ALCOHOL: HOW TO MAKE HEALTH SERVICES MORE ACCESSIBLE AND ACCEPTABLE FOR ETHNIC MINORITIES

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1. Introduction

General research shows that there is a significant difference between the Scottish indigenous population and ethnic minorities regarding their drinking habits. Usually ethnic minorities drink less alcohol than the local population. However, it may vary among different age, gender, religious and ethnic groups. What is more, ethnic minorities are underrepresented in seeking treatment and advice regarding alcohol problems. One explanation to this could be that ethnic minorities do not require such services because of relative lower levels of drinking. However, there are indicators suggesting that under-representation of seeking treatment and advice could be linked to stigma and taboo around alcohol consumption in some ethnic minority communities. This report is provided to recommend NHS Grampian and the Alcohol and Drugs Partnership on how to make health services related to alcohol more accessible to ethnic minorities. The research is based on previous UK findings as well as focus groups from the NHS Grampian and GREC annual consultation. It is our hope that this short report will give insights on how ethnic minorities in Aberdeen view alcohol consumption, what they know about related NHS services, and if they face any barriers to access such services.

Executive Summary

- Ethnic minorities in general report no more than the Scottish population any problems with alcohol in their community, but there is risk of stigmatisation around the issue due to religion and/or culture.
- Ethnic minority youth and students sometimes feel peer pressure from other groups to drink.
- Eastern and Central Europeans report having a different drinking culture than the indigenous population.
- Identified factors for alcohol misuse are personal and structural, such as depression, stress, unemployment, poor education and cheap prices.
- For information about and access to alcohol-related health services, ethnic minorities would most often turn to their GP.
- Identified barriers for ethnic minorities to access health services related to alcohol are stigma in the ethnic and/or religious community, and the resistance to seek help.
- Many ethnic minorities in Aberdeen suggest NHS to work more closely with the ethnic minority communities in order to combat stigma and potential peer pressure among youth.
2. What do we already know about alcohol services and ethnic minorities from existing research?

Previous research finds evidence that ethnic minorities consume less alcohol than the indigenous population in Scotland. However, it is not an area that therefore should be ignored, because there are still concerns around alcohol health services and ethnic minorities. A summary of findings can be found in Table 1. Key findings of previous UK research are presented below.

- Young ethnic minorities could face peer pressure as well as different set of values between family and Scottish society in general when it comes to the drinking culture\(^1\). Health services need to be aware of such culture-specific potential problems when educating and counselling youths\(^2\).
- Stigmatisation related to alcohol consumption is more common among ethnic minorities where abstention is the norm of practice due to religious and cultural reasons\(^3\). Health services therefore need to make sure to cooperate with local communities to reach out to those who need but otherwise would not seek help\(^4\). This could for example mean education and training.
- Language barriers and cultural differences are potential reasons to why ethnic minorities will not seek help when they need to. Health services thus need to offer information and consultation in the proper language, and should also improve their representation of ethnic minorities among their staff\(^5\).
- Some ethnic minorities, such as Eastern and Central Europeans, although heterogeneous as a group, might have a different drinking culture than the Scottish population, such as drinking at home rather than at the pub, and where drinking excessively from time to time is not seen as negative. Furthermore, some of the Eastern and Central Europeans are more likely than the indigenous population to face poverty, depression and homelessness, which might lead to alcohol misuse\(^6\).


\(^6\) Jarvis, L. (2009). Alcohol consumption in black and minority ethnic groups and recent immigrants in Scotland: current situation on available information, NHS Scotland.
<table>
<thead>
<tr>
<th>Relevant ethnic minorities</th>
<th>Possible issues identified</th>
<th>Services recommended</th>
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</table>
| **Chinese**                | *Different language, culture and religion  
* Reluctance to seek professional help | **Access**  
* Utilise Third Sector ethnic minority organisations engaging with ethnic minorities, in order to combat stigma and under-reporting  
* Work closely with primary care, since GP is reported by many ethnic minorities to be the first point of contact for alcohol misuse |
| **South Asian**            | * Gender role expectations of abstinence might lead to stigma and under-reporting among Sikh women  
* Reluctance to seek professional help  
* Different language, culture and religion  
* Muslim faith vs. drinking can cause stigma  
* Community hiding alcohol problems  
* Muslim men under-represented in seeking treatment | **Services**  
* Provide services within a cultural framework that acknowledges alcohol problems as being self-defined on the basis of an individual’s cultural, familial, social or religious point of reference.  
* Provide services in different languages by workers representative of local ethnic minorities |
| **Eastern and Central European** | * Different language, culture and religion  
* Male labour migrants increased likelihood of poor social networks + increased drinking occasions = possible drinking problems  
* Drinking to excess seen as culturally acceptable and not a problem  
* Drinking at home is more common than drinking in the pub  
* Reported culture of street drinking | **Education**  
* Provide health promotion material in different languages |
| **Young People**           | * Possible generational differences + social peer pressure = stigma around drinking  
* Local community vs. wider social peer community = generational dislocation  
* Mainstream education focus on binge drinking, not considering other drinking cultures (e.g. concept of ‘sensible drinking’ has little salience to non-drinking cultures) | **Education**  
* Develop educational and health promotional information that is culturally sensitive, considering stigma, social pressures, abstinence, familial and religious duties etc.  
* Learn about and inform local communities about your services to improve trust among ethnic minorities |
Examples of successful alcohol-related services for ethnic minorities

Although there is some debate in the academic field, there are suggestions to promote and tailor specific alcohol-related health services for ethnic minorities. Some of these in the UK have been highly successful in overcoming possible cultural, linguistic and religious barriers.

**KIKIT (Birmingham)**

* A specialist, culturally sensitive service as part of the wider alcohol misuse services in the city.
* Community-based organisation, having strong links with religious groups and Third Sector, to help service users reintegrate into their communities.
* Identified patterns of substance use in the communities, and worked in partnership with local pharmacists to improve knowledge around specific substances.
* Developed an ethnic minority recovery forum
* Recognised additional barriers for ethnic minority women, and set up a Women’s Support provision with female recovery workers who provide multilingual support to women in discreet locations. ([www.kikitproject.org](http://www.kikitproject.org))

**Bengali Project (London)**

* A culturally sensitive service for Bengali speaking people
* Offers advice, information, health education and health promotion in Bengali language
* Promotional and publicity materials are distributed through information stalls at community festivals and health event
* Runs an Asian Women’s Group, with health education sessions facilitated in Bengali/Sylheti and in English as required. ([http://alcoholeast.org.uk/bengali/](http://alcoholeast.org.uk/bengali/))

**Central and Eastern European Support Services (London)**

* Part of Drug & Alcohol Service in London
* Offers support, information and advice on practical issues such as dealing with debt, bills, benefits, identification paperwork etc.
* Advice and Advocacy – offers one-to-one sessions and telephone advice in Russian, Polish, Ukrainian and Latvian languages
* Works in partnership with the Eastern European Advice Centre in West London, who provides employment rights advice onsite or by referrals ([http://www.dasl.org.uk/newham-services.html](http://www.dasl.org.uk/newham-services.html))
3. NHS Grampian Focus Group Findings

NHS Grampian, in partnership with GREC, conducts annual consultations in Aberdeen where the public has the opportunity to give their views and opinions on the services provided as well as their experience of health in their communities. Topics such as language interpretation, smoking, drug abuse, equality issues and hospital services are covered. The consultation also covers the topic of alcohol, which is the part that has been utilised in this report. In 2016, 76 participants in 14 groups discussed the topics in focus groups ranging from 2-10 individuals in each group. The groups were either in English, or in other languages with interpreters present. Furthermore, in each focus group there was one discussion facilitator and one note taker. The flexible arrangement of the focus groups as well as the interpreters making it possible for everyone involved to use their preferred language made sure that participants felt comfortable enough to speak their mind. Furthermore, the diversity of the focus groups, with 8 different languages used suggest that the views included in this report cover a wide range of cultures and communities in Aberdeen. However, as the transcripts of the focus groups only state language and not ethnicity, we cannot present which ethnicities were included in the sample. No personal details of the participants were recorded for the discussion section of the event, which means that we cannot infer about any potential class, sexuality, age or gender specific findings. Participants remained anonymous throughout the whole process.

This report uses those focus group discussions as a basis to explore how ethnic minorities perceive the quality, need and access to NHS health services related to alcohol. The method used is a thematic analysis, where the transcripts from focus groups have been categorised into themes and codes to make inferences about possible trends. A summary of findings can be found in Table 2.

Do ethnic minorities in Grampian think alcohol consumption is a problem in their communities?

No, most participants do not think that their ethnic communities have problems with too much alcohol. On the contrary, many report that abstention is common due to religious reasons, and that excessive drinking is something they associate with the Scottish population. Some believe that alcoholism in Grampian is not specific to any particular group, but that “most communities have problems with alcohol” (Russian group). Furthermore, one Polish group said that alcohol was not a problem in their community. They said that ‘the vast majority of Polish people come to UK to work and that is what they do’. The students in the groups expressed concern with the binge drinking culture in Scotland related to student life, and sometimes felt pressured to drink in social situations. Also, one group expressed concern about Muslim youth feeling peer pressured to drink.

What do ethnic minorities in Grampian think are some of the reasons for alcoholism?

Many of the factors for alcoholism mentioned in the focus groups were related to personal, social and structural aspects of life and society. Personal factors, such as depression, stress and family problems were mentioned. Furthermore, unemployment, lack of law enforcement and poor education were also brought up as contributing to misuse of alcohol and a damaging
drinking culture. Lastly, the availability and easy access to alcohol, such as cheap prices and advertising were mentioned.

**Do ethnic minorities in Grampian know where to access information and receive services related to alcohol?**

Most participants had some sort of idea where they would access information and advice on alcohol-related issues. Those who did not know said that this was because they had never felt the need to. Most participants would firstly turn to their GP, which is common among people who might not be aware of the big range of other health services offered in Scotland. Other points of access to information and advice mentioned were the Community Centres, the Catholic Community, Aberdeen Cyrenians, Internet, friends, ADA and AA.

**Do ethnic minorities in Grampian know where to access treatment for alcohol-related health problems?**

Because most participants had never sought such treatment, many felt that the question was not applicable to them, and they could not come up with an answer. For those who did answer, they say that they would turn to the GP.

**Do ethnic minorities in Grampian perceive any particular barriers to accessing health services related to alcohol?**

There was a general consensus among the participants that information about alcohol is improving and adequate, but that the problem is the fact that there is a resistance to seek help. Stigmatisation of alcoholism is a problem facing all groups of society, but might be more prominent among some ethnic minorities, where religion and culture play a significant role in social norms and values. For example, one group mentioned that alcohol is a taboo subject in the Muslim communities, and that this could potentially be a barrier to access health services related to the issue.

**What do ethnic minorities in Grampian think can be made to improve alcohol-related services?**

Related to stigmatisation, some of the participants believed that alcohol-related services should focus more on therapy and psychological support. Furthermore, participants thought that education on alcohol can reduce the stigma and make people less reluctant to seek help. Also, some participants suggested more alcohol education by the council, police and NHS in the religious centres, such as the Mosque.
<table>
<thead>
<tr>
<th>Perceived community differences in alcohol consumption and culture</th>
<th>Identified factors for alcohol consumption</th>
<th>Knowledge of Alcohol Services</th>
<th>Ethnic Minority Barriers</th>
<th>Suggested improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scottish Culture</strong></td>
<td><strong>Social Factors</strong></td>
<td><strong>Access to information</strong></td>
<td>- Resistance to seek help</td>
<td>- More regulation</td>
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<tr>
<td>- Scottish culture perceived to have a problem with alcohol consumption</td>
<td>- Scottish/Aberdonian culture</td>
<td>- GP</td>
<td>- Change in advertising</td>
<td></td>
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<tr>
<td>- binge drinking</td>
<td>- Peer pressure</td>
<td>- Community Centres</td>
<td>- More therapy support available</td>
<td></td>
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<tr>
<td>- peer pressure</td>
<td>- Student lifestyle</td>
<td>- Catholic Community</td>
<td>- Raise prices on alcohol</td>
<td></td>
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<tr>
<td>- part of identity</td>
<td></td>
<td>- Internet</td>
<td>- Reduce stigma around alcoholism</td>
<td></td>
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<tr>
<td>- social drinking</td>
<td></td>
<td>- Friends</td>
<td>- Information great, support less so.</td>
<td></td>
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<tr>
<td><strong>Students/ Youth</strong></td>
<td><strong>Personal Factors</strong></td>
<td><strong>Access to support and treatment</strong></td>
<td>- Stigma related to religion</td>
<td></td>
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<tr>
<td>- Student lifestyle expressed to involve a lot of drinking</td>
<td>- Depression</td>
<td>- GP</td>
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<td>- peer pressure</td>
<td>- Lack of faith in future</td>
<td>- Student Counselling Services</td>
<td></td>
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<td>- ethnic minorities</td>
<td>- Stress</td>
<td>- Don’t know</td>
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<td>sometimes intimidated</td>
<td>- Family Problems</td>
<td></td>
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<tr>
<td><strong>Community Differences</strong></td>
<td><strong>Availability</strong></td>
<td></td>
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<tr>
<td>-Scottish drink weaker alcohol but more often</td>
<td>- Cheap prices</td>
<td></td>
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<tr>
<td>- Polish drink stronger spirits but only on weekends</td>
<td>- Advertising</td>
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<td></td>
<td>- Sold everywhere</td>
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<tr>
<td><strong>Abstention differences</strong></td>
<td><strong>Structural</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Due to religion. Only reported by ethnic minorities</td>
<td>- Unemployment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Respondents from Nigeria, Pakistan, Hong Kong, Iran, Romania, Russia, Lithuania</td>
<td>- Lack of law enforcement</td>
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<td></td>
<td>- Poor education on alcohol and its effects</td>
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4. Conclusion and Recommendations

The findings from the NHS and GREC Aberdeen consultation gave indications that ethnic minorities in Grampian do not view alcohol misuse as a major problem in their communities. Furthermore, most participants had at least one idea of where they would turn to for advice and treatment, whereas a minority did not know about services available because they had no reason to know. Some issues connected to alcohol discussed among participants regarded stigma, cultural differences and structural problems, such as unemployment and lack of education. Although the overall picture from the consultations was positive, this is most likely not the full reality. As previous research shows, due to taboo and social exclusion, ethnic minorities battling alcohol misuse might be difficult to reach out to for consultation purposes, and it is likely that valuable information about the current situation for ethnic minorities with alcohol issues is not covered in this report.

Based on previous research and the findings from the NHS Aberdeen consultation focus groups, this report recommends NHS Grampian to:

1. Provide culturally sensitive services to ethnic minorities. Services at every level need to focus on diverse staff selection, education and training.

2. Target especially young people in communities where a possible clash between outside peer pressure and community values might cause problems.

3. Work closely with ethnic minority organisations in the city. This could include to provide training to the different community centres so that relevant actors know where to signpost individuals.

4. Link alcohol consumption and misuse with structural factors, such as unemployment, homelessness and depression. For example, exploring potential links between alcohol services and employability organisations (such as Pathways). This would be applicable to not only ethnic minorities, but the general population.

5. Reduce stigmatisation of alcohol consumption and misuse in ethnic minority communities through education, discussion and awareness.

6. Consider more in-depth research on particularly hard-to-reach relevant groups.

With these suggestions in mind we hope that, although participants in the focus group did not raise significant issues, health services related to alcohol will become more accessible and acceptable to ethnic minorities when interacting with NHS Grampian.
5. Bibliography


Jarvis, L. (2009). Alcohol consumption in black and minority ethnic groups and recent immigrants in Scotland: current situation on available information, NHS Scotland. Online


