“WE HAVE TO LOOK INSIDE”

Findings from a focus group held by The Salik Project UK in collaboration with Neeli Mosque

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INTRODUCTION

This report presents findings from a focus group on addiction with 30 South Asian women in Rochdale, delivered by The Salik Project UK in collaboration with Neeli Mosque. The discussion explored women’s understanding of addiction, awareness of different substances, and concerns within their families and wider community, including a strong sense that the problem was becoming more visible and growing. Themes included parenting, young people, stigma and izzat (honour), family responses and faith. The findings highlight the need for greater community awareness and more culturally informed recovery services that understand the pressures affecting families and help-seeking.

KEY FINDINGS

Knowledge of drugs varied, particularly around newer substances and terminology.

Families struggled to talk openly about drugs and other traditionally taboo subjects with children.

Women concerned by visible drug activity, particularly involving young people locally.

Deprivation and peer pressure shaped drug vulnerability in Deeplish.

Women challenged their own community, saying “we have to look inside as well.”

Responsibility for children extended beyond mothers, fathers had to be more present.

Izzat and sharam encouraged silence and could delay families seeking help.

Compassion was favoured over punishment, humiliation or marriage as a “solution”.

CONTINUE FOR DETAILED ANALYSIS »

METHODOLOGY

We held a qualitative, community-centred focus group to understand women’s experiences of addiction and identify knowledge gaps to shape future education and support. Thirty women took part (ages 18 to over 70) and, with consent, we audio recorded the session to capture their words accurately and respectfully. We opened with an image-based activity led by Waffa Hameed to explore awareness of different substances, before Sister Abeeda and Tanzila facilitated the main discussion using topics arising from earlier focus groups. Both facilitators also shared views during the discussion. We focused on listening and allowing women to speak openly about family and community, then reviewed the recording to identify key themes for the write up, using direct quotes to keep it grounded in participants’ voices and experiences. All contributions were anonymised.

HOW THE WOMEN UNDERSTOOD ADDICTION

When asked what addiction meant, the women did not settle on one definition. Some described it as dependence or reaching a point where a person felt unable to live without something. Others talked about using substances to relax, escape stress or experience a temporary high. One woman described the mind becoming "disabled", while another focused on the consequences: eventually losing a sense of right and wrong, followed by money, employment and family relationships. The discussion around the word nasha was particularly revealing, with women questioning whether they even had a shared language for describing addiction.

This uncertainty should not simply be read as a lack of knowledge. The women themselves connected it to how rarely addiction had traditionally been discussed within their community. People may recognise *nasha*, intoxication or somebody "having a problem" without necessarily sharing the same understanding of addiction, dependence or recovery. For organisations trying to raise awareness, this matters: *before asking communities to recognise addiction, we may first need to establish a shared language for talking about what addiction actually is. This requires more education.*

1. Knowledge of drugs varied considerably

To explore existing awareness, women were shown images of different substances, including cigarettes, cannabis, alcohol, nitrous oxide canisters and prescription medication, and asked what they recognised and knew about them. Cannabis was immediately familiar to many, with several women saying they regularly recognised its smell around Deeplish. Knowledge of nitrous oxide was much more uneven. Some women had seen the large canisters discarded locally but did not know what they were, while others were familiar with their use.

What emerged was not a community unaware of drugs, but one where knowledge differed considerably between women and between substances. Some participants knew a great deal, while others were encountering information for the first time during the discussion. Much of what women knew appeared to have been picked up through personal experience, local conversations and things they had seen or heard rather than through organised education. For community organisations and services, this points towards a need for practical, up-to-date information that starts with what people already know and fills the gaps without assuming either ignorance or understanding.

2. Families struggled to talk openly about addiction

Women spoke about how difficult conversations around drugs and addiction could be within the home. One participant remembered growing up with the message, "We don't talk about things like this at home." Another described some parents as being "scared" to raise subjects such as drugs with their children. She used the term *fitnah* — an Islamic term broadly referring to trials, difficulties or harmful influences — to describe a fear that introducing these conversations could somehow bring those problems closer to the family. At the same time, women recognised that children were already encountering these subjects through friends, school, phones and the world around them.

What came through was not a lack of concern from parents, but a generational gap in how difficult subjects are discussed. Some women had grown up in households where personal or sensitive issues simply were not spoken about, yet they were now raising children in a very different environment. Parents may therefore need more than information about drugs; they may also need support and confidence to begin conversations they never experienced themselves. For community organisations and services, helping families learn how to talk about addiction, in a culturally appropriate idiom, may be just as important as telling them what they need to know about it.

CONTINUE FOR DETAILED ANALYSIS »»

3. Concerns about local drug dealing and young people

Several women described incidents in which they believed they had witnessed drug dealing in their neighbourhoods. One participant recalled seeing two young South Asian boys, who she estimated were around 13 to 15 years old, apparently exchanging packages with somebody in a car. Another described seeing two cars pull alongside one another before packages were exchanged. Some women felt this activity had become increasingly visible and normalised, describing it as an "open secret." There was also a sense of intimidation. One participant recalled young men responding aggressively with "What are you looking at?" when people looked towards them. Women also expressed frustration about policing, including experiences of reporting suspected dealing but feeling that little changed as a result.

What was particularly striking was the way women repeatedly referred to the young people involved as "our children." Their concern went beyond witnessing suspected criminal activity; there was sadness and anxiety about young people from their own community becoming involved at such an early age. These accounts cannot tell us how widespread drug dealing is locally, but they do show how its perceived visibility is affecting women's sense of safety and their confidence in what is happening around them. At the same time, the language of "our children" suggests that participants had not simply written these young people off as criminals. They still saw them as part of the community and felt a wider responsibility for understanding how they had reached that point.

4. Deprivation, Environment and Peer Pressure

Deeplish formed an important backdrop to this discussion. Many of the women were speaking about young people, drugs and dealing through what they were seeing in the local area. Against this backdrop, participants repeatedly raised deprivation when trying to understand why some young people became vulnerable. They spoke about young men with little money comparing themselves with others, falling into the wrong peer groups and wanting the status associated with expensive trainers, designer clothes and cars. For some, drug dealing appeared to offer a shortcut to money and the respect they felt came with it.

The women therefore described an environment in which deprivation, peer pressure, money, status and belonging could reinforce one another. One participant also connected deprivation and family breakdown with young people looking outside the home for love and respect, potentially increasing their vulnerability to substance misuse. This was particularly significant given women's accounts elsewhere in the discussion of seeing suspected dealing involving very young people in Deeplish and their feeling that such activity was becoming increasingly normalised. Their experiences suggest that prevention needs to engage with the wider environment surrounding young people, rather than treating drug use and dealing solely as individual choices.

5. Responsibility for young people extended beyond mothers

Women spoke about the different ways families could notice when something was changing in a young person's life. One mother recalled discovering an unexpectedly large amount of money in her son's clothes and questioning where it had come from before approaching the parents of the friend he mentioned. An older participant described discreetly checking whether her daughters had been smoking, while grandmothers spoke about still feeling responsible for their grandchildren. Participants also felt aunts and uncles should speak up if they became aware of something a parent did not know. The discussion became particularly focused on fathers, with women arguing that they needed to remain actively involved with their sons as they entered adolescence.thers, grandparents and wider family members rather than repeatedly relying on mothers to carry information and responsibility back into the home.

What emerged was a view of safeguarding as a shared family responsibility, rather than something that should fall mainly on mothers. Participants felt that spending time with young people, knowing their friends and noticing changes in behaviour could help families identify problems earlier. Their comments about fathers were particularly important because they challenged the expectation that mothers should carry most of the responsibility for raising and monitoring children. For organisations working with families, this suggests that prevention work should make a deliberate effort to involve fathers, grandparents and wider family members rather than repeatedly relying on mothers to carry information and responsibility back into the home.

6. "We have to look inside as well"

One of the strongest moments in the discussion came when a participant challenged the tendency to focus only on influences outside the community. She spoke about adults within families who smoked, drank or used drugs around younger relatives and the effect this could have on what children came to see as normal. Her message was clear: "We have to look inside as well." Elsewhere in the discussion, women questioned parents who were not sufficiently involved in their children's lives and families who could be quick to notice problems in somebody else's household while overlooking what might be happening within their own.

This willingness to look inward was significant. The women were concerned about dealers, peer pressure and what they were seeing on the streets, but they did not place responsibility entirely elsewhere. They recognised that family relationships, adult behaviour and what happens inside the home could also shape a young person's experiences. For organisations working with South Asian communities, this is important because it challenges the idea that communities are simply unwilling to acknowledge problems within their own families. These women were already having difficult conversations about responsibility and what they felt needed to change within their community.

7. Izzat and sharam could shape how families responded to addiction

Women spoke openly about the influence of izzat — family honour and reputation — and sharam — shame or embarrassment — when addiction affected a family. Participants described fears about what other people would say and how the behaviour of one person could lead to judgement of parents, siblings and the wider family. This could make families defensive or encourage them to hide what was happening. Women also discussed how families might continue giving somebody money because they did not know how else to respond, while fear of others finding out could prevent them from seeking professional help.

Importantly, the women did not simply accept this way of thinking. One participant questioned what protecting izzat actually achieved if somebody's addiction was allowed to become progressively worse. Eventually, she argued, the problem could become impossible to hide anyway. For The Salik Project UK, this also raises questions about how well existing recovery services understand the cultural and family pressures surrounding addiction in South Asian communities. Encouraging somebody to seek help is only part of the challenge if the service they reach has little understanding of izzat, sharam, family reputation and the fear of community judgement that may have shaped their journey to that point. Recovery services need to understand these pressures if they are to build trust not only with the person experiencing addiction, but with families who may play an important part in supporting their recovery.

CONTINUE FOR DETAILED ANALYSIS

8. Compassion was favoured over punishment and judgement

Women were critical of the ways families could respond when somebody developed an addiction. Participants spoke about fathers reacting with violence, relatives surrounding and confronting the person, and the individual becoming “a target” for the whole family’s anger and disappointment. They also strongly rejected arranging a marriage in the hope that somebody would settle down or stop using drugs, with one woman comparing this to treating marriage as “some kind of paracetamol.” Instead, women talked about sitting with the person, speaking kindly, trying to understand what had happened and recognising when professional support was needed.

Islam was particularly relevant to this conversation. One participant warned that a harsh or overly strict religious response could become associated with judgement and shame, making somebody experiencing addiction less willing to seek help. But the women did not present Islam itself as the problem. They spoke instead about a more compassionate understanding of faith, in which somebody experiencing addiction was recognised as a vulnerable human being who had made mistakes and needed help and love. Stories shared during the session illustrated how humiliation could push somebody further away, including from their faith community. This distinction is important for services working with Muslim families: faith can be an important source of support, but the way addiction is spoken about within religious and community settings can influence whether somebody feels able to come forward for help.

Conclusion: What We Learned

Taken together, the focus group showed a community in which there is considerable concern about addiction, but not always the knowledge or confidence to respond to it. The women were not detached from what was happening around them. They recognised cannabis, noticed discarded canisters, worried about vaping, spoke about suspected drug dealing and shared experiences from their own families. At the same time, the discussion exposed gaps in knowledge around newer substances, terminology and even how addiction itself should be understood.

One of the strongest themes was the difficulty of talking about addiction within families. Women described growing up in households where subjects such as drugs were rarely discussed, yet they are now raising children in an environment where those conversations are increasingly difficult to avoid. This creates a genuine generational challenge. Parents may be deeply concerned about their children while still lacking the language, confidence or experience to begin conversations about drugs, vulnerability and addiction.

The discussion also challenged the idea that addiction was understood simply as the result of poor choices. Women talked about sadness, family breakdown, deprivation, peer pressure, confidence, money, status and belonging. Their explanations varied, but there was a clear attempt to understand what might be happening in somebody's life before and around their involvement with drugs. This was particularly noticeable when participants discussed young people they believed were involved in dealing. The repeated description of them as “our children” showed that concern remained alongside disapproval.

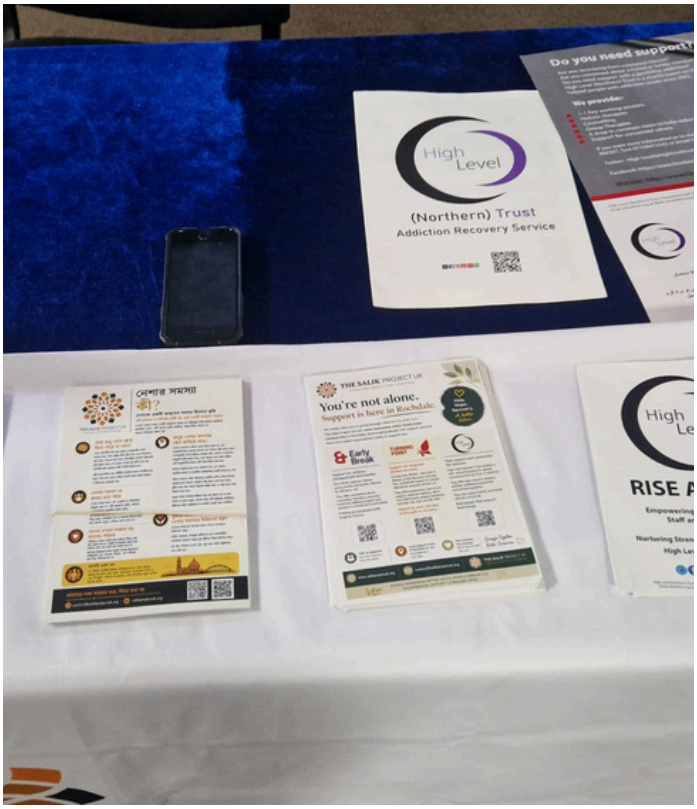
Perhaps most significant was the willingness of women to examine what was happening within their own community. They certainly raised concerns about suspected dealing, policing and outside influences, but they also questioned parenting, the involvement of fathers, behaviour within extended families and the tendency to recognise problems in somebody else's household before looking at one's own. “We have to look inside as well” captured an important part of the discussion: participants were not simply asking other people to solve the problem for them.

The conversations around izzat (family honour and reputation) and sharam (shame or embarrassment) also showed why addiction within South Asian communities cannot be understood only at the level of the individual. Women described how one person's addiction could affect the reputation of parents, siblings and the wider family. Fear of that judgement could influence whether a problem was acknowledged, how relatives responded and whether professional support was sought. At the same time, women themselves challenged these attitudes and questioned whether allowing somebody to deteriorate in silence could ever genuinely protect a family's honour.

Faith added another important layer. Islam was not presented simply as either a barrier or a solution. Women distinguished between religious responses based on judgement and those based on compassion. Their concern was that humiliation could push somebody further away, while understanding and kindness might leave a route back towards family, community, faith and professional help. This is particularly relevant for organisations working with Muslim communities, where faith may be an important part of how individuals and families make sense of addiction and recovery.

Overall, the focus group suggests that there is both a need and an appetite for more open community discussion about addiction. The women wanted better information, but information alone was not what they were asking for. They wanted families to know how to recognise problems, how to speak to children, how to respond when somebody develops an addiction and where to seek help without immediately feeling judged.

For Public Health, recovery services and community organisations, this is important. Engagement with South Asian communities should not begin from an assumption that people are unwilling to discuss addiction. This focus group showed what can happen when a trusted community setting creates space for that discussion. Mosques play a vital role here. Women spoke openly, questioned one another, admitted what they did not know and challenged attitudes within their own community. The opportunity now is to build on those conversations with practical education, culturally informed services and clearer routes into support for both individuals and their families.



Recommendations

The recommendations below arise directly from what women discussed during the focus group and the gaps identified through the conversation.

1. Provide practical and accessible drug awareness

Women wanted clearer information about the substances appearing in their communities, particularly those they were less familiar with. Awareness work should explain what substances look like, the terminology young people may use, how they are consumed, the risks involved and signs that families might notice. This information needs to remain current as patterns of drug use change.

2. Help parents have difficult conversations

Parents should be supported not only with information about drugs, but with how to talk about them with their children. Some women were trying to have conversations they had never experienced growing up themselves. Community sessions could give parents practical ways to introduce difficult subjects, ask questions, listen without immediately judging and keep conversations open as children become older.

3. Involve fathers and the wider family

Prevention and family support should not rely predominantly on mothers. Fathers need to be actively included, particularly in work involving teenage boys. Grandparents, aunts and uncles can also be important sources of support and may notice things parents do not. Community programmes should reflect the wider family networks that women described during the discussion.

4. Make recovery services more responsive to South Asian families

Recovery services need a better understanding of the cultural and family pressures that can surround addiction, including izzat, sharam, fear of community judgement and the effect one person's addiction can have on the wider family. Cultural understanding should go beyond translation or simply employing somebody who speaks a community language. Staff need to understand why somebody may have taken a long time to seek help, why relatives may initially appear defensive, and what fears the family may be carrying with them when they approach a service.

5. Support families as well as the person experiencing addiction

Women repeatedly described families not knowing what to do when addiction entered the home. Families need somewhere they can confidentially ask questions and receive practical guidance about boundaries, money, enabling behaviour, communication and accessing professional help. Supporting the family may also strengthen the support available to the person experiencing addiction.

6. Challenge stigma without attacking cultural values

Messages simply telling communities to abandon izzat or stop feeling shame are unlikely to be helpful. The women themselves offered a more meaningful way forward by questioning what honour should mean when somebody is struggling. Community engagement can build on this thinking: seeking help, protecting somebody from further harm and supporting recovery can themselves be responsible and honourable actions.

7. Work with mosques and faith communities

The focus group demonstrated that a mosque can provide a setting for an open conversation about addiction. Faith leaders and mosque communities could play a greater role in awareness and signposting, particularly when messages emphasise compassion rather than judgement. This should be developed alongside professional addiction services so that religious and clinical support complement rather than replace one another. This will require meaningful resources.

8. Take community concerns about local drug activity seriously

Women described suspected dealing, intimidation and concern about young people becoming involved. Their accounts should not be treated as evidence of the scale of drug dealing, but neither should repeated community concerns simply be dismissed. There needs to be better communication between residents, police, safeguarding services, Public Health and trusted community organisations so people understand where concerns can be reported and what happens after they are raised.

9. Continue creating spaces for communities to speak openly

Perhaps the clearest lesson from the focus group was that women were willing to talk about addiction when given an appropriate space to do so. Similar conversations should continue with women, men, young people, parents and people directly affected by addiction. These discussions can help services understand experiences that may otherwise remain hidden and ensure future support is shaped with communities rather than designed for them from a distance.

10. Address the wider pressures affecting young people

Prevention should look beyond drug awareness alone and consider the wider pressures women identified around young people in Deeplish, including deprivation, peer influence, money, status and belonging. Public Health, youth services and community organisations should work together to better understand and respond to these local pressures.

A Special Thank You to Neeli Mosque Women's Group

We would like to thank Neeli Mosque for their support in making this focus group possible, and especially the women who took part for speaking so openly and trusting us with their experiences. Their voices are at the heart of this report. We also thank High Level Northern Trust for their continued support and Action Together for their kind funding support.

We look forward to continuing this work alongside communities, Public Health, recovery services and other local organisations committed to improving understanding and responses to addiction.

To collaborate with The Salik Project UK, contact contact@salikprojectuk.org.

Neeli Mosque & Islamic Centre: neelimosque.com

ABOUT THE SALIK PROJECT UK (ROCHDALE)

THE SALIK PROJECT UK
FIGHTING ADDICTION TOGETHER

The Salik Project UK works around two connected aims: breaking the stigma surrounding addiction in South Asian communities and helping recovery services become more culturally informed and responsive to the people they serve. We do this through community education, outreach, research, lived experience and partnership working.

We are not a treatment provider and do not believe this work should belong to one organisation. We want to empower community organisations to take up the issue themselves, while working with recovery services, Public Health and other partners to strengthen understanding, improve access to support and ensure South Asian voices help shape the services intended for them.

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