

Impacts of alcohol consumption amongst Sikhs

A study by Sikh Recovery Network
and British Sikh Report Teams



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Acknowledgements

Thank you to members of the Sikh Recovery Network and British Sikh Report teams, without whom this report would never have come to fruition. In particular, thank you to the following individuals, who have brought together the data, analysis and presentation of the results:

Jaz Singh Rai OBE (Founder, Sikh Recovery Network) – for his leadership and inspiration, setting the vision for a report that could throw light on the topic of alcohol addiction and its impacts on Sikhs living in Britain.

Nina Kaur Samra (Trustee, Sikh Recovery Network) – for expert input to the design of the survey and authoring the final report.

Gurjeet Kaur Dhami (Volunteer, Sikh Recovery Network) – for expert input to the design of the survey.

Jagdev Singh Virdee MBE (Editor and Statistician, British Sikh report) – for conducting the survey, monitoring the responses, cleaning the data, editing and overseeing production of the final report.

Sahib Singh Heer (Data Analyst) – for analysing and tabulating the data into summary tables and charts for the report writers.

Satty Singh Paddam (Visual Director) – for sourcing and supplying the images in the report.

Ludovica Quaranta (Graphic Designer) – for design and layout of the final report.

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1 Executive summary

Welcome to the first Sikh Recovery Network (SRN) report, supported by the British Sikh Report (BSR) to leverage their well-established expertise in research within the Sikh community. This essential research is conducted by Sikhs, about Sikhs, for everyone who is interested or concerned about the impact of alcohol misuse in Sikh communities.

The focus of this report is to investigate and understand the reality of alcohol consumption amongst Sikhs living in Britain. It provides insights for alcohol service providers to identify gaps and will help to tailor their approach accordingly. The report addresses the taboo that surrounds alcohol and substance abuse within the Sikh community and how individuals are affected from a cultural perspective, leaving them feeling ostracised, and the fear of being judged.

This report includes the following findings from the survey of Sikhs living in Britain, with 61% of respondents (64% of men and 56% of women) saying that they currently consume alcohol, and another 9% saying that they did but are now in recovery:

Among those who currently consume alcohol:

- 18% said they drink alcohol at least 4 times every week (20% of women and 17% of men).
- 21% of respondents in full time employment and 16% of those in part time employment said they drink alcohol at least 4 times every week, compared with 10% of those who are unemployed.
- 12% of women and 18% of men drink 10 or more units of alcohol per day. 32% only drink 1 - 2 units of alcohol per day and 27% drink 3 - 4 units per day.
- 19% of those aged 50 - 64 years consumed 10 or more units of alcohol per day, the highest of all age groups.

Problematic alcohol consumption

- 7% of respondents said that they could not stop drinking alcohol, once they had started.
- 4% said that alcohol consumption resulted in them being unable to complete tasks expected of them almost daily, and another 6% on a weekly basis.
- 12% said that they had suffered an injury as a result of drinking alcohol.
- 33% of respondents who are 'problematic drinkers' said there are times when they are unable to remember the previous night due to alcohol (3% daily, 5% weekly, 6% monthly).
- 23% said others had suggested that they should reduce their alcohol consumption.



Alcohol consumption during Covid

- 30% of the respondents who consume alcohol said that their alcohol consumption had increased during the pandemic.
- The main reasons given for the increase in alcohol consumption were stress (36%) and boredom (23%). 14% of women and 5% of men gave anxiety as the reason for increased alcohol consumption.

Mental health and behaviour under the influence of alcohol

- 11% of respondents who drink alcohol have been subject to violence while under the influence of alcohol, including 17%–18% of those aged 50–64 and 65 and above, respectively, while rates were lower for younger age groups.
- 21% of respondents who drink alcohol have had thoughts of suicide, varying by age from 13% for 20–34 year olds to 33% for those aged 65 and above.
- 6% said that they had made an attempt to end their own life.

Recovery

- Two thirds of respondents who said that their alcohol consumption was problematic had not been made aware of the help available to them to address the problem.
- 43% of respondents who are in recovery said that they had stopped drinking alcohol by themselves ("Cold Turkey"), 8% said that their faith and religion had helped them, and 7% had undertaken residential rehabilitation treatment.
- 13% of those who had used services heard about them from their GP, 10% through Sikh Recovery Network and 7% through Alcoholics Anonymous.
- Alcoholics Anonymous (20%) and 12-Step Programme (13%) were the most-used recovery models. 14% reported being helped by family.

- The greatest challenges in staying sober are social temptation (21%), depression and lack of purpose (14%), boredom (14%) and easy access to alcohol (12%).

Impacts on family and friends

- Emotional impact (12%), mental health issues (8%) and damaged family relations (8%) were the most reported consequences of problematic drinking on families.
- 54% of respondents said that there had been a history of heavy drinkers in their family, largely male members.
- 3% of respondents had their first drink when they were younger than 11 years old, 25% by the time they were aged 15 (22% of females and 27% of males), and another 26% had their first drink while they were 16 or 17.
- 84% of problematic drinkers have children, 73% having 2 or more. 55% of respondents said that the children lived with the problematic drinker.
- Respondents with a family member who is a problematic drinker and had not sought help said that the person is in denial (36%), they didn't want to stop drinking (36%) and they preferred controlled drinking (10%).
- The most common behaviours reported by family members were verbal abuse (16%), aggression (15%) and irritability (12%).
- 49% of respondents confirmed that they are impacted by the 'problematic drinker's' behaviour. Younger age groups report higher impacts in terms of worry, stress and anxiety, depression and emotional impacts. Older age groups report higher levels of emotional abuse and living in fear, compared with younger respondents.

We hope that this report provides helpful insights into the impacts of alcohol consumption on Sikhs living in Britain and can support the targeting of appropriate services to help those who are affected, directly or indirectly.

2 Preface to “impacts of alcohol consumption amongst Sikhs”

by Dr Piers Henriques (Director of Communication at NACOA UK)

27% of British Sikhs report having someone in their family with an alcohol problem.

The BBC conducted a landmark ‘Unspoken Alcohol Problems Among UK Punjabis’ study in 2018, and found that 27% of British Sikhs report having someone in their family with an alcohol problem. That is a startling statistic showing a previously hidden prevalence of family alcohol harm in the British Sikh community.

The subsequent coverage featuring the Sikh Recovery Network went ‘viral’ online, not just within the Sikh community but around the country as a whole. Word got to Nacoea UK (National Association of Children of Alcoholics), of which I am a director, and we knew we had to sit up and respond.

Nacoea was established over thirty years ago to offer helpline advice and support for everyone affected by a parent’s drinking in the UK. It is free, confidential, and most importantly an accessible lifeline for everyone. We also do a great deal of advocacy for people affected in parliament and the media.

Our helpline does not record callers’ ethnic or religious background, but informally our counsellors suggest that numbers of calls from people in the Sikh community are disproportionately low compared to other demographics. A similar case can definitely be said of our volunteers and authored content on our website. Take up of ‘mainstream’ addiction services in general is low across the board.

To understand why we are not reaching those in the community who might need Nacoea, we set up a panel of experts to ask why a lack of take up might exist. A number of answers keep coming back: (1) there is a strong taboo about speaking about alcohol problems outside the family, (2) services and content needed to be more culturally literate, and (3) in moments of crisis,

accessing services like a helpline can be difficult, for example when a caller lives in densely populated housing. Services need to actively understand these and other major factors in order to succeed in helping those suffering from the ‘unspoken’ harms of addiction in the family.

Dr Karamdeep Kaur, the co-chair of Nacoea’s ‘Widening Access Project’, has conducted a study that also shows that main barriers to support for the community include: lack of understanding of alcohol excess, cultural implications of speaking out, gender and generational differences, and ‘an apparent lack of government commitment to alcohol support for BAME communities’.

During this listening process, it has been striking to hear how often people say that they think the 27% is a serious underestimate. Since we know that alcohol problems leave such a damaging legacy for families, and especially children, we can only imagine how many people are out there suffering in silence. At the very least, we wish they would know that they are not alone and help is out there if and when they need it.

To draw into the light those affected by alcohol harm, this Sikh Recovery Network and British Sikh Report study is a huge leap forward, highlighting the trends of alcohol consumption within this community. Jaz Rai OBE and his team have garnered an impressive number of respondents to their quantification study showing a consistent picture of heavy, potentially hazardous and dependent alcohol use within the British Sikh population.

The data within the study does not comment on the status or impacts of parenting, per se. However, we can see that of those within the parenting age (between 18–49) roughly 1 in 5 report drinking alcohol almost every day of

2 PREFACE TO “IMPACTS OF ALCOHOL CONSUMPTION AMONGST SIKHS”

the week. Between 12–15% of those are drinking 10 units (equivalent of a bottle of wine) or more on every typical day.

It is notable that there is not a great deal of difference in the consumption between men and women. This is remarkable given that the assumption I hear from the community that alcohol has been glamourised and permissible primarily for men, and much less so for women. This report shows that, among the respondents to the survey, women were more likely to report drinking almost every day compared to men. At Nacoa, we regularly see that finding help as a child or young person, when a mother is a problem drinker, is especially difficult.

The impacts of this heavy drinking will not just be felt in the immediate and long-term health of the drinker themselves, but also in the health and social outcomes of their children. We know that children of alcohol-dependent parents are 6 times more likely to witness domestic violence, 3 times more likely to consider suicide, 2 times as likely to experience difficulties in school or be in trouble with the police. Crucially, these children will be 3 times more likely to develop an addiction themselves. The problems cascade from generation to generation.

This landmark report shows that the Sikh community is in no way isolated from the wider harms faced by the rest of the UK, which is seeing record related deaths year on year. That those caught in active addiction and those in their friends and family are less likely, compared with the wider British population, to reach out for mainstream services means that this hidden harm will only be greater and more intense.

Dr Sarah Galvani wrote last year, during Alcohol Awareness Week, that ‘leadership within the [Punjabi Sikh] community must move against cultural norms around excessive drinking. Fathers, she says, should ‘lead the way’. Stepping up to the mark are fantastic leaders like Jaz Rai OBE and organisations like Sikh Recovery Network.

For organisations like Nacoa, however, we can also start to listen and learn. In many respects, the problems faced by people affected by a parent’s drinking know no cultural boundaries. It never ceases to shock me how similar our extraordinary experiences can be.

The exchange of knowledge should be our guiding light. This report should be a wakeup call and a benchmark

for all our future work in this field. As a service, Nacoa only elevates our offer by broadening our cultural literacy and signposting capacity in all areas. This is how we will bring that hidden harm under control. We can then return by opening opportunities for people to find an inclusive space for information, advice and support.

A first step is knowing that we will not achieve this alone. It is vital to reach out, listen, enfranchise, and then reflect back. As my friend and fellow child of an alcoholic, Jaz Rai says ‘We need to support each other. It is crucial to work together.’

Jaz Rai says ‘We need to support each other. It is crucial to work together.’



3 Introduction: research into Sikhs and alcoholism

Before we discuss the findings of the research, it is important to understand what Sikhi values are and how these are relevant in Sikhs' day to day lives. This gives context to factors such as alcoholism being a taboo subject, and why individuals suffering from addiction may feel ostracised.

THE SIKH VIEW ON ALCOHOLISM

Although British Sikhs are thousands of miles from their sacred land they continue to honor and follow the central importance of the Guru Granth Sahib (Sikh Holy Scriptures) in their lives. In the Sri Guru Granth Sahib there are particular Shabads (Hymns) that discourage the use of intoxicants and make particular reference to alcohol:

Salok Mahala 3:

One person brings a full bottle, and another fills his cup. Drinking the alcohol, his intelligence departs, and madness enters his mind; he cannot distinguish between his own and others, and he is struck down by his Lord and Master. Drinking it, he forgets his Lord and Master, and he is punished in the Court of the Lord. Do not drink the false wine at all, if it is in your power. O Nanak, the True Guru comes and meets the mortal; by His Grace, one obtains the True Wine (of Naam). He shall dwell forever in the Love of the Lord Master, and obtain a seat (i.e. respect) in the Mansion of His Presence. (Ang. 554, Sri Guru Granth Sahib).

In 1931, Sikh theologians and scholars developed an agreed code of conduct, the Rehat Maryada, and the Akal Takhat, the supreme theological authority for Sikhs, approved it. This provides a Khalsa Code of Ethical Conduct which has thirteen points including one related to intoxicants. It simply states, "Drugs, Smoking and Alcohol are strictly forbidden for Sikhs." (Sikhism.com, 2006). Thus going by their spiritual traditions intoxicants including alcohol are forbidden. These injunctions apply equally to all intoxicants including marijuana, opium, tobacco and alcohol.

It is interesting that tobacco use among Sikhs is less common while alcohol consumption is more widespread.

While the Sikh faith disapproves of alcohol consumption, the Punjabi culture holds strong traditions of heavy alcohol consumption in Punjab. Alcohol consumption has always been high amongst the Punjabi-Sikh community even though there is a clear religious and communal injunction against it. An article written by Prabhjot Singh in the Indian Tribune says:

"Studies have shown that the per capital alcohol consumption in Punjab is considered one of the highest in the world. Alcohol is becoming an important cause of disease and death in the state of Punjab. Family and social violence has been attributed to alcohol. Alcohol is becoming responsible for quite several serious psychological problems like depression, behavioural abnormalities, paranoid states, and physical illnesses like hepatitis, gastritis, pancreatitis, epilepsy, dementia, and neuropathy." (Prabhjot Singh, 2005).

In 1976, an epidemiological survey of drug abuse was conducted in 24 rural villages of Punjab and covered 1,276 households. Both men and women reported the use of traditional drugs, i.e. alcohol, tobacco, opium, and cannabis. In males, the commonest drug used was alcohol (58.3%), followed by tobacco (19.3%), opium (6.3%) and cannabis (1.2%). The majority of the female respondents were non-users, but a very small number reported use of tobacco, alcohol and opium. (D. Mohan, K.R. Sundaram, H.K. Sharma 1986)

ALCOHOL CONSUMPTION IN THE UK

Over the last few decades, Sikhs have emigrated to the West and continue to retain or increase their customs of alcohol consumption. There are over 540,000 Sikhs in the United Kingdom with British Sikhs considered by many as one of the most successful minority groups in terms of work ethic and cultural integration. However, with opulence comes problems and studies conducted state *"In the United Kingdom several ethnic minorities have higher levels of alcohol use and resulting health problems than the general population. For example, 34% of Irish men drink above the weekly recommended limit of 21 units of alcohol, compared with 29% of the general Irish population and 27% of the general British population. A similar problem exists in South Asian (Sikh) male migrants to the UK, where problem drinking is higher than in the Sikh population in South Asia and similar to that of the UK general population. Irish and Sikh groups in the UK also have higher rates of morbidity and mortality than the general population."* (Rahul Roy, 2006).

Arthur Helwig, noted expert on the Sikh community in England and North America, studied a Sikh enclave in Gravesend, England and says, *"Graves Indians (Sikhs in Gravesend, England) are judged as being alcoholics. One estimate is that for twenty percent of the men it is a major problem and for thirty percent a moderate one. The point is that there is a difference between an alcoholic and a heavy drinker. The Punjabis have traditionally been a hard-working robust community and drinking has been part of that behaviour."* (Helwig, 1986). He further says *"The fact that a person drinks heavily does not make him an alcoholic. Many Punjabis frequently visit pubs, but for socialization and recreation. They still have the family structure and support of the kinsmen and friends to lean on. They do not have the prime cause of loneliness, despair and lack of support which leads to alcoholism. This is an issue, however, that deserves further research."* (Helwig, 1986).

Despite it having been regarded as an "open secret" by many members of the British South Asian community, alcoholism remains under-treated in the British Sikh diaspora.

The Sikh Recovery network wanted to research this area further by reaching out to British Sikhs to understand the extent of alcohol consumption and what impacts this is having on them and their loved ones."

Alcoholism remains under-treated in the British Sikh diaspora.



4 Survey methodology and response summary

This report is based on a survey conducted by the Sikh Recovery Network (SRN), jointly with the British Sikh Report (BSR) team, who have been conducting research into all aspects of the lives of British Sikhs since 2013.

This is the first robust statistical survey into the impacts of alcohol consumption and addiction amongst Sikhs living in Britain – on those who are directly and indirectly affected by this issue. It aims to give a snapshot of the size of the issue and the complexities around being able to identify what alcoholism means for the Sikh community. Although SRN have their own database of rich data, the purpose of this research was to not only understand how the “problem drinker” may answer the questions but also to gauge what impacts their potential addiction has on family and friends. The survey was completely anonymous with no personally identifiable information being requested, with a view to increasing the likelihood of respondents being willing to share their experiences of impacts of alcohol on themselves, and on those around them.

The aims and objectives of the Survey were to:

- Provide an overview of adult Sikhs’ drinking behaviour in the UK.
- Investigate drinking behaviour amongst different demographic groups.
- Identify the environmental, behavioural and social consequences of alcohol misuse within the community.
- Provide a tool for service providers to identify gaps and for them to tailor their approach accordingly.
- Identify the extent of the impact that alcohol misuse has on family, children and friends.

The survey was split into 4 sections:

- 1. Demographics:** Exploring the age, gender, marital status, religious affiliation and nationality of respondents. The purpose of this was to understand the profiles of respondents in more detail, helping to understand whether there are different patterns among different cohorts of respondents.
- 2. Alcohol Consumption:** The questions investigated the respondent’s alcohol consumption and whether they perceive this as problematic. They also explored whether alcohol consumption has impacts on individuals’ mental health as well as their family and friends.
- 3. Alcohol Recovery and Aftercare:** These questions aimed to understand what recovery methods, if any, that individuals adopted and how useful they found them to be.
- 4. Impact of Alcohol on Family & Friends:** These questions explored how problematic alcohol drinking impacts on family and friends of the drinker, and what help do they feel is available to support them.

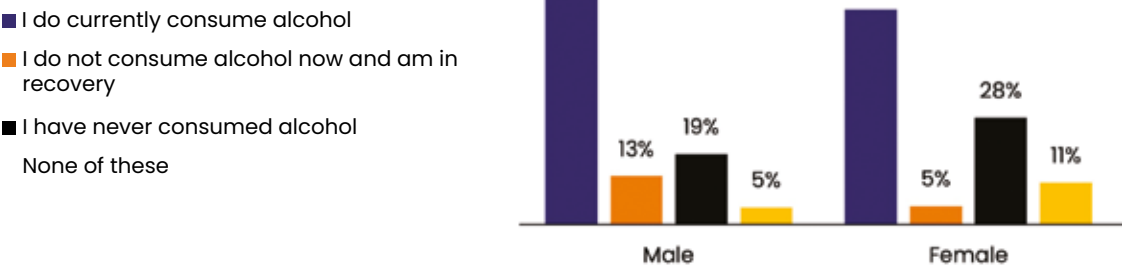
After “cleaning” the data and removing incomplete or invalid responses, the survey achieved 1,095 valid responses spread across the United Kingdom, providing a reliable sample of British Sikhs. The survey was primarily conducted online, but there was a concerted effort to supplement that sample with questionnaires to reach those without internet access. Responses were monitored and particular areas of shortfall were targeted to ensure that the overall sample was representative of Sikhs in Britain in terms of age group, gender, marital status and region. All responses were scrutinised and validated by applying a range of checks, and several were rejected because they were assessed to be false. The resultant

4 SURVEY METHODOLOGY AND RESPONSE SUMMARY

sample of 1,095 is considered to be a robust and reliable representation of British Sikhs. The sample has also been assessed against the information on British Sikhs available from the 2021 Census and the annual British Sikh Report, and the sample distributions by age and region are close to what would be expected.

61% of respondents said that they currently consume alcohol (64% of men and 56% of women). 9% said that they do not now consume alcohol and are in recovery (13% of men and 5% of women). 23% said that they have never consumed alcohol (18% of men and 28% of women) and the remaining 7% did not chose a specific answer (Figure 4.1).

Figure 4.1
Do you currently consume alcohol? By gender



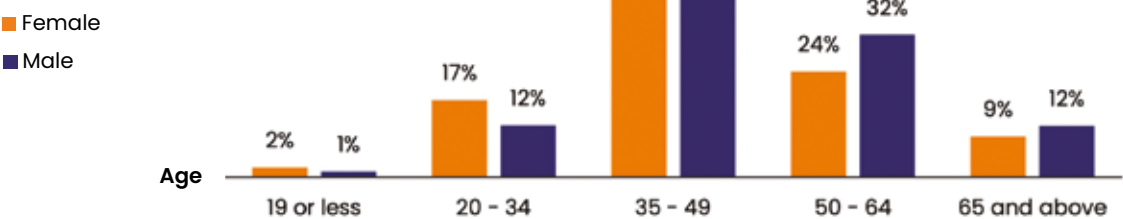
DEMOGRAPHICS OF THE SURVEY RESPONDENTS

The SRN / BSR 2022 survey received 1,095 valid responses. This section helps us to understand the respondents' profile, giving us an idea of the sample representation (Figure 4.2).

Gender: 55% of the responses were from men and 45% from women.

Age: 2% of the responses were from those aged 19 or less, 14% from 20 – 34-year-olds, 45% from those aged 35 – 49, 28% from those aged 50 – 64, and 11% from those aged 65 and above. The categories split by age groups can be seen in the graph below. Due to the small number of responses from those aged 19 or less, they are excluded from some of the analysis in this report which is broken down by age.

Figure 4.2
Survey sample by age and gender



Marital status: 69% of respondents said that they are married, and 16% are single. About 7% said that they are divorced.

Region: Around 34% of Sikhs responding live in West Midlands, and 21% in London. The regions with the next largest percentages responding are East Midlands with 16%, and South East with 13%.

Employment status: 58% of respondents said that they were in full time

employment, another 10% in part time employment, and 13% were self-employed. 10% were retired and 4% unemployed.

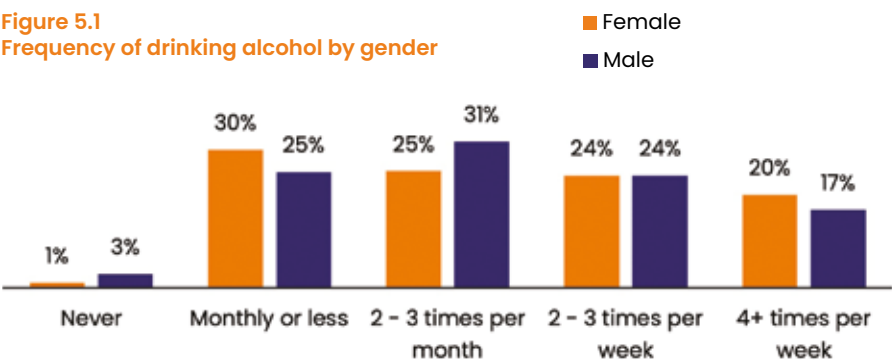
Nationality: 83% of respondents said that their nationality is British, and another 10% said it is British Punjabi, British Asian or other combinations that include British. 3.5% said that they are Indian, with the rest being spread in small numbers across several other nationalities.

5 Respondents who consume alcohol

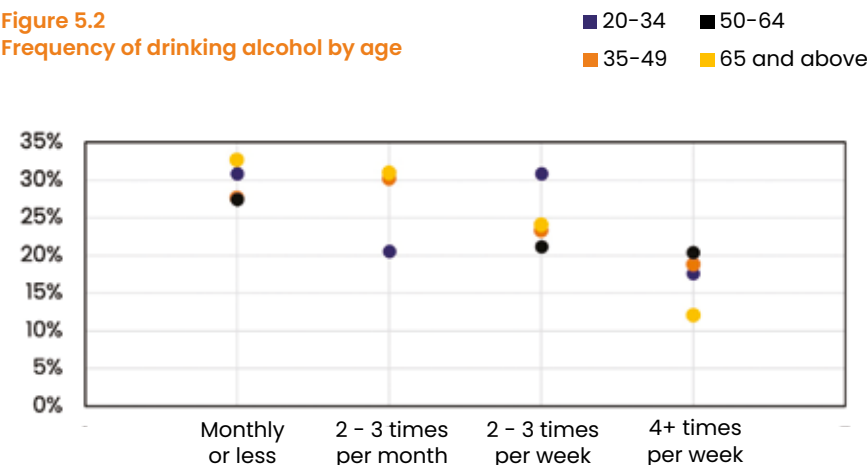
LEVEL OF CONSUMPTION

The purpose of this section is to understand the consumption habits of individuals who drink alcohol. Respondents were asked if they consume alcohol, and only if they answered 'yes' were they directed to this section.

Figure 5.1 shows, of the people who consume alcohol, the frequency of consumption across different periods by gender. Surprisingly, 20% of females who consumed alcohol said that they drank 4 or more times every week, compared with 17% of men. However, a greater percentage of men claimed to drink 2-3 times per month and per week compared to women.



In order to understand these drinking habits further, we looked at the age ranges of the respondents consuming alcohol, to help identify which age range consume it most frequently (Figure 5.2). The age group with the highest percentage to consume alcohol 4+ times per week is 50-64-year-olds (20%), followed by 35-49 (19%) and 20-34-year-olds (18%).

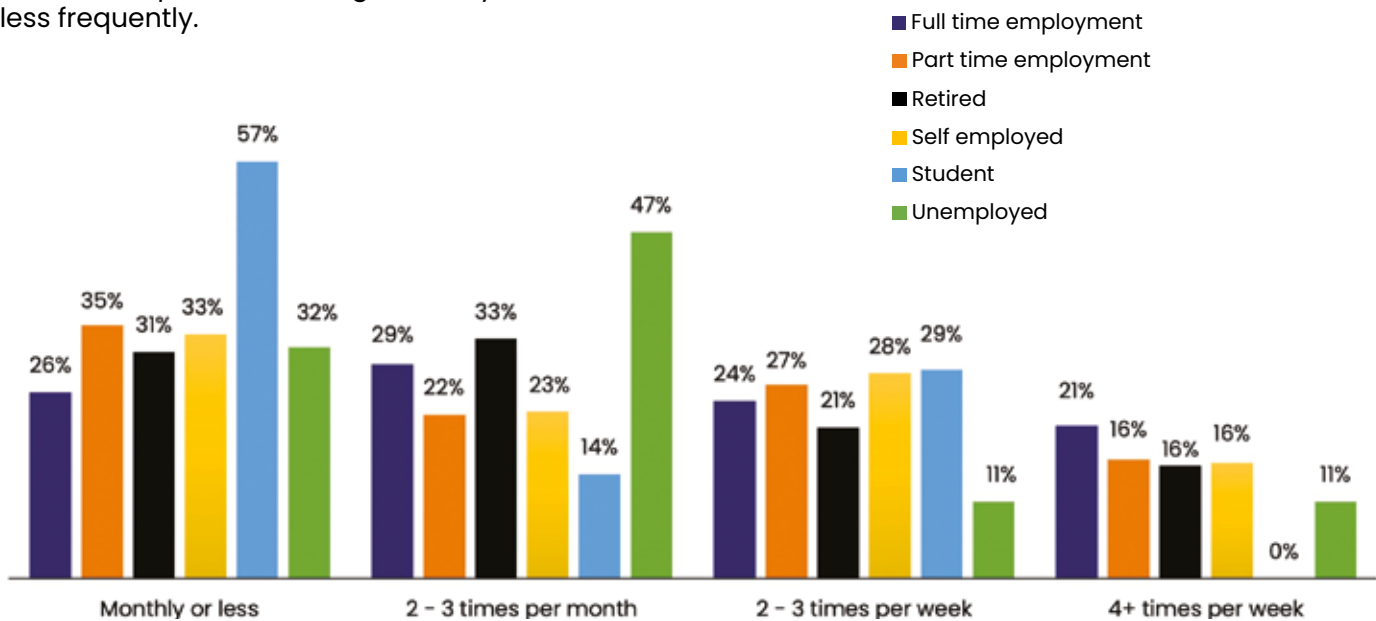


5 RESPONDENTS WHO CONSUME ALCOHOL

Understanding the employment status of the respondents is important, to see if there is a correlation between alcohol consumption and employment status. Figure 5.3 shows that 21% of those in full time employment drink 4+ times per week, followed by part time employees at 16%, whereas no students reported drinking at this high frequency. Nearly half (47%) of unemployed respondents drink 2-3 times per month. 57% of unemployed respondents drink 2-3 times per month. 57% of unemployed respondents drink 2-3 times per month. 57% of unemployed respondents drink 2-3 times per month.

21% of those in full time employment drink 4+ times per week

Figure 5.3
Frequency of drinking alcohol by employment status



The NHS recommend no more than 14 units of alcohol a week, spread across 3 days or more. The tables and charts below show the unit consumption of respondents who drink by gender and age group. Figure 5.4 shows that 12% of women and 18% of men drink 10 or more units of alcohol per day, and a further 9% of women and 12% of men drink 7 – 9 units per day.

12% of women and 18% of men drink 10 or more units of alcohol per day.

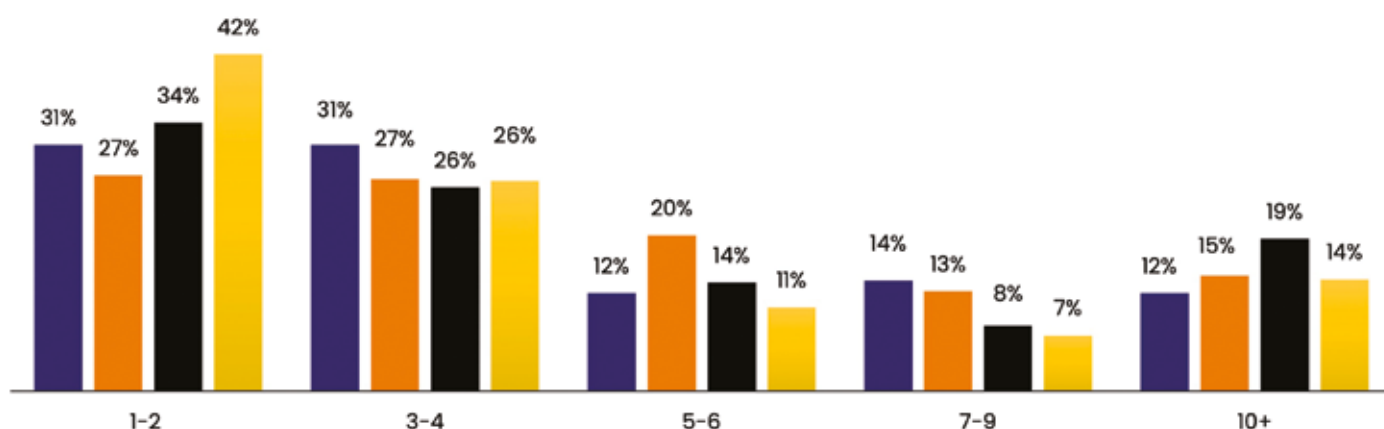
Figure 5.4
Number of units of alcohol consumed per day, by gender

	1 - 2	3 - 4	5 - 6	7 - 9	10+
Female	35%	27%	18%	9%	12%
Male	29%	27%	13%	12%	18%

19% of respondents aged 50-64 consume 10 or more units of alcohol per day, the highest of all age groups.

Figure 5.5
Number of units of alcohol consumed per day, by age group

■ 20-34 ■ 50-64
■ 35-49 ■ 65 and above

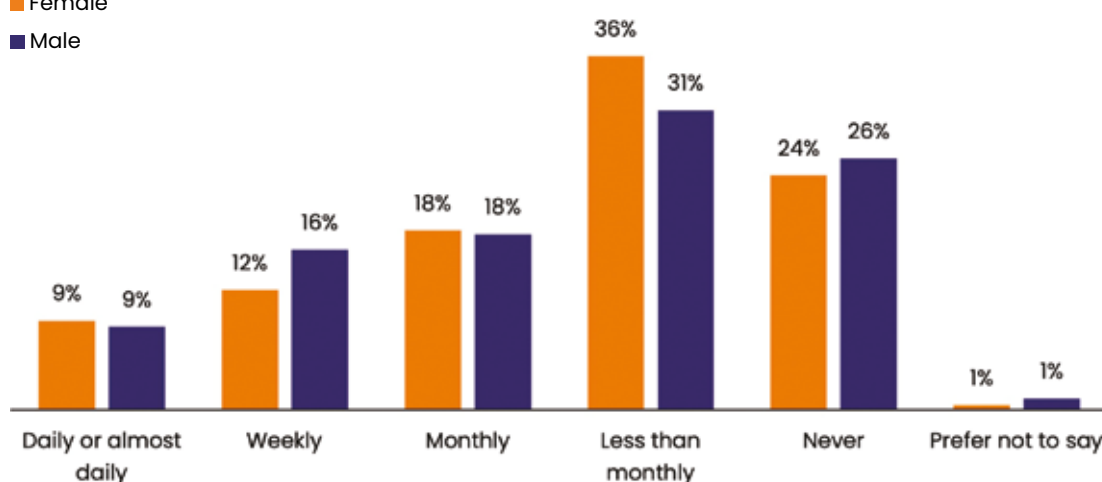


The data by age groups highlights that 19% of respondents aged 50-64 consume 10 or more units of alcohol per day, the highest of all age groups (Figure 5.5). On the other hand, among those aged 65 or more who drink, 42% said that they only drink 1-2 units per day. Just under one third of 20-34-year-olds consume 1-2 units per day and another third consume 3-4 units per day. Excluding the 1-2 units bracket which makes up 32% of respondents, all other brackets exceed the daily recommended alcohol limit stipulated by the NHS (68% of all respondents who said that they currently drink).

12% of women and 16% of men said that they exceeded the limit weekly.

Figure 5.6
Frequency of drinking high amounts of alcohol (6 units for females, 8 units for males), by gender

■ Female
■ Male

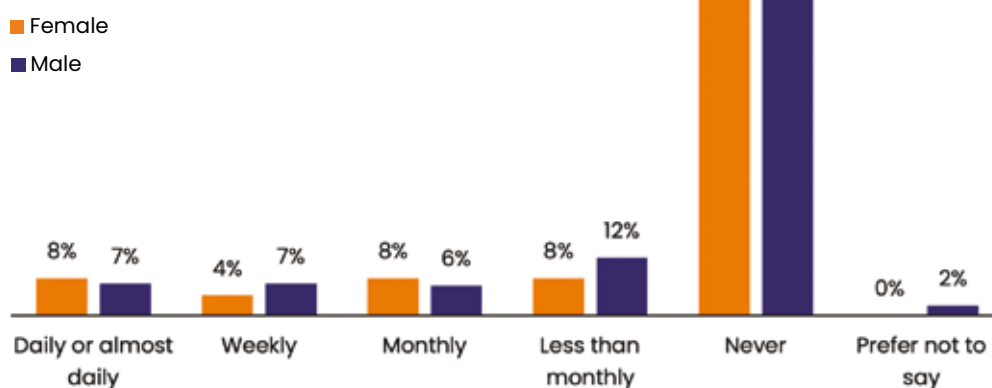


We asked respondents explicitly, how frequently they consume alcohol, where they exceed 6 units for females and 8 units for males. Figure 5.6 shows this consumption split by gender. 9% of both men and women said that they exceeded the limit daily or almost daily, and another 12% of women and 16% of men said that they exceeded the limit weekly. 25% of respondents answered 'never' to consuming more than 6 units (females) and 8 units (males).

6 Problematic consumption

To understand if respondents felt in control of their alcohol consumption, respondents were asked if they felt they were able to stop drinking, once they had started, within the last year. 12% of females and 13% of males said they could not stop drinking either daily or weekly. In contrast 73% of females and 67% of males said that they have never been in such a position (Figure 6.1).

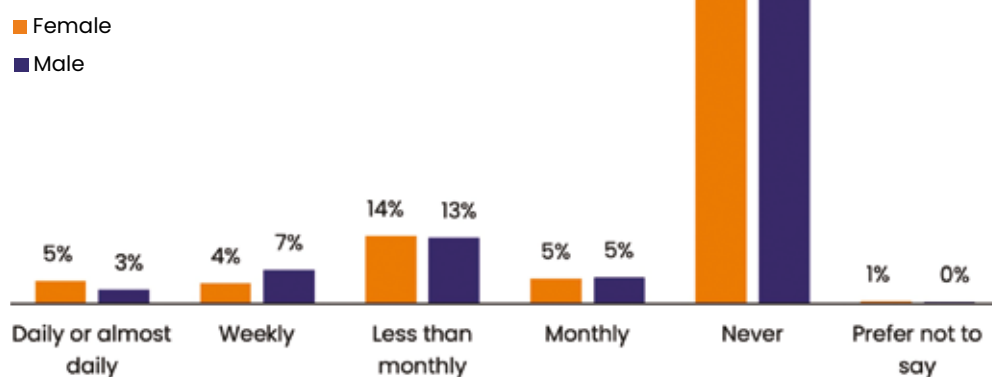
Figure 6.1
How often unable to stop drinking, once started, in the last year, by gender



When respondents consume alcohol and exceed a sensible limit, they may not feel this is an issue. We asked respondents how often they were unable to complete what was expected of them in the last year due to alcohol consumption. 28% of

males and 27% of females said that they did struggle to finish tasks due to alcohol, with 4% saying that this happened on a daily or almost daily basis, and another 6% saying that this was a weekly occurrence (Figure 6.2).

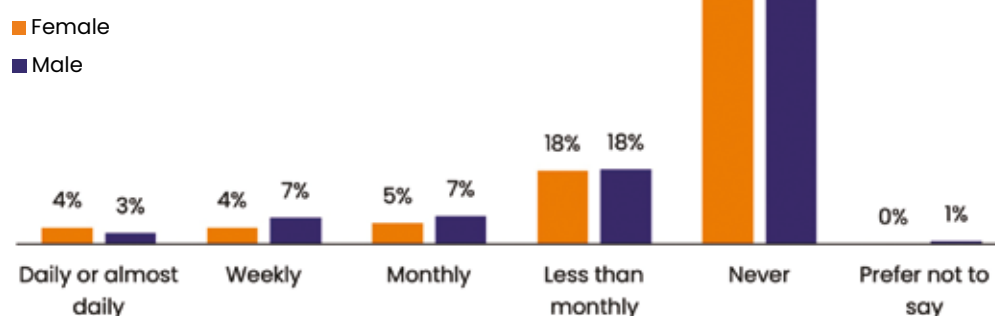
Figure 6.2
How often not able to complete tasks expected of them, by gender





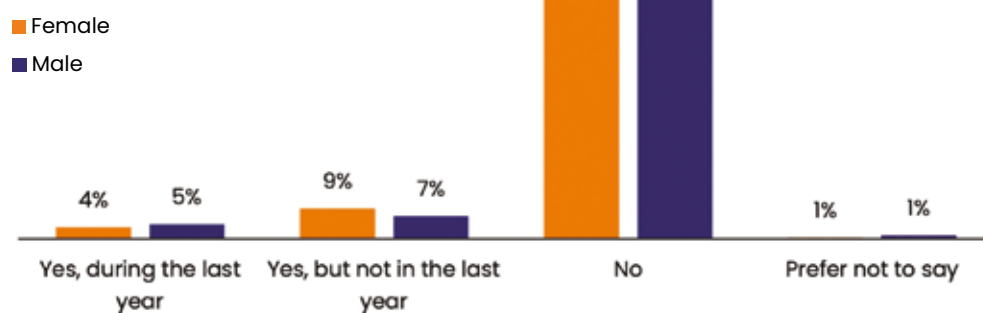
When respondents who drink alcohol were asked how often they were unable to remember the previous night after consuming alcohol, 31% of females and 34% of males admitted to not being able to remember certain points during the previous year, with 8% of females and 9% of males saying that this was a daily or weekly occurrence (Figure 6.3).

Figure 6.3
How often unable to remember the previous night, by gender



We asked respondents if someone had ever been injured resulting from their drinking. 4% said that this had happened in the last year, and a further 8% said that it had happened, but not in the last year (Figure 6.4).

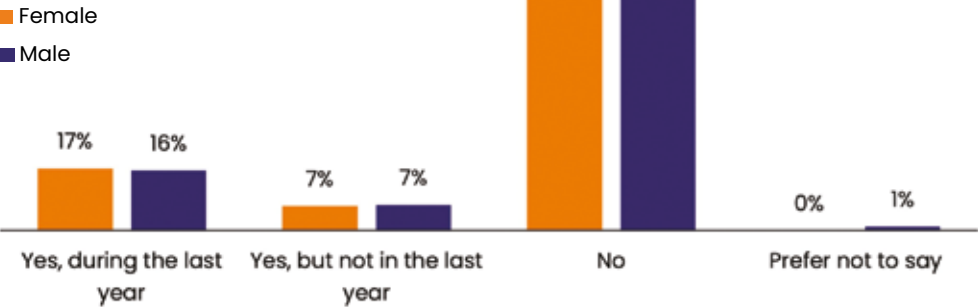
Figure 6.4
Have you been injured in the last year as a result of drinking? By gender



6 PROBLEMATIC CONSUMPTION

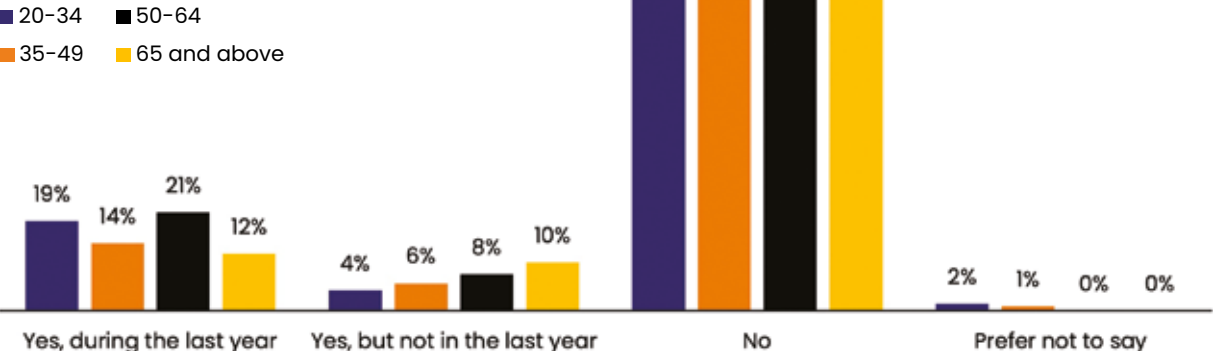
Quite often, people are unaware that their alcohol consumption may be impacting them. Therefore we asked respondents if a relative, friend, doctor or health worker has been concerned and suggested the respondent cuts down on their drinking. 23% of both males and females answered ‘yes’ (whether this was during the last year or sometime before the last year) (Figure 6.5).

Figure 6.5
Has anyone else suggested that you should reduce your drinking? By gender



29% of those aged 50 – 64 said that they had been advised to reduce their drinking in the past year or earlier, whereas only 20% of those aged 35 – 49 said that this had been the case (Figure 6.6).

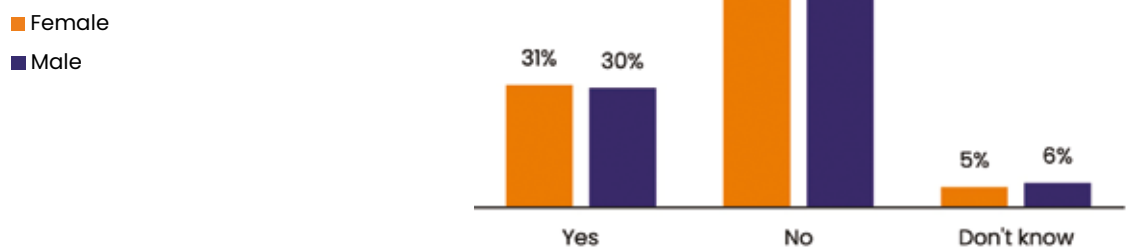
Figure 6.6
Has anyone else suggested that you should reduce your drinking? By age group



7 Patterns of consumption during Covid

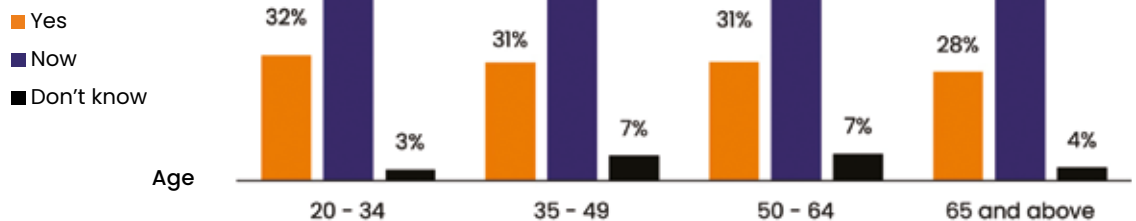
We wanted to explore whether Covid has had an impact on alcohol consumption, and asked respondents if their alcohol intake had increased since the national lockdown in March 2020. Both males and females answered similarly, 30% of males and 31% of females reporting that their intake had increased (Figure 7.1).

Figure 7.1
Has your alcohol intake increased since the lockdown in March 2020? By gender



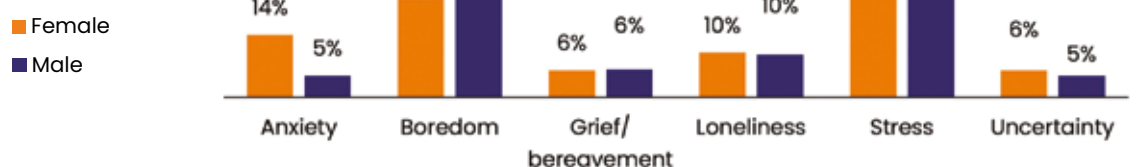
By age, 32% of those aged 20 – 34 said that their alcohol consumption had increased during the pandemic. This reduced by age, with 28% of those aged 65 and above reporting that their alcohol intake had increased (Figure 7.2).

Figure 7.2.
Has your alcohol intake increased since the lockdown in March 2020? By age group



Respondents who said that their alcohol consumption had increased during the pandemic were asked what they felt the reason was for the increase. Females attributed 14% to 'anxiety' and 22% to 'boredom'. In contrast, males said 5% was due to 'anxiety' and 24% to 'boredom'. 10% of both males and females stated 'loneliness' attributed to an increase in their alcohol consumption, whilst 34% of females and 38% of men stated that it was as a result of stress (Figure 7.3).

Figure 7.3
What do you believe are the reasons for your increase in alcohol intake? By gender

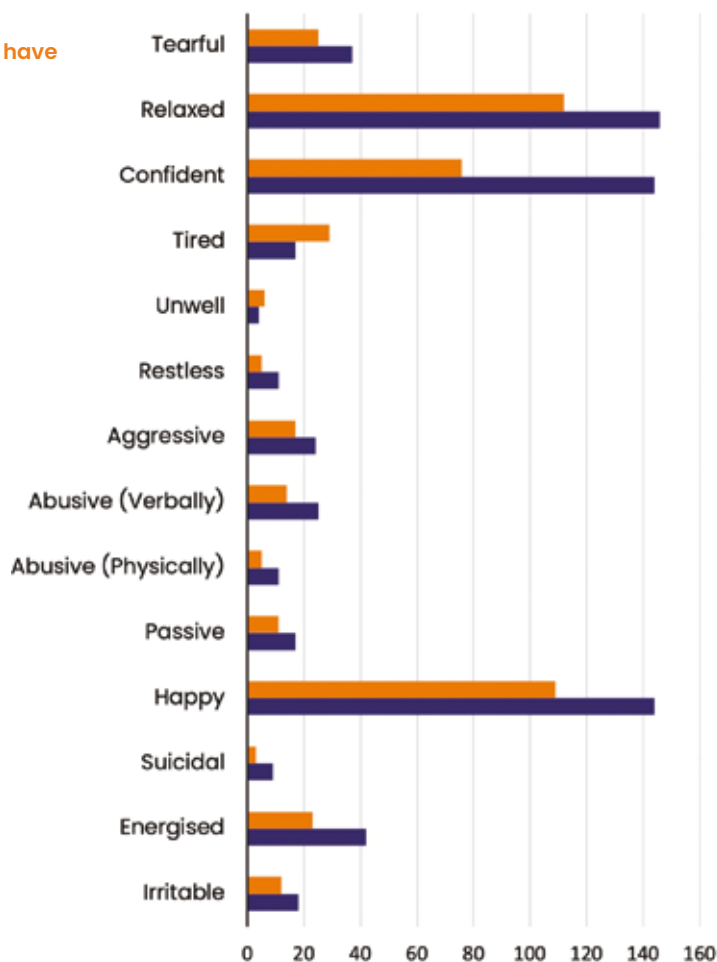


8 Mental health and behaviour under the influence of alcohol

Figure 8.1 below displays the emotions respondents felt after or during consuming alcohol. Respondents could select more than 1 option. Feeling relaxed, happy and confident were the most popular choices. 12 respondents selected feeling suicidal and 89 respondents selected feeling 'aggressive' and 'abusive' (either verbally or physically).

Figure 8.1
How do you feel or behave when you have been under the influence of alcohol?
By gender

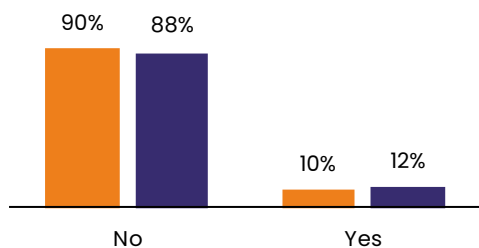
Female
Male



Exploring further the subject around aggression and violence, we asked respondents if they had been subjected to abuse or violence when under the influence of alcohol. 10% of females and 12% of men answered 'yes' (Figure 8.2).

Figure 8.2
When you have been under the influence of alcohol, have you been subjected to any violence or abuse? By gender

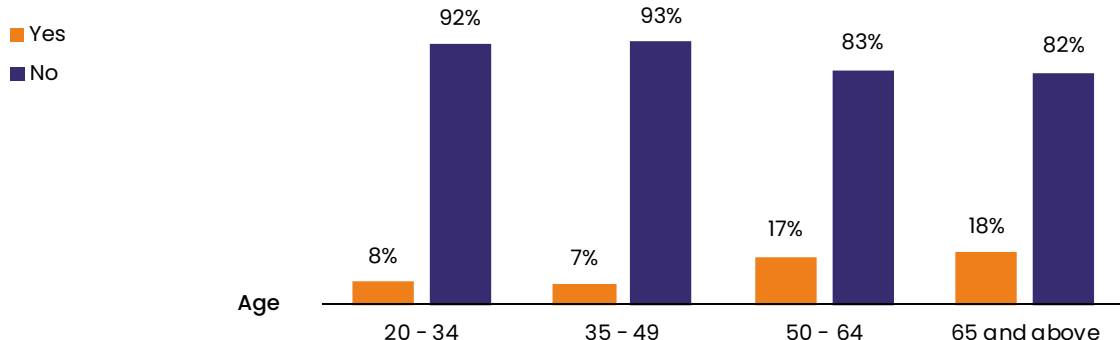
Female
Male



8 MENTAL HEALTH AND BEHAVIOUR UNDER THE INFLUENCE OF ALCOHOL

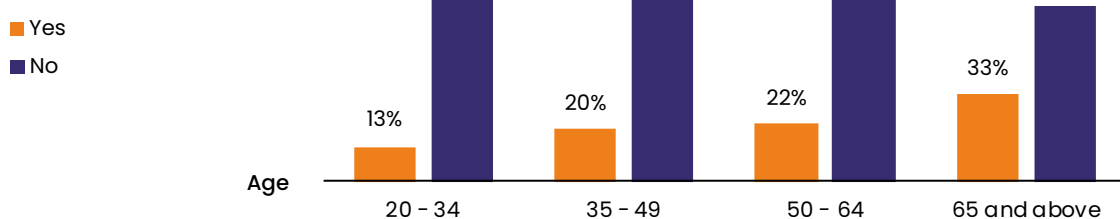
Older groups of drinkers seem to be more likely to be subjected to violence or abuse when drunk, with 18% of those aged 65 and above saying this happened to them, compared with less than 8% for those aged below 50 (Figure 8.3).

Figure 8.3
When you have been under the influence of alcohol, have you been subjected to any violence or abuse? By age group



21% of both male and female respondents who drink alcohol have reported having suicide ideation. Thoughts of suicide were particularly prevalent amongst those aged 65 and above (33%), compared with 22% for those aged 50 - 64, 20% for those aged 35-49 and 13% for those aged 20 - 34 years (Figure 8.4).

Figure 8.4
Have you had thoughts of suicide? By age group



Research shows that there is a strong association between regular heavy drinking and suicidal thoughts, suicide attempts, and death from suicide. The risk of suicide is eight times more when someone is abusing/misusing alcohol. Alcohol lowers a person’s inhibitions, and they often act on suicidal thoughts.

8% of respondents aged 50 or above who drink alcohol reported attempting suicide, compared with 4% – 5% for younger age groups (Figure 8.5). Male respondents were at higher risk (8%) compared with females (4%) (Figure 8.6).

Figure 8.5
Have you made any suicide attempts?
By age group

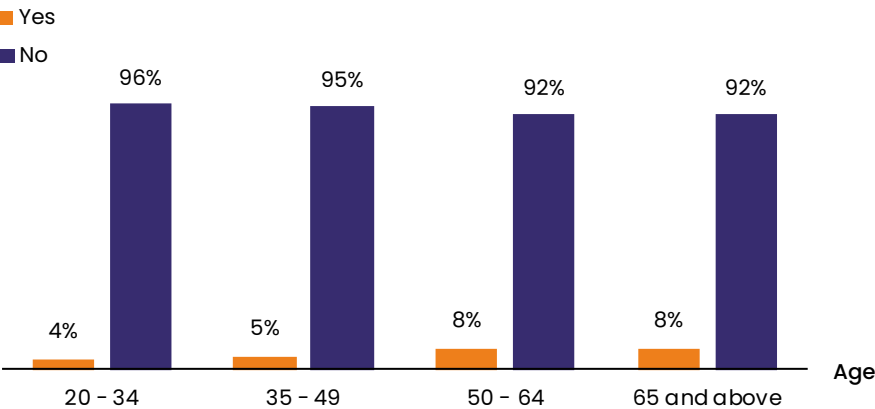
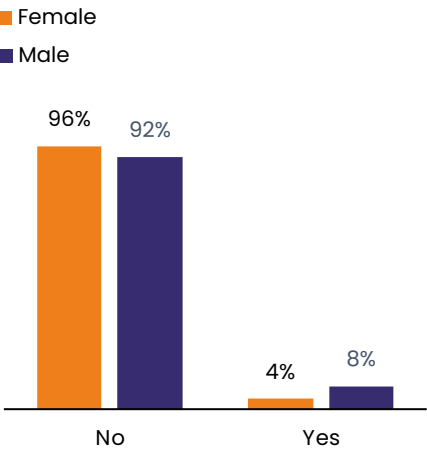


Figure 8.6
Have you made any suicide attempts?
By gender

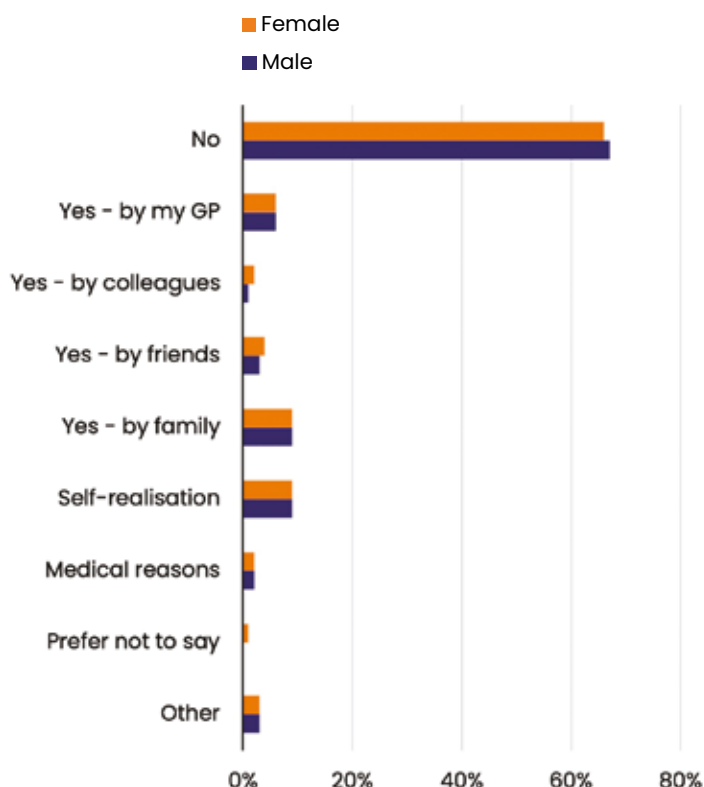


8% of respondents aged 50 or above who drink alcohol reported attempting suicide.



9 Recovery

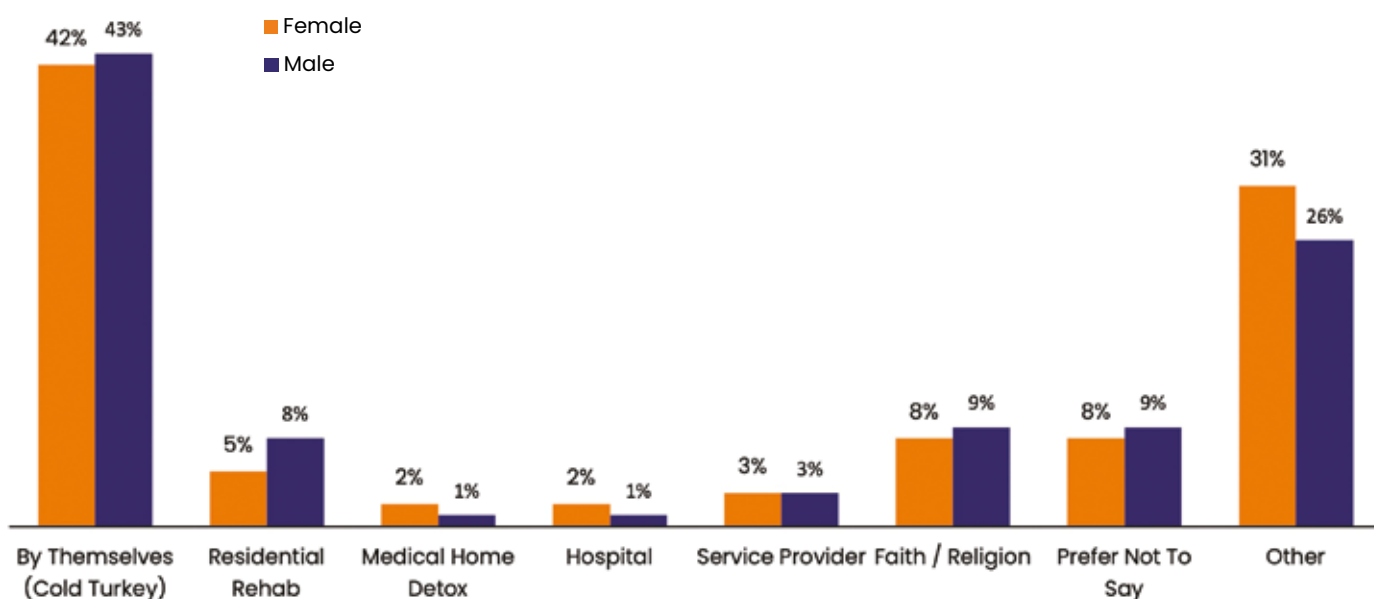
Figure 9.1
Were you made aware that you required help in stopping your alcohol consumption?
By gender



Respondents who admitted to their alcohol consumption being problematic were asked questions regarding what help if any was available to them to help address their level of consumption. We asked respondents if they were made aware that they should seek help in order to stop their consumption of alcohol. Interestingly, 67% of respondents answered 'no' to this question. The remaining 33% gave various responses with 'family' and 'self-realisation' being the next highest at 9% each, followed by the 'GP' at 6%. There was not much variation between gender, with both sexes reporting similar levels for each response (Figure 9.1).

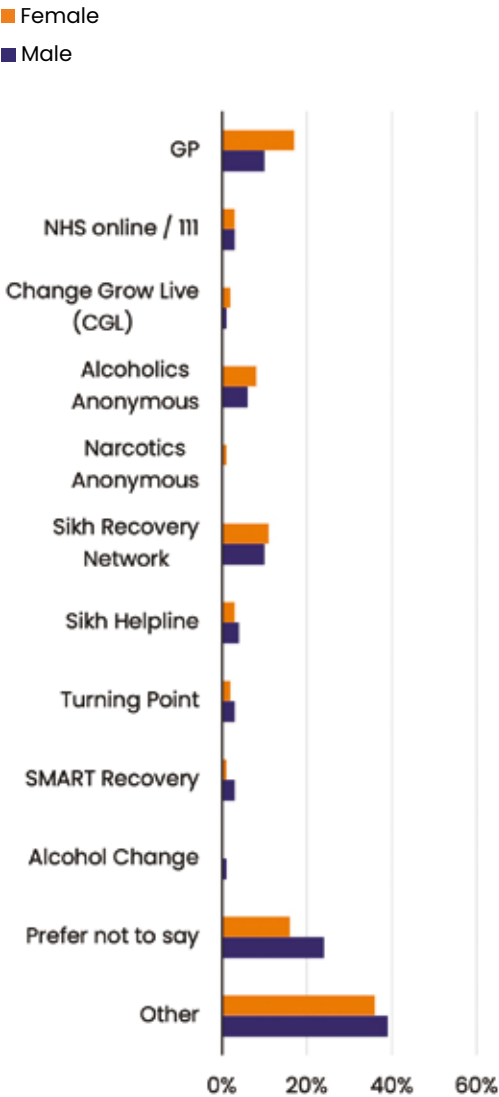
43% of respondents said they stopped drinking 'by themselves', also referred to as 'Cold Turkey'. Figure 9.2 shows the similarities in responses from males and females as well as highlighting what other methods were adopted to stop alcohol consumption.

Figure 9.2
How did you stop drinking alcohol? By gender



Respondents who were made aware of services that could support them with their alcohol consumption were asked where they heard about them. 17% of females and 10% of males said that they had received advice from their GP (13% in total) (Figure 9.3). This was followed by 10% of respondents who said they were signposted to seek help from the Sikh Recovery Network. Other sources of advice included Alcoholics Anonymous, Sikh Helpline, NHS Online/111, Change Grow Live (CGL), Turning Point, SMART Recovery and Narcotics Anonymous. 20% of respondents preferred not to say where they received advice from, and another 37% said “Other”.

Figure 9.3
If you used services, where did you hear of them? By gender



To understand respondents’ recovery journey, we asked if they had relapsed whilst being in recovery. Overall, 19% said they had relapsed (23% of females and 16% of men).

Respondents were asked if they felt that the right level of support was available to them in recovery. 33% said ‘no’ and 25% said they preferred not to say. Only 14% admitted to using some kind of recovery model to assist their recovery (17% of females and 11% of males). The recovery models that were used are shown in Figure 9.4.

Figure 9.4
If you used Recovery Models, which have you used? By gender

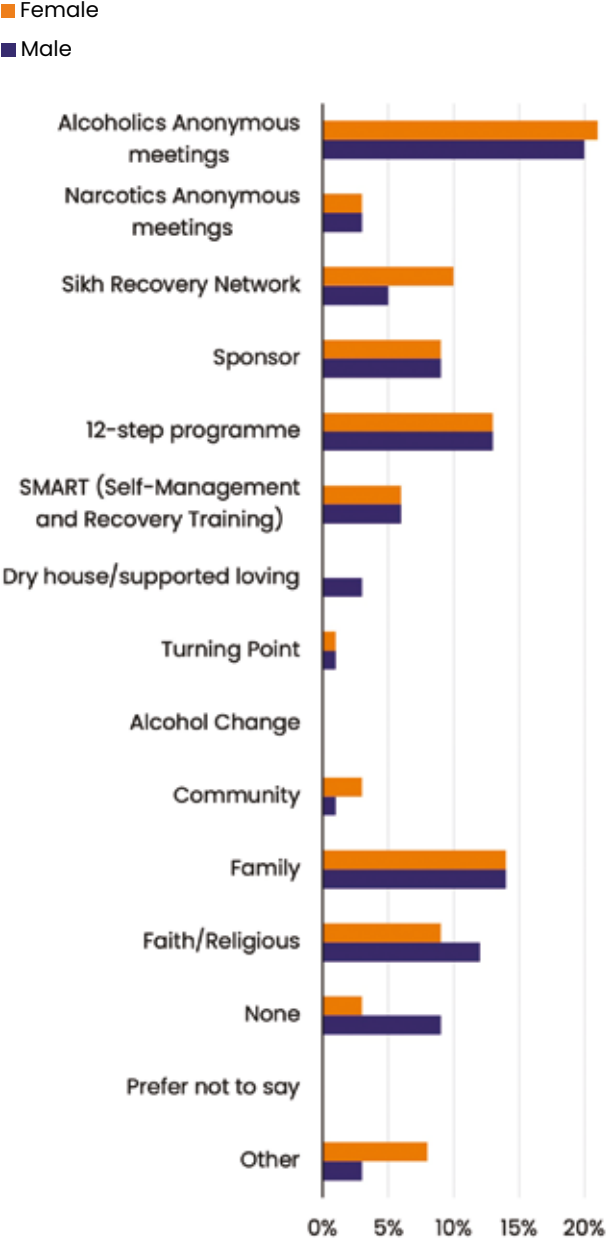
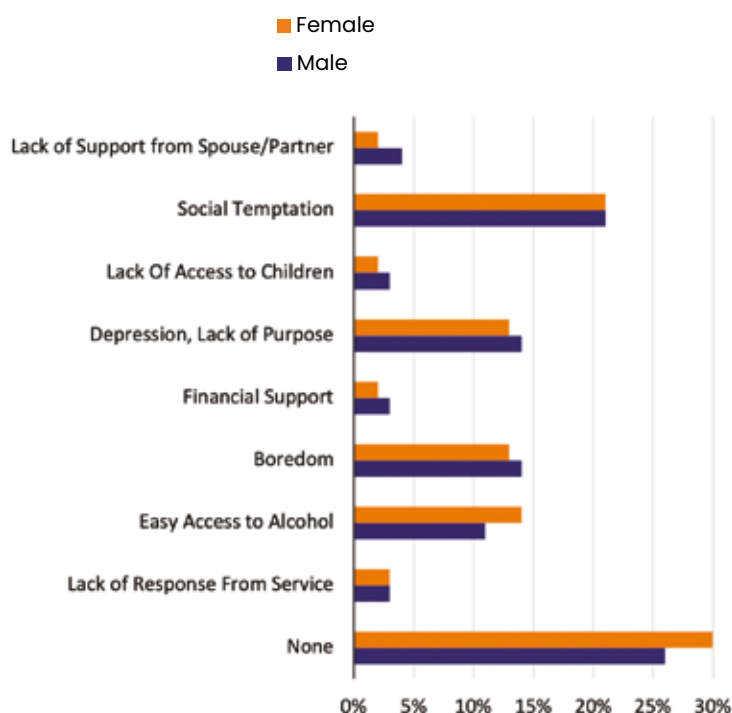


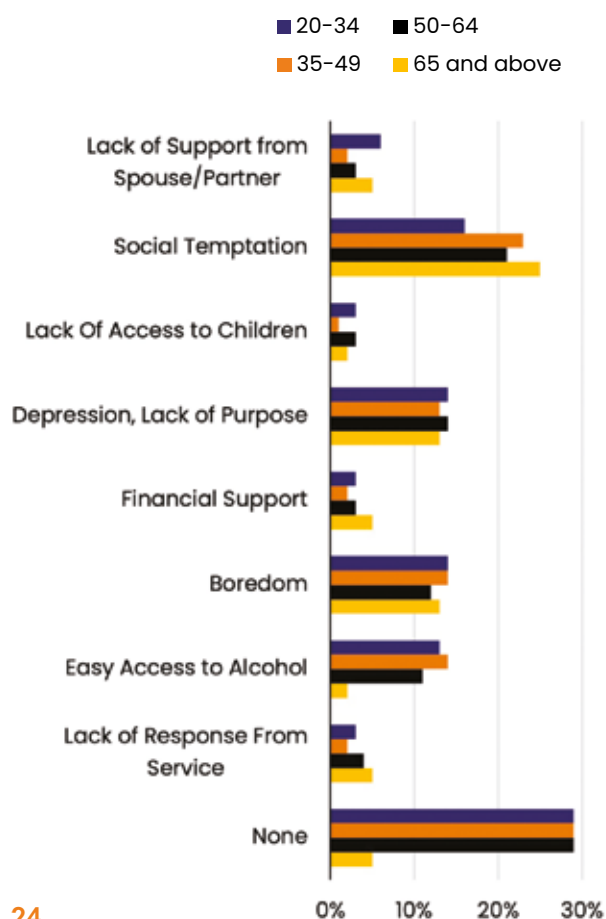
Figure 9.5
What challenges do you face in staying clean?
By gender



The kinds of challenges that respondents face whilst trying to stay sober are shown in Figure 9.5. 21% said that social temptation is the greatest challenge, followed by depression/lack of purpose (14%), boredom (14%) and easy access to alcohol (12%). 28% of respondents chose 'none'. The response percentages did not vary much by gender.

Figure 9.6 shows the responses by age groups. Responses are generally consistent across the age groups, with the exception of social temptation which increases with age, from 16% for those aged 20 – 34, to 25% for those aged 65 and above.

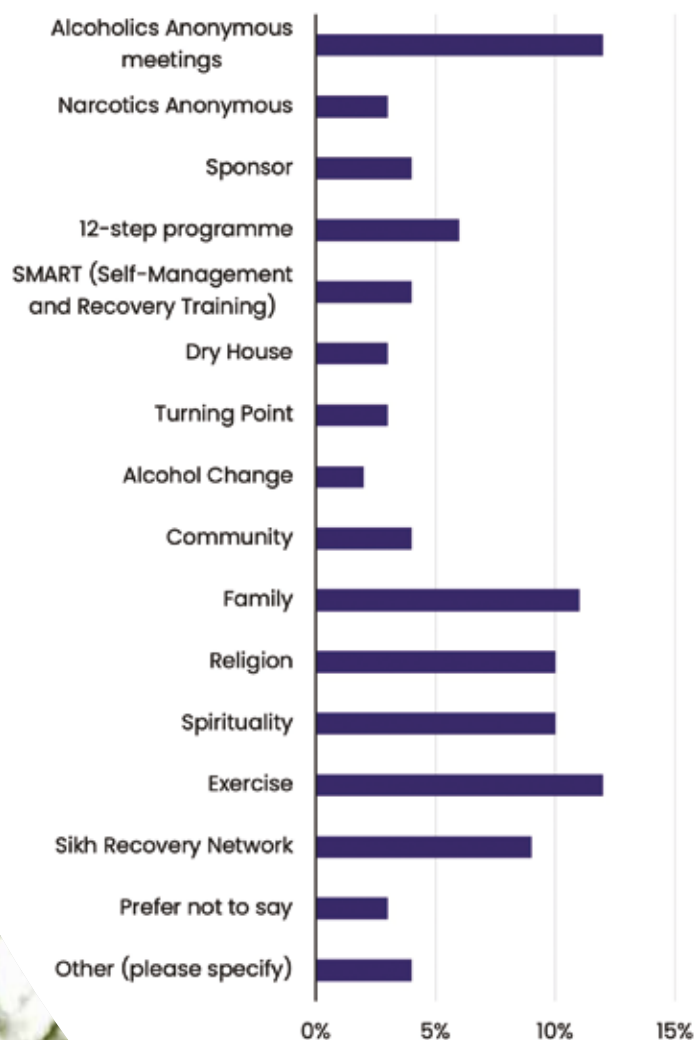
Figure 9.6
What challenges do you face in staying clean?
By age group



With regards to supporting recovery, we asked respondents what they have found beneficial. The top 4 specified responses were family (13%), exercise (12%), religion (11%) and spirituality (10%). Alcoholics Anonymous meetings were also thought to have been beneficial, slightly more so by females (9%) than males (7%).

Respondents were asked which services they would recommend to an individual who is seeking help to tackle their alcohol consumption. Figure 9.7 shows the responses.

Figure 9.7
What services would you recommend to an individual who is looking for help to tackle their alcohol consumption?



10 Impacts on family and friends

54% of respondents said that there was a history of drinking in the family.

Figure 10.1
Impact on immediate family, by gender

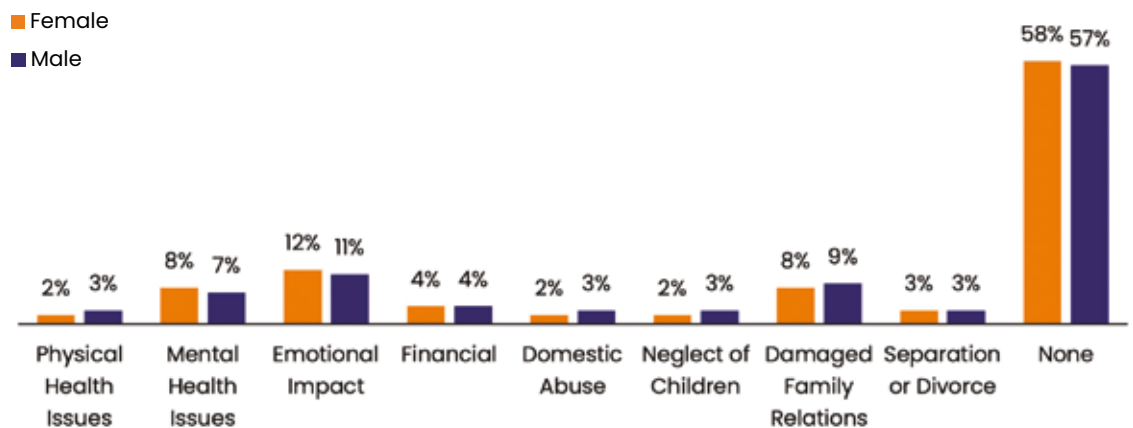
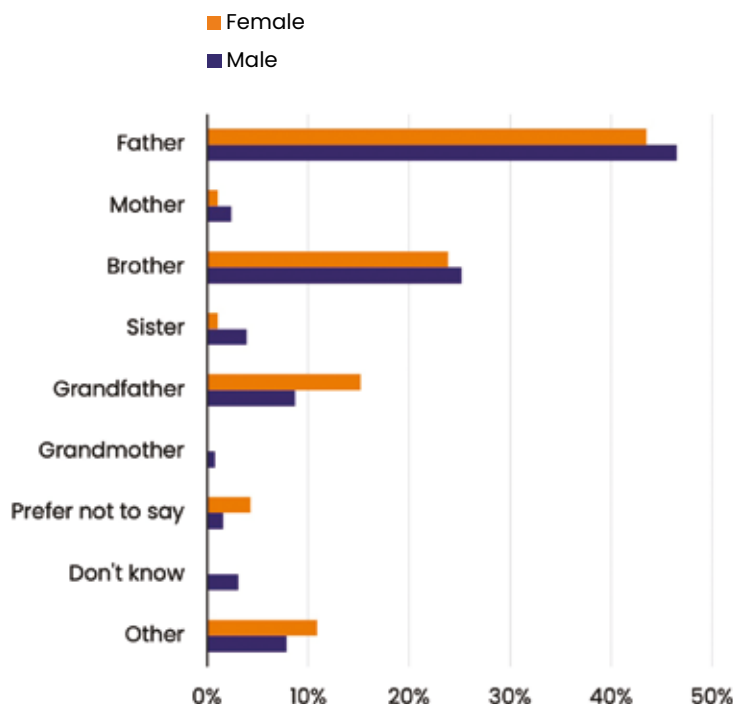


Figure 10.2
Who had a history of heavy drinking in the family? By gender



When individuals' drinking habits become problematic, not only does it impact the individual themselves, quite often it also has a huge impact on their family and friends. Figure 10.1 shows the different types of impacts experienced by family and friends resulting from problematic drinking. Both males and females answered very similarly, with 'emotional impact' and 'damaged family relations' being the 2 most common impacts, followed by 'mental health issues'.

Following on from how family and friends may be impacted, we asked respondents who drink alcohol, whether they had obtained help to tackle their alcohol consumption. Only 6% said 'yes', while 56% said that they do not have a problem with their alcohol consumption. We also asked respondents if they had ever undergone a medical detox. 4% of respondents said that they had.

It was important to understand whether respondents had experienced a history of heavy drinking within their family. 54% of respondents said that there was a history of drinking in the family.

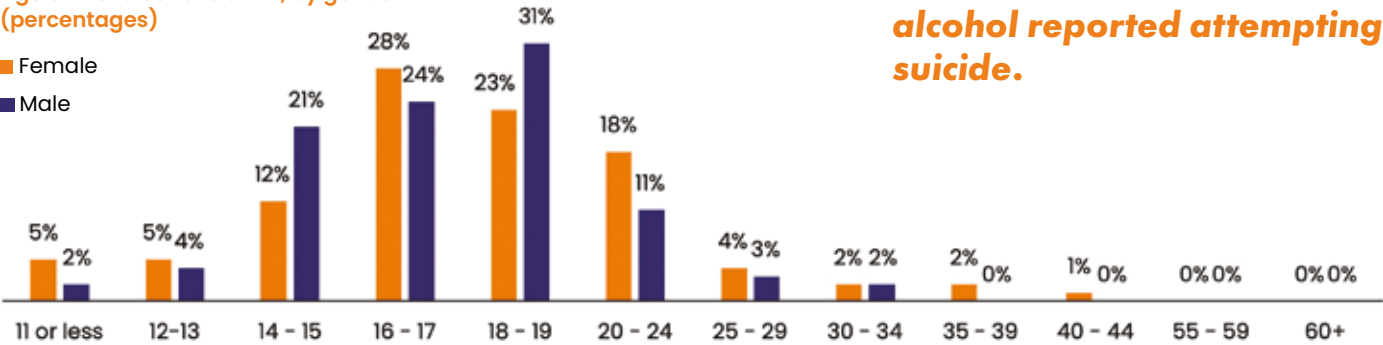
Figure 10.2 shows that heavy drinkers in the family were largely male relatives consisting of father (45%), brothers (25%) and grandfathers (11%). Only 5% reported females in the family drinking historically.

10 IMPACTS ON FAMILY AND FRIENDS

Respondents who drink alcohol were asked how old they were when they had their first alcoholic drink. Figure 10.3 shows the responses received. 3% had their first drink when they were younger

than 11 years old, and 25% had their first drink by the time they were aged 15 (22% of females and 27% of males). Another 26% had their first drink while they were 16 or 17.

Figure 10.3
Age of first alcoholic drink, by gender
(percentages)



8% of respondents aged 50 or above who drink alcohol reported attempting suicide.

Respondents were asked if they have any family members or friends who they believed to have a problem with alcohol consumption, and 54% said 'yes'. To understand the relationship between the respondent and the 'problematic drinker', we asked the respondent to clarify their relationship status with the

drinker. Over two thirds (69%) confirmed that it was a family member, 20% said it was a friend and the remaining 11% chose not to declare the relationship. Those who selected 'family member' were asked to confirm the relationship, and Figure 10.4 shows how the respondent is related to the 'problematic drinker'.

Figure 10.4
Relationship of respondent to "problematic drinker"

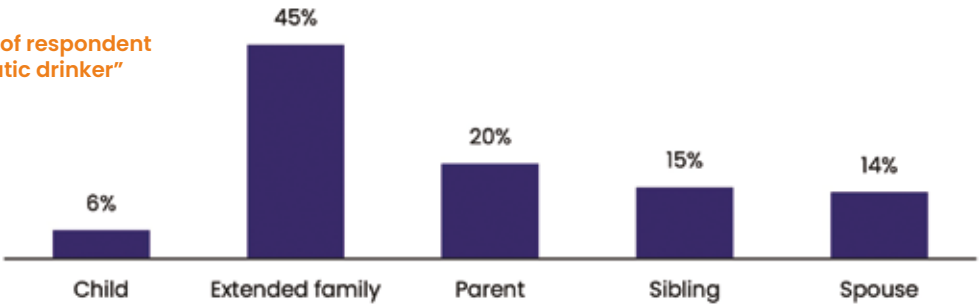
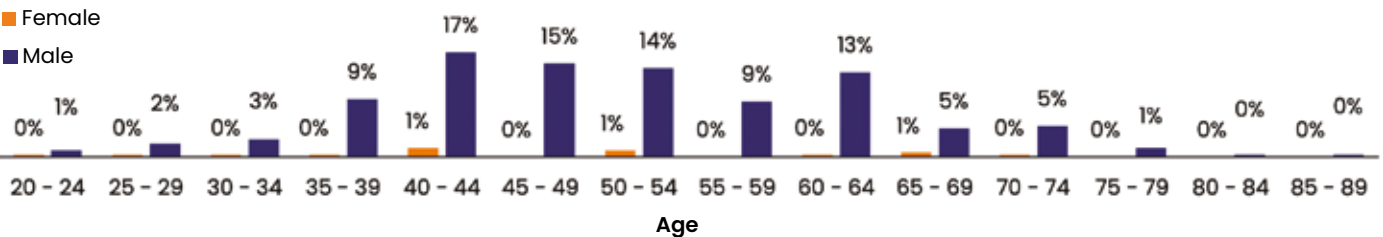


Figure 10.5 shows the gender split that the respondents are referring to of the family members having a problem with alcohol consumption. This shows that

95% of the "problematic drinkers" in families are reported to be males, and nearly 80% are in the age range between 35 and 64 years.

Figure 10.5
Age and Gender breakdown of "problematic drinker" in family

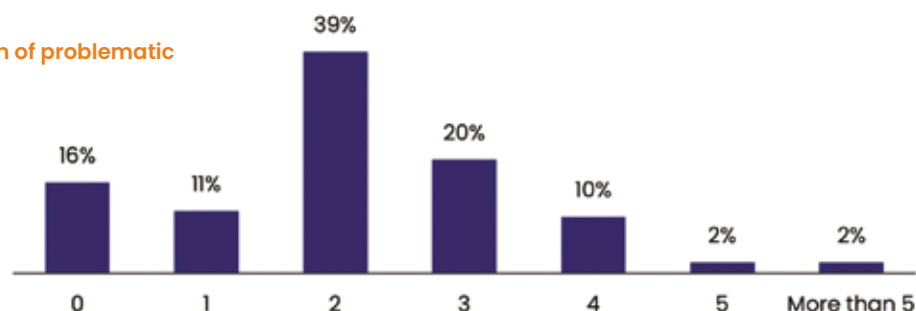


10 IMPACTS ON FAMILY AND FRIENDS

Respondents were asked about the problematic drinker's legal/marital relationship and how many (if any) children the relative with problematic alcohol consumption has in order to understand the extent of the impact and how much further this may extend to other family members. The top three

relationship statuses were as follows: married (65%), divorced (13%) and single (13%). Figure 10.6 shows the percentages of numbers of children of the problematic drinkers. 55% of respondents said that the children of the problematic drinker live with the person.

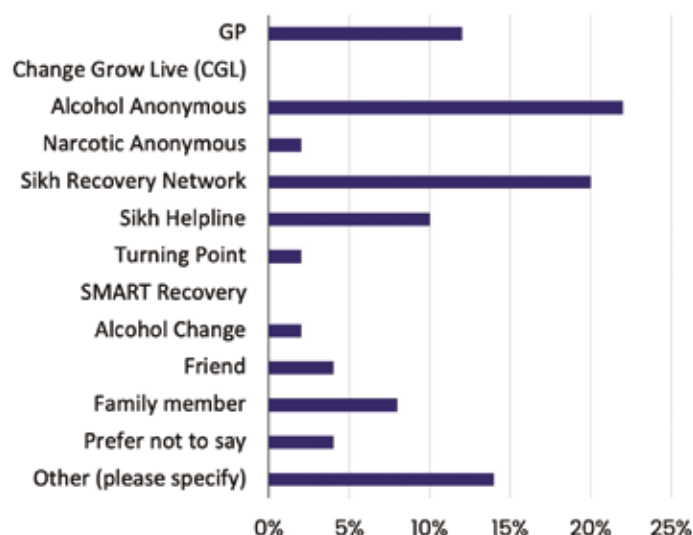
Figure 10.6
Number of children of problematic drinkers



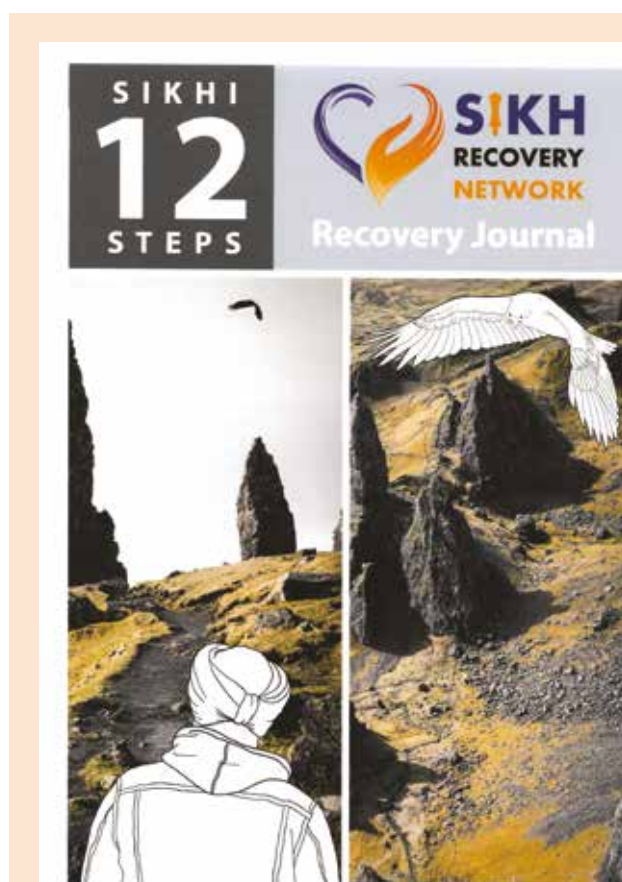
Respondents were asked if they were aware of any engagement of a recovery programme that the 'problematic drinker' may be seeking help from. 74% answered 'no', 13% answered 'yes' and

13% were either unsure or did not want to say. Of those who answered 'yes', Figure 10.7 shows the resources that are being engaged with.

Figure 10.7
If yes, which recovery programme is the person engaged in?

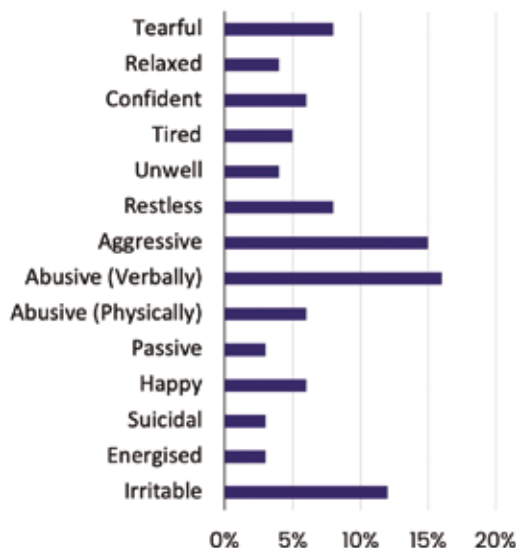


For those who were not engaged in a recovery programme, respondents were asked why they thought this may be the case. The top three reasons that were given were that the drinker was in denial (36%), they didn't want to stop drinking (36%) or they preferred controlled drinking (10%). The respondents also confirmed that 74% of the 'problematic drinkers' were still consuming alcohol.



10 IMPACTS ON FAMILY AND FRIENDS

Figure 10.8
Person's behaviour when they have been under the influence of alcohol

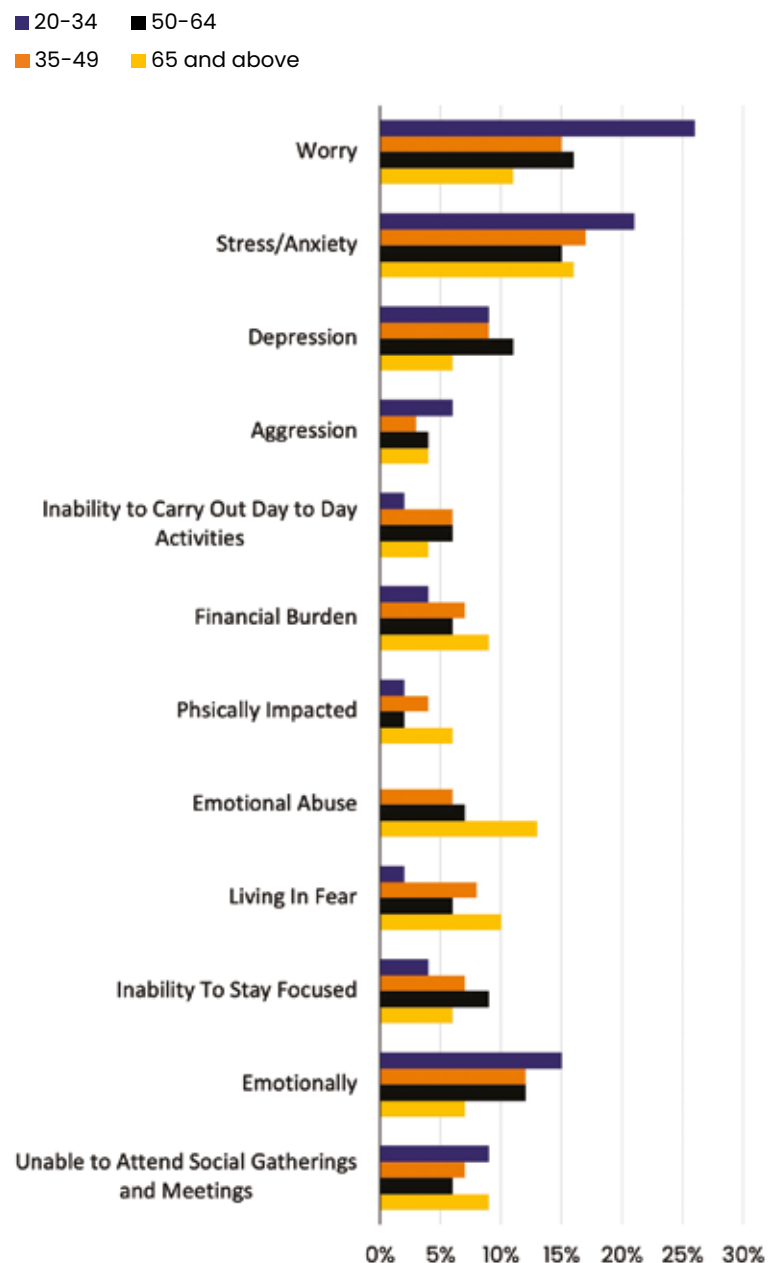


Alcohol consumption impacts not just the 'problematic drinker', but people around them. Respondents were asked if the drinker impacted them and their mental health. Nearly half of the respondents (49%) confirmed that they are impacted by the 'drinkers' behaviour.

Of those who confirmed they were impacted, Figure 10.9 shows how the drinker's behaviour impacts the respondent and the age range of the respondent. Respondents were able to select as many behaviours as they felt appropriate. Younger age groups report higher impacts in terms of worry, stress and anxiety, depression and emotional impacts. Older age groups report higher levels of emotional abuse and living in fear, compared with younger respondents.

Respondents were asked about their perception of the problematic drinker's behaviour when they have been under the influence of alcohol. The respondent was able to select as many behaviours as they felt appropriate. The most common behaviours were verbally abusive (16%), aggressive (15%) and irritable (12%). All these behaviours can be classified as negative, and the percentages of happier behaviours and emotions are far smaller (Figure 10.8).

Figure 10.9
Impact of behaviour of drinker on respondents, by age



11 Respondents' suggestions for support services that are required

Respondents were asked if they were aware of the support services available to them as a family member/friend of someone who is in active alcoholism. 61% answered 'yes', whilst 36% said they were unaware. They were also asked what support they felt was required for families and friends, which currently may not be available. Some of the responses are summarised here.

"Appropriate support services are available, the challenge is to persuade the individual to recognise their problem and to engage with these services."

"As a clinical psychologist I think holistic community-based support is required that taps into the cultural nuances of a Sikh person's understanding and experience. The intervention needs to acknowledge and incorporate if possible traditional healing resources."

"Cultural awareness and awareness of causes of alcohol abuse in Sikh/Punjabi families. Need to work with the community to tackle this problem."

"Awareness that this drinking culture has a much wider impact than just the individual. Professional support that reaches our community, where this issue is not faced up to. Being able to share what is happening without shame. Sikh community is very judgemental and lack knowledge alcoholism is a disease. Wives have nowhere to turn, keep it within the 4 walls. Don't want people to know about verbal abuse and physical that happens. GPs need to provide signposting to services they may be able to support."

"Education needed on the negative, lifelong impact this can have on family members especially children. Extended family would rather negate the effects on wife and children saying everyone drinks. They actively provide opportunities for the person to drink because it makes them look good and hospitable and ignoring impact on family or that person's health. Egg him on because it provides entertainment to them."

"Acknowledge this is alcoholism."

"I feel that all services focus on the alcoholic. People in the Sikh community are afraid to ask for help because of the stigma, the effect on their reputation and mothers fear their children being taken away. There is no decent support system for Sikh families in respect of counselling with someone who has an understanding of cultural issues and why alcoholism is rife amongst immigrants. As an adult I was able to seek psychological support, however for years it was not accessible to me."

"More information and services like Sikh Recovery. Unfortunately, the current support services for families do not cater for the cultural aspects of alcohol abuse within the Sikh community, where it is expected that you just put up with this behaviour due to the family reputation, and because it is so prevalent and has been normalised within the culture. No one ever discusses the harm that is caused to families and the individual who has the problem. There needs to be more discussion about the dangers of alcohol which Sikh Recovery Network and a handful of alcohol practitioners have highlighted within the community but there has to be more targeted services offered to the Sikh community (and other Asian communities) within GP practices and other mainstream organisations, which are easily accessible by those with an alcohol dependency and their families."

"A viable alternative to the 12-step program. I feel that people who aren't willing to subscribe to the 12-step model are slightly left out in the cold."

"As a clinical psychologist I think holistic community-based support is required that taps into the cultural nuances of a Sikh person's understanding and experience. The intervention needs to acknowledge and incorporate if possible traditional healing resources."

"He has been told it will kill him if drinks again. He has heart bypass surgery. That is the only thing that made him stop."

"Family support from somewhere or somebody."



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REPORT

Sikh Recovery Network was born out of a gap in existing services because people from the Panjabi Sikh Community were not accessing mainstream services. Sikh Recovery Network offers a culturally empathic and Sikhi based approach to Recovery with the Sikhi 12 Steps.



sikhrecoverynetwork.org



info@sikhrecoverynetwork.org



[@sikhrecoverynetwork](https://www.instagram.com/sikhrecoverynetwork)



[@RecoveryDerby](https://twitter.com/RecoveryDerby)



[The Sikh Recovery Network](https://www.facebook.com/TheSikhRecoveryNetwork)

The British Sikh Report seeks to identify the needs and wants of the Sikh population in the UK and aims to:

- Provide high quality and reliable statistics about the lives of Sikhs living in Britain.
- Inform discussion, debate and decision making.
- Support the monitoring of progress and change.



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