

# WHAT WILL PEOPLE SAY?



Shame, stigma and inappropriate services are serious barriers to recovery for South Asian women, says **Shinasa Shahid**

**T**here is evidence to suggest that gaps in treatment provision and lack of culturally sensitive addiction recovery services in the UK are making it difficult for South Asian (SA) women to access the support they need. According to a rapid needs assessment report from 2005, 70 per cent of white staff who were working in substance misuse settings admitted that they often felt uncomfortable because they were aware that their white clients and those from minority ethnic backgrounds had different needs.

Within SA – in particular, Punjabi – households, there is an unspoken cultural acceptance of alcohol use as a norm,

something that continues to have a dangerous impact on this community, and many people who experience addiction can feel powerless to improve their situation. The current second and third generation of British Asians are becoming the new casualties of untreated alcohol addiction, compounded by the recent pandemic.

There are significant cultural barriers of shame, stigma and denial – many families feel compelled to send their loved ones to India, Pakistan or Bangladesh for drug and or alcohol treatment. Social barriers include institutional racism and little or no consideration given to the needs of SA communities in commissioning decisions, treatment and service planning. Community barriers, meanwhile,

include the location of services and the lack of culturally appropriate information about services.

## **HONOUR AND SHAME**

'Izzat' (family honour) and 'sharam' (shame) frequently keep SA women from looking for help. Due to the stigma associated with drinking, many SA women do it covertly, with a debilitating effect on confidence and constant worries about 'what will people think if they find out about my addiction problem?' This means that British SA women with addiction problems are often a community within a community.

In some cases, religion can also contribute to stigma and discrimination against those in active addiction and recovery. In

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## **SA women can face racism and discrimination from mainstream healthcare providers, peers, and society.**

Some have faced situations where the language used was hurtful or judgmental. This contributes to a sense of isolation and a lack of trust in the healthcare system, making it more difficult to seek help and engage in the recovery process. Some specific recommendations that may be helpful include:

### **>> Community-based support**

SA women may benefit from community-based support groups and resources that address their unique cultural and societal pressures. These groups can provide a safe space for women to share their experiences and receive support from others who understand their struggles.

### **>> Culturally sensitive therapy**

Therapy should be tailored to meet the specific needs of SA women. This may involve using culturally sensitive approaches that consider the impact of culture and tradition on mental health.

### **>> Family involvement**

Involving family members in the treatment process can help to address cultural and societal barriers to recovery – they can be educated and encouraged to provide support to their loved ones.

### **>> Empowerment and advocacy**

SA women may benefit from empowerment and advocacy programmes that help them to assert their needs and boundaries. These can provide education and resources on self-care, assertiveness, and advocacy, and help women to overcome cultural/societal barriers to recovery.

### **>> SA women-led lived experience recovery organisations with holistic healthcare services/women-led spaces**

Peer recovery champions and peer-led groups can provide opportunities to develop leadership skills and become advocates for addiction recovery in their communities. They can also help to cope with cravings, and find healthy ways to manage triggers. Such lived experiences can also help to inspire hope and motivate others.

some SA religious communities, addiction is often viewed as a lack of faith, which further creates a culture of shame and blame, with women ostracised from their families and communities.

Culture and religion are not separate in SA communities. For instance, most religions prohibit alcohol and drugs, and there is often a strong emphasis on family and community values, with women expected to be caregivers and maintain social harmony. This further creates feelings of guilt and

shame when they struggle with addiction – they feel they're letting down their families by engaging in behaviours that are stigmatising. SA cultures place a high value on conformity and respect for authority, and family members often play a central role in decision-making – particularly regarding marriage, education, and career choices. Women may face pressure to conform to traditional gender roles and expectations, making it difficult for them to assert their needs and boundaries.

## **BARRIERS TO ACCESS**

'Many women from Black, Asian and ethnic minority communities feel that mainstream services do not listen to, or understand them,' said a 2021 report from WithYou, *A system designed for women? Understanding the barriers women face in accessing drug treatment and support services.*

'They expressed a preference for receiving support from culturally-aware, culturally sensitive services that are Black, Asian and ethnic minority community-led, services led by people with lived experience,' it added. 'They also felt that services led by people with lived experience were better able to understand and respond to their needs.'

There are only a handful of culturally responsive organisations that offer recovery support for ethnic women in the UK, such as BAC-IN (Nottingham) and Nilaari (Bristol) and there is a dire need to create more peer-led culturally appropriate recovery organisations as those that do exist have limited access.

Funding for these organisations is also limited, which impacts their ability to provide a comprehensive range of services and reach a larger number of women in need of support. Sohan Sahota in his book *Shades of Recovery* mentioned how local and national commissioners often underestimate the need for culturally appropriate treatment services among ethnic communities. There is also a diverse range of languages in the SA communities, including Hindi, Urdu, Punjabi and Gujarati, which could be a

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barrier preventing many women from accessing services.

## **JOINT WORKING**

Changes in policy, attitudes, and fit-for-purpose service offers must be a joint effort and community-driven. They must be included and consulted on in all structures of the treatment system – specialist and peer-led services, decision-making, training, service design and so on, before we lose another generation to untreated substance use.

We also need better data, and my current research on *Recovery from substance use disorders in black, Asian and ethnic minority groups in the UK* will explore what recovery entails for women in these groups and contribute to a better understanding of what helps them to sustain it. My study will focus on lived experience, and how they navigate their recovery journey.

*Shinasa Shahid is a PhD student in addiction recovery*

## **I encourage women in recovery to participate in my PhD research study with the following criteria:**

- >> Particular attention to women from the African/African-Caribbean, Asian British/Asian communities, but also including white women who will make up the control group for the study.**
- >> Women who are fluent in English and are 18 years and above.**
- >> Anonymity and confidentiality will be maintained at all times.**