ALCOHOL CONSUMPTION, PERCEPTIONS OF COMMUNITY RESPONSES AND ATTITUDES TO SERVICE PROVISION: RESULTS FROM A SURVEY OF INDIAN, CHINESE AND PAKISTANI YOUNG PEOPLE IN GREATER GLASGOW, SCOTLAND, UK

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Abstract — Aims: To gather prevalence data regarding alcohol consumption and gauge perceptions of community responses to alcohol and service provision in a sample of Pakistani, Indian and Chinese young people aged 16–25 years, in Greater Glasgow, Scotland, UK. Methods: A survey methodology utilizing purposive sampling techniques (n = 174) was employed. Data were collected using an interviewer-administered questionnaire. Results: Alcohol consumption amongst the target populations is currently lower than that of the general population. Predictors of alcohol consumption were found to include self-reported importance of religion (a negative association with consumption) and having same-ethnicity friends who drink alcohol. There was a lack of consensus amongst participants regarding whether service provision should be part of the mainstream or specialist for black and minority ethnic individuals. Conclusions: Alcohol consumption in the target populations may be increasing and service provision could benefit by including specialist services for black and minority ethnic groups, in addition to mainstream services that need to be culturally sensitive.

INTRODUCTION

In the UK, alcohol consumption and related problems appear to be comparatively lower in black and minority ethnic communities than in the population at large. For example, findings from the Fourth National Survey of Ethnic Minorities in England and Wales regarding the frequency of alcohol consumption suggest that total abstainers range from 40% in the Chinese population to 60% in the Indian and over 90% in the Pakistani population, compared to just 13% in the white population (Nazroo, 1997). Differing consumption patterns appear to be reflected in diverse attitudes towards alcohol, and individuals with strong religious beliefs generally drink comparatively less (Miller 1999; Orford et al., 2004).

A study of drinking patterns in ‘second- and subsequent generation Black and Asian communities in the English Midlands’ similarly indicated that alcohol consumption appears to be relatively low in South Asian groups (Purser et al., 2001; Orford et al., 2004). However, the study points to potentially problematic drinking patterns in small minorities of South Asian, including Muslim groups. Whilst also reporting generally lower levels of alcohol consumption and related problems in South Asians than in whites, Cochran and Bal (1990) found alcohol problems amongst Sikh men to be higher than for white and Hindu men, and the heaviest drinkers being a small minority of Muslim men (see also McKeigue and Karmi, 1993).

It follows that consideration of different patterns of alcohol consumption and attitudes towards alcohol in black and minority ethnic communities, compared to society at large, may necessitate distinct approaches with regards to service provision. There is concern that, owing to factors such as cultural insensitivity and overt Euro-centrism, that uptake of such services by black and minority ethnic people has been lower than might be expected (Johnson and Carroll, 1995; Subhra, 2002). Indeed, with reference to drug service provision Awiah et al. (1992) argue that specialist service provision for black and minority ethnic communities should be provided regardless of prevalence rates.

Whilst recognizing the need for evidence-based service provision (Sutton and Maynard, 1993), a number of authors (Malseed, 1990; Johnson and Carroll, 1995; Denscombe and Drucquer, 2000; Purser et al., 2001; Subhra, 2002) have pointed to the need to refine research methodologies for exploring alcohol and related issues in black and minority ethnic communities. It is argued that there has been a tendency to pay insufficient attention to diversity within black and minority ethnic communities, in not considering adequately variables such as age and gender (Érens et al., 2001).

In addition, while some studies of black and minority ethnic communities have been exhaustive, service provision has not always been receptive to change in the light of research findings, and early research may be criticized for treating black and minority ethnic communities as ‘passive recipients’ of service provision (Subhra, 2002). This highlights the need to take into consideration the opinions and preferences of black and minority ethnic communities so that specific circumstances may be catered for.
This paper reports the alcohol-related findings of a survey of 16–25-year-old Indian, Pakistani and Chinese young people living in the Greater Glasgow area, UK. The survey was part of a study of alcohol and drug issues affecting Indian, Pakistani and Chinese communities, and drug-related outcomes are reported by Ross et al. (2004).

MATERIALS AND METHODS

Survey
An interviewer-administered questionnaire was developed following a literature review and with reference to existing instruments (e.g. Khan et al., 1998; Chantler et al., 1998). The instrument was then piloted on five individuals from each community. Minor amendments were introduced on the basis of the feedback received.

Face-to-face interviews utilizing the questionnaire were conducted with young people from the Pakistani (n = 73), Indian (n = 47) and Chinese (n = 54) communities with the aim of exploring prevalence and patterns of alcohol consumption, as well as knowledge of and attitudes towards available services. Alcohol consumption was assessed by asking those participants who reported drinking alcohol to estimate how much of different beverages they consumed in a typical week. Fieldworkers then converted this information into standard alcohol units. The survey instrument included sections investigating socio-demographic variables, lifestyle, socio-cultural factors and religious factors relating to perceptions of identity. Fieldwork was completed from mid-January 2002 until the end of March 2002.

Twelve paid fieldworkers (two Chinese, two Indian, one Pakistani and seven white: five women/seven men) collected data. They received comprehensive research training, which emphasized sampling in such a way as to ensure variability in the sample and ensuring confidentiality by, for example, conducting interviews in private.

Potential participants were given an information sheet summarizing the aims of the research, guaranteeing confidentiality and stating that respondents could withdraw from the research interview at any point without giving a reason. They were also given the opportunity to ask questions concerning the study. Individuals willing to participate then completed a consent form. Interviews lasted between 10 and 45 min and the mean interview duration was 23.2 (SD = 6.4) min. Respondents received a participation fee of £5.00. For quality control purposes, 10% of participants were contacted by telephone as a means of ascertaining that research interviews had taken place.

In the interest of participant anonymity, provision of contact details was voluntary and 68% of participants indicated readiness to be contacted by providing their telephone number. This percentage was similar across fieldworkers for the data analysed. Data obtained by one fieldworker were excluded from analysis following the quality control exercise. Data were anonymized and stored on a secure computer prohibiting remote access. A multi-ethnic advisory group (see Acknowledgements) was set up to oversee the entire research from the outset and ensure that ethical standards were adhered to.

Target populations
Following a literature review (Hay et al., 2001) Greater Glasgow National Health Service (NHS) identified the need for evidence-based drug and alcohol work with young black and minority ethnic people and commissioned this research to target Pakistani, Indian and Chinese people aged between 16 and 25 years in Greater Glasgow, UK. This age group was specified due to a dearth of prior research in black and minority ethnic populations in this age group. The most recent data available at that time (1991 census data) indicated that around 3.4% of Glasgow’s population was black and minority ethnic (Thornley, 1993; Hay et al., 2001). In Greater Glasgow, the Pakistani population of approximately 12 000 is the largest minority ethnic group, followed by the Indian population of around 5000 and the Chinese group of approximately 3500 individuals.

Greater Glasgow population figure estimates in 2000 indicated that 13.5% (122 944 out of 911 200) of the population in Greater Glasgow are aged between 15 and 24 years (Greater Glasgow NHS Board, 1998). Applied to the 1991 census data, this suggests that 1620 Pakistani, 675 Indian and 472 Chinese individuals in the target age groups reside in Greater Glasgow. [It must be noted that the target age group for the survey is 16 to 25 years, and that utilizing the figures for ages of 15 to 24 years should be seen as an approximation of population figures for the target age group, given that the range is identical (i.e. 9 years).] However, according to Thornley (1993), the target populations have a younger age profile than the population at large. To obtain a working current estimate, 5% was added to the above figures yielding 2220 Pakistani, 925 Indian, and 648 Chinese young people in the approximated target populations.

Sample
Sampling minority ethnic populations randomly is virtually impossible, given the lack of appropriate sampling frames (Hughes et al., 1995). Bearing this obstacle in mind and cautioning that, as a result, the sample for this survey is unlikely to be fully representative of the target populations, purposive sampling techniques on the basis of convenience and availability of respondents were utilized (Babbie, 1990).

Approximately 46% of the sample was approached in various locations (e.g. on the street, in sport centres and outside schools, colleges and universities) throughout Greater Glasgow at different times during the day and the evening. Locations included smaller towns and outlying areas of Glasgow as well as the central conurbation, and areas of high and low concentrations of black and minority ethnic communities. Approximately 54% of the sample was recruited by the ‘snowball’ method of sampling, by which fieldworkers obtained initial contact details of potential participants through community organizations, or individuals. The mean number of attempts to contact participants before interviews took place was 1.32 (0.72). With the aim of increasing the precision of the sample, data collection was monitored continuously to stratify the sample (see Table 1) for distribution of gender, age and geographic area (Arber, 1993).

Bearing in mind the approximate population size, the sample can therefore be considered to consist of roughly 4.5% of the Pakistani, 7.0% of the Indian, and 11.4% of the Chinese target populations. Given the relatively small population size and considering its finite age-range, as well as conceivable similarities in terms of life-experience, variation in the target population is likely to be low, reducing the standard error (Arber, 1993). Given practical considerations (e.g. population
size and availability) the sample size was felt to be adequate to allow significant differences to appear between substantively different group means.

**RESULTS**

**Levels of alcohol consumption**

Table 2 shows weekly alcohol consumption by ethnicity, sex and religion. An ANOVA looking at ethnicity (Indian, Pakistani, Chinese) and gender in participants who consume alcohol indicated a main effect of gender \([F(1,74) = 6.24; P < 0.05]\), suggesting that men drink significantly more units per week than women. A main effect for ethnicity \([F(2,74) = 4.66; P < 0.05]\) was also found, and post-hoc Tukey’s HSD indicated that this was due to Chinese participants drinking significantly less alcohol per week than Pakistani respondents.

As the data in Table 2 suggest, the majority of Muslim participants reported that they did not drink alcohol, yet those who did appeared to consume more than the other religious groups. However, a one-way ANOVA and post-hoc analysis comparing the weekly alcohol consumption of Muslims, Hindus, Sikhs and non-religious participants indicated that Muslims only differed significantly from the non-religious group \([F(3,59) = 3.14, P < 0.05]\). Only these groups were included in the ANOVA due to low cell counts for Christians and Buddhists; gender was not included as a second independent variable for the same reason, though an independent \(t\)-test revealed that male drinkers reported drinking more than female drinkers \((t = 2.21; d.f. = 58; P < 0.05)\).

Two \(t\)-tests were conducted in order to examine whether drinking and non-drinking Muslims differed in terms of the self-reported importance of their religion or self-reported practice of religion. Importance and activity of religion were assessed utilizing 10-point Likert type scales ranging from 1 (not at all important/active) to 10 (extremely important/active). Neither \(t\)-test was significant, indicating that neither importance of religion nor practice of religion distinguished drinking Muslims from non-drinking Muslims.

Logistic regression analysis was conducted to predict alcohol consumption (see Table 3). The analysis indicates that across the sample, self-reported importance of religion was negatively associated with alcohol consumption. Furthermore, respondents appeared more likely to drink alcohol when they reported having friends outside, as opposed to within, their own ethnic community. Finally, the regression analysis suggests that participants were more likely to drink alcohol if they had friends within their community who also drank alcohol.

**Perceived effects of alcohol consumption**

Respondents who consumed alcohol were asked what effect (negative, positive, none) their alcohol consumption had on their friendships, social life, relationships with parents, studying and work. Chi-square analyses were carried out to examine possible differences in response patterns between Indian, Pakistani and Chinese respondents, as well as examining gender as a possible moderator. To achieve this, responses were dichotomized as either ‘effect’ or ‘no effect’ due to low cell counts for ‘negative’ and ‘both positive and negative’ when considered alone (i.e. less than 4).

Chi-square was not significant for effect on friendships \([\text{men: } \chi^2(2) = 1.05, \text{NS}; \text{women: } \chi^2(2) = 0.55, \text{NS}]\), effect on
social life [men: $\chi^2(2) = 3.10$, NS; women: $\chi^2(2) = 3.28$, NS] or effect on studying [men: $\chi^2(2) = 5.80$, NS; women: $\chi^2(2) = 5.32$, NS]. However, among men there was an effect upon relationship with parents ($\chi^2(2) = 14.39, P < 0.001$), which indicated that Pakistani men were more likely to report that their level of alcohol consumption affects their relationship with their parents (78.9% reported this: five said this was negative, 10 said it was positive). Indian men were no more likely to say their level of alcohol consumption influenced their parental relationship than that it did not, while Chinese men tended to say that it had no effect at all (79.2% reported this: five said it had a positive effect, three that it had a negative effect) while Indian men were not likely to either report an effect or no effect. Chinese men mainly (79.2%) reported that there was no effect on work.

There was also a moderating effect of gender upon ethnicity and the effect of alcohol consumption level on work. Again, women of different ethnicities did not differ in whether they reported an effect or not upon work ($\chi^2(2) = 5.72$, NS), but for men there was a significant difference ($\chi^2(2) = 6.24, P < 0.05$). The direction of this result is the same as for the previous chi-square, that is, Pakistani men were most likely to report that their level of alcohol intake had an influence upon their work (57.9% reported this: 11 said it had a positive effect, three that it had a negative effect) while Indian men were more likely to report that there was no effect on work.

In response to the question concerning whether participants would like to change their alcohol consumption, the majority of participants in all three ethnic groups reported that they would prefer to maintain their current level of alcohol consumption (Chinese, 93.0%; Indian, 76.0%; Pakistani, 64.3%). However, over one-fifth (21.4%) of Pakistani and almost a one-tenth of Indian (8.0%) respondents reported that they would like to drink less. In addition, 16.0% of Indian respondents would prefer to drink no alcohol, as would 14.3% of Pakistani and 4.7% of Chinese respondents.

Table 3. Predictors of alcohol consumption

<table>
<thead>
<tr>
<th>Predictor variables</th>
<th>Final standardized $\beta$</th>
<th>Standard Error</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-0.117</td>
<td>0.54</td>
<td>0.83</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>-0.076</td>
<td>0.458</td>
<td>0.868</td>
</tr>
<tr>
<td>Importance of religion*</td>
<td>-0.419</td>
<td>0.181</td>
<td>0.021*</td>
</tr>
<tr>
<td>Practice of religion</td>
<td>0.216</td>
<td>0.145</td>
<td>0.138</td>
</tr>
<tr>
<td>Percentage of friends within/outside ethnic community*</td>
<td>0.946</td>
<td>0.426</td>
<td>0.026*</td>
</tr>
<tr>
<td>Degree of Indian/Pakistani/Chinese</td>
<td>0.220</td>
<td>0.128</td>
<td>0.085</td>
</tr>
<tr>
<td>Degree of Scottish/Britishness</td>
<td>0.138</td>
<td>0.121</td>
<td>0.254</td>
</tr>
<tr>
<td>Percentage of same-ethnicity friends who drink alcohol*</td>
<td>0.049</td>
<td>0.011</td>
<td>0.000**</td>
</tr>
<tr>
<td>Percentage of white Scottish/British friends who drink alcohol*</td>
<td>-0.025</td>
<td>0.015</td>
<td>0.102</td>
</tr>
</tbody>
</table>

*Negatively associated with alcohol consumption ($*P < 0.05$).

Survey respondents were asked a series of open-ended questions concerned with community responses to alcohol consumption and service provision. Responses were coded and inter-rater agreement for the classification of open-ended responses was between 90–100%.

When asked whether there were particular ways that their ethnic community dealt with drinking alcohol, approximately 70% of both Chinese and Indian respondents indicated that their respective communities dealt with drinking alcohol in an equivalent way to the population at large. This feeling is shared by less than 40% of Pakistani survey participants. Compared to 6% among Chinese and Indian respondents, over 31% of Pakistani respondents felt that their community ignored or hid the problem.

The majority of Pakistani individuals who gave ‘other’ suggestions (i.e. 15% of all suggestions) indicated that because of religious constraints alcohol consumption is forbidden, which in their view negated the question being asked. Others indicated that some form of violence might be used to deal with those who drink, or that they may be sent back to Pakistan. The majority of Indian respondents citing ‘other’ responses (13%) simply stated that their community was not very understanding of possible problems associated with consumption. Only 7% of Chinese individuals gave ‘other’ responses, stating that their community was fairly open and informed about alcohol consumption, and it was pointed out that drinking was not really an area of major concern within the community.

Survey participants were asked in an open-ended format to indicate where they might obtain information regarding alcohol (multiple responses were possible). The pattern of results revealed broad similarities between Pakistani, Indian and Chinese respondents in terms of where they would obtain information about alcohol, with GP/medical, friends, the Internet and books/leaflets being the most frequently named options. Other suggestions included schoolteachers and university health services.

The most common responses regarding what participants would do if they had a friend with alcohol problems suggest that between 19 and 26% of participants from all three communities may contact/involve an alcohol service provider in certain situations. Other data obtained in this survey indicate that respondents did not appear to know of specialist alcohol or drug service providers for black and minority ethnic groups. Alcoholics Anonymous (AA) was by far the most frequently named alcohol service provider and mentioned by 37.4% of respondents. Other suggestions from Pakistani respondents included telling the friend’s family and involving someone from university services. Searching for advice on the Internet was also suggested. The other ideas from the Chinese respondents seemed to focus more on trying to overcome the problem within the group of friends, although most admitted that they were unsure how to tackle the issue.

Participants’ responses to open-ended items regarding the perceived best way of getting information concerning alcohol
across to young people in their respective communities revealed that the pattern of results was similar across ethnicities. Approximately one-third of all respondents felt that advertising and education at school were the best ways of getting this information across. In addition, 18–24% of respondents felt that community action or events were effective ways to achieve these aims. At this stage, interviewers had not mentioned specialist services, yet 15% of Chinese, 21% of Indian and 27% of Pakistani respondents spontaneously suggested such an approach.

Generally, those responses categorized as ‘other’ were also similar across respondents. Youth groups, religious gatherings and the internet were all suggested as ways of distributing information, as were university health services. The education of parents, as well as the respondents’ peer group, seemed of primary importance.

When asked whether alcohol services should cater specifically to black and minority ethnic clients or whether services should be part of the mainstream, respondents were divided. Of the 147 participants who responded to this question, 80 (54.4%) thought services should be mainstream, 60 (40.8%) thought they should be specialist and seven (4.7%) that both should be available. Comparing preference for mainstream and specialist only (due to small cell counts when ‘both’ was also included), there was no difference in response according to ethnicity ($\chi^2(2) = 0.32, \text{NS}$).

When asked why respondents thought that alcohol service provision should be mainstream, it appears that Chinese (38%) and Indian (32%) respondents were more concerned than Pakistani (5%) respondents that their communities should not be treated differently, hence indicating some preference for mainstream provision. Also, Indian (45%) and Pakistani (41%) participants appeared more likely to indicate that alcohol problems were the same across ethnicities, than were Chinese respondents (33%). Reasons given for why alcohol service provision should be specialist mainly involved language barriers (18–24% across groups) and cultural differences (38–43% across groups).

**DISCUSSION**

Surveys of black and minority ethnic drinking practices face a series of methodological problems (see Orford *et al.*, 2004) and this survey is no exception. The sampling method is unlikely to have resulted in a fully representative sample. In the absence of non-self-report measures, respondents may have concealed (or exaggerated) consumption levels despite guarantees of anonymity. However, the methodology of conducting interviews in public places may have impacted positively on attaining ‘private’ accounts of alcohol consumption (see Malseed, 1990). Also, given its localized nature, it is unclear how far our survey findings are generalizable to Pakistani, Indian and Chinese young people elsewhere (see Subhra, 2002). The absence of a sample of white young people, allowing for direct comparisons, must also be noted. Nevertheless, it is likely that the results of this survey have some applicability to other black and minority ethnic communities within the UK, and that our study combines well with work of others (e.g. Purser *et al.*, 2001) to provide an increasingly comprehensive picture of alcohol issues affecting black and minority ethnic communities. In addition, small-scale studies may facilitate much-needed larger-scale research in this area.

Weekly levels of alcohol consumption amongst Pakistani, Indian and Chinese young people, aged 16–25 years, found in our survey are lower than those identified in the Scottish and English Health Surveys for the general population in the 16–24-year age group (Erens, 2000; Erens *et al.*, 2001). When compared to weekly consumption levels of Indian, Chinese and Pakistani individuals identified in the 1999 English Health Survey (Erens *et al.*, 2001), the results of the present survey (Table 2) indicate two trends: (1) consumption levels amongst Indian, Pakistani and male Chinese young people may be higher, and (2) whilst still significant, the discrepancy between male and female Indian, Chinese and Pakistani young people in terms of mean weekly alcohol consumption may be less marked than found previously. Consumption levels identified in the present survey could therefore be an indication of shifting attitudes towards drinking alcohol in younger members of black and minority ethnic communities in the UK.

Simultaneously, the finding suggesting that male Pakistani respondents (the majority of whom did not drink alcohol) thought that (low) levels of consumption impacted positively on their work and parental relationships, suggests that Pakistani men are particularly sensitive towards others’ views on alcohol. This may be an indication of the degree to which intra-generational factors influence lifestyle choices.

The finding suggesting that a comparatively larger proportion of Pakistani young people felt that their ethnic community ignored problematic levels of alcohol consumption may indicate that, whilst Pakistani young people maintain a positive attachment to many of their parents’ dominant values (with respect to alcohol consumption), a significant percentage of the sample highlighted what they believed to be an unwillingness amongst older Pakistanis to recognize what has more often been described as a problem amongst their white peers. An unsatisfactory recognition of elevated levels of alcohol consumption amongst Pakistani communities in Greater Glasgow—as reported by young people themselves—might best be described as an example of ‘generational dislocation’ between the parental and youth culture.

 Whereas previous research indicates that Sikh men appear comparatively more likely to be regular drinkers and drink over and above recommended levels (Cochrane and Bal, 1990), the results of the present study indicate that those young Muslim participants who drank alcohol appeared to have a higher level of alcohol consumption than non-religious participants. However, the absence of a cohort of older participants necessitates future research to explore whether this finding is an indication of differences in patterns of alcohol drinking between older and younger Sikhs and Muslims.

As noted earlier, individuals with stronger religious beliefs usually drink less than those with weaker religious beliefs (Miller, 1999; Orford *et al.*, 2004). However, neither self-reported importance of religion nor self-reported religious activity differed when comparing drinking and non-drinking Muslims in the current study. This suggests that the strength and importance of religious beliefs may not be related to levels of alcohol consumption among all religious groups. This
finding was surprising given that consumption of alcohol is forbidden among Muslims. It does, however, suggest that alcohol consumption is unlikely to be attributable to a ‘lack of faith’ within this group. Similar findings have been reported for Mormon and deaf groups in the US (Straus and Bacon, 1962; Crawford, 1997) for which explanations include overprotectiveness and a lack of appropriate role models for drinking.

The finding that alcohol consumption was influenced by having friends outside respondents’ ethnic communities, as well as having own-ethnicity friends who drink alcohol, suggests that social networks and peer behaviour impact on drinking behaviour in young people from minority ethnic backgrounds. This suggests that projects dealing with black and minority ethnic alcohol-related problems would benefit from an accompanying focus on peer-groups both within and outside the respective communities.

Our results regarding how respondents would obtain information about alcohol and seek help for a ‘friend with alcohol problems’ are broadly similar to those of Purser et al. (2001) and provide additional evidence for an inclination to seek mainstream service the same black and minority ethnic communities involved. This indicates that alcohol consumption within black and minority ethnic communities is present and may be increasing.

The results of this study lend support to the notion that service provision may benefit from the provision of specialist black and minority ethnic alcohol service providers, other than Alcoholics Anonymous, which is regarded as controversial even for mainstream service provision (MacKillop et al., 2003; Heather and Robertson, 1981). Highlighting alternatives to Alcoholics Anonymous should therefore be considered an important goal of alcohol awareness and intervention programmes catering for black and minority ethnic communities.

Participants were clearly divided on the issue of whether alcohol service provision should be ‘mainstream’ or ‘specialist black and minority ethnic’. Bearing in mind the need to take community opinions and preferences into consideration regarding service provision (Subhra, 2002), this points to the desirability of offering black and minority ethnic individuals the choice between mainstream and specialist service providers (see also Perera et al., 1993; Adebowale, 1994; Chauhan and Subhra, 1999; Khan et al., 2000).

In conclusion, the results of this small-scale survey suggest that alcohol consumption in the target age group remains considerably lower than in the general population. However, compared to previous research in older populations, slightly higher levels of alcohol consumption amongst young Pakistani, Indian and male Chinese individuals were found. This indicates that alcohol consumption within black and minority ethnic communities is present and may be increasing. The results of this study lend support to the notion that service provision may benefit from the provision of specialist black and minority ethnic services, in addition to mainstream services which need to be culturally sensitive. Bearing in mind the limitations of this survey and the need for evidence-based black and minority ethnic service provision, future research should explore the issues discussed in this paper further. Specifically, research needs to use larger sample-sizes which may be more powerful for uncovering possible interactive and/or additive effects of ethnicity, age, gender and religion, and examine black and minority ethnic alcohol consumption in a community context.

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REFERENCES


