

Addiction, Responsibility and Reputation

Voices from a Rochdale Focus Group

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Venue: Bangladesh and Association & Community Project (BACP)

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THE SALIK PROJECT UK
FIGHTING ADDICTION TOGETHER

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INTRODUCTION

This report presents findings from a community focus group delivered by The Salik Project UK and High Level Northern Trust in partnership with the Bangladesh Association and Community Project (BACP) in Rochdale. The session explored how addiction is understood within Bangladeshi and Pakistani communities, particularly in relation to responsibility, stigma, family impact and community response.

Participants discussed addiction in connection with morality, emotional distress, honour, visible drug activity, parenting, faith and access to support. The findings show that addiction is often interpreted through moral and reputational concerns, while also being recognised as shaped by social and psychological influences within this community context.

KEY FINDINGS

Addiction described as personal responsibility shaped by social influences

Community response viewed as avoidant and lacking **practical support**.

Trauma and distress recognised as factors leading to substance use.

Visible drug activity in neighbourhoods raised concern for children.

Peer pressure and **environment** seen as significant behavioural influences.

Knowledge gaps about newer drugs limit parental guidance and confidence.

Honour and family **reputation** strongly influence silence and help seeking.

Faith valued, but **professional help** seen as necessary alongside spirituality.

Shame described as extending beyond individuals to **entire families**.

Community leadership viewed as unclear; mosques suggested for regular awareness.

Mothers identified as carrying disproportionate emotional **burden** within households.

Recovery stories framed around dignity and **lived experience resonated strongly**.

METHOD(OLOGY)

The aim of this focus group was to gain a better understanding of addiction and related issues within Bangladeshi and Pakistani communities in Rochdale. The session was held at the Bangladesh Association and Community Project and facilitated by The Salik Project UK and BACP. Recruitment took place through BACP's regular Saturday women's social group, and participation was voluntary.

Participants were aged 18 to 50 and included eight Bangladeshi women, one Pakistani woman and one Bangladeshi man.

The two hour session was audio recorded with consent and structured in two parts: interactive activities to prompt reflection, followed by discussion of statements relating to responsibility, stigma, family impact, community response and faith.

All participants signed consent forms and were informed that contributions would be anonymised and used to inform public health efforts to improve recovery support for South Asian communities. Photographs were taken with consent.

The recording was reviewed in full and analysed using thematic analysis. Findings are qualitative and exploratory, reflecting the perspectives of this group rather than statistically representative data.

CONTINUE FOR DETAILED ANALYSIS >>> >>> >>> >>> >>> >>>

Detailed Thematic Analysis

Responsibility and Moral Framing

Participants consistently described addiction through the language of personal responsibility and choice. One stated, “I think it’s mainly up to me. If it’s in my mind that I am going to do it, I am going to do it,” while another responded directly when asked whether addiction is a moral failure, saying, “Yes, it’s a moral failure”.

Willpower, discipline and inner conviction were emphasised, including reflections on resisting drugs in college settings because of what was “in your heart.” At the same time, this framing was not absolute. Participants also acknowledged that the “reality is society has a big impact [on the individual],” recognising peer pressure, environment and social media as shaping behaviour.

Addiction was described as something that can arise from emotional distress and used “to numb the past,” suggesting that responsibility and vulnerability were discussed together rather than in opposition.

Trauma and Emotional Distress

When discussing trauma, participants described it as something that happened previously but continues to affect a person emotionally or physically in the present. Substance use was described as a coping mechanism, particularly where individuals are “trying to forget” or manage difficult experiences.



This recognition did not remove the emphasis on accountability, but it added depth to the discussion. Participants demonstrated awareness that addiction can be linked to unresolved emotional pain, stress and psychological strain, even while maintaining that individuals ultimately make choices.

Honour, Reputation and Silence

Honour emerged explicitly as a barrier to openness. When asked why addiction remains difficult to address, one participant answered simply, “Honour”. Others explained that in South Asian communities, shame often extends beyond the individual, with one stating, “If someone in the family is doing something bad then the whole family is bad”.

Concerns were raised about approaching formal services because of fear that issues would be “on the records”.

Addiction was therefore discussed not only as a health concern but as a reputational risk affecting entire households.

Family Impact and Gendered Burden

Addiction was repeatedly described as affecting family relationships. Participants noted that children “see the way their parents are coping with the trauma so they’re going to cope with it like that,” highlighting concerns about long term patterns within households. Participants also discussed the word for trauma in their language but there was difficulty in finding parallels. This suggests that although the word may exist, conversations and understanding of trauma may not be as common.

Detailed Thematic Analysis (cont)

Family Impact and Gendered Burden (cont)

Several participants stated that mothers often carry the emotional burden, with one saying, “Mostly it’s the mother that goes through a lot,” and another adding that “it’s always the mother who hides things”. Fathers were described as more concerned with public image and izzat, with one participant explaining, “For the father it’s about izzat because he’s out and about in society”. A remark that when something goes wrong it becomes “that lady’s son” rather than the father’s son, captured the perceived imbalance within family dynamics.

Community Response and Boundaries

Participants described mixed responses when addiction becomes visible in the community. Some expressed reluctance to get involved, suggesting that people “don’t want to give them the time of day”. In a scenario about caring for the children of someone attending court due to addiction related issues, a participant stated that one might prefer to “stay out of it” because it was “other people’s mess”

Other participants responded with more nuanced views, acknowledging the risks but emphasising a sense of moral responsibility to try to support where possible. The discussion reflected tension between care and caution.

Leadership and Community Capacity

When participants were asked whether the community has the leadership and support systems needed to deal with addiction effectively, responses reflected uncertainty rather than confidence. Lack of education resulted in lack of leadership. There was no clear sense that coordinated structures are currently addressing addiction in a consistent or organised way. Responsibility was frequently described as returning to families, particularly within the home, rather than being visibly supported at a wider community level.

Within this broader discussion, mosques were identified as trusted and influential spaces. Participants referred to individuals becoming more religious and reducing harmful behaviour, and some suggested that mosques could take a more proactive role in raising awareness, including holding regular or periodic sessions to educate families about addiction and emerging substances. This was framed as an opportunity rather than criticism. At the same time, participants were clear that “faith alone isn’t going to solve it,” emphasising that religious guidance would need to sit alongside professional support.

Visible Drug Activity and Awareness of Emerging Substances

Participants described visible drug activity in Rochdale as a source of concern, particularly where nitrous oxide canisters were found near schools and in public spaces. Open dealing in neighbourhoods was also referenced, and one participant noted that reporting incidents had not resulted in noticeable action. Cannabis was widely recognised due to its smell, with one remarking that she smells it as soon as she leaves her house. Nitrous oxide, however, was less well understood. When informed of serious health consequences, some participants expressed shock, and some acknowledged uncertainty about how to advise young people, with one asking, “I don’t know most of these drugs. How am I supposed to give them advice?” The discussion reflected concern about both the visibility of substances in local areas and gaps in knowledge about emerging drug trends.

Detailed Thematic Analysis (cont)

Faith and Religious Influence

Faith was described as shaping values and behaviour, and participants referred to individuals becoming more religious and reducing harmful behaviour. Religious spaces were seen as morally influential, but participants recognised that professional support is necessary in many cases, particularly where mental health complexity is present. A story by the facilitator about someone suffering from religious psychosis was mentioned as an illustration of this and served as a cautionary tale of how religious themes might be misinterpreted when the individual is not mentally stable. In the end, faith was positioned as strengthening rather than replacing structured, professional health interventions

Narrative, Dignity and Recovery Messaging

Participants responded strongly to recovery stories presented through lived experience. When shown a Salik Project Uk social media video of a child expressing pride in his father's recovery, one participant remarked, "Your child has understood you. That should be motivation," and others described the approach as powerful and encouraging. Recovery narratives framed around dignity and family relationships appeared to resonate, particularly where they avoided shame and preserved honour and were rooted in lived experience.

Conclusion

This focus group reflects a community engaging seriously and thoughtfully with the issue of addiction. Participants spoke candidly about responsibility, trauma, honour and the pressures placed on families, particularly mothers. They expressed concern about visible drug activity and acknowledged gaps in knowledge about emerging substances, while also recognising the limits of faith alone and the importance of professional support. Although stigma and reputational concerns remain significant barriers, the discussion demonstrated openness to dialogue, willingness to reflect and interest in more structured awareness within trusted spaces. The findings suggest both ongoing challenges and clear opportunities for culturally informed engagement that builds on existing community strengths rather than working against them.

Key Recommendations

Pilot structured addiction awareness discussions in trusted community spaces.

Produce simple multilingual information on emerging substances such as nitrous oxide.

Facilitate guided conversations that address honour and stigma in culturally sensitive ways.

Explore creating informal support spaces for mothers and caregivers.

Improve communication with residents who report visible drug activity.

Improve signposting/communication between mosques and recovery support services

Thank You to BACP



About BACP

BACP Rochdale is a long-established charity based in inner-city Rochdale, serving predominantly Asian communities in some of the area's most socially and economically deprived wards. It began in 1971 as an informal group formed by people of Bangladeshi origin after Bangladesh's independence, created to address unmet community needs caused by cultural and language barriers. The organisation was shaped by the local community and became a registered charity in 1995.

Its core aims are to improve community health and wellbeing, reduce social isolation among BME communities, provide basic life-skills training, and enhance the quality of life for older people.

Learn more: www.bacprochdale.co.uk/

About The Salik Project UK

The Salik Project UK is a culturally informed community organisation delivering community led research, education and addiction awareness within South Asian communities. It conducts focus groups and consultations to surface lived experience and identify emerging needs, while providing structured awareness sessions that reduce stigma and improve understanding of recovery pathways. Working in partnership with cultural institutions, community organisations and public health teams, Salik delivers culturally responsive engagement to strengthen access to appropriate support.



About High Level Northern Trust

High Level Northern Trust is a registered addiction recovery charity based in Rochdale that provides a safe, non-judgemental space for people affected by addictive behaviours, including drugs, alcohol and other forms of dependency. The organisation supports individuals in both short-term and long-term recovery by empowering them to take control of their lives and make positive choices, offering personalised assessments, one-to-one sessions, group therapy, counselling, holistic therapies and a drop-in common room where people can socialise in a substance-free environment. It also works with partner agencies to build a holistic support network and has been helping people live meaningful, addiction-free lives since 2002.

