

Ethnicity and alcohol: a review of the UK literature

Findings
Informing change

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This review explores research on abstinence and drinking patterns among minority ethnic groups in the UK over the last fifteen years. It looks at whether rates of alcohol use are changing among ethnic groups, and the possible impact of changes in drinking behaviour on support and services needed.

Key points

There is diversity both within and between ethnic groups:

- Most minority ethnic groups have higher rates of abstinence and lower levels of drinking compared to people from white backgrounds.
- Abstinence is high amongst South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds. But Pakistani and Muslim men who do drink do so more heavily than other non-white minority ethnic and religious groups.
- People from mixed ethnic backgrounds are less likely to abstain and more likely to drink heavily compared to other non-white minority ethnic groups.
- People from Indian, Chinese, Irish and Pakistani backgrounds on higher incomes tend to drink above recommended limits.

Over time generational differences may emerge:

- Frequent and heavy drinking has increased for Indian women and Chinese men.
- Drinking among Sikh girls has increased whilst second generation Sikh men drink less than first generations.

People from some ethnic groups are more at risk of alcohol-related harm:

- Irish, Scottish, and Indian men, and Irish and Scottish women have higher than national average alcohol-related deaths in England and Wales.
- Sikh men are overrepresented for liver cirrhosis.
- People from minority ethnic groups have similar levels of alcohol dependence compared to the general population, despite drinking less.

Services are reportedly not responsive enough:

- Minority ethnic groups are under-represented in seeking treatment and advice for drinking problems.
- Problem drinking may be hidden among women and young people from South Asian ethnic groups in which drinking is proscribed.
- Greater understanding of cultural issues is needed in developing mainstream and specialist alcohol services.

The research

Rachel Hurcombe, Mariana Bayley and Anthony Goodman, Middlesex University

Background

Historically people from certain minority ethnic groups report lower rates of drinking and fewer minority ethnic individuals present to alcohol services for problems related to alcohol misuse. Some research shows that patterns of drinking in *second generation* minority ethnic groups may start to resemble the drinking habits of the general population. At the same time, drinking patterns among some first generation minority ethnic groups resemble those from their country of origin.

Changes in the ethnic composition of local populations along with changes in drinking rates present challenges to services in providing accessible and culturally sensitive interventions that meet service users' needs. Consequently, an understanding of drinking patterns among minority ethnic groups and their preferences for support and service provision is required. See summary box on page 3 for findings on alcohol use among different ethnic groups.

Why drinking rates may be changing

Over time spent in a new country, new generations of minority ethnic groups may start to adopt new attitudes and behaviours, and their drinking rates may start to reflect the rates found in the general population. Researchers suggest that these processes of acculturation help to explain changes in drinking rates observed in some ethnic groups. Stress associated with migration among first generations has also been linked with increases in drinking, particularly among white ethnic groups. The experiences of moving to a new country can be affected by factors including people's access to education and employment opportunities, socio-economic status, and peer influences and lifestyle choices. For example, changes in socio-economic status among some minority ethnic groups may help to account for changes in alcohol consumption levels. Indian, Pakistani, Chinese and Irish men and Indian, Chinese and Irish women are less likely to abstain if they are in the highest income brackets. Irish men and women, and Indian women are also more likely to exceed recommended limits and drink heavily if they earn higher incomes.

In general, studies suggest that abstinence and low levels of drinking among non-white ethnic groups are associated with a strong ethnic identity; strong family and local community ties; continuing links with the host country and maintaining religious values.

Qualitative research has identified sources of tension between generations in some minority ethnic groups. Young people belonging to minority ethnic groups with strong religious ties that forbid drinking, or are less tolerant of drinking among women, may hide their drinking for fear of repercussions and bringing shame on their families. This is evident among some young people belonging to Muslim, Sikh and Hindu religions.

Support and service provision for minority ethnic groups

The evidence suggests that minority ethnic groups are under-represented proportionately in seeking treatment and advice for drinking problems, although their rates of alcohol dependence are similar to those in the white population.

A lack of awareness of the kinds of support and services available is evident among some minority ethnic groups. In particular, Muslim men, along with those on lower incomes from minority ethnic groups, have reported being unsure about where to go for advice. The literature suggests a high level of reluctance to approach outside agencies across different minority ethnic communities; this can lead to agencies underestimating need among different ethnic groups.

Women and young people from South Asian ethnic groups, who are expected to be abstinent, may hide their drinking. For people who are socially excluded because of their drinking and are drinking at harmful levels, some authors suggest that new approaches should be explored to raise awareness and discussion of alcohol and related issues within these communities. Community engagement is advised in the literature as a way of reaching and representing socially excluded people, such as hidden drinkers, both in research and in guiding service development. Involving local agencies and stakeholders in consultations with those who are socially excluded or their representatives, is key in developing service responses for such communities.

Preferences for approaches to support and intervention vary by gender and age within different ethnic groups. Many males and younger people from different minority ethnic groups would rather consult a GP about alcohol issues with specialist alcohol services a less preferred alternative. There is some evidence that the family context is preferred among black and Christian women, while this is the least preferred

Summary of findings for different ethnic groups

Most minority ethnic groups have higher rates of abstinence, and lower levels of frequent and heavy drinking compared to the British population as a whole and to people from white backgrounds. Drinking patterns vary both between and within minority ethnic groups.

Mixed ethnicities

People from mixed ethnic backgrounds have high rates of current use and are less likely to abstain than people from non-white minority ethnic groups. People from mixed ethnicities also report relatively high rates of heavy and very heavy drinking compared to other non-white ethnicities. Differences between men and women for abstinence and frequent drinking are also less marked than for other minority ethnic groups.

White ethnicities

Irish people are less likely to abstain compared to other ethnic groups and the general population. Deaths related to alcohol are higher for Irish men and women compared to the general population in England and Wales and adults in higher income brackets are more likely to exceed recommended limits. Abstinence decreased among Irish girls between 1999 and 2004.

Deaths related to alcohol are higher for Scottish men and women in England and Wales compared to the general population.

South Asian ethnicities

Alcohol-related deaths are higher among Indian men compared to the general population, and Indian women showed an increase in drinking frequently and heavily between 1999 and 2004. Indian women in higher income brackets are more likely to exceed recommended guidelines for alcohol consumption.

Sikh men show high rates of heavy drinking, and are overrepresented for liver cirrhosis. However, second generation male Sikhs are less likely to drink and drink heavily than first generation male Sikhs. Conversely, reports of Sikh girls having ever drunk, and drinking frequently increased in the 1990s.

Although abstinence levels dropped for Hindu boys in the 1990s, and second generation men drink slightly more regularly than first generation men, heavy drinking among this group has not shown an increase. Hindus are less likely to drink if they report that religion is important to them.

People from Bangladesh are less likely to consume alcohol than other ethnic groups, and drinking rates are low amongst this group.

Drinking is polarised among people from Pakistan. Drinking remains low among Pakistani men and women, but Pakistani men who drink consume more alcohol in units compared to other minority ethnic groups. A similar pattern emerges for Muslims; Muslim men and women are both likely to abstain, but among drinkers rates tend to be high compared to other religious groups.

Chinese ethnicity

Despite low levels of drinking among Chinese men and women, frequent and heavy drinking rose significantly for Chinese men between 1999 and 2004.

Black ethnicities

Black Caribbean people have higher levels of drinking than people from South Asian and Chinese ethnicities, but lower rates compared to people from white backgrounds and the general population. They also have lower levels of alcohol-related mortality compared to people from white and South Asian backgrounds in the UK.

Black African people have higher rates of drinking compared to most South Asian ethnicities, but lower rates of alcohol use than the general population and people from white backgrounds, and they also tend to report rates lower than Black Caribbean people.

option for South Asian women in general, especially among those from communities in which drinking is proscribed. Nevertheless, several studies suggest that it is insufficient to view the drinker in isolation. Problem drinking may have a negative impact on other family members, for example through violence or withdrawal from their community.

Culturally competent services

Research emphasises a lack of cultural sensitivity to the religious and cultural backgrounds of people from minority ethnic backgrounds within mainstream service provision. For alcohol services to become more accessible, studies advocate the development of 'cultural competence' within both mainstream and specialist services and for both individuals and organisations. Staff selection, education and training are highlighted as important for enhancing cultural sensitivity. Awareness of the many different ways in which racism can occur is a resounding theme and tackling racism, which can be embedded within the systems of organisations, should be a key objective.

Some of the literature makes a case for the development of specialist alcohol services that target minority ethnic populations, more particularly as the needs of targeted groups can become the focus of professional training and understanding of cultural issues can be enhanced in such settings. Other studies question the need to develop specialist services, stating that individuals may have both special and more general shared identities which embrace characteristics other than their ethnicity, for example, gender, religion and sexuality and that a focus on one aspect of their often complex identities and lives may deny other opportunities for engagement. One combined approach presented by the literature suggests that services should be developed in response to the needs of the population at the local level, with mainstream services continually adapting to ensure culturally sensitive provision whilst targeted services are developed where required.

The research evidence suggests that within mainstream and specialist alcohol services opportunities to integrate the preferences of minority group individuals need to be explored. It also suggests that service provision in mainstream and specialist services needs to be flexible to adapt to socio-demographic changes in local populations and changes in drinking patterns and attitudes among some different ethnic groups.

About the project

This literature review was carried out by Rachel Hurcombe, Mariana Bayley and Professor Anthony Goodman from Middlesex University.

The report is based on a review of English language publications focusing on alcohol and ethnicity conducted in the UK since 1995. Relevant electronic databases were searched and initial articles also provided further useful sources. To identify any 'grey' literature and new studies the main authors of relevant studies in the UK were contacted, and the researchers carried out an online search of the Alcohol Concern library and the NHS grey literature search engine, the Fade Library. International studies were included in the review where appropriate, often for theoretical insight into changes in alcohol use among minority ethnic communities.

For more information

The full report, **Ethnicity and alcohol: A review of the UK literature** by Rachel Hurcombe, Mariana Bayley and Anthony Goodman, can be downloaded at www.jrf.org.uk. For more information on the project, contact Rachel Hurcombe at r.hurcombe@mdx.ac.uk.

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