaders. Over 250 Tongan American youth attended the first conference to meet and learn from Tongan American doctors, lawyers, athletes, and screenwriters. In answering question regarding motivating youth to attend conferences, Mr. Ma'umalanga cited the organization's strategy in appealing to participant's popular interests and career goals. Therefore, TAYF focuses on bringing high profile names and faces to the conference. To maintain students' interest, the organization tries to diversify the conferences program. Specifically, this year, instead of presenting high profile speakers, the conference will feature Tongan American students.

Ms. Ursula-Ann Siataga spoke of her experience as a Samoan youth and working with Pacific Islander American youth. In spite of attending a low-achieving high school, Ms. Siataga attended a community college where counselors motivated her to excel. She currently works with Samoan and Tongan American youth in East Palo Alto, with Asian American Recovery Services (AARS). AARS currently does not focus on outreach activities as youth engage the community through word of mouth. Because of the relationship AARS has developed with the community, approximately 500 Samoan and Tongan American youth, families and community members attended the most recent agency sponsored weekly event. To highlight the need for culturally competent service providers, Ms. Siataga briefly discussed non-Western healthcare practices, such as massage therapy, "witch medicine," and cold remedies.

Mr. Steve Teu emphasized cultural competency as the key in serving an increasingly diverse American society. He discussed culturally specific strategies that he has employed working with the Tongan American community. In order to reach Tongan Americans, many of whom are religious, he joined an organization focusing on God and not on a particular denomination. Since Tongan culture values community over individuality, emphasis should be placed on community-based organizations. In the Tongan language and culture, the concept of a "nuclear" family does not exist. Instead, a fifth cousin would still be considered a "brother" or "sister," making the entire Tongan American community similar to a large family. The value of family in Tongan culture was highlighted when Mr. Teu discussed mainstream culture's failure to recognize the importance of cultural competency. He explained that the family of a Tongan American girl who had committed suicide was invited to a memorial service by the child's school. Instead of the immediate family attending the service, as expected by the school, over 200 Tongan Americans attended. Citing safety concerns, the service was canceled, angering Tongan American youth, some of whom threatened to burn the gymnasium for publicly disrespecting their family.

Ms. Barbara Snyder discussed issues in obtaining and sustaining funding for youth programs at Asian Services in Action (ASIA). Due to recent budget changes, in which \$240 million was cut from the tobacco foundations, the organization is facing severe funding cuts. Three of ASIA's programs, including the Asian American Youth Against Tobacco program, which is one of the agency's oldest tobacco-prevention programs, were funded with alcohol/drug/tobacco money. The after-school program, Safe and Drug Free Schools, is also being cut back. The only program whose funding is still secure is the after-school program and summer camp for AAPI youth and parents. Ms. Snyder also spoke of her experience as a college-level educator, in which she observed that first and second-generation AAPI families are similar to families of substance abusers, with the three following rules: (1) Don't talk about emotions, (2) Don't feel, and (3) Don't trust anyone outside the family. Her AAPI students decided to add a fourth rule: "Don't let anybody know we're different." Ms. Snyder found an activity from a second-grade prevention curriculum to be effective with not only children, but also with AAPI adults and professionals. The activity involves giving participants a smiley face

and crayons, asking participants their feelings at a specific moment in the past and coloring the picture to illustrate their feelings. Participants share their experiences with others.

Ms. Ange Hwang began by presenting a short film created by AAPI youth, in which they were asked why they were proud to be Asian American and Pacific Islander. The film also incorporated youth's career aspirations and the perspectives of the older generations. Ms. Hwang encouraged filmmaking as a vehicle for youth to express themselves. She discussed issues, including suicide, homosexuality, and difficulties regarding acculturation affecting AAPI youth. In 2002, the rate of Hmong suicides peaked; however, the fact that most of youth who had committed suicide identified as Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ) was not publicized. In addition to being marginalized by mainstream society, LGBTQ youth are also stigmatized by the AAPI community. AAPI youth also experience cultural conflict. Specifically, in Asia, an individual is either a child or an adult; the concept of the adolescent does not exist. Southeast Asian children are married at 15 and become adults. First-generation parents do not necessarily understand the concept of adolescence, which often clashes with the values that AAPI youth are learning from American culture.

Town Hall Meeting: Private Sector Funding for AAPI Substance Abuse Services

Mr. Alan Shinn, Coalition for a Drug-Free Hawaii (Moderator); Mr. Dave Okimoto, King County United Way; Ms. Gwen Foster, California Endowment; and Mr. Bill Wong, Bill Wong LLC

Ms. Gwen Foster summarized the creation of The California Endowment (TCE) as a result of Blue Cross of California's transition from a non-profit to a for-profit organization. TCE has always and continues to fund mental health and substance abuse programs, especially programs that culturally reflect underserved populations. She discussed the mental health initiative and the mental health needs of Californian residents. TCE has provided 100 related grants since 2003.

Mr. Bill Wong discussed the difficulties faced by non-profit organizations in obtaining private sector funds. Firstly, non-profit organizations, by the nature of their work, focus on service provision and not on raising money. Secondly, program staff is routinely overworked in service provision and thereby cannot dedicate time to fundraising. Due to these limitations, non-profit organizations start to "chase money," such as applying for grants outside of their expertise and/or scope of work. He suggested that non-profit organizations focus on establishing relationships. Specifically within the AAPI community, organizations are not well-connected to corporations, which would benefit from supporting service based organizations, as corporations would gain visibility in those AAPI communities. Elected officials were identified as promising links between the non-profit sector and private corporations.

Mr. Dave Okimoto summarized and described the strategies and goals of United Way. United Way of America is the umbrella organization to 1,300 local United Way organizations across the nation. United Way's national priorities are education, increased income, access to federal services, and health. However, there are regional United Way organizations, which will have different priorities. Specifically, King County United Way's current mission is to end homelessness. He described how some of United Way's strategies were being questioned. Donors were concerned that the agency was taking 10% of donations designated for other organizations. Mr. Okimoto discussed the importance of measuring outcomes instead of only tracking the number of people served or staff

hours. Measuring outcomes is needed in order to identify the efficacy of the substance abuse and overall health services.

Closing Session

NAPAFASA General Membership and Election

FRIDAY, JUNE 6, 2008

Call to Order

Ms. Alicia DeLeon-Torres, National Asian Pacific American Families Against Substance Abuse

Plenary: Research and AAPI Substance Abuse Treatment

Dr. Martin Iguchi, National Institute on Drug Abuse AAPI Workgroup; and Dr. Tim Condon, National Institute on Drug Abuse

Ms. Emilie Dearing announced the newly elected officers for the NAPAFASA Board of Directors.

Ms. Alicia DeLeon-Torres, the new NAPAFASA National Director, gave an introduction for Dr. Tim Condon and Dr. Martin Iguchi.

Dr. Iguchi described the work of the National Institute on Drug Abuse (NIDA) Asian American and Pacific Islander (AAPI) workgroup. He highlighted the importance of the leadership of Dr. Condon in addressing cultural competency and ethnic issues.

Dr. Condon presented new research, including the role of genetics in addiction, conducted by NIDA. The role of genetics is a new focus in substance abuse research. Multiple genes related to increased susceptibility to drug dependency have been identified. He discussed a high school survey conducted by the University of Michigan, which identified a decline in high school students' use of illicit drugs, excluding marijuana use. Dr. Condon also discussed current trends in substance abuse, including the methamphetamine epidemic, and the replacement of marijuana by prescription drugs as the drug of choice among youth. In addition to conducting research, eliminating health disparities is also a priority at NIDA. NIDA does not yet have extensive data regarding AAPI populations and Dr. Condon recognized a need for increased research and awareness regarding AAPI groups and substance abuse research issues.

Recovery Panel

Mr. Mike Watanabe, Asian American Drug Abuse Program (Moderator); Mr. William Mousser, Mr. Sean Spriggs, Mr. Kahalioumi, Waianae Men in Recovery; and Mr. Eddie Wong, Asian American Drug Abuse Program Therapeutic Community

Mr. Bill Mousser expressed gratitude to service providers for their assistance in his recovery and sobriety for nearly 17 years. While in recovery, he learned of the impact his addiction had on his loved ones. While participating in The Waianae Men in Recovery program, Mr. Mousser had an opportunity to explore his Native Hawaiian identity. He encouraged the audience to continue substance abuse prevention and treatment, stating that the efforts of service providers are effective and necessary.

Mr. Sean Spriggs thanked the audience for 10 years of sobriety. He was raised in a traditional Hawaiian family, who supported him during his recovery from alcohol. Mr. Spriggs now works with Waianae Men in Recovery to strengthen other families and to motivate and build up the self-esteem of men in recovery.

Mr. Kalai Kahalioumi received treatment from a culturally competent treatment center in Waianae and has maintained sobriety for 11 years. While in the recovery program, he learned of the “healthy Hawaiian man” program, which was instrumental in his recovery. Mr. Kahalioumi currently works with recovering youth participating in the Marimed Foundation’s coastal-voyage youth development program and strives to be a positive role model. He explained, one month ago, during a coastal-voyage, all passengers, including staff and six recovering youth, had to be rescued by the Coast Guard as their canoe capsized. Mr. Kahalioumi believes he was saved because God has a plan for him to continue working with recovering youth and concluded with a smile, “It’s good to be alive.”

Mr. Eddie Wong began to experiment with drugs in high school and continued throughout college, during which time, he also developed a gambling problem. In April 2005, he referred himself to the Asian American Drug Abuse Program (AADAP) Therapeutic Community for both his drug and gambling addictions. Mr. Wong completed the two year program, in which he learned about addiction, healthy lifestyle alternatives, and the impact of addiction on both the individual and loved ones. He graduated in August 2007 and is currently a caseworker at the AADAP TC, where he enjoys helping others, stating, “(It is a) Great gift to be part of something greater than myself.”

Plenary: AAPI Behavioral Health and Primary Healthcare Service

Dr. Garth Graham, Director, Office of Minority Health, Office of the Secretary, Rockville, MD.

Dr. Garth Graham provided a historical description of the Office of Minority Health (OMH). He cited a 1986 report on Asian American Pacific Islander (AAPI) communities as the basis for focusing on behavioral healthcare in the AAPI community. The report made the issues of AAPI mental health and substance abuse very visible. Although mental health and substance abuse issues within the AAPI community were made visible, this entire population continues to be invisible to policy-makers as a diverse, heterogeneous group with many unique needs. Dr. Graham identified outreach as a continued challenge and described OMH’s collaborative efforts with the Substance Abuse and Mental Health Services Administration (SAMHSA) emphasize the importance of

behavioral health in primary health. He also identified the need for a diverse, culturally competent behavioral health workforce and suggested that recruitment efforts focus on high school and college students.

Panel

Dr. Ford Kuramoto, National Asian Pacific American Families Against Substance Abuse (Moderator); Ms. Mary Rainwater, Behavioral Health Project; Mr. Alan Shinn, Coalition for a Drug-Free Hawaii; and Mr. Wayne Sugita, Los Angeles County Alcohol and Drug Program Administration

Plenary: AAPI Substance Abuse Policy Issues

Mr. Jeff Mori, Asian American Recovery Services (Moderator); Mr. Alan Shinn, Coalition for a Drug-Free Hawaii; Mr. Vaka Faletau, Native Hawaiian and Pacific Islanders Alliance; Mr. Floyd Mori, Japanese American Citizens League; and Dr. Caleb Otto, Palau National Congress

Mr. Vaka Faletau identified two key issues regarding the Native Hawaiian and Pacific Islander (NHPI) communities: (1) Lack of culturally competent health professionals and (2) Lack of relevant data. Mr. Faletau presented research demonstrating the need for culturally-relevant health services for Native Hawaiians and Pacific Islanders (NHPI). The healthy, strong appearance of PI individuals in the media and the “Model Minority Myth” of Asian American and Pacific Islanders, often obscure the “hidden issues” of the NHPI community, such as cancer, diabetes, heart disease, asthma, mental health, substance abuse, immigration status, language and cultural barriers. In fact, disaggregated data reveals that alcohol abuse is highest among the NHPI community. However, data is not available to determine the rates of suicide and mental health issues in the NHPI community. Mr. Faletau encouraged further research regarding NHPI specific data and development of a culturally competent health care system.

Dr. Caleb Otto cited a number of examples in which commerce was given priority over health care issues. According to a CNN report the tobacco industry is one of the most influential political lobbyists in the United States. A ground-breaking international tobacco control measure was not ratified for 4 years as larger, more developed countries like the United States and Australia, tried to weaken the treaty. However, all of the “poor, developing countries” united to produce a strong treaty that prioritized health over trade. To date, 154 of the 192 nations of the world have ratified the treaty – excluding the U.S. Political commitment must come from the “treetops to the grassroots,” said Dr. Otto. “We must stop fighting each other for breadcrumbs, and make ourselves heard.”

Mr. Floyd Mori emphasized the role of networking in policy change. As a newcomer to the Pleasanton, CA political scene, he was elected to the State Assembly because he knocked on 10,000 doors to introduce himself to voters during his campaign. It required the commitment and effort of 20,000 people at the 1978 Japanese American Citizen’s League (JACL) National Convention, over a 10 year period, to convince the United States President to apologize and provide redress for the World War II internment of over 100,000 Japanese Americans. Mr. Mori urged the audience to connect with their state and Federal agencies, so that “we can open doors” when mental health and substance abuse issues arise.

Mr. Alan Shinn emphasized the need for diverse voices to be heard nationwide, which can be accomplished by organizing specific ethnic communities so that each community's unique needs can be made known. He encouraged the diverse Asian American and Pacific Islander (AAPI) communities to unify, "Through NAPAFASA, we are one voice."

Mr. Jeff Mori thanked the panel members. He said because of previous conferences, "we may trust each other," but we must also learn to depend on one another. He recommended the communities unify and speak as one AAPI voice to the Federal government.

Lunch

Mr. John Chiang, California State Controller; Mr. Ted Lieu, California State Assemblyman; and Dr. Judy Chu, California Board of Equalization Chairwoman

Mr. John Chiang, California State Controller, discussed the state budget crisis and the ensuing need for organizations to be active participants in the political arena. He identified potential solutions for the budget crisis, including the California Lottery, increase in sales tax, and a "cash referral" system. Mr. Chiang encouraged organizations to advocate for a "release" mechanism, which would require the state to release funding on a timely basis. He also emphasized the need for organizations to build strategic relationships with key political figures.

Dr. Judy Chu expressed excitement at the large number of Asian American Pacific Islander (AAPI) serving organizations present at the conference. She described her experience as a counselor in the mental health field and discussed health disparities among AAPI population. Dr. Chu encouraged political advocacy by the AAPI community as few AAPIS were elected to the state legislature until 8 years ago. She stated that a few days ago, the AAPI community made history by electing 11 members to the legislature, the highest number of AAPI representatives in history.

Assemblyman Ted Lieu praised nonprofits for filling in the gaps that the legislature cannot. He spoke of the disparities in the judicial branch of the California government. Assemblyman Lieu stated that it is a positive move to protect nonprofit organizations during the budget crisis as prevention approaches save the state money.

Action Strategies for the Future

Ms. Emilie Dearing, National Asian Pacific American Families Against Substance Abuse Board; Ms. Kathryn Tupua, American Samoa Department of Human and Social Services; and Mr. Alan Shinn, Coalition for a Drug-Free Hawaii

Ms. Emilie Dearing invited Mr. Sy Lee and Asian American Recovery Services (AARS) staff to sing in celebration of Mr. Jeff Mori's birthday.

Mr. Alan Shinn listed the issues he considers most important for the near future: relevant, community-based research for the evaluation of "best practices," training and technical assistance in workforce development (especially in the Pacific Island jurisdictions due to geographic isolation),

disaggregated data to prove the needs of the AAPI community, and the dissemination of information to share with other groups, especially those in need of capacity-building. An audience member suggested that the integration of behavioral health with primary health care to be added to his list of pressing issues.

Ms. Katie Tupua discussed workforce development as the next step for Asian American and Pacific Islander (AAPI) communities as there are not enough people in the existing workforce who are culturally competent, bilingual, and knowledgeable of best practices. To address this need, she urged the audience to build and support academic degree programs that incorporate cultural competence and to seek funding for “bridge” programs partnering community colleges with four-year programs. Both of these strategies would increase the number of behavioral health professionals in the community. Ms. Tupua also asked community agencies to invest in their existing workforces, allowing them to develop skills, obtain degrees, and remain abreast of current trends.

In closing, Ms. Dearing asked that the audience unify to request funding from the Federal government for the National Asian American and Pacific Islander Substance Abuse Institute. She thanked the audience for their attendance and requested that the knowledge gained from the conference be used to strengthen and enrich their communities.

Dr. Ford Kuramoto closed the conference by thanking the Asian American Drug Abuse Program (AADAP) volunteers as well as the NAPAFASA staff.

Ms. Barbara Benavente introduced her granddaughter and encouraged audience members to attend the post-conference “Talk Story” session. Mr. Vaka Faletau joined her at the podium to emphasize that the “Talk Story” session will specifically focus on issues and best practices regarding the Pacific Island jurisdictions, Native Hawaiians and Pacific Islanders who live in the continental United States.