

# Supporting Punjabi People with Alcohol Problems

**Guidance on setting up a specialist project**



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## About this guidance

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This guidance draws on the good practice and lessons learned by the development and delivery of the Shanti Project. The Shanti project was an alcohol service initiative for a Punjabi Sikh community based in the West Midlands of England from 2016-2019.

Set up by alcohol, drugs and gambling charity, Aquarius, it was the first project of its kind in the UK and was underpinned by research exploring the perspectives of a range of people within the particular Punjabi Sikh community concerned (Galvani, et al. 2013). Based on an evaluative consultation conducted in 2019, this report provides guidance on best practice in how to work productively with local communities when providing services addressing alcohol use within South Asian communities in general and with the Punjabi Sikh community in particular.

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## About the Shanti service

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Shanti was a three-year project funded by the National Lottery Community Fund (formerly the Big Lottery Fund) from 2016-2019.

Its key outcomes were:

1. Increased recognition and understanding of alcohol problems and alcohol services within this Punjabi Sikh community.
2. An increase in alcohol service access by Punjabi Sikhs with an alcohol problem, improving their health and wellbeing.
3. Family members of people with an alcohol problem will access services, receive support in their own right, and improve their health and wellbeing.
4. Front-line alcohol professionals and community facilitators will have improved awareness and skills to support and/or refer people with an alcohol problem to specialist services; service take-up is increased.

The Shanti service offered a specialist service for people from the City-wide Punjabi-Sikh community. It delivered awareness raising campaigns through events, training, media and social media work, as well as individual and family interventions. It was delivered flexibly to allow for people to talk to staff outside of their community as well as the option of having a member of staff visit the person in their own home.

This guidance provides an overview of the socio-cultural context within which it was developed. It shares the good practice it learned from developing this innovative project, and provides links to some of the limited resources available.

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## **Alcohol use and the Punjabi community**

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In the UK, there is a perception that Punjabis are more likely to experience alcohol and drug related concerns than other South Asian communities and that this is a reflection of the Punjabi culture of alcohol use. This is true, but only to a certain extent. Sandhu (2015) argues that there is a dearth of literature on alcohol and drug misuse and that Punjab is not alone in experiencing this social problem; in fact, the State of Himachal Pradesh in the north of India has the highest consumption of alcohol and Punjab is in third place.

The Punjab has a long history of drinking. However, its history is gendered, where heavy drinking among men has become an acceptable practice of male bonding and an expression of masculinity (OliFFE et al., 2010). For women, however, it is frowned upon and brings disgrace and shame them and their families (Bradby, 2007).

In addition to alcohol, Punjab is beset by other drug use, including opium, synthetic drugs (e.g. crystal methamphetamine), and heroin. Problems with substances are not limited to any particular social group, however, it is most prevalent among men over 30 years of age (Majunder, 2017). The greater use is among illiterate people. Women, too, are affected and they are perceived to be the 'most difficult to treat'; their families ostracise them and they are subject to sexual abuse by counsellors, doctors and police alike, during help-seeking (Majunder, 2017).

In the UK, however, it is middle-aged men presenting to crisis services with liver problems, that have attracted attention, as well as concerns about the increase in younger women's drinking (Galvani et al., 2013).

India has been struggling to combat alcohol and drug use since the 1980s. In 1985, a Government scheme supported 373 non-governmental organisations to manage 401 Integrated Rehabilitation Centres (IRCA), and 68 counselling and awareness centres throughout India. Support is offered through group and

family counselling but the majority of patients who dropped out of treatment did so due to lack of family support (Gupta, et al., 2014).

In the UK specialist alcohol and other drug support for the Punjabi community is difficult to find. There are few projects for people from the Punjab, or of Punjabi descent, which is a challenge given that UK services are not developed with the needs of minority communities in mind.

There is also little data nationally on ethnicity and alcohol consumption. Ethnicity is not currently a “standard output” from alcohol and drug data collected in England (personal communication, Public Health England, July 2019) resulting in a lack of scientific evidence on which to base service provision or measure health inequalities. The Shanti project on which this guidance is based was built on the practice-based evidence experienced by the staff of Shanti’s parent charity, Aquarius.

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## **Sikhism and alcohol use**

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Diametrically opposed to the heavy drinking culture of Punjabi men, sits the dominant faith among Punjabis, Sikhism. Sikhism carries clear messages that to be a good Sikh the use of alcohol is forbidden. The Khalsa code of conduct also prohibits the use of tobacco and other drugs. The key Sikh scripture, the Guru Granth Sahib warns people off consuming alcohol:

One has a full bottle, and another fills the cup.

By drinking [liquor], intelligence departs and madness enters the mind.  
One cannot distinguish between oneself and others, and endures suffering.

By drinking, one forgets the Beloved, and is punished in the heavenly court.

If it is within your power, do not consume the false intoxicant.

Nanak: The one who meets the True Guru, attains the Eternal intoxicant.

(Guru Amar Das, GGS, 554)

Baptised or Amritdhari Sikhs are expected to abstain completely but the British Sikh Report 2019 shows this is not always the case (no author details, 2019). In its survey of 2500 Sikhs, the report's authors found 13% of Amritdhari Sikhs said they drank alcohol with some frequency. Among the whole sample, 20% reported that someone in the household drank to levels that were harmful to their health and 24% reported other people in the household were negatively affected by it. More often this was reported by women than men. A slightly higher figure resulted from a survey of 1049 Sikhs commissioned by the BBC in 2018 which found 27% people stating a relation had a drinking problem, usually male relations.

It is within this context of heavy drinking culture vs an abstentionist dominant faith that people are negotiating their alcohol consumption. When it becomes problematic, the shame and stigma within the family and community is great and this prevents individuals and families from openly admitting and sharing concerns and experiences with others. Community organisations may also be wary of explicitly voicing these problems to prevent negative portrayals of the community, particularly within a hostile, racist environment. This means that potential service users, families and organisations will relate better to a project that involves them from the beginning in order for them to invest and build trust in initiatives addressing their needs. Shanti was set up to overcome these barriers and to sensitively offer a support and awareness raising service to a City-wide community of Punjabi Sikh people.

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## Headline messages

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1. Plan the project in partnership with people from the Punjabi community it intends to serve from the outset.
2. Understand the tension between male cultural norms of alcohol use, particularly spirit drinking, and the religious prohibition of substances located in the Sikh faith.
3. Understand the position of women drinkers and the sensitivities surrounding them and their families.
4. Commit plenty of time for building relationships and trust with community partners. Include explanations of confidentiality and anonymity.
5. Involve people with lived experience (including family members) who are willing to be champions within the community.
6. Ensure bids for project funding are in partnership with key agencies from the Punjabi community in which the project will be based.
7. Start with a blank slate and be prepared to develop new models for practice in full collaboration with the community partners and other agencies where needed. Existing models may not be appropriate.
8. Discuss the role of culture and religion and faith-based organisations in the new model – expect conflicting views.
9. Ensure there are strong and experienced leaders for the project, who fully understand the Punjabi culture and history that may impact upon project engagement.
10. Maintain a visible and strong leadership presence throughout the project to quickly address any concerns or respond decisively to any changes needed.
11. Recruit project staff from a Punjabi background but not necessarily from the same community as the project serves.
12. Consider profile of project staff given the people the service wishes to engage. This is likely to require a gender and age mix and people with at least some Punjabi language skills.
13. Anticipate complex and multiple needs from people who do engage; be prepared for safeguarding concerns – brief interventions may not be appropriate.
14. Multi-agency and partnership working are key and underpinned by trust, integrity, honesty and transparency from the service.

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## Setting up an alcohol support project

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- Develop or expand relationships with people in the Punjabi Sikh community right from the start. From the kernel of an idea about developing a specialist service, ask for their advice and involvement.
- Bid for funding in partnership with Punjabi Sikh community partner agencies. Their involvement is important to the dissemination of it within the community and to the project's success.
- Set up an advisory or steering group led by a senior manager. This is an ideal way of keeping people involved and provides a vehicle for two-way communication of project direction, its receipt within the community, and further initiatives stemming from the project. Many Punjabi people put great store in status and position, therefore, senior leadership of this group, and the project, will demonstrate ongoing commitment.
- Build successful partnerships with services within the community and those who provide services from outside the community. This will help to provide a more informed service and offer pathways to other services people might need in addition to support for their drinking.
- Engage Gurdwaras and temples in the project. Staff will need to be knowledgeable of, and sensitive to, the Sikh position on alcohol or other drug consumption.
- Accept the need for perseverance and time for liaison with Gurdwaras, and the wider community. The tensions between the cultural norms of heavy drinking and the prohibition message of Sikhism are very real. Far more time than usual will be needed for the planning, engagement and implementation process at individual and organisation levels.
- Build in evaluation from the outset. Realist evaluation approaches will help to capture the context and mechanism of what works and reflect any adaptation and changes of direction the project takes.



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## Building a project model

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- Tailor the project model or approach to the needs of the Punjabi and predominantly Sikh community it serves. The project model should be built in partnership with Punjabi agency partners. Existing mainstream alcohol and peer support services are often considered ‘white services’ so avoid developing service models without involvement from community partners and services.
- Anticipate areas of disagreement, particularly around the extent to which Sikhism plays a role in the service provision. Advertise the project as an alcohol service for the Punjabi community, and routinely ask about religion during initial assessment processes. Engaging with the person’s religious or spiritual beliefs could be a powerful driver, and support, for change.
- Given the paucity of specialist alcohol service provision for Punjabi communities, consider the geographical reach of the project. Ask why you might restrict it to one particular City or area and whether it is possible to offer a wider telephone or online support service.
- Consider the intensity and longevity of any face-to-face work on offer. Given concerns about shame and stigma, building trust takes time therefore time-limited interventions may not be appropriate, particularly if the person or family has complex and multiple needs. A mixed toolkit is advisable.
- Maximise the use of social media and specialist Punjabi and Sikh TV and Radio stations. These media help to get word out about the service. Front these dissemination routes with a mixture of service staff and champions from within the community, including advisory group members.
- Consider developing bespoke training on alcohol for different groups – don’t just adapt a single training package. For example, young people’s education may be more technology or app based.

- Ensure the project model includes ways of working with family members, both in their own right and as the immediate network for the person with the alcohol problem.
- Punjabi drinking culture is heavily male oriented and the needs of women drinkers can be overlooked. Ensure the project considers the multiple needs that female Punjabi drinkers may face, including domestic abuse.
- Consider any possible safeguarding issues for children and adults relating to alcohol problems, domestic abuse and parental ill health in the home. Make sure project staff have a good knowledge of safeguarding responses, referral processes and criteria for escalation.



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## Project management

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- Appoint a project manager who can be a strong and consistent presence and who is from, or extremely familiar with, the Punjabi culture and Sikh faith. The challenges of working with a community whose use of alcohol is shrouded in secrecy, shame and stigma requires experienced leadership.
- Ensure the manager has a presence in the community, at advisory group meetings, and in the service, demonstrating a commitment to all aspects of the project. This senior management visibility is key given the importance of status and position to many people within the Punjabi community.
- Invest time and resource in sustaining the advisory group. Its community partners can be a major asset in reflecting how the project is being received in the community and offering advice on overcoming any hurdles. They can also be invaluable in making links with other organisations and networks.
- Appoint staff who are experienced and reflect the profile of the community they serve in terms of ethnicity, age, experience and gender. Seek representation from the advisory group on the recruitment panel.
- Ensure staff include people with language skills, listening skills, good knowledge of the culture and barriers to engagement, e.g. trust and shame, good understanding of Sikhism, ability to work with complex health and social care needs, including knowledge of safeguarding for adults and children, confidence and strength of character.
- Develop a group of volunteers and champions to work on the ground within the community as well as support project staff. Seek out people in recovery from the Punjabi community and those who are known for their positive work and profile in the community.
- Ensure progress, successes and failures are recorded along with demographic data for people seeking support from the project. Service level data can help fill the evidence gap.

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## Project delivery

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- Be flexible and dynamic in terms of service delivery – models may need to be reviewed and developed periodically throughout service delivery to effectively respond to the needs to the clients.
- Develop, and promote widely, training packages on alcohol tailored to different groups of people within the community. Use a range of media that will help different groups of people to access it, for example, apps, podcasts, interactive learning, and face-to-face training.
- Provide alcohol and health education in Punjabi and English. Services delivered in the context of health and well-being are likely to reach a wider audience.
- Promote the service using comments from people who attend (anonymised and with permission) to help engagement within the community from individuals and families.
- Introduce new models of peer support if none are locally available. These can be based on existing practice elsewhere, for example Punjabi speaking peer groups based on AA fellowship model.
- Ensure the location of the project is within easy reach of the main Punjabi communities it serves. Co-location may be an option in primary care settings, e.g. GP surgery. An additional barrier to attendance will be the need to travel far on public transport with the associated costs.
- Be prepared to adapt or change direction if the existing project model does not work as planned. Seek new pathways and partnerships and keep communication with existing partners and advisory groups open and transparent.
- Plan for home visiting and outreach work. Consider the implications for confidentiality and discretion when working with community settings.

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## Useful Resources

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- Aquarius <https://aquarius.org.uk/our-services/shanti/>
- Asian Voice <https://www.asian-voice.com/News/UK/The-epidemic-of-alcoholism-within-the-British-Punjabi-community>
- BAC-IN <http://www.bac-in.co.uk/>
- BBC/BMG Research Survey: <https://www.bmgresearch.co.uk/bbc-bmg-research-survey-more-than-a-quarter-of-uk-sikhs-say-that-they-have-a-family-member-with-a-drinking-problem/>
- Derby Recovery Network <http://derbyrecoverynetwork.org>
- Sikh Helpline <https://www.sikhhelpline.com/>
- Sikh TV - Alcohol and Beyond Southall – Episode 1  
[https://www.youtube.com/watch?v=L\\_YxUGMZgb0](https://www.youtube.com/watch?v=L_YxUGMZgb0)  
<https://www.facebook.com/SikhChannelGlobal/videos/alcohol-and-beyond-show-part-1/1015479399992791/>
- The unspoken UK Punjabi alcohol problem  
<https://www.youtube.com/watch?v=Xf4wtIWOPnI>  
<https://www.bbc.co.uk/news/uk-43505784>
- Network of Sikh Organisations <http://nsouk.co.uk/why-we-must-tackle-the-deep-rooted-problem-of-punjabi-alcohol-abuse/>

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