

Conference Program

# N A P A *f* A S A 2004 Conference

*“Substance Abuse Practice – Making Research Work for AAPI Communities”*

Crowne Plaza Hotel  
14<sup>th</sup> and K Streets, NW, Washington, D.C. 20045  
June 28, 2004

**Monday, June 28, 2004**

**Registration: Hamilton Ballroom, Lower Level**

**Welcome: Hawaiian Blessing**

Mr. Kalani Kahalioumi, Mr. William Mousser, Ms. Kalei Ka’ilihiwa.

The 2004 NAPAFASA Conference was opened with a Hawaiian blessing by Mr. Kalani Kahalioumi, Mr. William Mousser, Ms. Kalei Ka’ilihiwa.

## **I. Introductions:**

- Ms. Emilie Dearing, RN, MSN, CS, Chairperson, NAPAFASA; Fairfax, VA
- Dr. Frank Wong, Georgetown University and NIDA AAPI Workgroup; Washington, D.C.
- Ms. Ana Anders, MSW, NIDA; Rockville, MD.
- Mr. Robert Johnson, Senior Deputy Director for Substance Abuse Services / Administrator, Addiction Prevention Recovery Administration, Department of Health; Washington, D.C.

Dr. Frank Wong began by thanking Dr. Ford Kuramoto and Ms. Helena Kim in particular for their hard work on the NAPAFASA Conference. Dr. Wong introduced Ana Anders, NIDA Office of Special Populations.

Ms. Anders stated that she is attending the conference to make sure that the needs of the AAPI community are conveyed to NIDA leadership. She also stated that NIDA has researchers and scholars such as the AAPI Workgroup, who have a monthly conference call to mingle and network. Ms. Anders added that the strength of the committee is that everyone brings something different to the table and shares new ideas. These types of groups can be very helpful to the AAPI community.

Ms. Emilie Dearing introduced Mr. Robert Johnson, who welcomed attendees to Washington, D.C. Mr. Johnson stated that Mayor Anthony Williams launched an API action plan that includes the translation of materials in work and health, diversity

training, community partnerships, workforce diversity, and outreach to the API community.

The Alcohol Prevention and Recovery Administration (APRA) in Washington has established an office of Special Populations Services that reflects the diversity of the city's population. Within the office, there are API and Latino services coordinators. Staff implement services targeted to API and Latino populations. Materials



have been translated into Vietnamese, Chinese, and Korean. APRA has also worked with the mayor's office on API affairs and with API community-based organizations to ensure the residents are aware of services APRA offers.

One measure that has opened doors for API community members is Project AAPI Youth, which includes a prevention grant to AAPI youth agencies for substance abuse prevention. This grant for API youth is the first of its kind in D.C. APRA is committed to ensure that all district residents have equal access to services and that services are culturally competent.

## II. Overview of Summit:

- Ms. Emilie Dearing, RN, MSN, CS, Chairperson, NAPAFAASA; Fairfax, VA
- Dr. Ford Kuramoto, National Director, NAPAFAASA; Los Angeles, CA

Ms. Dearing welcomed attendees who have come from across the country and throughout the Pacific. Ms. Dearing stated that NAPAFAASA looks forward to a dialogue on how to expand the successful models to a national AAPI substance abuse initiative. NAPAFAASA hopes that the contributions of this conference will lead to the expansion of the empirical work leading to the use of culturally competent models.

Dr. Kuramoto thanked the sponsors and all the attendees who made this conference possible including NIDA, the Washington D.C. government, and PANDAA. Dr. Kuramoto introduced Dr. Andrea Barthwell.

**III. Dr. Andrea Barthwell, Deputy Director for Demand Reduction, Office of National Drug Control Policy, Executive Office of the President; Washington, D.C.**

Dr. Barthwell stated that she will be discussing ONDCP's process and direction.

The ONDCP is a small policy office in the Executive Office of the President. The office primarily consists of policy analysts with a focus on domestic policy. ONDCP's charge is to "Find services to get more people into recovery."

Dr. Barthwell stated that ONDCP's process has been fueled by recommendations from the field. Dr. Barthwell is attending the NAPAFASA conference to hear how ONDCP can make their work more salient to the AAPI community.

Part of a "Balanced Approach, ONDCP is focusing on:

1. Stopping drug use before it starts- education and community action.
2. Healing America's drug users - getting treatment resources where they are needed.
3. Disrupting the market - attacking the drug trade's economic basis.

ONDCP's goals are directed from the President, whose strategic goals are:

1. 10% reduction in current rates (2 years)
2. 25% reduction in current rates (5 years)

In addition, Dr. Barthwell stated, ONDCP recognizes that families and the community can make a difference in reinforcing and strengthening community efforts. Surveys have shown that children between the ages of 13-17 fear losing the respect of their parents if found to be using drugs.

ONDCP looks at drug use as an economic issue, and as such, hopes disrupt the marketplace to cause an impact on the business side of drugs. ONDCP is focusing on the supply reduction side to collapse the businesses at a number of points, including focusing on the supply and demand side.

Dr. Barthwell describes ONDCP's basis of approach as follows:

Non-user

1. Support non-drug using norm
2. Deter use

Non-dependent user

1. Pressure to stop

## 2. Intervene on use

### Dependent user

1. Harness desire to stop
2. Treat use

In terms of demand reduction, ONDCP is looking specifically at how drug use is initiated. ONDCP found that new users recruit new users. A person who is a non-dependent user using a new substance will rapidly spread news of a new substance, fueling new drug epidemics.



## IV. Plenary Session #1: Establishing Research Networks

*Facilitator:* Dr. Julian Chow, University of California; Berkeley, CA

- Dr. Velma Kameoka, University of Hawaii; Honolulu, HI: Professor of Psychology.
- Dr. Frank Wong, Georgetown University and NIDA AAPI Workgroup; Washington, D.C.



Dr. Julian Chow opened by addressing the gap between practice and research. Dr. Wong and Dr. Velma Kameoka are both researchers working in the field who addressed the topic of how to establish research networks.

### Who and what are we?

When partnering, it's important to take into account "who" and "what" each researcher is. Our background affects us as an individual.

## Building a relationship temperament and style.

1. Getting to know each other
2. Mutual networks
3. Type A and more Type A

## Work Plan: Strategies

1. Ongoing consultation with NIDA staff
2. A critical needs assessment
3. A realistic plan with timeline
  - Getting to know the systems
  - Two articles
  - An R01 application



## Lesson learned: Some reflections

1. Willingness to learn from each other
  - Strengths and weaknesses: Georgetown University and Coalition for drug Free (Hawaii).
  - Professional discipline
2. Mutual networks
3. Realistic and achievable tasks and timeline
4. Mentoring is a two-way street

If you're going to do community research, you don't just get in and out. You have to go into the communities (help the communities). What's the benefit? You have to have a strong connection with CBO practitioners and researchers.

### **Participant discussion:**

What are some of the strategies to eliminate tensions between researchers and practitioners?

1. It has to be in culturally-appropriate terms. If the community does not buy into the instruments, there's no point in going further with the research/project.
2. From the beginning, establishing a relationship in writing the evaluation/grant. Make sure that the program piece matches the evaluation piece. Develop a relationship/partner with researchers to eliminate the tensions.

### **V. Dr. Westley Clark M.D., J.D., MPH, Director, Center for Substance Abuse Treatment; Rockville, MD**



SAMHSA's Vision: "A life in the community for everyone."

Dr. Clark began with a discussion of Asian American Pacific Islander ethnic, linguistic, and geographic diversity. According to the 2000 Census, AAPI population growth rates have exceeded all other groups. As such, it's important to provide services in languages which AAPI community members speak.

Among the issues identified by Dr. Clark for AAPIs is that there is a misconception of AAPIs as a "model community." Among the implications of this belief is that there is a lack of research devoted to AAPI and substance issues and a lack of resources readily available to the AAPI community.

For such a diverse community, issues of cultural competence often arise. Dr. Clark identified four levels of cultural proficiency:

1. Personal: values, beliefs, bias, attitudes
2. Interpersonal: behavior interactions, actions
3. Institutional: policies and practices
4. Cultural: standards

## VI. Presentation: Waianae Men in Recovery

Mr. Kalani Kahalioumi, Mr. William Mousser, Waianae, HI.

Mr. Kahalioumi thanked Dr. Kuramoto, Mr. Mousser, Ms. Ka'iliihiwa, and Waianae Men in Recovery's partner agencies for their support.

Mr. Kahalioumi was born and raised in a Native Hawaiian community where, he states, substance use was common. At a young age, his life was affected by substance use. For Mr. Kahalioumi, understanding his participation in Waianae Men in Recovery meant reflecting on his past and his Native Hawaiian identity.

Waianae Men in Recovery was started in 1999 by men who suffered from chemical dependency and were dealing with recidivism in the justice system. Their main focus is to empower youth to make healthy choices. Waianae Men in Recovery members didn't want youth to have to spend time in the justice system as they did, so they began by speaking with youth in public schools about their experiences with substance abuse and prison. Since 1999, they have spoken with many youth, community organizations, and treatment centers across the state of Hawaii.



Mr. Kahalioumi's main focus is helping men recover from alcoholism and drug addiction without putting a price tag on their lives. Waianae Men in Recovery does not receive funding, nor does it charge for services, but the volunteers work for the organization because others have done so for them.

Mr. William Mousser is a clinical supervisor for Hina Mauka and also a member of Waianae Men in Recovery. Mr. Mousser also grew up in a very traditional Native Hawaiian home where drinking was almost tradition. So as he grew older, he was accustomed to seeing drinking and drug use by those who were supposed to be his role models, and it was easy for him to walk into this lifestyle. Eventually, he began to experience the consequences of dependency.

Growing up, Mr. Mousser remarked, he lived in a home where his mother was the "ruler" and everyone lived by her traditions. One of the two things she taught him was a sense of "ohana" (family), which, growing up, was everything. Although it was painful to grow up and see his older brothers struggle with the consequences of their lifestyle, it was just as difficult to step out of the ohana. This atmosphere, Mr. Mousser stated, in part led him to the choices he made.

Eventually however, he got clean through exposure to a Western-style treatment center, and went to school to learn more about himself. Prior to joining Hina Mauka, Mr. Mousser was a construction worker and musician until a friend asked him to volunteer with a drug and alcohol treatment program that used Hawaiian cultural practices to help individuals recover. Soon after, he received his state and international certification.

Mr. Mousser's involvement in Waianae Men in Recovery mainly came from his desire to help other men who were experiencing what he had in the same cultural context. Like Mr. Kahalioumi, his participation in Waianae Men in Recovery is to help others simply because he wanted to. Much as others had taken time to support him and invest their time in helping him, he wanted to do the same for others.

One of the strengths of Waianae Men in Recovery is not only that its members have experienced dependency and prison, but that they use a culturally-appropriate approach to their work. Another value that his mother taught him was the importance of "asking permission." Growing up, no matter if anyone was home, or if he was visiting relatives, he always asked permission to enter their homes. Similarly, the Waianae Men in Recovery program always made sure to ask permission, and be invited to speak to others. In closing, Mr. Mousser remarked that he always makes sure to convey a message of hope, that there is recovery, and that he is the proof. Even if individuals make the wrong choice, there are options and places to go for help.

## **VII. Plenary Session #2: Setting Up Community Research Projects**

*Facilitator:* Dr. Frank Wong, Georgetown University and NIDA AAPI Workgroup; Washington, D.C.

Dr. Richard Lee, University of Minnesota; Minneapolis, MN

Dr. Judy Wang, Georgetown University; Washington, DC

Mr. William Yang, MSW, Executive Director, Hmong American Partnership; Minneapolis, MN

Ms. Emilie Dearing, RN, MSN, CS; SEAHEP, Georgetown University; Washington, DC

The plenary participants began by introducing themselves and briefly discussing their work.

### **Question #1: What are the criteria or skills needed for successful partnerships?**

Dr. Richard Lee felt that the biggest challenge for academics is that community partnerships require a lot of service commitment. In his department, and in many others, service does not count toward tenure. In academic circles the criteria for tenure is the number of grants and publications.



From the community perspective, Mr. William Yang stated that skill is one thing, but the level of trust is also very important. The Hmong community has gone through so much as refugees, and everyone has had to learn new skills for survival. When working with the community, researchers need to build trust so the community knows who they are. Researchers will also have to be able to work with a wide array of community members such as cultural leaders, former military leaders, and new civic leaders, and must also understand clan systems.

Ms. Dearing agreed, stating that the whole issue is of mutual trust and respect. Only once both parties have bought into the project can it begin to move forward. Dr. Wang added that writing abilities, interpersonal skills, and open-mindedness are important criteria for researchers. If they can bring culturally-sensitive programs to the CBOs, their work can begin to benefit the community.

**Question #2: What can you offer the community and what can the community offer to you?**

Dr. Lee responded that academics can offer knowledge, training, program evaluation, and mentoring. Researchers can also provide baseline data on how to target populations and develop programs. Mr. Yang stated that CBOs can certainly benefit greatly from research projects, however the research tool must be culturally appropriate. Mr. Yang and Ms. Dearing concurred that while culturally appropriate is a good term to use, each group is different and culturally competent tools are necessary to provide accurate data. Dr. Wang added that a successful researcher should work closely with the community to deliver researcher findings. Researchers should also take into account the community's timeframe.

Dr. Lee teaches his students that you have to give in order to get. Perhaps a framework such as this can facilitate the process.

Ms. Chen added that when she first approached the Hmong community, they didn't want to be any part of the program that May presented since they had been taken advantage of by others applying for federal grants. Researchers need to be sincere and genuine about working with the community.

Dr. Lee stated that professional language used by academia and service providers are often barriers to effective communication. As such, finding common ground is important to overcome challenges when entering a community that's not your own. One example of a culturally competent research tool is the Harvard Refugee Trauma Questionnaire. While initially the questionnaire was ineffective, it was reconceptualized and developed in the Hmong language first, then translated into English and then back to Hmong.

### **VIII. Plenary Session #3: Research Projects Involving Multi-Cultural/AAPI Populations**

*Facilitator:* Dr. Jean Lau Chin, Alliant International University; Alameda, CA  
Dr. Dominicus So, Howard University; Washington, DC  
Dr. Martha Lee, Temple University; Philadelphia, PA

Dr. Jean Lau Chin, facilitator, opened with three questions which will be the focus of the discussion.

1. The relevance of research to the AAPI community.
2. The benefit to the community.
3. Culturally competent methods and research design that is useful to AAPI communities

Dr. Dominicus So opened with a discussion of the myths about Asian American sexual behavior and substance use. The idealized Asian American, Dr. So states, is drug free, loyal, not promiscuous, highly educated, knows how to protect themselves from HIV, and a low HIV risk. In terms of substance use, Asian Americans are portrayed as the least likely to abuse drugs.

However, is substance use really low among Asian Americans? Dr. So brought up several warnings about reports and statistics. Critics argue that the current literature probably misses Asian American data due to English-language national surveys conducted in locations with sparse AAPI populations. Another argument is that the literature probably underestimates drug problems.

Through his research, Dr. So found a higher prevalence of alcohol use among American college students than among their non-college peers. Longitudinal data shows that during HS, non-college bound seniors have higher heavy drinking prevalence rates.

However, college students' heavy drinking prevalence rates surpass that of their non-college peers.

Regarding sexual behavior, Dr. So stated that Asian American adolescents remain idealized as a group. Findings show that Asian American adolescents have the lowest rates of HIV infection and substance use, delay their first sexual experience longer than peers nationwide, 75% are virgins, and a higher percentage, (66%) used condoms during their first vaginal intercourse.

However, in reality and after initial delay, Dr. So found that unmarried heterosexual Asian American young adults engage in HIV-risk sexual behaviors similar to other ethnic groups and have sex as frequently as other ethnic groups, with inconsistent condom use.

Particularly among Asian men who have sex with men in Asia and the U.S., AIDS is becoming increasingly prevalent. Research shows that of people living with HIV, there are 7.4 million in Asia and 1 million in China. Moreover, substance use may exacerbate Asian Americans' HIV risk.

Dr. So presented a tripartite model that shows that transient individuals' risky sexual and substance use behaviors are influenced by three factors:

1. Pre-migration background
2. Migration experience
3. Pre-migration acculturation

Dr. So found that Asian American college students display comparable if not higher prevalence rates for the use of many substances. Specifically, male and employed students are more likely to be current users of drugs and marijuana.

In conclusion, due to sexual conservatism, Asian Americans' HIV risk is lower than other ethnic groups, but subgroups within the Asian American student population display alarmingly high HIV risk behaviors. Asian American students' acculturation through college, English language acquisition, and exposure to American entertainment increases the likelihood of sexual activity, including unprotected sex.



Dr. Martha Lee conducted a health risk behaviors study among API high school students based on the San Diego Youth Risk Behavior Survey (YRBS 1993-2001).

Findings include:

- Lifetime cigarette use rates for APIs increased until 1997, and started dropping until 2001. For current cigarette use, rates increased until 1999, and started dropping until 2001, which is similar to the Hispanic population.
- Although APIs have the lowest rates of lifetime alcohol use it is increasing.
- Among API students, there are low rates of risk behaviors.
- When asked if they used condoms at the last sexual intercourse, API youth responded at the lowest rates among the four racial groups
- API youth also had the lowest rates of HIV-related communication with parents.

Discussion:

Mr. Francisco Sy stated that when the 2003 YRBS was released, the data showed only white, black, and Hispanic. According to the study, the sample size was too small for APIs. Mr. Sy asked if anyone would like to do a study in an area with a higher API population. Mr. Frank Wong stated that Hawaii conducts a YRBS, and Dr. Velma Kameoka added that the Hawaii YRBS does not have data on disaggregated API groups. However, as a whole, Hawaii's data shows much higher substance use rates than San Diego.

## **IX. Community Reactor Panel and Wrap Up**

Dr. Grace Macalino, Brown University Medical School; Providence, RI  
Dr. Lirio Covey, Columbia University; New York, NY  
Mr. Vince Crisostomo, Georgetown University; Washington, DC

Mr. Vince Crisostomo stated that he found when researchers and CBOs get together, they want the same thing, but often talk about it in different ways.

Dr. Macalino commended both researchers, whose studies are very valuable. There is always a place for formative research, and researchers should not let the lack of data hinder studies.

In the plenary session, participants heard comments about the importance of standard data items unique to API communities such as immigration, home country situations, acculturation, etc. By thinking of additional critical questions to be asked, researchers can plan for the next wave of studies.

Dr. Covey thanked the conference committee and stated that she recently began to expand her research to non-minority populations. There has been a lot of progress in the development of treatments, much of which is based on what is known from non-minority populations.

Dr. Covey added that in terms of Dr. So's presentation, the question of psychopathology is important. If you use the standard tools, you won't get accurate results. It may be that one of the reasons that Asians are such a "model" population is that psychopathology hasn't been tapped.

Mr. Crisostomo closed the day by stating that researchers and community members are at the conference to learn from each other, and that many of their allies are non-AAPIs.

