Stigma, Fear, and Hope: South Asian Women's Perspectives on Addiction in Rochdale

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THE SALIK PROJECT UK

FIGHTING ADDICTION TOGETHER

WHAG

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INTRODUCTION

Addiction is a pressing yet often hidden issue in South Asian families. To understand how everyday women in Rochdale perceive its causes, effects, and solutions, we held a focus group with eight South Asian women (seven Pakistani, one Bangladeshi) in collaboration with WHAG. The bilingual discussion (Urdu/English) was audio-recorded and centers lived experience rather than statistics. This report shares their perspectives, key findings, and practical recommendations for culturally sensitive support.

KEY FINDINGS

- **What addiction means:** Participants defined addiction broadly—illegal drugs, alcohol, vaping, prescription medicines, and some everyday substances. It was recognised through behavioural and mood changes when the substance is absent, affecting relationships, routines and decision-making. This perspective combines biomedical dependence with visible effects on family life, with behaviour change treated as a clear sign of addiction.

- **Stigma, silence, honour/shame:** Izzat (honour) and sharam (shame) extend stigma from the individual to the whole family. Problems are concealed and "managed at home," which delays disclosure, limits early interaction with services, and isolates carers.

- **Family and cultural pressures:** Women linked substance use to overlapping pressures: long work hours, financial strain, domestic conflict, childcare and elder care. These demands reduce time, attention and emotional bandwidth for guidance and supervision. The loss of consistent parenting moments weakens protective factors and increases vulnerability to experimentation and escalation.

- **Peer pressure and schools:** Early experimentation was associated with peers and exposure near schools. Participants described a preference for ongoing prevention in educational settings and timely responses when concerns arise. Coordinated school–home–community involvement and clear processes were viewed as important features of effective local responses.

- **Faith as a pathway to recovery:** Religion was seen as both preventative and sustaining in recovery. Faith offered purpose, daily structure, supportive relationships and moral resolve. Participants consistently viewed it as most effective alongside professional services rather than as a replacement. Mosque involvement and trusted faith figures helped people re-engage with community life and maintain change.

- **Visible prevalence in Rochdale:** Drug presence was described as widespread and increasingly normalised in everyday settings—streets, near shops, outside schools, even in cars. Routine exposure dulled concern, fostered resignation and undermined confidence that enforcement would follow. Persistent visibility risked embedding substance use into local norms and expectations over time.

- **Fear and barriers to help:** Women highlighted fear of reprisals after reporting, mistrust of police outcomes, and stigma within close-knit networks. Although interpreters and translated materials exist, participants felt safety concerns and shame weighed more heavily on decisions to seek help. Some families looked beyond Rochdale for support to avoid local triggers and scrutiny.

- **Call for more Outreach:** Participants favoured sustained awareness over one-off efforts, asking for bilingual materials and recurring sessions in schools, madrassahs and mosques. They preferred emotive, practical education that explains risks, how to spot early signs, and immediate next steps. Visible local accountability—mentioned particularly around nitrous oxide—was seen as important for shifting norms and behaviour.

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METHOD

- **Participants**: Eight South Asian women living in Rochdale.
- **Partner**: Session held with WHAG.
- **Format**: One audio-recorded focus group; findings collated and thematically analysed.
- **Language**: Women switched naturally between Urdu and English, which helped them share personal experiences and everyday detail.
- **Scope**: Not statistically representative; offers rich, grounded insight to guide community action and service design.

WHAT WE HEARD — AND WHAT THAT MEANS

The focus group suggests South Asian women in Rochdale experience addiction through distinctly gendered roles and pressures. As mothers, wives and carers, they are seen as custodians of izzat (honour) and bear sharam (shame), prompting secrecy—"I hid everything"—and delaying help until crisis. They shoulder emotional labour: monitoring children, smoothing conflict, and shielding relatives from judgement while juggling work, childcare and elder care. Safety concerns are acute; several feared reprisals if they reported dealing, reinforcing reluctance to act publicly. Women also confront addiction's overlap with domestic abuse and financial strain, widening harm beyond the individual user. Faith can stabilise and sustain change, yet participants framed it as complementary to professional services, not a substitute. Overall, gendered expectations intensify stigma, isolation and responsibility, shaping how addiction is recognised, discussed and addressed in South Asian communities in Rochdale.

HOW PARTICIPANTS UNDERSTAND ADDICTION

Participants defined addiction broadly: cannabis, nitrous oxide ("balloons"), alcohol, vaping, and prescription painkillers (e.g., co-codamol). They also referenced everyday substances (e.g., coffee) to describe dependence. Addiction was recognised through behavioural and mood changes when the substance was absent, affecting family dynamics and daily functioning. The framing blended chemical dependence with observable impacts at home. Short reflections captured this view: "Addiction can be to anything… all of it is bad," and "It's when behaviour gets worse without it."

CAUSES OF ADDICTION

Women connected substance use to overlapping pressures: long work hours, financial strain, domestic conflict, and combined childcare/elder-care responsibilities. These demands reduce time and emotional bandwidth for consistent guidance. Peer influence at school was another driver: "They pick it up from other children." The group differed on whether home or external pressures matter most. Several highlighted stress-coping motives—using substances to unwind, numb distress, or manage chronic pain when support feels inaccessible.

PREVALENCE IN ROCHDALE

Drug presence was described as high and visible. Participants reported the smell of cannabis in everyday spaces — on streets, near certain corner shops, and even at petrol stations. One participant found a small scale hidden in her garden (which backs onto an alley), suggesting proximity to weighing activity. Separately, another participant discovered a box of nitrous oxide canisters near Deeplish Primary School, watched over it, and called the council for removal due to safety concerns. Seeing people driving with nitrous canisters in view added to the sense of normalization.

STIGMA, SILENCE, AND HONOUR

Stigma was repeatedly linked to izzat (honour) and sharam (shame), extending reputational risk from individuals to their entire family. This pushed families to keep problems hidden and "manage it at home," delaying help until crisis. A participant reflected on concealing her husband's addiction — and later hospitalisation — before seeking support, describing profound regret. The weight of honour/shame created powerful disincentives to disclose, even when safety or health were at stake. Women agreed that stigma was the first challenge that needed tackling in their communities.

GENDERED ROLES AND FAMILY RESPONSES

Women described mothers as carrying the heaviest burden of secrecy and protection. Fathers sometimes concealed issues from mothers; siblings also shielded one another. The group noted that discipline often defaults to shame rather than guidance, which can entrench secrecy (e.g., a teenager shamed for smoking instead of being calmly counselled). Participants urged earlier, honest conversations at home and proactive engagement with schools when concerns arise. This was key to prevention and would create ubiquitous messaging.

FAITH AND RECOVERY

Faith was discussed as both preventive and sustaining in recovery. Participants shared examples of people changing course through renewed religious faith. Others emphasised that professional treatment often initiates recovery, with faith later providing structure, purpose, and resilience: "When he became sober, then faith gave him added strength." The group saw faith and professional services as complementary, but faith should not be a substitute for professionally informed help and faith leaders needed guidance on these matters since they were not health professionals.

CULTURAL BELIEFS AND MISCONCEPTIONS

Although the women themselves framed addiction in practical terms, they noted that some older community members still attribute mental health or related behaviours to superstitions (e.g., black magic, evil eye) and may seek amulets or spiritual remedies instead of clinical care. Participants viewed this as a knowledge gap about mental health, highlighting the need for culturally sensitive education that clarifies when and how to access professional help. This theme came up in our youth and male focus groups with calls for religious leaders to tackle such misconceptions.

BARRIERS TO SUPPORT

Key barriers included fear of reprisals from dealers, mistrust of police effectiveness, and stigma. One woman described a police chase ending with a dealer hiding in her garden; after her husband alerted officers, she feared retaliation for weeks. Some families look outside the local context for solutions; one young man, after relapse on returning to Rochdale, stabilised in rehab abroad and remained in recovery when kept away from local triggers in Rochdale. While language barriers were mentioned, others noted interpreters exist; the group largely felt stigma and safety prevented help-seeking. The languages existed but the conversations were not being had and this required a cultural shift in attitudes.

AWARENESS AND PREVENTION

Participants called for sustained - not one-off - awareness campaigns: door-to-door/community outreach, bilingual (English/Urdu) materials, including regular sessions in mosques, madrassahs, and schools. They valued emotive, relatable storytelling — e.g., child-perspective content — to shift norms and prompt earlier action. They also urged stronger accountability around nitrous oxide access/sales and more visible disruption of open dealing to rebuild community confidence with police. Safe spaces and organisations that are culturally informed.

ANALYSIS - LONG READ

For the South Asian women in Rochdale, addiction was understood through what they saw around them and what they had lived alongside in their own families. It was not defined by medical language, but by visible and relational signs: irritability, secrecy, loss of control, and the way a person's behaviour disrupted daily life and strained relationships. Addiction, in their words, was something that made "your behaviour change" and unsettled the household.

The cost of stigma was stark. Concepts of izzat (honour) and sharam (shame) meant that problems were not seen as belonging to one individual but as bringing judgement on the entire family. This led to silence, concealment, and delay. The most moving moment came when one woman described years of hiding her husband's drug and alcohol use, avoiding relatives, and feeling isolated. Only when his health collapsed and he was hospitalised did she ask for help. "I hid everything… I should've asked for help earlier," she said, breaking down as others comforted her. Her story captures how silence, intended to protect family honour, can deepen suffering and block timely support.

The women linked substance use to overlapping pressures of life in Rochdale's South Asian households. Men working long hours, financial stress, and domestic conflict left little time for children. Women carried the additional weight of caring for ageing in-laws alongside running households and raising children. These demands narrowed opportunities for guidance and supervision, while peer influence and exposure near schools opened pathways to early use. Some participants stressed internal household pressures; others pointed to outside influences, especially friendship groups and wider society. There was disagreement, but agreement that less time at home plus outside exposure raised risks for young people, including an emerging pattern of South Asian girls trying nitrous oxide.

Drug use was also experienced as a local environmental reality in Rochdale. Cannabis smells were described as constant—around petrol stations, corner shops, and through open windows at home. A newly arrived daughter-in-law from Pakistan remarked that the smell made her sick and was told: "you better get used to it now." Women recalled a box of nitrous canisters left outside Deeplish Primary School, a small weighing scale found in a garden backing onto an alleyway, and young drivers inhaling nitrous in full view. These everyday encounters made drug use feel both normalised and threatening, undermining trust in safety and enforcement.

Fear of reprisal and doubt about police action compounded the problem. One participant described a police chase where a dealer hid in their garden; her husband alerted officers, and she later scolded him, fearing gang retaliation. Others noted police raids on houses but little visible follow-up, leading to the conclusion that "the police don't do anything." Families sometimes sought solutions outside Rochdale. One participant described parents who twice sent their son to rehabilitation in Pakistan. He stabilised abroad but relapsed upon return, leading them to conclude that Rochdale's environment itself undermined recovery.

Faith was seen as a powerful aid in prevention and recovery, though not a substitute for professional services. One woman described how her husband gave a Qur'an to a young drug dealer and took him to the mosque until he gave up selling and using. Another told how her husband's recovery began with professional treatment but was strengthened by rediscovering his Islamic faith, which provided new structure and meaning. Others recalled relatives who had stopped smoking or using substances after becoming more religious. At the same time, women noted that some in the community still turned to spiritual explanations such as black magic or the evil eye, as substitutes for professional support when it came to addiction and mental health in general.

The impact of addiction was felt beyond the user. One participant working with domestic abuse survivors said many cases were fuelled by drugs or alcohol. Another shared how a nitrous-related crash left her niece's husband paralysed and the child in the car traumatised, still anxious years later. Others spoke of quiet but serious dependencies, such as co-codamol for back pain or vaping among young people, which were seen as underestimated in risk.

Above all, women felt awareness is lacking. Many parents do not recognise nitrous canisters or understand their dangers. One participant said she had only learned about nitrous abuse after watching a Salik Project video. They called for education in schools, madrassahs, and mosques, repeated and sustained rather than one-off, using bilingual and practical materials so both parents and children understand. In their words, "If we wait until college, it's too late."

Taken together, these stories show how South Asian women in Rochdale define and interpret addiction through both what they witness locally and what they experience in families. Their perspective overlaps with wider understandings—stigma, peer pressure, accessibility—but carries distinct cultural dimensions. Honour and shame magnify silence, women bear the hidden burden of care, and faith can either delay or sustain recovery. Above all, stigma remains the central barrier: it keeps problems invisible, blocks early intervention, and leaves women isolated until crisis forces disclosure.

Recommendations

1. Tackle The Stigma

Stigma rooted in izzat (honour) and sharam (shame) prevents early intervention. Addiction should be reframed as a health issue rather than a source of family shame. Culturally tailored outreach programmes—delivered through community events, women's groups, in printed materials, and online campaigns in English, Urdu and Bengali—can normalise open discussion, encourage professional help-seeking and reduce isolation.

2. Begin Early, in Schools and Madrassahs

Women repeatedly linked children's early exposure to peer pressure particularly in school environments. Regular, bilingual education sessions in community centres, schools and madrassahs should highlight the risks of substances such as cannabis and nitrous oxide, with parents included so conversations continue at home so they can pick up signs of use.

3. Provide Family-Centred Support Services

Addiction was described as a burden on whole families, with women often left to cope alone. Families need safe, confidential advice and structured support that recognises women's roles as carers and decision-makers. Services should also connect addiction support with related issues such as domestic abuse, childcare, and financial strain.

4. Ensure Services Are Accessible and Culturally Responsive

Professional help is often delayed due to mistrust, fear, or language barriers. Services must be clearly advertised, bilingual, and staffed with workers who understand South Asian family dynamics. Partnering with mosques and trusted community leaders can encourage help-seeking while ensuring professional treatment remains central.

5. Address Local Drug Supply and Visibility

Women voiced deep concern about open dealing, nitrous oxide use, and normalised cannabis in public spaces. Advocacy is needed for stronger enforcement around supply, including restrictions on nitrous oxide sales, visible disruption of dealing near schools and shops, and safe, anonymous reporting routes to protect families from reprisals.

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About The Salik Project UK

The Salik Project UK is a Rochdale-based organisation focused on supporting people in recovery from addiction —and the families who stand with them. We work to reduce stigma and raise awareness in South Asian communities through education and signposting to existing services, acting as a cultural bridge between families and mainstream support.

About WHAG

WHAG (Women's Housing Aid Group) is a Rochdale-based charity, founded in 1981, that supports women, young parents and families experiencing homelessness or fleeing domestic abuse across the North West. It provides safe accommodation, floating support, drop-ins and practical help to rebuild independence, working with local partners and councils.