Pegs and Paradoxes: A Cultural Review of Alcohol Use in the Punjabi-Sikh Community

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Introduction

Alcohol use is a worldwide issue affecting individuals across all backgrounds and cultures (Ignat et al., 2025). Data collected by the World Health Organization (WHO) in 2022 indicated that roughly 2 billion people consume alcohol, and alcohol-related deaths made up nearly 5% of all global deaths in 2019 (Ignat et al., 2025). Alcohol consumption not only harms physical health but can also negatively influence quality of life, including social and emotional well-being, financial stability, and the health of family and loved ones (Ignat et al., 2025; Rebello et al., 2025). This research will focus on alcohol use within the Punjabi-Sikh community. Factors such as cultural, socio-economic, geo-political, and systemic influences shape alcohol use in this community (Barnett et al., 2018; Rebello et al., 2025). However, there is a gap in research on the Punjabi-Sikh experience, indicating a limited understanding of the complex factors behind alcohol use in this group (Fox et al., 2024). Elements like stigma, gender roles, acculturation differences, and cultural and religious discord (Baptiste, 2005; Karasz et al., 2019; Pannu et al., 2009; Reda, 2023) further heighten the risk of addiction within the Punjabi community. This capstone aims to fill this gap by exploring the factors that lead to addiction, identifying barriers to treatment from the community's perspective, and proposing culturally appropriate support strategies to foster community involvement in addressing alcohol addiction. This paper's theoretical framework is centred on developing a culturally sensitive understanding of alcohol use from a Punjabi-Sikh perspective, integrating biopsychosocial factors to comprehend addiction, its complex influences, and culturally appropriate interventions.

Methods

Review Design

This literature review used a comprehensive and thematic approach to examine alcohol use within the Punjabi-Sikh community, emphasizing cultural, religious, and social factors that influence drinking behaviours and access to support. A traditional systematic review was not suitable for researching this topic due to the limited number of peer-reviewed studies specific to this population. Instead, a narrative

and thematic review allowed for a broader inclusion of sources. The review incorporated both qualitative and quantitative literature, as well as grey literature, to reflect the diversity and complexity of this under-researched area. When specific information about the Punjabi-Sikh community was unavailable, existing literature was used to extrapolate data to fit the population of interest. This review aims to develop a culturally sensitive understanding of alcohol use, stigma, gender, generational differences, and religious and cultural incongruence. The searches were limited to English-language sources published between 1990 and 2025, covering both historical and current perspectives. A systematic search was conducted of the City University of Seattle library and of Google Scholar between October 2024 and July 2025, assessing articles from 1990 to 2025. The search terms included combinations of keywords related to "Punjabi," "Sikh," "alcohol," "addiction," and "mental health." Articles that did not focus on the South Asian experience of addiction and mental health were excluded. Because this review relies on existing literature, and there is a scarcity of literature on the topic of alcohol use in the Punjabi-Sikh community, much of the data derived from the review has been extrapolated based on the reviewer's perspective as a member of the Punjabi-Sikh community. The lack of specificity within the existing literature required the research to apply generalizations to the highly subjective experiences of individuals within the population.

Inclusion Criteria

The inclusion criteria for this literature review included peer-reviewed articles from journals accessible through the City University of Seattle Library and those located via Google Scholar. The searches used combinations of the terms "Punjabi," "Sikh," "East Indian," "South Asian," "alcohol," "addiction," "treatment," and "mental health."

Exclusion Criteria

The exclusion criteria for this literature review included articles published before 1990, articles that were not open access, or those that were not accessible through the City University of Seattle Library. Exclusion criteria also included articles focusing on other South Asian groups, unless they were explicitly compared to the population of interest.

Data Extraction

Each study was assessed based on its type, focus population, relevance to the identified themes, methodological approaches, and key findings. A total of 32 sources met the inclusion criteria. Thirteen of the articles were qualitative studies, four were quantitative studies, five were literature reviews, five were conceptual or theoretical articles, and five were grey literature sources, including two undergraduate honours theses, one newspaper article, one community review paper, and one case-based opinion piece. The identified themes included the normalization and cultural integration of alcohol, stigma, gendered experiences with alcohol, generational experiences with alcohol, barriers to seeking help and providing help, and potential interventions.

Literature Review

Agic et al. (2011) conducted a qualitative study using focus groups from various ethnic communities in Ontario, including the Punjabi community. The purpose of the study was to gain insights into a community's shared beliefs, values, and cultural norms, to understand existing barriers to help-seeking and to inform the development of culturally appropriate services that could remove those barriers and encourage help-seeking. Agic et al. (2011) collected data using a seven-question semi-structured discussion guide, designed to facilitate conversations within the sessions. The data was analyzed for themes and content through a phenomenological approach. The themes that emerged across the focus groups included "norms, attitudes and beliefs about alcohol use" (p. 118), "drinking contexts" (p. 119), "types of beverages consumed" (p. 119), " 'normal' or socially acceptable drinking" (p. 120), " 'excessive or problem' drinking" (p. 120), "perceptions of the risks and issues linked to drinking" (p. 120), "subgroups at risk of alcohol-related problems" (p. 120), "differences in drinking patterns between the country of origin and Canada" (p. 120), "perceptions of the Ontario LRDG" (p. 121), and "culturally relevant messages" (p. 121). These themes highlight the importance of considering community culture when developing alcohol education, prevention, and support programs.

The focus of Ahuja et al.'s (2003) study was to understand the experiences of Punjabi-Sikh men and women regarding alcohol consumption within their families. From the female perspective, the authors

examined how wives and daughters responded to and coped with their husbands' or fathers' drinking. The study conducted by Ahuja et al. (2003) was qualitative in nature, utilizing semi-structured interviews as the primary method of data collection. The data were analyzed using the grounded theory approach (Strauss & Corbin, 1990, as cited in Ahuja et al., 2003). The interview findings were categorized into three groups: wives, daughters, and husbands or fathers, with various themes emerging within each group. Ahuja et al. (2003) concluded that many factors should be considered by agencies supporting Sikh families affected by alcohol use, such as confronting personal biases and typical assumptions about family roles when addressing alcohol consumption.

Baptiste (2005) wrote a conceptual paper based on his work with East Indian families throughout his career, noting that traditional therapeutic methods were less effective with East Indian immigrant families. He observed that traditional models challenged the collectivist values of East Indian families by promoting ideas of individuation, differentiation, and independence, which could lead to triangulation in therapy and potentially cause early termination. Baptiste (2005) provided examples of concerns brought to treatment by East Indian families and highlighted successful interventions through case studies. He concluded that therapists need to be highly flexible when working with East Indian families, rather than rigidly sticking to a specific therapeutic approach. Baptiste (2005) also advised that therapists should be knowledgeable about the East Indian experience and the diversity within the East Indian diaspora. Overall, Baptiste (2005) promoted a highly culturally sensitive approach to therapy with East Indian families, ensuring all parties feel heard, valued, and respected (p. 364).

Bradby (2007) published a qualitative study exploring how young people of Indian descent navigate alcohol use or abstinence, and how religion, culture, ethnicity, gender, and generational status influence their views and behaviours related to alcohol. Bradby (2007) recruited participants through purposive and snowball sampling, contacting individuals within the target communities to facilitate group interviews. She conducted both individual and group semi-structured interviews. The data collected were coded and analyzed using logical and inductive methods. Bradby's (2007) research highlighted gendered

experiences with drinking, where women were seen as more reserved because drinking could harm their reputation and future marriage prospects. In contrast, men were not held to the same standards.

Chadda and Deb (2013) conducted a review of the use of family therapy within the collectivistic dynamics of Indian families. They examined existing literature on therapists working with families in India, summarizing practitioners' findings to evaluate the effectiveness of current family therapy interventions in the Indian family system. They highlighted collectivism as a core aspect of Indian families and the importance of living within a social structure that fosters interdependence rather than independence. Their research emphasized the importance of cultural competence, noting that “endo-cultural issues may crop up at the initial phases, which threaten to jeopardize the therapy outcome” (p. S306). Chadda and Deb (2013) concluded that some progress has been made in adapting traditional therapy to suit Indian society; however, progress has been limited, and a lack of cultural integration remains between Indian family dynamics and therapy.

Chaudhry and Chen (2019) aimed to improve understanding of how different groups within the Asian American diaspora perceive mental illness and the related stigma. They hypothesized that South and East Asian Americans would endorse collectivistic values, such as interdependence, more than European Americans, who were more likely to endorse independence (p. 156). They also hypothesized that stigma would be lower among individuals with some level of psychological education (p. 156). The study included 189 participants recruited from undergraduate psychology courses, student cultural organizations, and social media platforms (p. 157). Data were collected through a 30-minute online survey that assessed beliefs about personal responsibility and the stigma associated with mental illness. The findings supported the hypothesis that cultural values are linked to mental health stigma (p. 159). However, they noted that psychological education might help reduce some existing stigma (p. 159).

Cochrane and Bal’s (1990) study aimed to identify alcohol use patterns among British Sikh, Muslim, and Hindu men and compare them to those of British white men. It also sought to examine the relationship between alcohol use and factors such as age, generation, country of birth, and other demographics, and to assess the extent of alcohol-related issues in Asian communities (p. 760). They

employed a quantitative, survey-based approach, conducting in-person interviews as part of community surveys (pp. 760-761). The study involved 800 participants selected from lists provided by eight doctors' offices in Wolverhampton and Birmingham. Through interviews and analysis, Cochrane and Bal (1990) found that Sikh men were most likely to drink daily (p. 762). They noted that a quarter of all drinks were consumed at home, usually in social settings with friends or family, although Sikhs had the highest rate of drinking alone at home (pp. 763-764). Demographically, first-generation Asian men drank more than second-generation men and more than white men in the same age group (p. 762). Employed men drank significantly more than their unemployed counterparts (p. 768). The researchers concluded that there are distinct patterns of alcohol use and related problems among Asian cultural groups compared to white British men, especially within the Sikh community (p. 768).

Danzer (2013) conducted a case study describing the use of a therapeutic intervention with an East Indian immigrant family experiencing significant family conflict and adolescent substance abuse. Danzer (2013) detailed his adaptation of Multi-Dimensional Family Therapy (MDFT) while working with the family of an adolescent who had been hospitalized for alcohol-induced psychosis (p. 713). He provided a comprehensive clinical account of his work with the family, from the intake session and initial assessment through to the observed family dynamics, the specific interventions employed, and the family's responses. Throughout his work with the family, Danzer (2007) aimed to foster a sense of egalitarianism among family members, enabling them to have open discussions about their conflicts. This approach allowed Danzer (2013) to teach the family problem-solving and communication skills. By the end of his intervention, Danzer (2013) observed improvements in the family's communication, a reduction in conflict, and a decrease in substance use (pp. 727-728).

Dhaliwal (n.d.) observed that although many recognize addiction as a significant problem, it is rarely discussed openly or honestly. Her paper examined why Punjabi-Sikh men are at higher risk of addiction. The key risk factors she identified include the idea of performative masculinity and the emphasis on hard work. Dhaliwal (n.d.) emphasized that working hard and providing for one's family are central to a Punjabi man's identity and self-esteem. Performing masculinity often involves conforming to

the model minority myth, suppressing the immigrant experience's effects, and internalizing emotions. She pointed out that addiction within the Canadian Punjabi-Sikh community is deeply rooted in complex cultural factors, which are further worsened by systemic issues such as culturally insensitive government and legal policies.

Faulder (2019) wrote an article for the Edmonton Journal about Dr. Avi Aulakh. Dr. Aulakh is a psychiatrist in Edmonton with expertise in opioid addiction (Faulder, 2019). During his career, he identified a significant gap in addiction treatment for patients of Indian heritage in the city. Dr. Aulakh established Savera Medical Centre because he recognized the unique challenges South Asians face, which create barriers to treatment (Faulder, 2019). He highlighted the stigma and misinformation surrounding opioid use, often caused by a lack of education about Canada's healthcare system (Faulder, 2019). Dr. Aulakh noted that although many clinics in Edmonton offer methadone and Suboxone treatments, limited English skills and the need to travel to unfamiliar locations can prevent South Asians from accessing these services (Faulder, 2019). Savera's convenient location and Punjabi-speaking staff help remove some of these barriers, making treatment more accessible for South Asian patients (Faulder, 2019). Currently, Savera serves about 200 patients and is the only program in Edmonton tailored to support South Asians dealing with addiction (Faulder, 2019).

Fox et al. (2019) explored the lived experiences of South Asian women in England concerning alcohol use and help-seeking behaviour, emphasizing how family influences either facilitate or hinder treatment (p. 2). They performed in-depth semi-structured interviews with 18 women who had personal experience with alcohol dependency (p. 3). Participants were recruited via alcohol and drug use agencies, social media, and snowball sampling (p. 3). The semi-structured interview guide encouraged participants to share their experiences related to early childhood, family dynamics, initial alcohol use, intimate relationships, stigma, and barriers to support (p. 3). The interviews were transcribed and analyzed for themes, creating a narrative portrait of each woman, "presenting an overview of their individual life story in their own words" (p. 3). Inductive coding was used to identify patterns related to participants' experiences. The emerging themes included mental health and domestic and sexual violence, family

pressure and control, shame surrounding alcohol use, and prioritizing women's needs (pp. 4-7). The study's findings suggest that South Asian women with alcohol dependency face heightened psychological and systemic challenges due to restrictive upbringing, gender roles, and the burden of family honour. These factors can delay help-seeking until reaching a crisis point and underscore the importance of culturally sensitive, gender-responsive treatment (p. 7).

Johl (2017) conducted a study on the experiences of treatment providers supporting relatives of alcohol-dependent Sikhs. He recognized that members of South Asian communities were significantly underrepresented in addiction treatment data from services in England (p. 210). The study aimed to explore what staff at treatment facilities perceived as barriers to accessing treatment for members of the Sikh community, as well as factors that promoted engagement with these services (p. 210). Johl (2017) adopted a qualitative approach, using semi-structured interviews to accurately capture the nuances of alcohol dependence from participants' perspectives. Participants were recruited from treatment facilities working with addicted individuals and their families (p. 211). All interviews were recorded, transcribed, and analyzed through thematic analysis, which identified five main themes: "nature of familial support provided" (p. 213), "attitudes to alcohol" (p. 214), "lack of understanding" (p. 215), "inter-generational differences" (p. 215), and "targeting and tailoring services" (p. 218). While many of Johl's (2017) findings align with prior research on the topic, he observed differences in how various generations engage with addiction, particularly regarding their level of knowledge, expectations of treatment services, and methods of accessing support (pp. 220-221).

In their literature review, Karasz et al. (2019) focused on the experiences of South Asian subgroups in the United States with "unique mental health needs, including women, older adults (65+), youth and certain occupational groups" (p. S8). The researchers searched the NCBI, PubMed, and Scopus databases using the inclusion criteria of the words "stress", "anxiety", "mental health", "depression", "migration", "domestic violence", "alcohol", "substance abuse", combined with the populations of interest, such as "South Asia(n)", "India(n)", "Bangladesh(i)", "Pakistan(i)", and "Sri Lanka(n)" (p. S8). Additional inclusion criteria included the words "women only", "men only", and "occupation" (p. S8).

The exclusion criteria for this literature were articles not related to mental health within the South Asian population (p. S8). Karasz et al. (2019) found that most studies on mental health in South Asian populations had been primarily conducted in the United Kingdom, Canada, and India; however, research from the United States aligned with themes emerging from studies in other countries (p. S8). The themes outlined by Karasz et al. (2019) included “migration-related and acculturative stress” (p. S8), “depression” (p. S8), “somatization” (p. S9), “disparities in South Asian women” (p. S9), “explanatory models” (p. S9), “disparities in South Asian youth” (p. S9), “disparities in South Asian older adults (65+)” (p. S9), “CVD risk and mental health/stress” (p. S9), “alcohol abuse and cancer” (p. S10), and “cancer and coping strategies” (p. S10). There was also alignment among themes related to access to mental health services, such as “barriers to use of mental health services” (p. S10) and “current approaches to mental health services and potential treatment models” (p. S11). Karasz et al. (2019) concluded that mental health support within the South Asian community is essential due to the severity of mental health issues faced by the population; however, South Asians remain a vastly underrepresented group in research from the United States (p. S11). Not only is more data needed to enable mental health professionals to better support the South Asian community, but there also needs to be a clearer understanding of how South Asians perceive mental health for the development and testing of culturally appropriate interventions, which would help increase engagement with treatment in the community (p. S12).

Kaur (2024) conducted a literature review to identify the barriers faced by members of the Punjabi-Sikh community in accessing support for alcohol addiction (p. 1). The 14 papers she reviewed were sourced from “Medline, Embase Cumulative Index to Nursing and Allied Health Literature and Google Scholar” (p. 2), with inclusion criteria focusing on Punjabi, Sikh, alcohol addiction, and research conducted in the United Kingdom. Exclusion criteria ruled out research published before 1980 and after 2021. Kaur’s (2024) review identified ten barriers to accessing addiction services, with stigma being the most prominent theme that underpins most of the other identified barriers. The identified barriers included religion (p. 2), a lack of understanding about excessive alcohol use, addiction, mental health, and

confidentiality within addiction and mental health treatment facilities (p. 2), a preference for the medical model of treatment (p. 3), and concerns about maintaining family honour and fear of judgment from other South Asians (p. 3). Gender differences revealed that the burden of care disproportionately fell on women (p. 14). Kaur (2024) also pointed out the double standard faced by women who drink alcohol (p. 14). Kaur's (2024) research included several papers exploring potential solutions to these barriers, such as creating culturally specific services, increasing cultural competency among helping professionals, including hiring those from similar cultural backgrounds who speak the same language, and considering the age and sex of the professionals (p. 15). She aligned with the common recommendation highlighted across most reviewed papers, emphasizing the need for culturally sensitive support services to improve engagement from the Punjabi-Sikh community (p. 17).

Kaur et al. (2024) conducted a phenomenological study on the experiences of Malaysia-based Punjabi-Sikh women with alcohol. They selected participants through purposive sampling from cities across Malaysia with large Punjabi Sikh populations (p. 369). After establishing their initial pool, they used snowball sampling to form a diverse sample that represented a variety of experiences (p. 369). The researchers conducted 90-minute interviews with ten women aged between 30 and 45 years, using a semi-structured discussion guide (pp. 368-369). The interviews were analyzed through interpretative phenomenological analysis to understand how participants interpret their experiences. The analysis revealed four main themes: "ambivalence and balance" (p. 370), "influence and exploration" (p. 370), "spirituality and individual paths" (p. 370), and "secrecy and disclosure" (p. 370). Kaur et al. (2024) concluded that alcohol use among Punjabi-Sikh women is a complex issue. Most of the women were hesitant to seek help due to fear of discrimination. This has led to limited access to resources and low engagement (p. 377). To support Punjabi-Sikh women in managing alcohol treatment, they recommended developing targeted interventions and support programs specifically tailored to the needs of Malaysian Punjabi-Sikh women struggling with alcohol (p. 377).

Kunz and Giesbrecht (1999) conducted a quantitative study examining the factors that contribute to alcohol use among Punjabi immigrants in the Toronto area. They observed that research on alcohol use

in Indian immigrant communities is relatively limited (p. 404). After recruiting participants, Kunz and Giesbrecht (1999) sampled 524 individuals from the Punjabi community. The participants belonged to the main religious groups in the Punjab region of India. They completed a 27-page questionnaire covering sociodemographic characteristics, acculturation, health, alcohol use, smoking, and drug use (p. 406). The data were analyzed using logistic regression (p. 415) and bivariate analyses (p. 411). Almost half of the respondents were drinkers, and most reported not drinking before moving to Canada (p. 409). A higher proportion of male participants identified as current drinkers, while most females identified as non-drinkers. Nearly half of those following the Sikh religion were drinkers, and almost half of the Sikh subgroup viewed alcohol use as a widespread issue in the community (p. 410). The gap between the perception of alcohol as a community problem and the data indicating a low prevalence of problematic drinking highlights the “need to understand the Punjabi perspective of problem drinking and the context under which it occurs” (p. 415).

Morjaria and Orford (2002) conducted a qualitative study of South Asian men to understand the role of religion and spirituality in alcohol recovery. Morjaria and Orford (2002) used semi-structured interviews to gather data from ten participants (p. 230). The interview guide focused on participants’ experiences of recovery and the importance of religion or spirituality in their journeys (p. 231). The transcribed interviews were analyzed using a grounded theory approach (p. 232). The interview material suggested that recovery took a more religious form for South Asians, indicating that religion may be more culturally embedded in their worldview (p. 250). In this exploratory study, Morjaria and Orford (2002) confirmed that spirituality and religion played an important role in recovery. They noted that religion and spirituality might be more culturally ingrained in South Asian communities and highlighted the potential to leverage this culturally embedded religiosity to develop and implement more culturally relevant recovery strategies (p. 254).

Morjaria-Keval and Keval (2015) authored a theoretical paper that built upon Morjaria-Keval's 2002 research to offer further insight into the role of spirituality in mental health, addiction, and recovery, for those who identify as Sikh (p. 123). The article provides a brief overview of the history of Sikhism

and the growth of the Sikh diaspora, contextualizing alcohol use within the Sikh community (p. 123). The article further explores alcohol use, addiction, and recovery within the context of Sikhism. Morjaria-Keval and Keval highlight the key aspects of Sikhism that can support addiction recovery (p. 126). The model proposed by Morjaria-Keval and Keval emphasizes religious adherence and seva, or charitable volunteer work, as expressions of religious devotion to God and their role in engaging individuals in activities incompatible with a drinking lifestyle (p. 129). The concluding part of the recovery model relies on the concepts of purification, redemption, and shifting from an ego-centric perspective toward one aiming for unity with God (p. 130). The model discussed in this paper is based on earlier research by Morjaria-Keval and has demonstrated effectiveness when working with Sikhs recovering from addiction. Employing a spiritual or religious framework can enable more "dynamic, ethno-religious, cultural and social reformulations of identity" (p. 135), especially as individuals seek to reclaim their identity during recovery.

Oliffe et al. (2010) conducted a study to examine the relationship between masculinity and diet among Sikh men from Punjab, India, who now lived in British Columbia. Oliffe et al. (2010) employed a "qualitative ethnographic study design" (p. 764) and gathered data through "fieldwork, participant observations, and semi-structured interviews" (p. 764). The team held 18 group meetings with six Punjabi Sikh men's groups and conducted six individual interviews within these groups (p. 764). The collected data were analyzed using NVivo 8, a qualitative software program, to identify recurring codes and themes (p. 765). Oliffe et al. (2010) noted that many participants dissociated alcohol consumption from religion but linked it strongly to their sense of masculinity, culture, and social class (p. 768). Their findings suggest a complex relationship between masculinity and dietary practices in Punjabi-Sikh men who have migrated to Canada. Despite the participants' strong connection to religious and cultural ideals around masculinity and diet, Western influences on their eating habits could not be ignored (p. 771). Oliffe et al. (2010) emphasized the importance of designing interventions that build upon existing cultural dietary knowledge, rather than demonizing traditional cultural practices (p. 772).

An editorial by Pannu et al. (2009) highlighted that current public health policies overlook the factors that contribute to alcohol consumption and barriers to treatment in this community because alcohol-related harm is underreported, though the actual level of harm is disproportionately high (p. 1). Pannu et al. (2009) compared alcohol consumption and mortality rates among Irish and Scottish populations with those of Indian people. They observed that national data indicate Indians report drinking less than the general population, yet they experience higher rates of alcohol-related hospital admissions and deaths than their white counterparts (p. 1). This discrepancy led Pannu et al. (2009) to conclude that the data do not support the misconception that alcohol-related harm is low across all South Asian groups (p. 1). A government report that informed the Alcohol Harm Reduction Strategy for England grouped all South Asian ethnicities into a single category, which overlooks differences in ethnic identity among these groups (p. 1). Pannu et al. (2009) pointed out that one key difference between these groups is their patterns of alcohol consumption. Pannu et al. (2009) emphasized the importance of understanding how "the differences in religion, culture, history and socioeconomic position interact with biology" (p. 1) to better interpret the data and develop culturally relevant services. They recommended engaging local community groups in designing and implementing clinical services, including hiring staff who reflect the local population and can understand and relate to their language and experiences (p. 1). Pannu et al. (2009) suggested that outreach workers should develop trusting relationships with South Asian communities to promote access to various treatment options (p. 1).

Puri et al. (2018) conducted a narrative review of existing literature to explore what is currently known about "the access to and treatment of alcohol use disorder among the South Asian population in Canada and the United States" (p. 347). They conducted database searches of "Medline, CINAHL, PsycINFO, Embase, and the Cochrane Database of Systematic Reviews" (p. 347). Their inclusion criteria encompassed all types of study methodologies, focusing on the South Asian population in Canada, the United States, and the United Kingdom, involving individuals aged 18 years or older of all genders and religions, and considering all treatment methods (p. 347). The authors excluded studies unrelated to alcohol use, those focusing on multiple substances, and studies involving youth (p. 348). After reviewing

34 articles, they found no data on the efficacy of alcohol use disorder treatments for South Asians, despite numerous programs available to all populations in Canada and the U.S. (p. 348). Puri et al. (2018) attribute this lack of data to poor engagement in treatment (p. 349), stigma and shame (p. 349), levels of acculturation (p. 350), family dynamics (p. 351), systemic barriers (p. 351), culturally appropriate messaging (p. 352), and the absence of culturally responsive therapy and treatment (p. 352). Puri et al. (2018) highlighted the urgent need to develop treatment approaches tailored to this population, considering their high risk of alcohol use and related morbidity (p. 353).

Rai (2006) shared his personal experience working with street-active South Asian youth in the Lower Mainland of British Columbia. Rai (2006) observed that many South Asian youths do not face the same issues as other youth with addiction and mental health problems, but they do encounter additional barriers to treatment, such as collective shame (p. 1). He discussed the difficulties South Asian youth face in accessing treatment, especially in severe cases of addiction requiring long stays at treatment facilities. Parents of youth with addiction may find themselves in a tough position: wanting to support and help their child but unsure how to disclose the addiction out of fear that it “would shatter the image of their ‘perfect’ family” (p. 1). To protect their family's image, Rai (2006) recounted instances of families sending their children to live with relatives in another city or country, often in India. He found that, in most cases, parents did not understand the importance of medical and counselling support for treating addiction (p. 1). Ultimately, Rai (2006) concluded that the South Asian community needs to put the needs of youth struggling with addiction above concerns of shame, family image, and reputation. He believed that proper support can only happen when families and the community begin to abandon the pervasive fear of shame (p. 1).

Rani et al. (2025) conducted a quantitative study on the factors contributing to increased substance abuse in rural Punjab. Their research aimed “to explore the underlying causes of substance abuse, focusing on socio-economic, psychological, and cultural dimensions” (p. 1316) that influence substance abuse. The team surveyed 240 participants from eight addiction treatment centres, collecting data through “structured interviews” (p. 1317). Following data collection, the team performed an

Exploratory Factor Analysis to identify distinct factors of "individual, familial, societal and socio-economic" (p. 1317). These dimensions were then validated via Principal Component Analysis and Ordinal Logistic Regression, which assessed how these factors affected substance abuse severity (p. 1317). The statistical analyses were conducted using SPSS. The data indicated that substance abuse stems from a combination of factors, including personal decisions, social influences, and environmental conditions (p. 1317). Rani et al.'s (2025) findings emphasized an urgent need for substance abuse prevention strategies that address the broader factors leading to substance abuse (p. 1318). Rani et al. (2025) also supported community development projects designed to improve living conditions in lower socio-economic areas, aiming to break cycles of poverty and addiction (p. 1325).

Rastogi and Wadhwa (2006) wrote a conceptual article based on a case study to identify barriers to seeking treatment for addiction and provided treatment recommendations based on their work with the family in the case study. They noted a lack of literature on substance abuse among Indians in the United States, mentioning that their search yielded only one journal article from 1998. Rastogi and Wadhwa (2006) relied on their clinical experiences and extrapolated from existing literature on substance abuse (p. 1240). Despite the Indian community's tendency to keep mental health issues private, "the combined stresses of acculturation, lack of familiar support resources, racism, and discrimination" (p. 1240) have been identified as contributors to mental health problems within the community. Factors such as "gender and generational hierarchy in families and the role of shame" (p. 1240) are culturally specific features that increase the community's vulnerability to drug and alcohol use (p. 1240). While family involvement can serve as a protective factor, it can also perpetuate psychological distress, especially when there is a clash between the values of interdependence within the family and the independence valued by the host culture (p. 1241). The authors' treatment recommendations highlight the importance of understanding family roles, cultural values, gender, acculturation, and ethnic identity in addressing presenting concerns (p. 1243). They advocate for culturally sensitive interventions and treatments, such as CBT or family systems therapy, which have shown effectiveness with Asian Americans (p. 1243). Rastogi and Wadhwa (2006) emphasized the importance of understanding how family structure, gender, culture, and religion influence

substance abuse among Indians, encouraging exploration of the intersectionality of these factors when developing treatment plans (p. 1245).

Rebello et al. (2025) conducted a scoping review of six online databases to identify studies in South Asia that address the challenges faced by families living with someone experiencing problem drinking (p. 1). The focus of Rebello et al.'s (2025) review was to explore these challenges and use the findings to guide further research aimed at developing interventions to support the family system when problematic alcohol use occurs (pp. 2-3). The population included spouses, adolescents, and extended family members of the person with the drinking problem (p. 3). The review encompassed both quantitative and qualitative studies but excluded protocols, reports, editorials, opinion pieces, chapters in books, and conference proceedings (p. 3). To identify relevant studies, the team searched "PubMED (NCBI), Scopus (Elsevier), CINAHL (EBSCO), Web of Science (Clarivate), ProQuest Psychology, and PsycINFO" (p. 3) for articles published "between January 2003 and June 2023" (p. 3). 47 studies were included in the review (pp. 3-4). Many studies highlighted the challenges faced by spouses and children of individuals who drink (pp. 4-5). The included studies primarily addressed the physical, psychological, and emotional challenges faced by family members, with fewer focusing on the social or financial impacts of alcohol use (p. 5). Most existing literature is from a Western viewpoint, with limited research on the challenges faced by families in South Asia. Due to stigma and shame surrounding problem drinking, many South Asian families attempt to conceal the issue (p. 5). Keeping the problem within the family can exacerbate familial conflict, and difficulties between spouses may have a negative impact on children and adolescents (pp. 5-6). The review by Rebello et al. (2025) examined issues such as strained family dynamics, emotional distress, and increased mental health concerns (p. 9). When working with South Asians, helping professionals need to "consider the challenges impacting the entire family, while also addressing the needs of each individual involved in managing someone with problem drinking" (p. 9).

Reda (2023) developed a composite case study to examine the cultural barriers faced by South Asian women in maintaining engagement with substance abuse and mental health treatment. The stigma

surrounding addiction and mental health within the South Asian community results in limited information about the challenges these women encounter regarding mental health and substance use (p. 273). Feminist theory has proven effective when paired with cultural humility for analysing issues of power and powerlessness with clients; however, there is a lack of research on the effectiveness of such approaches with South Asian women. This gap was what Reda (2023) aimed to address in her paper (pp. 273-274). Reda (2023) created a composite case study of a client named Anita, who represented a blend of three clients she had worked with. Using the case study method enables the author and audience to view a phenomenon through multiple subjective perspectives (p. 276). The details in the case study were drawn from Reda's (2023) case notes, clinical consultations, and observations. The main themes identified by Reda (2025) were power and powerlessness, which led her to approach her sessions with Anita from a feminist therapy perspective (p. 276). The case study highlighted the influence of stigma and patriarchal traditions on a South Asian woman. Reda (2025) noted that her case study was a generalization of South Asian women, citing the limited research on South Asian women's utilization of mental health and substance use treatments as the primary reason for choosing a case study (p. 279). She emphasised the importance for practitioners to continue exploring interventions and evidence-based practices for working with South Asian communities, while respecting their culture and traditions.

A conceptual paper by Sandhu (2009) aimed to provide a framework for understanding drug and alcohol use from a Punjabi-Sikh perspective and treating substance-related disorders within the Punjabi-Sikh community (p. 23). Sandhu cited statistics produced by the World Health Organization (WHO) in 2002, which estimated that the number of alcohol users globally was 2 billion people, and 76 million people had alcohol-related disorders (23). Sandhu (2009) also noted that global alcohol consumption has increased steadily over the last few decades, and that dependence on substances affects everyone regardless of age, sex, nationality, or race (p. 23); however, there is a lack of culturally appropriate interventions to assist people across different communities who are struggling with substance abuse (p. 23). While the existing model has provided an effective framework for addressing substance use issues, Sandhu (2009) highlighted that the siloed nature of current medical treatment is often inconsistent with

the holistic approach many cultures use when conceptualising health and wellness. In his article, Sandhu (2009) explained the differences between Punjabi and Sikh views on alcohol and substance use and outlined the specific issues faced by Punjabi-Sikh substance users when seeking treatment. Sandhu (2009) also compares Sikh philosophies on health and healing with current substance use treatment models, specifically the biopsychosocial model and the Alcoholics Anonymous 12-step model. He concludes by emphasising the barriers and challenges faced by Punjabi-Sikh substance users, recommending that some spiritual aspects of Sikh philosophy be integrated into treatment approaches for this population (p. 35).

Sharma et al. (2020) identified a gap in existing research regarding "the financial, social and mental health struggles" (p. 584) faced by South Asian Americans, which they attributed to the high potential for a dropout rate among research participants (p. 584). Sharma et al. (2020) stated that culturally appropriate mental health care for South Asian youth is critically lacking. Through their study, they aimed to provide an overview of factors that may contribute to the mental health challenges faced by these youth and to suggest treatment options they believe would be helpful when working with this population. Sharma et al. (2020) searched PubMed and PsycInfo for articles related to South Asian mental health treatment, therapy, or interventions. They identified a total of 69 articles focused on the Southeast Asian and South Asian immigrant experience, excluding those that centred on the experiences of older adults (p. 585). In their findings, Sharma et al. (2020) noted that second-generation South Asian youth face a unique set of challenges both within the South Asian community and between the South Asian community and others (p. 585). Their research revealed that South Asian youth generally do not seek help due to the stigma associated with receiving support for mental health issues, and when they do seek help, it is usually after a crisis has occurred. To improve access to treatment for South Asian youth, Sharma et al. (2020) recommend adopting a "multipronged approach with individual, group, family and community interventions" (p. 587). They suggested leveraging the medical model of mental illness because it helps lower barriers to care by offering psychoeducation, which reduces the stigma and shame linked to mental health issues (p. 587). Sharma et al. (2020) also advocated for developing community outreach and educational programs tailored to South Asian youth as a way to destigmatize mental illness (p. 588).

Given that South Asian youth face a distinct set of mental health challenges and that this group remains underserved in mental healthcare, there is an urgent need for a culturally responsive treatment model that recognizes these challenges and provides support to reduce barriers, enabling effective engagement in treatment.

In the study conducted by Taak et al. (2020), the authors noted that there are programs in the United Kingdom that have been effective in treating alcohol addiction; however, members of the Punjabi-Sikh community are under-represented in those services due to barriers such as stigma, lack of knowledge about the services, and language difficulties (p. 231). In their study, Taak et al. (2020) aimed to find out what Punjabi-Sikh men thought about using digital support services to help reduce their alcohol consumption. The authors reasoned that since there is stigma around admitting to alcohol struggles, members of the Punjabi-Sikh community might avoid joining in-person programs to keep their drinking private. Therefore, introducing digital support interventions that can be accessed through a smartphone and in privacy shows promise as a way to support the Punjabi-Sikh population (p. 232). Taak et al. (2020) carried out a qualitative study to gain insights into the "social and cultural influences on alcohol consumption and perceptions of digital support for alcohol reduction in hard-to-reach groups" (p. 232). The team conducted semi-structured interviews combined with a think-aloud method to explore participants' impressions of the topic. They interviewed 15 male participants aged between 18 and 27 years who scored 5 or higher on the Alcohol Use Disorder Identification Test-Consumption (AUDIT-C) scale (p. 232). Participants were recruited through social media ads, mental health charities, and snowball sampling. The recorded interviews were transcribed and analyzed using inductive thematic analysis to identify common themes (p. 233). The themes that emerged focused on fear of drinking as a coping mechanism, clashes between religious and cultural norms, stigma around mental illness, and lack of knowledge as barriers to seeking help (p. 233). The participants in Taak et al.'s (2020) study confirmed that stigma around mental illness and addiction is a significant barrier to accessing treatment.

Thandi (2011) conducted a qualitative research study in which he interviewed South Asian frontline workers to identify methods for reducing substance abuse and intimate partner violence within

the Punjabi-Sikh community (p. 177). Thandi (2011) observed that there was limited research on intimate partner violence and substance abuse, yet his discussions with frontline workers challenged this scarcity. He conducted seventeen interviews with professionals including “police officers, probation officers, counsellors, social workers, child protection workers, and victim service workers” (p. 177). The audio-recorded interviews were transcribed and analysed using NVIVO software to identify themes (p. 184). The analysis revealed themes such as the frequent co-occurrence of alcohol consumption and intimate partner violence (p. 184), gaps in existing services (p. 185), marginalization of culture and religion (p. 186), and the role of spirituality in interventions and prevention (p. 186, 188). Thandi’s (2011) interviews underscore the gap between the existing literature on substance use and intimate partner violence among South Asians and what frontline workers report. He concludes his article by recommending increased training for counsellors and frontline workers in Punjabi-Sikh language, culture, and religious practices (p. 190).

Thandi et al. (2014) conducted a community-based research project to inform service providers working with vulnerable and underserved communities in the Metro Vancouver area and to persuade government agencies to prioritize funding for addiction prevention and intervention services for a critically underfunded subpopulation (p. 2). The aim of Thandi et al.’s (2014) study was to “gather data in order to determine what need exists in Surrey and surrounding areas for South Asian communities impacted by substance abuse” (p. 3). The team used a qualitative research method, collecting data through interviews to identify common themes. The ten participants interviewed were recruited through the lead researcher’s professional network. These participants were South Asians working in healthcare or community services who had experience assisting clients struggling with addiction (p. 10). They reported that, among all the communities they served, the Punjabi-Sikh community was the most visible group accessing substance use services, though they believe this may be because Punjabi-Sikhs are the largest South Asian group in the area (p. 10). The themes identified through thematic analysis included “multi-generational differences, ethno-cultural influences, noticeable impact on Sikh Punjabi women, perceived and existing barriers in accessing service, and lastly intervention and prevention strategies” (p. 10).

Participants highlighted the importance of recognizing the specific needs of other South Asian communities that are less visible in accessing addiction support and recommended that any research designs should involve members of these communities as stakeholders (p. 10). They also suggested creating outreach programs and educational initiatives that can be disseminated through culturally specific media outlets (p. 14).

Themes

Religious and Cultural factors

There is a disconnect between the teachings of the Sikh religion and Sikh culture (Taak, 2020). The Sikh Holy Book advises against the use of mind and mood-altering substances (Kaur et al., 2024; Kaur, 2024). The Holy Book states that reliance on substances such as drugs and alcohol is a material attachment and therefore acts as a barrier to becoming one with God (Sekhon, 2007, as cited in Kaur, 2024; Kaur et al., 2024). Ironically, although the Sikh Holy Book discourages alcohol use, it is not uncommon for regular parishioners and even baptized Sikhs to frequently indulge in alcohol (Bradby, 2007; Kaur, 2024). In these cases, there may be increased secrecy around alcohol use, as the expectation of abstinence raises stigma and creates barriers to seeking help (Kaur, 2024). Some may find it ironic that alcohol use among immigrant men was often initiated through connections made at Gurdwaras (Sikh temples) with other congregants. However, this makes sense when considering the human need for connection. Many Sikh immigrants visit Gurdwaras as a way of connecting with others who share their culture and faith. Meeting people there enables immigrants to establish new relationships with those who share their cultural background, have similar experiences, and share a common history, while also allowing them to maintain their cultural heritage (Baptiste, 2005; Oliffe et al., 2010). The bonding experiences between new and settled immigrants can sometimes lead to increased alcohol use once social interactions move outside the Gurdwara (Morjaria-Keval & Keval, 2015; Oliffe et al., 2010). Participants in Fox et al.'s (2024) study suggested that the tension between Sikhism's discouragement of alcohol and the pressure to conform to cultural and societal norms fosters feelings of ambivalence towards alcohol, which may act as a coping mechanism to reconcile these conflicting perspectives. It appears others in Fox

et al.'s study resolve the dichotomy between religion and culture by distancing themselves from religious teachings.

The idea of karma can also influence a person's ability or desire to stop drinking. As noted by participants in Morjaria and Orford's (2002) study, belief in karma usually doesn't motivate change; instead, most people see their life outcomes as the will of God, making them feel out of their control (Chaudry & Chen, 2019; Sharma et al., 2020). There are similarities between how karma affects someone's experience with alcohol dependence and the concept of personal responsibility when viewing alcohol dependence as a medical condition. In both cases, the individual may see themselves as unable to overcome their addiction because of factors outside of their control (Barnett et al., 2018; Morjaria & Orford, 2002; Reda, 2023; Sharma et al., 2020). Karma can also influence how people assign blame for the onset of addiction or mental illness (Chaudhry & Chen, 2019). In Punjabi culture, there is a belief that the events that happen to a person in this life are the result of how they lived in a previous life. For example, if someone suffers from alcohol use disorder, it is believed that they lived in a manner that accumulated bad karma in a past life; therefore, they are responsible for their addiction and their current life circumstances. Another example of being a victim of circumstance is attributing addiction and mental illness to receiving the evil eye from another (Chaudhry & Chen, 2019). The evil eye can be said to affect people due to jealousy or bad thoughts directed towards the individual. In this case, the addicted person is considered a victim of the evil eye, rather than being responsible for their illness. People who believe in karma and the evil eye may seek help from religious leaders instead of medical or mental health professionals (Chaudhry & Chen, 2019). Both karma and the evil eye can influence a family's willingness to keep issues like addiction and mental health struggles private, as these issues can carry a stigma and have a contagious effect (Chaudhry & Chen, 2019).

How alcohol is consumed in the Punjabi community differs from how it is consumed in mainstream Canadian culture. In the Punjabi community, alcohol is often consumed in large quantities at gatherings and parties. Punjabi gatherings provide the opportunity for extensive alcohol consumption with open bars and a seemingly endless supply of liquor (Ahuja et al., 2003). In the mainstream context,

consuming more alcohol than usual at a wedding or a party likely would not raise concern. However, gatherings in the Punjabi community happen frequently. Families may come together every weekend. There is always a birthday to celebrate or a culturally or religiously significant day. Weddings in the Punjabi community last for a week, and alcohol is readily available at nearly every event that makes up a Punjabi wedding, culminating in a reception with an open bar. It can be easy for the community to normalise alcohol abuse when there are frequent opportunities to gather and drink large amounts of alcohol. It can be seen as something done during times of joy. Because the drinking occurs in public settings, it may not be regarded as a problem by the wider community. Additionally, when youth are exposed to this environment from childhood, it increases the chance that their first experience with alcohol will happen within a social setting.

The normalization of alcohol is a learned behaviour. Children observe their elders' actions and attitudes towards alcohol. They see when those elders drink, how family dynamics influence drinking during gatherings, and what happens afterwards. They notice the links between social events and access to alcohol (Ignat et al., 2025; Johl, 2017; Rani et al., 2025; Taak, 2020). They observe alcohol being present during celebrations and periods of mourning (Johl, 2017; Taak, 2020). They also see caregivers having drinks after work, before or with dinner, or as a nightcap. This leads them to see alcohol use as part of daily routines, normalising it as something people do regularly. Early exposure to alcohol can predict future drinking behaviour in children (Ignat et al., 2025). Some choose not to drink, fearing they might become alcoholics like previous generations (Taak, 2020). Others may only drink socially, aiming to differentiate themselves from alcoholics by claiming they only drink in social contexts (Taak, 2020). Those who see themselves as social drinkers might admit to excessive drinking but still believe they are in control, unlike those whose drinking impacts others around them (Taak, 2020).

Stigma

As a member of the Punjabi-Sikh community, I have seen the toll addiction has taken on individuals within my community. I have heard stories of turmoil and witnessed the unimaginable stress that comes from loving someone who struggles with addiction (Dhaliwal, n.d.). I have also observed the

secrecy surrounding addiction, with many families hiding it from outsiders (Taak, 2020). It is common for families to conceal a loved one's addiction from those outside the household (Agic et al., 2011; Dhaliwal, n.d.; Puri et al., 2018; Reda, 2023; Taak, 2020). In some cases, addiction was an open secret, discussed outside the vicinity of the addicted individual or their family. In other instances, people battled addiction privately, with the truth only emerging after their passing. Additionally, there are cases where families deny that their loved one died from addiction to avoid the shame and stigma associated with it (Agic et al., 2011; Dhaliwal, n.d.; Kaur, 2024; Puri et al., 2018; Reda, 2023).

Because upholding family honour is such a vital part of the culture, keeping an issue like addiction within the family can be seen as extremely important (Ahuja et al., 2003; Baptiste, 2005; Chadda & Deb, 2017; Chaudhry & Chen, 2019; Fox et al., 2024; Karasz et al., 2019; Kaur, 2024; Reda, 2023; Sharma et al., 2020; Taak, 2020; Thandi, 2011), especially if the person struggling with addiction is of marriageable age (Chaudhry & Chen, 2019; Reda, 2023). Family members might worry that the community will see them as being tainted by association and that they are being punished by God (Chaudhry & Chen, 2019). To avoid being ostracized by their community, families often go to great lengths to keep the issue hidden, such as sending the addicted individual to live with family abroad, usually in their homeland, hoping it will help them recover, or arranging marriage without informing the bride or groom’s family of the addiction (Chaudhry & Chen, 2019). Marriageability holds such importance that families conceal their child’s addiction from potential partners, hoping their child will marry someone deemed socially acceptable (Chaudhry & Chen, 2019; Reda, 2023). In many cases, the prospective spouse remains unaware of the addiction until after marriage, often too late for them to back out (Chaudhry & Chen, 2019; Reda, 2023). Divorce is generally not an option for these women, as it threatens their family’s honour (Ahuja et al., 2003; Fox et al., 2024; Kaur, 2024).

Gender Differences

Punjabi men in India often gather and socialize while engaging in recreational activities, a practice that many have continued in the West (Cochrane & Bal, 1990). It is common to see men at family gatherings drinking while playing cards or socializing with one another, a pattern reflected in

Cochrane & Bal's (1990) study. It is almost expected for men in Punjabi culture to partake in drinking, so declining a drink may be seen as disrespectful.

It is likely that more men than women commonly suffer from addiction (Taak, 2020) because certain foods and drinks have become associated with masculinity, such as meat and alcohol (Oliffe et al., 2010). In Punjabi culture, there is a strong connection between alcohol use and masculinity, which is reinforced through Punjabi lore and songs (Johl, 2017; Kaur et al., 2024; Thandi, 2011). The romanticization of alcohol in Punjabi media seems to have played a significant role in shaping how Punjabi men view, interpret, and internalize messages about masculinity (Ahuja et al., 2003; Sandhu, 2009, as cited in Thandi, 2011). How alcohol is portrayed to impressionable Punjabi youth through movies, songs, and music videos has fostered the internal belief that consuming alcohol is necessary to be considered masculine (Johl, 2017; Sandhu, 2009; Thandi, 2011). Consequently, young men often overuse alcohol in attempts to demonstrate their masculinity (Oliffe et al., 2010). Although one might not expect to become addicted to alcohol, its use can quickly escalate into abuse when it becomes a coping mechanism to alleviate distress, numb uncomfortable feelings, and project an image of idealized masculinity (Oliffe et al., 2010; Rani et al., 2025; Sandhu, 2009; Thandi, 2011). Research by Puri et al. (2018) has shown that while higher levels of acculturation are associated with more liberal attitudes towards alcohol, there are more alcohol-related problems among those with lower levels of acculturation (Morjaria-Keval & Keval, 2015). Puri et al. (2018) suggested that increased alcohol consumption might be worsened by the negative effects of microaggressions from members of the host culture on individuals' mental health (Reda, 2023; Sharma et al., 2020). Connected to notions of masculinity is the belief that discussing feelings is not a masculine trait but a sign of weakness in men (Mouallem, 2017, as cited in Dhaliwal, n.d.; Oliffe et al., 2010; Sharma et al., 2020). As a result, Punjabi men are often not taught how to manage their emotions or mental health in healthy ways and are more likely to turn to drugs or alcohol to cope with difficult thoughts or feelings (Dhaliwal, n.d.; Rani et al., 2025; Sharma et al., 2020).

Since the burden of protecting family honour generally falls on women, many wives of alcoholics suffer in silence and hide the truth to avoid bringing dishonour to both their natal and marital families

(Fox et al., 2024; Rebella et al., 2025; Reda, 2023). In many cases, these women may also endure instances of violence alongside alcohol use in the name of protecting their family's honour (Fox et al., 2024; Rebella et al., 2025; Reda, 2023). It is not uncommon for wives or daughters to internalize the guilt and shame of the addict's behaviour (Agic et al., 2011; Puri et al., 2018), believing they are to blame for their past actions or how they lived in a previous life (Chaudhry & Chen, 2019; Kaur, 2024; Reda, 2023). When wives believe that having an alcoholic husband is their fate (Chaudhry & Chen, 2019), they may feel hopeless, which reduces their resilience, support from family and community, and sense of agency (Ahuja et al., 2003; Johl, 2017; Kaur, 2024; Reda, 2023), potentially increasing feelings of isolation and risks of depression, suicide, and self-harm (Ahuja et al., 2003; Karasz et al., 2019; Reda, 2023). Even when wives disapprove of their husbands' drinking, they often set their needs aside and remain loyal to their marital family (Ahuja et al., 2003; Reda, 2023). Wives of alcoholic husbands continue to offer social and emotional support to their husbands, in-laws, and extended family members, regardless of how the alcohol use impacts them (Ahuja et al., 2003; Johl, 2017).

Since the burden of protecting family honour generally falls on women, many wives of alcoholics suffer in silence and hide the truth to avoid bringing dishonour to both their natal and marital families (Fox et al., 2024; Rebella et al., 2025; Reda, 2023). It is not uncommon for wives or daughters to internalize the guilt and shame of the addict's behaviour (Agic et al., 2011; Puri et al., 2018), believing that they are to blame due to their past actions or how they lived in a previous life (Chaudhry & Chen, 2019; Kaur, 2024; Reda, 2023). When wives believe that having an alcoholic husband is their fate (Chaudhry & Chen, 2019), they may experience a sense of hopelessness that diminishes their resilience, leads to a lack of support from family and community, and reduces their sense of agency (Ahuja et al., 2003; Johl, 2017; Kaur, 2024; Reda, 2023). This often results in increased feelings of isolation and a higher risk of depression, suicide, and self-harm (Ahuja et al., 2003; Karasz et al., 2019; Reda, 2023). Even when wives disapprove of their husbands' drinking, they frequently set their own needs aside and remain loyal to their marital family (Ahuja et al., 2003; Reda, 2023). Wives of alcoholic husbands often

continue to provide social and emotional support to their husbands, in-laws, and extended family members, regardless of how the alcohol use affects them (Ahuja et al., 2003; Johl, 2017).

Social perception and maintaining family honour might influence people's decisions, mainly women's, to start drinking alcohol without their elders' knowledge (Fox et al., 2024; Reda, 2023). Participants in Fox et al.'s (2024) study shared stories of their first experiences with alcohol, often involving drinking with friends or trusted individuals such as siblings and partners. The interviewees mentioned they drank in places where they knew they wouldn't see people their family knew, like hotel rooms or bars, where they could stay anonymous (Fox et al., 2024).

Due to the patrilineal and patriarchal nature of Punjabi culture, men are granted a greater degree of autonomy and privacy from other family members than women (Baptiste, 2005; Danzer, 2013; Reda, 2023). Greater autonomy means Punjabi men are less likely to be questioned or judged harshly for drinking. They do not need to justify their desire for a drink, nor do they have to hide their drinking from others. When women do seek help for addiction or mental health issues, their help-seeking behaviour may be influenced or controlled by the men in their lives, such as husbands or fathers, which can negatively affect the care they receive (Reda, 2023). In some cases, women seeking help are accompanied to their appointments by their husbands or fathers, who stay in the room during the consultation with clinicians. The presence of either the husband or father can prevent women from speaking openly about their concerns, potentially impacting treatment outcomes (Reda, 2023).

Acculturation and Generational Differences

Although women from second and later-generation immigrant families are more likely to consume alcohol, there is considerably less information available about their experiences with addiction, often viewed through the lens of a caretaker—be it a wife, mother, daughter, or sister (Ahuja et al., 2003; Johl, 2017; Bradby, 2007; Thandi, 2011). The scarcity of data on female alcohol use may stem from the greater stigma and judgment faced by Punjabi women compared to men (Fox et al., 2024; Reda, 2023). Although daughters are able to distance themselves from their father's drinking more than their mothers, they still often assume caregiving roles within their families. As noted by Ahuja et al. (2003), these

daughters take on responsibilities such as caring for siblings, managing household finances, supporting their mothers' emotional health, and even tending to their father's physical needs. Substance use among first-generation immigrant women is rare (Puri et al., 2018; Thandi, 2011). However, there is potential for prescription drug misuse, as many first-generation immigrant women present mental health issues somatically (Karasz et al., 2019; Reda, 2023; Sharma et al., 2020), which may lead healthcare providers to prescribe physical ailments rather than recognizing mental health symptoms (Chadda & Deb, 2013; Fox et al., 2024; Karasz et al., 2019; Thandi, 2011). Using medication prescribed by a doctor may be seen as necessary for health, and thus justified as a treatment rather than as an addiction.

Females who identify as at least second-generation Punjabis may turn to alcohol as a way to cope with the stress of balancing their family's traditional views with the modern perspectives of their host country (Danzer, 2013; Reda, 2023; Sharma et al., 2020; Thandi, 2011). However, the evidence supporting alcohol use in this population is mostly anecdotal and is linked to experiences such as stigma from family and community, domestic abuse, arranged marriage, childhood and intergenerational trauma, and the overall power imbalance that arises from living within the traditional patriarchal structures of Punjabi culture (Baptiste, 2005; Danzer, 2013; Fox et al., 2024; Johl, 2017; Karasz et al., 2019; Rebella et al., 2025; Reda, 2023; Sharma et al., 2020).

An additional factor that increases the likelihood of alcohol use as a coping mechanism among those in the Punjabi community is the contrast between the collectivistic values of the family culture and the individualistic influences of Western culture (Baptiste, 2005; Chadda & Deb, 2013; Danzer, 2013; Islam et al., 2017; Karasz et al., 2019; Reda, 2023; Sharma et al., 2020). The mismatch between Indian and Western values can be particularly challenging for women because of the patriarchal nature of Punjabi culture combined with the emphasis on maintaining family ties over expressing personal autonomy or privacy (Baptiste, 2005; Chadda & Deb, 2013; Danzer, 2013; Karasz et al., 2019; Reda, 2023).

For Punjabi-Sikh youth, navigating life in two cultures that value both interdependence and independence can cause distress (Baptiste, 2005; Danzer, 2013; Islam et al., 2017; Karasz et al., 2019;

Rani et al., 2025; Reda, 2023; Sharma et al., 2020). With limited resources to help them integrate the differing values of both cultures, these youths are at higher risk of developing unhealthy coping strategies (Rani et al., 2025; Reda, 2023; Sharma et al., 2020), such as using alcohol, which is often easily accessible. Experiencing unrealistic expectations from their parents can increase feelings of resentment and distress. When combined with feelings of alienation from peer groups, it may lead to rebellious behaviour and increased engagement in risky activities like unsafe drinking as a coping mechanism (Rani et al., 2025). In Chadda and Deb's (2017) study, youth reported that increased conflict with parents and elders was a significant source of stress, especially as they try to bridge two cultures with conflicting values (Baptiste, 2005; Danzer, 2005; Reda, 2023; Sharma et al., 2020). When their desire for independence is met with parental resistance to adapt to the host culture's norms, youth may develop dual identities to gain acceptance in different areas of their lives (Baptiste, 2005; Danzer, 2013; Sharma et al., 2020). Because they rely on their parents for support, they often have to comply with their parents' demands to feel loved and accepted. This can lead to hiding parts of themselves that they fear may not be accepted, increasing the likelihood of turning to substance use as a coping strategy (Chadda & Deb, 2017; Danzer, 2013; Karasz et al., 2019).

Barriers to Seeking and Providing Help

Because stigma and shame are such powerful motivators in the Punjabi community, they influence a family's role in either enabling addiction or supporting recovery (Chadda & Deb, 2017; Islam et al., 2017; Johl, 2017; Puri et al., 2018; Reda, 2023). Family involvement can be a double-edged sword in the recovery process. Sometimes, family members can provide support for those attempting to recover from addiction, but their attitudes toward alcohol use and the use of guilt and shame can also hinder successful recovery (Baptiste, 2005; Fox et al., 2024; Islam et al., 2017; Karasz et al., 2019; Rani et al., 2025; Reda, 2023). The stigma linked to addiction might cause individuals to hide their alcohol use, which can lead to reluctance in seeking help (Fox et al., 2024; Karasz et al., 2019; Reda, 2023).

The minimization and justification of alcohol use may also stem from a lack of knowledge and understanding about alcohol dependence, as well as limited awareness of treatment options (Johl, 2017).

This lack of understanding can be seen in the actions some families take to try to end their loved one's alcohol addiction, as noted by Johl (2017). Such actions might include getting their child married in the hope that their loved one will stop using alcohol after marriage, or sending their loved one to India in the hopes they will become sober there (Johl, 2017). Neither of these examples considers the physical and medical aspects of alcohol detoxification and relies solely on the individual's willpower to overcome their addiction.

Potential Interventions

A 2009 study found that members of the Punjabi community place greater value on concrete advice and solutions, as talk therapy is not very common in their culture (Sandu, 2009, as cited in Kaur, 2024). The Punjabi community tends to have higher trust in medical doctors, which may also be because doctors can prescribe medication that provides immediate relief (Kaur, 2024). For many Punjabis, doctors offer tangible solutions to physical issues, earning them a high level of respect. Those seeking help from a medical professional might focus mainly on the effectiveness of pharmaceutical interventions to end addiction (Johl, 2017). While pharmaceutical treatments can be effective in helping someone through detoxification, they are not intended as long-term solutions for maintaining sobriety. Conversely, a multi-treatment approach, such as combining pharmaceuticals with talk therapy, could be more effective in supporting someone on their sobriety journey. The medical model can help reduce the stigma surrounding alcohol addiction. Framing addiction within a medical context allows those affected to see their condition as an illness, which may increase the likelihood that they will seek support (Barnett et al., 2018; Sharma et al., 2020).

Knowledge of how alcohol dependence affects the body is valuable when working with individuals undergoing detoxification. Understanding how withdrawal symptoms can manifest physically and the physical risks of alcohol abstinence can create a safe environment for detoxification, supported by pharmaceuticals and monitored by medical professionals (Krampe et al., 2007). Recognizing the interaction between one's biological predisposition, environment, and social circle is also vital in understanding the likelihood of relapse (Ignat et al., 2025; Sharma et al., 2020). However, relying solely

on medication to treat alcohol abuse only addresses the symptoms of addiction without tackling the underlying causes (Barnett et al., 2018; Reda, 2023). Once a person has safely completed detoxification, it may be more beneficial to address the social and systemic factors that contribute to addiction (Krampe et al., 2007). If a medical professional is the first point of contact for an alcohol-dependent individual, they might refer their patient to a mental health professional to explore the biopsychosocial aspects contributing to their addiction (Barnett et al., 2018; Krampe et al., 2007; Reda, 2023; Sharma et al., 2020).

Those considering seeking help for themselves or loved ones might hesitate due to a lack of understanding about confidentiality in addiction and mental health services (Johl, 2017). To address this, Johl's (2017) study stresses the importance of explaining confidentiality and its limits using clear language the individual understands, ideally in their preferred language. The study also highlights the concern among Punjabi communities about being the subject of gossip and their possible reluctance to be seen entering facilities related to addiction and mental health. One possible solution is to work with a counsellor virtually, which can help avoid being seen entering such facilities. However, despite its accessibility and convenience, online counselling may pose a barrier to those who are less familiar with technology.

Since the Punjabi community may not be receptive to traditional talk therapy, many interventions available might not be beneficial for those from Punjabi backgrounds, and there is a high likelihood of Punjabi clients ending therapy early (Baptiste, 2005; Kaur, 2024). For community members who choose to pursue therapy, a potential approach could involve existential theories, as both existentialism and Sikhism see addiction as a symptom of a deeper issue (Kaur, 2024). Incorporating Sikh religious and spiritual beliefs into an intervention may help reduce stigma around addiction and create opportunities for treating addiction through the lens of exploring one's relationship with their faith (Kaur, 2024).

Discussion

Recommendation

Increasing mental health literacy and psychoeducation about mental health and addiction has been linked to a positive effect on reducing stigma (Chaudhry & Chen, 2019). Improving education and familiarity with addiction and mental health can lower stigma (Chaudhry & Chen, 2019). By actively providing education about the connection between addiction and mental health, and the roles of individuals and families in either maintaining or addressing these issues, the community may begin to tackle addiction on a societal and cultural level. Through outreach activities, the focus can shift from concerns about social perception and family reputation to supporting those actively battling alcohol addiction, as well as those considering, in recovery, and their families (Rai, 2006).

Education

The Punjabi community could benefit from the development of various educational programs, including seminars, presentations, and collaborative discussions that address alcoholism and mental health (Fox et al., 2024; Sharma et al., 2020). Raising awareness about the dangers of early alcohol consumption and providing support for those struggling can help prevent the cycle of addiction and its effects on the community (Fox et al., 2024). Gaining support and involving educational institutions, the community, and religious organizations could help create a more comprehensive approach to tackling issues of alcoholism and mental health concerns in the Sikh community (Fox et al., 2024; Sharma et al., 2020). More collaborative efforts could lead to building a healthier and more resilient community for future generations (Fox et al., 2024; Pannu et al., 2009).

The youth interviewed by Chadda and Deb (2017) and by Rani et al. (2017) recommended integrating mental health awareness and education into school curricula, starting in elementary school. They also called for greater diversity and visibility of South Asian, Punjabi, or Sikh guidance counsellors in schools (Chadda & Deb, 2017). Additionally, creating prevention programs that address the risks of alcohol use, teach healthy coping strategies, and focus on building resilience to prevent alcohol consumption (Rani et al., 2015). They support establishing community-based initiatives, such as sports

teams, youth groups, or mentorship programs, that are incompatible with alcohol access or use (Rani et al., 2025).

Community Outreach

To improve access to services for members of the Punjabi-Sikh community, the community would benefit from greater availability of mental health professionals, more appointment options, counsellors receiving specialised training to provide resources to those seeking them, and increased representation of Punjabi-Sikh culture in mental health promotion materials (Chadda & Deb, 2017). A recommendation was made to establish a Sikh student hotline, similar to the one available for LGBTQ+ populations (Chadda & Deb, 2017). Post-secondary participants suggested offering low-cost or free services in easily accessible community locations, such as strip malls, community centres, and places of worship (Chadda & Deb, 2017).

Reaching out to youth and younger generations can be easier as they actively engage with media through various channels. They also have access to resources via institutions such as schools and post-secondary educational institutions. Connecting with older generations might be more challenging, as they may not be as immersed in mainstream media as younger people. Participants in Johl's (2017) study suggested using traditional media sources, like Punjabi newspapers and other print media written in Punjabi, as well as Punjabi television and radio programming (Pannu et al., 2009; Rani et al., 2025).

When working with the Punjabi population, clinicians must take the time to understand the culture and its nuances, and demonstrate acceptance of Punjabi values, family dynamics, and relationships before introducing any culturally sensitive changes through therapy (Baptiste, 2005). Any changes that may challenge the patriarchal or hierarchical structure of Punjabi culture should be paired with clear communication on how the change targeting the presenting concern can benefit the person with an addiction, their family, and their social circle (Baptiste, 2005). Instead of emphasizing how cultural differences might be contributing to the problem and proposing interventions that do not align with Punjabi culture, the clinician should consider interventions that are consistent with Punjabi cultural values (Baptiste, 2005).

Conclusion

Fox et al. (2024) noted that data from previous studies have been effective in providing insights into alcohol addiction in the Punjabi-Sikh community and have helped shape targeted interventions. My goal in pursuing this research is to understand what the community perceives as the causes of addiction and to work towards developing programs that address these root causes, aiming to reduce the likelihood of alcohol addiction in future generations.

To support the Punjabi community in the fight against addiction, we must consider the unique factors that make community members vulnerable and develop an addiction treatment service that is culturally relevant and specifically Punjabi-centred (Dhaliwal, n.d.; Reda, 2023). Increasing the accessibility of existing facilities that serve the Punjabi community, such as Savera Medical Centre in Edmonton, is also essential. Furthermore, expanding the number of facilities in areas with high Punjabi populations, staffed by Punjabi-speaking personnel (Faulder, 2024), is necessary. Having staff who can speak the language and understand cultural nuances (Baptiste, 2005; Faulder, 2024) is important. There is also an opportunity to leverage individuals' faith to support their recovery.

Having mental health practitioners who identify as Punjabi and Sikh would likely be helpful when working with those struggling with alcohol addiction, as they understand the cultural nuances and the faith, as well as how these two elements intersect (Baptiste, 2005). It might also be beneficial to establish collaboration between local Gurdwaras and Sikh therapists, either by providing a room in the temple where people can drop in to discuss their concerns or by hosting educational sessions in Punjabi and English, so those who visit the temple can understand the messages being shared (Johl, 2017). Implementing addiction recovery programs within the Gurdwara could be valuable for those trying to overcome alcohol addiction because many Gurdwara attendees avoid drinking due to its incompatibility with Sikh beliefs (Cochrane & Bal, 1990, as cited in Morjaria & Orford, 2002; Johl, 2017).

Over time, there has been an increase in Punjabi counsellors, but their numbers remain far fewer than those of white counsellors. To effectively serve the Punjabi community, current counsellors may

need to enhance their understanding of Punjabi culture, its relationship with the Sikh religion, and how these aspects coexist within the broader Canadian cultural context.

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