

Cultural Stigma and Addiction among Asian Americans

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Abstract

The addiction among the Asian Americans is an emerging issue that is often neglected as a public health problem. Substance use disorders in this diverse population are greatly hindered by cultural stigma, the dominating myth of model minorities, and generational differences from timely recognition and treatment in this diverse population. In this qualitative synthesis, the focus is on how cultural values and subgroup differences influence addiction experiences and barriers to care among Asian American communities. Research results show that stigma and shame, in particular, in older generations and in certain ethnic subgroups like Chinese, Korean, and Filipino Americans, lead to late help-seeking and lack of addiction services. The model minority stereotype further conceals the actual rate of addiction and impedes the growth of culturally responsive interventions. To overcome these challenges, the study emphasizes the need for culturally adapted, family-centered prevention and treatment methods, increased outreach within the communities, and specific training for the healthcare professionals. Such strategies can enhance access to care and treatment outcomes. The insights presented give practical advice to policymakers, clinicians, and community organizations aiming to minimize addiction disparities and culturally competent care among Asian American populations.

Keywords

Asian Americans, Addiction, Cultural Stigma, Model Minority, Treatment-Seeking, Generational Differences

1. Introduction

The Asians Americans are one of the most rapidly growing segments in the United States. It has a population which is expected to become greater than Hispanics as the largest immigrant population by 2055 (Choi *et al.*, 2024) [1]. Asian Americans

are considerably underrepresented in substance use disorder (SUD) research and treatment services despite this growth. This under representation hides an increasing, yet more concealed public health problem which is the increasing rate of substance use among some of the Asian Americans.

Data from national surveys indicate that although Asian Americans report lower overall rates of substance use as compared to other racial and ethnic groups, the rates are not insignificant and for certain subgroups and settings, are something of concern. For instance, National Latino and Asian American Study (NLAAS) report found a 4.6% rate of past-year drug use rate of among Asian Americans. Methamphetamine and cocaine usage has been reported as a prevalent kind of drug use among the Asian American patients in California, whereas, alcohol, marijuana, opioids, and heroin have also been reported as major drugs of abuse (Choi *et al.*, 2024). Concerningly, between 2000 and 2012, substance use treatment facility admissions by Asian Americans and Native Hawaiian/Pacific Islander (AA&NH/PI) populations increased 30% while for non-AA&NH/PI groups, there was a 0.7% decrease [1]. Prescription opioid misuse was the most dramatic with a 294% increase during the same period [1]. The people 55 or older had a 425% increase in treatment admissions during the same time period (Choi *et al.*, 2024). Such trends highlight an increasingly urgent need to identify and intervene in substance use within Asian American populations, especially among subgroups that are often left out of mainstream public health narrative.

In spite of this rise, the treatment utilization among the Asian Americans is still severely low. It is reported that the Asian Americans had the lowest rate of treatment utilization for SUDs at only 3% [1]. Many who do get the treatment get it by court order instead of voluntarily, which indicates that there is significant reluctance to seek help until the legal interventions become inevitable [1]. This under-use is, in large part, attributed to the systemic barriers and cultural stigma that are not being overcome. Some of the major cultural values that dictate help-seeking behaviors include emotional restraint, collectivism and family honor, values that can be stigmatizing to mental health problems and discourage one from seeking external help [2]. Consequently, addiction is often concealed in Asian American communities and this leads to delayed treatment, poorer outcomes, and continued cycle of silence and stigma.

One of the major sociocultural factors that further strengthen this stigma is the “model minority” myth which depicts the Asian Americans as being unanimously successful, stable, and self-reliant. This stereotype not only reduces the perception of risk for addiction in these communities but also suppresses the voices of the people suffering from SUD by negating discussions on the topic and the seeking of help [3]. In many households of Asian Americans, addiction is not only a personal failure, but also a reason for shame that can smear the family’s reputation [4]. As a result, people internalize their struggles, choosing silence or denial instead of treatment, making the situation worse.

This paper focuses on the intersection of cultural stigma, the model minority stereotype, generational differences, and subgroup diversity in the creation of addiction experiences and treatment behaviors among Asian Americans. Although younger, U.S.-born individuals may also be more inclined to be open to reaching out for help, they too are subject to significant cultural forces that hinder treatment. In addition, addiction and mental health issues present in various forms in other subgroups like Korean, Filipino, Chinese and Vietnamese Americans making it even more complex to apply the blanket approach to treatment. A better understanding of these shades is crucial for the establishment of culturally appropriate interventions.

Ultimately, this study promotes disaggregated data collection and culturally competent treatment methods that overcome systemic and cultural barriers. Lacking such a targeted approach, the addiction needs of Asian American communities will not be addressed, and disparities in care and outcomes will become more entrenched.

2. Research Data/Methodology

This review applied a systematic approach to locate and synthesize studies on substance use and cultural stigma among subgroups of the Asian Americans. The research uses qualitative synthesis as an approach to collect and evaluate existing literature that examines cultural stigma together with addiction and mental health variations within Asian Americans. The following databases were searched: PubMed, PsycINFO, Medline and ProQuest. Search words were combinations of “Asian American”, “substance use”, “addiction”, “cultural stigma”, “acculturation”, and specific subgroup identifiers like “Chinese”, “Vietnamese”, “Filipino”. Studies were included if they: (1) were concerning substance use or addiction among Asian American populations, (2) provided subgroup-specific data, and (3) used the English language in the time frame between 2020 and 2023. Exclusion criteria were: 1) studies that do not use disaggregated subgroups analysis, and 2) non peer reviewed articles.

Data extraction was concerned with identifying cultural themes which influence addiction and treatment behaviors. Fields obtained from extraction were population characteristics, substance use patterns, cultural attitudes, stigma narratives and subgroup-specific barriers to care. A thematic analytic approach was used to sort findings at generational and subgroup levels. Two independent reviewers extracted and cross-checked data for increased reliability and bias reduction (see [Table 1](#)).

Table 1. PRISMA flow diagram—study selection process.

Identification	Records identified through database searching and other sources: n = 55
Screening	Records after duplicates removed and screened: n = 48 Records excluded (not addiction-focused or not relevant): n = 30
Eligibility	Full-text articles assessed for eligibility: n = 18 Full-text articles excluded: n = 6
Included	Studies included in qualitative synthesis: n = 12

To achieve its goals, this paper incorporates peer-reviewed journals, government reports, and case studies. Researchers seek to establish complete knowledge about elements that drive addiction behaviors, together with treatment-seeking behaviors in this community [2]. The scarcity of dedicated studies on Asian American drug addiction enables this research to study other essential fundamentals, which include cultural stigma, together with family interaction and societal expectations based on cultural norms. The published studies yield valuable data regarding how social, psychological, and cultural elements restrict Asian Americans from seeking help with mental health and addiction [4]. Analyzing different literary sources allows the paper to demonstrate the problem through multiple dimensions. The peer-reviewed articles demonstrate empirical research with theoretical frameworks and case studies presenting additive issues and treatment methods from Asian American communities [5]. The United States government generates official statistics about mental healthcare usage and evaluations of public policies that aim to reduce the mentioned disparities.

More specifically, this is important as among the Asian American population, there are not equally diverse experiences of addiction, and it is essential to take into account subgroup differences in the development of these interventions that are tailored to the needs of this population [3]. Further focus was made on the impact of the “model minority” stereotype on addiction and seeking treatment, as it is known that this stereotype often leads to underreporting of an addiction issue and prevents people from seeking help (see **Table 2**).

Table 2. Cultural values that affect addiction and treatment in the Asian American subgroups.

Subgroup	Key Cultural Values	Impact on Addiction & Treatment
Chinese	Filial piety, emotional restraint, “saving face”	Addiction often hidden; strong stigma discourages treatment-seeking
Vietnamese	Patriarchal family structure, honor, collectivism	Fear of dishonoring family; reliance on informal support instead of professional care
Filipino	Catholic faith, family loyalty, community orientation	Moral framing of addiction as sin; tendency to use spiritual or familial remedies
Korean	Social hierarchy, shame culture, mental health taboo	Addiction perceived as weakness; low mental health literacy impedes early intervention
Indian	Emphasis on academic/professional success, honor/shame	Addiction linked to failure; help-seeking avoided to maintain family status

Although extensive literature has been reviewed, the research has significant weaknesses. The results cannot be generalized to specific Asian American subgroups due to the lack of disaggregated data. Studies have often treated Asian Americans as a whole, ignoring the cultural and experiential differentiation between various populations [2]. There is also a limitation in that no recent longitu-

dinal studies dealing specifically with addiction in Asian American communities exist. Without this data, knowing the long-term trend and measuring how successful addiction treatment has been over time is tough.

3. Results

3.1. Cultural Stigma and Family Dynamics

Cultural stigma about addiction forms part of an important framework for understanding Asian American families' participation in addiction behaviors and seeking and engaging in treatment. For many, addiction is associated with a great source of shame that could be a source of dishonor to the family, and individuals tend to avoid seeking professional help. A substantial cultural value, "saving face", the need to save face always comes at the loss of social harmony and family dignity; thus, it has become a tendency for individuals to manage the addiction by themselves before they head to external help [6]. Especially for families that uphold family honor and emotional restraint, it is difficult to tie in addiction because it is seen as a failure to live up to cultural expectations of family honor [4]. Thus, people usually keep their addictions hidden from their families, making most of them inaccessible to the right treatment services. There is also a fear of bringing shame to the family and a lack of open talk on mental health and substance use, which is a significant barrier to help-seeking from somewhere outside.

The role of family dynamics in the way addiction is handled in Asian American communities is critical. Being the first recourse, the family can be a source of support and is the one that often helps the person with an addiction when no one else does, but it may or may not have the skills or resources to deal with addiction therapeutically [4]. Emphasis on family unity and cultural values can hinder the solving of the problem among families as they may be stunted from going for professional help, thus prolonging the family cycle of addiction and delaying recovery. Perhaps best illustrated in older generations, and in this case, are forced to battle through cultural norms regarding addiction and mental health, which can be frustrating to younger generations [4]. What further complicates matters is that younger adults are more likely to be willing to seek professional help but are limited due to the family's reticence toward addressing addiction with therapy.

3.2. Generational Differences

Asian Americans who immigrated to the United States first generation exhibit different addiction patterns and treatment behaviors than those who gained citizenship in America. The evidence indicates that immigrants who belong to the first generation exhibit fewer substance use behaviors than those born in the United States.

This may be due to cultural adherence, familial expectations, and the preservation of traditional values that frown on substance use [2]. Nevertheless, acculturation stress, or stress associated with cultural adaptation, frequently leads to increased substance use among second-generation Asian Americans. This stems

from the tension between holding on to cultural traditions from home and conforming to the culture and expectations of the American environment, with more tolerant attitudes toward substance use [3]. The generation gap further mitigates against efforts, with second-generation persons experiencing pressures and expectations that are different from those of immigrant parents, and therefore, may resort to behavior, such as substance abuse, as a means of rebellion or escapism from cultural repression [2].

This generational split is born out of the variety of attitudes toward addiction treatment. While first-generation immigrants will be less likely to seek professional treatment because of cultural shame and unfamiliarity with mental health care in the U.S., second-generation individuals, while remaining culture-bound in some respects are more likely to seek assistance, particularly if they better identify with prevailing American social norms [3]. Nevertheless, this trend of seeking treatment is balanced against the social imperative to embrace the model minority stereotype that idealizes the emotional and psychological strength of Asian Americans so that individuals are unable to confront and treat their addiction openly.

3.3. Subgroup Differences

Different Asian American subgroups produce distinctive patterns of addiction behavior and help-seeking conduct. Research shows that Asian Americans exhibit varying patterns of drug use because their cultural beliefs merge with societal expectations and immigration backgrounds, which differ among Chinese, Korean, and Indian Americans. The addiction problems that each Asian American group encounters stem from their traditional cultural roots combined with their individual historical experiences in America. Acute acculturation stress affects Korean Americans more frequently because they represent a smaller community in America yet face strong family duties typical of their cultural traditions [4]. The Indian American community does not seek professional help for substance abuse because their traditional beliefs label addiction as a moral weakness.

Differences between these subgroups show that patterns of addiction and treatment willingness among all Asian Americans are not the same. While certain groups may be helped by programs in the community or models that are inclusive of the family, others will need equally tailored treatments, considering what is specific to their cultural environments and histories. It is essential to understand these subgroup differences to create effective and culturally appropriate addiction treatment strategies.

3.4. Impact of Racism and Discrimination

Racism, together with microaggressions, creates profound adverse effects on the mental wellness and substance abuse patterns of Asian Americans. Results show that Asian Americans faced worse mental health during the pandemic because of anti-Asian racism, which resulted in substance use as self-treatment [5]. Xenophobic behavior and racist incidents increase pressure on Asian Americans, which

makes them turn toward drugs as a means to handle the emotional consequences of discrimination alongside societal ostracism. Younger Asian Americans experience increased substance abuse because the combination of discrimination and ancestral prejudices, along with community expectations, creates worsened psychological stress, which drives them toward substance use. Substance use stigma in Asian American communities becomes worse due to cultural beliefs that Asians are naturally rigid and practice strong self-control through emotional control, and this makes addiction treatment challenges more pronounced.

4. Discussion

4.1. Interpretation of Results

It is concluded in this study that cultural stigma plays a strong role in the addiction treatment-seeking behavior of Asian Americans. Basic barriers are the fear of disgracing one's family, keeping the family's dignity, and protecting one's public image which are all values that are highly embedded in many Asian cultures. This is consistent with Louie (2024) [7] who explains how internalized shame and the need to "save face" stop Asian Americans from reach out for help, especially in families where emotional restraint is valued. According to recent studies, this stigma has increased during times of social disturbance. For example, Yan *et al.* (2023) reported a surge in tranquilizer misuse among Asian Americans during the COVID-19 pandemic, a phenomenon not observed among other racial groups to the same extent, which implies that culturally distinctive stressors are influencing substance use [8]. Similarly, racial discrimination was found to be associated with greater cannabis use among Filipino and multiracial Asians (Bacong *et al.*, 2025), [9] indicating the mental health burden of racism as a contributing factor.

Generational difference contributes to treatment behaviors. U.S.-born Asian Americans tend to be more open to receiving professional help compared to immigrant generations (Novak, 2022) [6], but nevertheless, they are limited by cultural expectations and an inability to openly talk about addiction. Patel (2022) [10] relates this reluctance to intergenerational trauma, in that younger generations inherit unspoken stress and expectation that add to the existing stigma associated with mental health and substance use. The discussion also has to take into consideration the model minority myth that paints Asian Americans as high achieving and emotionally self-regulated. This stereotype gags mental health issues, thus making addiction feel like a personal or family failure instead of a health issue. Such cultural misconceptions, as Wong-Padoongpatt *et al.* (2022) [5] and Choi *et al.* (2024) [1] have observed, are a reason for low treatment utilization and policy neglect for Asian Americans.

Furthermore, subgroup-specific variations are also important to take into account. Jansen (2023) revealed that East Asian American subgroups [11], such as Korean and Japanese Americans, had shown higher rates of alcohol and cigarette use than expected, especially among the youth. Such variations support the requirement of disaggregated data and culturally adjusted intervention, as high-

lighted by Choi *et al.* (2024) [1] in their systematic review about treatment disparities. In the end, a culturally competent framework should identify the way in which cultural shame, subgroup diversity, racial discrimination, and generational differences intersect to create addiction behaviors. It is only after that effective interventions can be implemented to serve the Asian American communities in an equitable manner.

4.2. The Role of the Model Minority Myth

One of the most influential cultural constructs determining mental health and addiction views among Asian Americans is the “model minority myth”. This stereotype tosses out the idea that Asian Americans are disciplined, emotionally self-sufficient, and addicted and that they do not have any mental health problems, all of which are untrue and perpetuates the myth that addiction does not affect them. It leads to minimizing addiction within the community and dissuades people from seeking help for themselves because that would not fit the image of strong and upholding cultural values (Đoàn *et al.*, 2024) [3]. It also compounds the stigma of the fear that an individual who has an addiction will be socially outcasted if they admit to it, making it more difficult for them to access treatment.

4.3. Barriers to Treatment

Some of the most significant barriers to treatment for addiction in Asian Americans are discussed in the research, including language barriers, a lack of culturally competent care, and an absence of knowledge about available resources (Yang *et al.*, 2020) [4]. Difficulties in understanding the patient’s needs due to language differences are a challenge for many Asian Americans, especially immigrants. In addition, healthcare professionals may fail to understand the culturally appropriate care Asian Americans need, as we may lack knowledge of specific family dynamics, a limited number of available cultural care providers, and cultural and emotional values that are unique and foreign to mainstream America (Ng *et al.*, 2022) [12]. For instance, numerous Asian cultures highly value the family’s participation in recovery, but this seldom exists in conventional forms of treatment, which could result in lower consumer involvement and decreased positive treatment outcomes.

Most Asian Americans are not informed of the mental health and addiction resources available to them. This lack of awareness in the community and the little efforts by the healthcare system to approach it will make the number of people seeking help better. In addition, the unwillingness to interact with services seen as culturally foreign contributes to the difficulty of addressing the problems of addiction for this population.

4.4. Policy Recommendations

For the purpose of minimizing addiction gaps in the Asian American communities, the policy recommendations should be more than mere advocacy and should

seek culturally-based strategies instead. Implementation of culturally adapted screening tools for substance use and mental health is one of the necessary steps. These tools should be representative of language preference, acculturation level, and cultural stigma variables that are distinctive to various Asian subgroups. According to Choi *et al.* (2024) [1], the absence of subgroup-sensitive data and screening leads to underdiagnosis and treatment refusal in these communities to a great extent. Equally fundamental is the required inclusion of cultural competency training for healthcare providers, especially in the setting of primary care and behavioral health. What Patel (2022) points out is that it is essential to understand inherited trauma in Asian American families [10], while Louie (2024) highlights is that shame and stigma can still disrupt treatment despite services are available [7]. The training programs should also teach clinicians on how to approach families in a respectful and effective manner which is very important in cultures where family unity is at the core of the healing process.

Another realistic suggestion is to cooperate with trusted cultural and religious organizations in order to promote community-based outreach efforts. These initiatives should normalize mental health and addiction care by peer education, multilingual instructions, and culturally relevant messaging. Community level stressors such as discrimination and pandemic induced anxiety have a direct impact on substance use patterns especially for Filipino and multiracial Asians [9]. Culturally based outreach, when holding the clinics in community centers, churches, and ethnic media, can help in reducing misinformation, stigma, and improve treatment engagement [9]. This stereotype sets unrealistic expectations and gags those who require assistance [1] [5]. National and local campaigns should debunk this myth by sharing true stories such as those presented in Louie's (2024) memoir and maintaining narratives that promote seeking help as strength and not weakness [7].

Lastly, policy development should be based on disaggregated data and research funding to underrepresented subgroups. As proven by Jansen (2023) and Yan *et al.* (2023), patterns of substance use differ significantly in East Asian and Southeast Asian American populations [8]. The federal and state health agencies should focus on the subgroup-specific surveillance systems and invest in longitudinal studies to monitor long-term results and program success. Collectively, these recommendations present a viable template for creating culturally competent inclusive systems of care that are able to ameliorate the behavioral barriers as well as structural barriers that the Asian American communities face.

5. Conclusions

Cultural prejudices and the “model minority” cultural narrative, as well as familial community expectations, are the main elements that dictate addiction actions and treatment outreach occurring in Asian American communities. Asian people fail to seek help for their addiction since cultural values come together to favour emotional control, family dignity and public image maintenance on top of healthy

regulations for such diverse communities. The problem is exacerbated by the model minority myth as it perpetuates the problem as it discourages those in the community to receive help because it indicates that Asian Americans have no mental health issues. The stereotype of Asian Americans, in association with generation disparities and internal distinctions, presents barriers to people's abilities to recognize problematic addictions and obtain necessary help.

To help meet these challenges, culturally competent addiction treatment programs must be created that are catered to the Asian American community. However, the nature of most treatment programs would ensure the implementation of strategies that aim to reduce stigma, involve family dynamics, and respect aspects such as collectivism and emotional restraint. In addition, Asian American clients would need to be understood and provided more effective and relevant care by healthcare professionals who are also trained to understand and navigate the unique cultural contexts of their Asian American clients. Moreover, future research on acculturation, addiction patterns, and treatment outcomes in Asian Americans should gather disaggregated data from Asian American subgroups and conduct longitudinal studies. When all of these barriers are answered and more inclusive treatment methods are constructed, Asian Americans will be securely served and cared for in overcoming addiction.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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