

Executive summary

Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities

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Key findings

- While the research literature reports high levels of abstinence from alcohol across minority communities, service providers argue the prevalence of problematic alcohol use is under-estimated which impacts on funding for these specialist service providers.
- There is no single 'best' means of providing interventions to minority communities; what people are likely to engage with differs between and within communities.
- Some factors were identified in the literature and in interviews as increasing the risk of problematic alcohol use including: experiences of multiple exclusion; younger age; in some communities older males were at higher risk due to social perceptions of masculinity; and the hidden nature of women's drinking across cultures could increase harmful use.
- Key facilitators to accessing support included: providing materials in community language and broadcasters (e.g. Asian radio); including community members in developing services; emphasising confidentiality of services; raising awareness; peer led support; and being flexible and responding to changing community needs.

Research team

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Background

It has long been recognised that people from Black and Minority Ethnic (BME) backgrounds are under-represented in alcohol treatment services (Bayley and Hurcombe, 2011). While some evidence suggests that this is because there are higher rates of abstinence among ethnic minority communities (PHE, 2016), it has been noted that there are differences within communities and across generations in terms of the use of alcohol and other drugs (Beddoes, *et al.*, 2010).

In the UK, ethnicity is measured in broad categories both through national censuses and in alcohol treatment statistics. The lack of specificity in these data coupled with concerns of under-reporting of alcohol use in minority communities can mean that services are unable to adequately meet the needs of these communities in their provision. This review aims to better understand the prevalence of problematic alcohol use and support needs within BME communities. An evidence review of the literature was supplemented with interviews with key informants working within both specialist BME (N=3) and mainstream (N = 3) services.

Methods

This rapid evidence review had five main objectives:

- 1 To understand the prevalence of problematic drinking among diverse black and minority ethnic communities and the types of problems that exist.
- 2 To synthesise current knowledge on existing interventions aimed at BME communities.
- 3 To assess what works, when and for whom within these interventions.
- 4 To describe current understandings of the barriers and facilitators to accessing available interventions.
- 5 To use consultation with relevant key informants to check (and amend if necessary) review findings and conclusions, to stimulate dissemination of the report and further future discussion.

Eighteen peer reviewed articles and ten grey literature reports were included in the evidence review. We also interviewed six practitioners working in alcohol treatment services to better understand the literature findings and to record current interventions and service provision for people from BME communities.

Findings

Overall, the research literature reports higher rates of abstinence among minority communities, although there are concerns about the prevalence of problematic alcohol use among Sikh males, refugees and asylum seekers, and that Irish nationals living in England, Wales and Scotland show higher rates of alcohol-related mortality compared to

other groups. Key informants suggested that a true estimate of the prevalence of problematic alcohol use is currently unknown as it is not accurately recorded. Some factors were identified in the literature and in interviews as increasing the risk of problematic alcohol use including: experiences of multiple exclusion; younger age; in some communities older males were at higher risk due to social perceptions of masculinity; and the hidden nature of women's drinking across cultures could increase harmful use.

There is variation across communities and individuals as to the types of support they are most likely to engage with and preference for whether it is delivered through community organisations or from family and friends. Key informants were focused on trying to ensure that people from minority communities were made aware of existing services and when to look for help.

We found little published research directly reporting on service provision for BME communities in the UK. Key informants report that they use individualised approaches to support depending on personal preference of service users as a way to ensure appropriate intervention. Cultural competence of staff was highlighted as a vital element of good service both across the research literature and from our interviewees.

Key barriers to accessing support identified in this research included: lack of understanding of the harms of alcohol use; lack of knowledge of services available; language problems; shame and stigma within communities in admitting to problems with alcohol; and cultural attitudes towards help-seeking that can view this as a weakness of character.

Key facilitators to accessing support identified included; providing materials in community language and broadcasters (e.g. Asian radio); including community members in developing services; emphasising confidentiality of services; raising awareness; peer led support and; being flexible and responding to changing community needs.

Implications

A key issue that was apparent from the research literature, and highlighted by our key informant interviews, was the difficulty of accurately estimating the prevalence of problematic alcohol use across minority communities. Clearer definitions of what is meant by 'minority ethnicities' and an understanding of variations within and across communities are needed.

Some groups are largely missing from the research literature on alcohol support needs and experiences including: BME women; BME prisoner populations; refugees and asylum seekers; LGBT individuals from BME communities; and non-practicing individuals from religious minorities.

There is a need for more focused research on these groups, and also on services that are currently on offer to BME communities more widely and how they have been developed, implemented and evaluated.

Conclusion

There is no consensus within the literature as to whether a strong ethnic identity is more likely to act as a protective or restrictive factor in seeking help for problems with alcohol. More research is needed to better understand the role of ethnic and/or cultural identity and how this may vary in different contexts.

The full impact of austerity budgeting and how this will affect the provision of alcohol services to minority communities is still not fully known. The proposed introduction of business rates retention as a means of funding substance use services may adversely affect those specialist services that are unable to present an accurate picture of local need for minority communities.

This report was funded by **Alcohol Change UK**. Alcohol Change UK works to significantly reduce serious alcohol harm in the UK. We create evidence-driven change by working towards five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment.

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Opinions and recommendations expressed in this report are those of the authors.