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Supporting South Asian Women with Problematic Substance Use: Policy and Practice Guidance

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Illustration by Poppy Loughtman

Who is this guide for?

This guidance is for practitioners who support people impacted by problematic substance use and policy makers who commission substance use services and/or develop substance use strategies. It draws on the latest research to help maximise the reach of substance use policy and practice to women from South Asian (SA) communities.

Terminology

- National reporting often silos non-white migrant populations into fixed categories such as 'Asian' or 'British Asian', ignoring the heterogeneity of these groups. This guidance uses the term South Asian to refer to first, second and third generations communities from Indian, Bangladeshi or Pakistani countries, as the three largest SA communities in the UK. However, we acknowledge that there are cultural and religious differences within these communities, which can impact our understanding of substance use.
- In this guidance, we use the term problematic substance use (PSU) to define levels of alcohol or other drug use which can lead to familial, social, financial, physical or psychological health related problems. There is a wide range of terminology used in different policy and in practice contexts. They are often associated with different theories of, and approaches to, treatment and interventions. In this guidance, problematic substance use is used to specifically separate the problems people experience as a result of using substances from any non-problematic use.

Context

Alcohol and other drug use carries high levels of stigma in SA communities. It is proscribed in most SA religions and this proscription carries significant influence within those communities. People who deviate from these proscriptions can be ostracized and stigmatised by both their families and their wider communities (Galvani et al., 2013; Bradby, 2007)

For SA women, gender roles and cultural expectations mean that men's and women's problematic drinking are often treated differently within the SA community (Hurcombe, et al. 2010; Galvani et al., 2023). While there is societal stigmatization of women's heavy drinking in western cultures, it is judged harshly in SA cultures (Malik et al., 2017; Page et al., 2024). In part, this is due to the patriarchal structures in many SA communities; one in which the woman's world is marked by domesticity, marriage, modesty, and safeguarding the 'izzat' or honour of the family (Gunasinghe et al., 2018). Behaviours that deviate from exhibitions of izzat and domesticity (e.g. pre-marital sex, clubbing, using drugs and alcohol) are believed to taint the family image and are seen as bringing shame on the individual, the family and the community (Galvani et al., 2023).

Strong intergenerational family and community bonds are often important to South Asian communities (Chadda and Deb, 2013). However, the shame and stigma that accompany women's problematic use of alcohol or other drugs, is believed to influence the way families react. It can result in minimizing or denying there's a problem to complete rejection and

ostracization of the woman. The taboo about women's drinking, and its association with promiscuity, disregarding izzat, family shame, and stigma in their communities, prevents conversations about alcohol or drug use with SA women and any acknowledgement of problems related to it (Galvani et al., 2023; Gleeson, et al., 2019; Bayley and Hurcombe, 2010)

Learning from the literature

Following a review of the available research evidence and wider literature, and interviews with SA women in recovery for problematic substance use, SA women who don't use substances, and specialist drug and alcohol practitioners, Galvani et al., (2023) summarised the key messages:

- **Accurate recording of data is needed** that captures substance use by ethnicity and religion, to understand the differences between and within ethnic groups. For example, substance use is forbidden in Sikhism, but the Punjabi culture (where Sikhism is the predominant religion) has a tradition of heavy alcohol use in familial celebrations.
- **Research needs to be conducted that focuses on South Asian communities.** There is a void in evidence that focuses on the experiences and needs of those from South Asian communities who use substances, as well as their families. Evidence building can help to inform policy and practice development.
- **Generational differences must be considered.** The limited research shows that younger South Asian women are consuming alcohol more than previous generations; and there is an underrepresentation of young people in treatment setting. However, older generations must not be overlooked, as research also showed how women were turning to alcohol when their children grew up and left home.
- **Religious affiliation must be recorded in treatment data** because despite proscriptions against alcohol use in religions practiced by South Asian communities, adherence to religious edicts do not shield against risky or problematic drinking.
- **The cultural expectations and impact of izzat is a barrier to South Asian women's support seeking.** The hidden nature of substance use among South Asian women can prevent the associated harms from being addressed.
- **Gender must be considered in designing support services,** as double standards exist between SA men's and women's drinking with women judged more harshly than men for substance use, driving women to drink in secret.
- **Domestic and sexual abuse, as well as childhood abuse,** are common experiences among SA women as well as controlling behaviour from parents, partners and in-laws. Responding to trauma as a factor of problematic substance use must be considered in treatment support and design.
- **Knowledge and understanding of substance use and its related problems is lacking among SA communities,** and resources must be developed that fill this knowledge gap in a culturally sensitive way.
- Despite the rise in problematic substance use among SA men and women, and the rise in treatment engagement, **there is a gap in service provision for people from South Asian communities that is culturally tailored and gender responsive.**

- A key difference between mainstream and specialist services is the **nuanced cultural understanding held by specialist services** negating the need for people to repeatedly explain the cultural expectations and challenges they face.

What is needed?

- Discrete, separate services are needed for SA women seeking alcohol support. This should be in the local communities and would be best placed within a service that women would ordinarily attend for a range of reasons, for example, a women's centre or health centre.
- Improved knowledge and education about alcohol (and other drugs) for SA communities is needed, particularly where to go to seek help for themselves or a relative.
- Specialist alcohol/drug services need to evidence that women can feel safe and trust of the service. It is important not to assume that the organisation's confidentiality policy would address the risks and fears they face.
- Greater alcohol/drug outreach to South Asian communities is needed to build relationships and trust. This would take time, persistence and patience.
- Faith leaders and faith groups need to play a role in educating the communities about alcohol and other drugs and provide individual support.

Do's and Don'ts

If you are a practitioner working in the substance use field, it may feel daunting, and you may have fears about saying the wrong thing, but you can have a big impact in a woman's life. The following are some 'headline' do's and don'ts to consider in offering support to SA women:

- **Do believe** you can make a difference. Brief alcohol and drug interventions can be effective and offering a listening ear, signposting to other services and sharing information can help.
- **Do identify** other services in your area or online that may have experience supporting women from SA cultures while offering support yourself.
- **Do listen** carefully to the woman's wants and needs and listen for warning signs of co-existing problems, for example, domestic abuse and coercive control. People may test your responses by only hinting at first, e.g., 'he doesn't like me doing that', 'he has a bad temper'. Picking up on such hints are important as is your readiness to refer on/engage with domestic abuse services in these instances.
- **Do acknowledge** your bias. Nearly all of us will have an opinion or preconceived ideas relating to substance use, gender roles, minority communities, religions and so on. Honestly reflect on how that could impact upon your response and support.
- **Do take** a holistic approach to understanding the context of SA women's experience – substance use is complex and often requires a multi-agency, trauma-informed approach.
- **Don't judge** the woman in front of you for their use of alcohol or other drugs. They're already judged harshly already by their family and communities.
- **Don't presume** someone 'isn't the type of person' who would have problematic substance use, regardless of presentation or age.

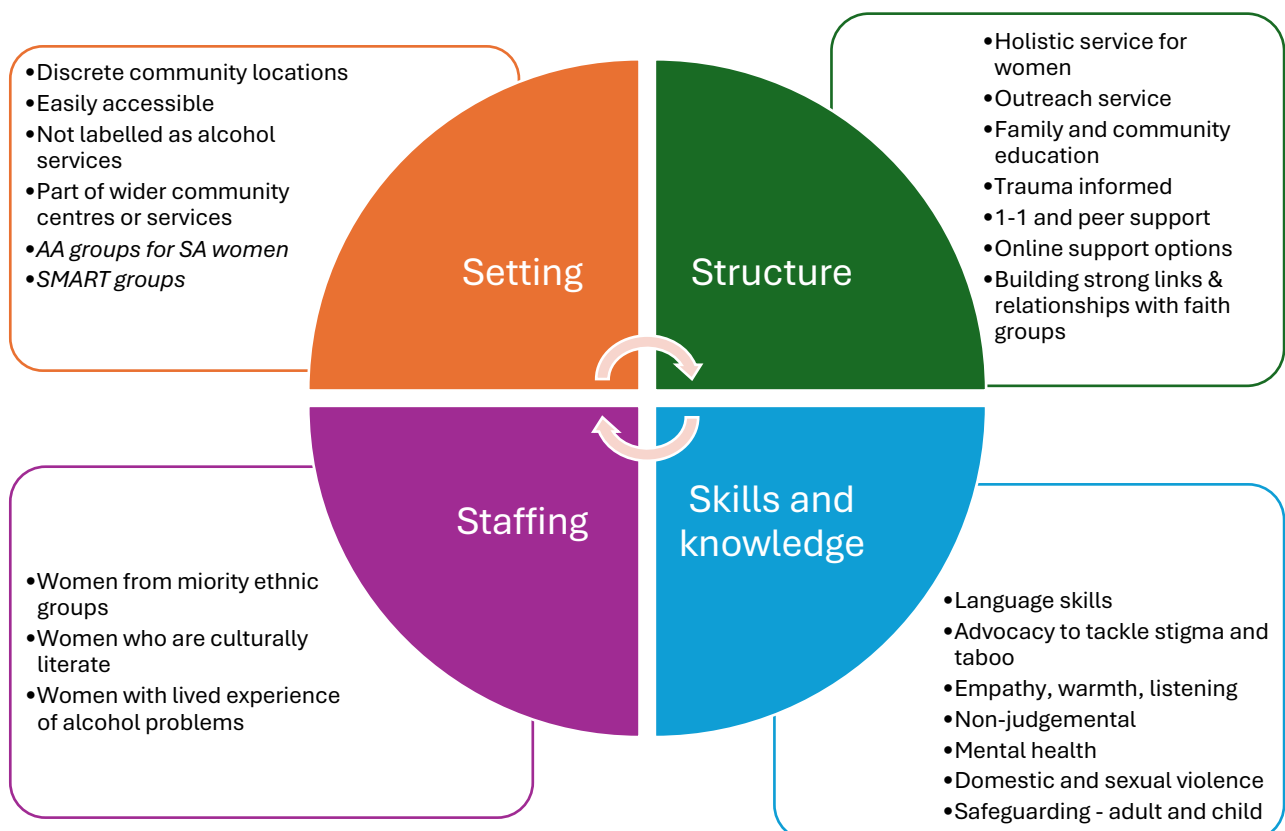
- **Don't presume** someone else will ask about their alcohol or drug use. Be ready with questions to ask and be mindful of safeguarding issues.



There is limited research evidence available that focuses on the needs of SA women who use substances, however, based on a comprehensive review of literature, as well as conversations with South Asian women who experience(d) problematic substance use and specialist practitioners working in the field, the following tools have been developed to help you improve or develop services that are culturally responsive and gender sensitive (Galvani et al., 2023).

Model of Support

A new model of alcohol support that meets the needs of SA women has been developed around the four 'S's – Setting, Structure, Skills and knowledge, and Staffing. It is a model that is SA woman-centric and reflects the cultural sensitivities required to enable SA women to access services more readily.



Self-assessment Tool

A tool for the improvement of existing alcohol services, and the development of new services, poses questions in five areas of service: i) environment, ii) service, iii) staffing, iv) training and v) assessment & interventions, enabling services to maximise their reach to, and support of, South Asian women in need of alcohol support.

Table 1 - Self-assessment tool when designing services

Environment	<ul style="list-style-type: none"> ▪ What does your service do to show your commitment to the needs of SA women (and ethnically diverse communities) when people enter your service?
	<ul style="list-style-type: none"> ▪ Does your advertising and marketing resources include pictures of SA women?
	<ul style="list-style-type: none"> ▪ Is the information on your service available in local languages?
Service	<ul style="list-style-type: none"> ▪ To what extent are you offering a safe, discrete, women's focussed service?
	<ul style="list-style-type: none"> ▪ Is your agency able to offer women only spaces and/or private entrances and exits to women who may need it?
	<ul style="list-style-type: none"> ▪ Does your service offer any services to family members in the various communities?
	<ul style="list-style-type: none"> ▪ Is it obvious that you are providing alcohol services? If so, are there options for outreach in settings that are not obviously alcohol focussed?
	<ul style="list-style-type: none"> ▪ How are you providing a) outreach and b) satellite services within the local minority communities?
	<ul style="list-style-type: none"> ▪ Are you currently providing information on peer support for women from SA communities?
	<ul style="list-style-type: none"> ▪ What services do you offer that address women's wider needs?
	<ul style="list-style-type: none"> ▪ What education and knowledge events are you running within the local minority ethnic communities? In partnership with whom?
	<ul style="list-style-type: none"> ▪ How is your service engaging with local religious groups, faith centres and other community groups?
	<ul style="list-style-type: none"> ▪ To what extent are you delivering some services online and can they be developed for different minority ethnic communities?
	<ul style="list-style-type: none"> ▪ What services are you offering to families from minority ethnic communities and how are these promoted to the communities?
Staffing	<ul style="list-style-type: none"> ▪ How many of your staff speak minority languages and do you know what they are?
	<ul style="list-style-type: none"> ▪ How many of your staff are from minority ethnic groups and does this reflect the local population?
	<ul style="list-style-type: none"> ▪ How many of your staff are women?
	<ul style="list-style-type: none"> ▪ How many of your staff or volunteers are people with lived experience?
Training	<ul style="list-style-type: none"> ▪ Do you have a mandatory, rolling programme of cultural competence/literacy training?

	<ul style="list-style-type: none"> ▪ How many of your staff have completed the training and is a refresher course available?
	<ul style="list-style-type: none"> ▪ To what extent are gender differences in alcohol use and impact part of your cultural competence training?
	<ul style="list-style-type: none"> ▪ To what extent does your training also address common issues faced by SA women who drink alcohol, for example, abuse, coercive control, marginalisation and isolation, family and community rejection, motherhood?
Assessment & interventions	<ul style="list-style-type: none"> ▪ Do your assessment procedures ask about ethnicity and religion in adequately detailed categories? Are all your staff asking the questions or is there missing data?
	<ul style="list-style-type: none"> ▪ Do your assessments and interventions include discussion about religious beliefs and their relevance (for good or bad) to the person's motivation to change their substance use? How is this monitored?
	<ul style="list-style-type: none"> ▪ Do your assessments and interventions ask about cultural norms and pressures around (women's) alcohol and other drug use?
	<ul style="list-style-type: none"> ▪ Do your assessments and interventions routinely ask about coercive control and domestic abuse from partners, parents, children, extended family members?
	<ul style="list-style-type: none"> ▪ How do your assessments and interventions establish levels of personal safety for women at home and in the communities?

Process Map

A process map has been developed that offers a pathway to developing new service provision for SA women seeking alcohol/drug support:



Figure 2 - Process map for service development

Existing services that work with migrant communities in the UK

EACH (Ethnic Alcohol Counselling in Hounslow)

Provide a range of community-based BME services to enable individuals and families to sustain positive change, remain safe, achieve personal goals and support recovery. Services are offered in a safe, confidential and accessible environment. Services include talking therapy, drug and alcohol support, specialist services for women, mental health and trauma support, employment, training and education.

Telephone: 020 8577 6059

Email: info@eachcounselling.org.uk

Website: www.eachcounselling.org.uk

KIKIT Drug and Alcohol Support

KIKIT is a BME specialist drug and alcohol support service based in Birmingham that provides a range of services to meet the needs of vulnerable people.

Telephone: 0121 448 3883

Email: info@kikitproject.org

Website: www.kikitproject.org

Bengali Community Development Project

Advice and support group for the Bangladeshi community, based in London, offering advice on benefits and housing rights and a women's group. Access to interpreters in Bengali, Sylheti, Hindi, Urdu. Access the centre's services by phone only.

Telephone: 020 7403 1504

BAC-IN

BAC-IN is an award-winning specialist drug and alcohol recovery service based in Nottingham, aimed at supporting individuals, families and carers from Black, Asian and Minority Ethnic communities. A community-inspired, grassroots organisation founded in 2003 by individuals in recovery.

Telephone: 0115 9524333

Email: admin@bacin.co.uk

Website: www.bacin.org

Muslim Women's Network Helpline

Operates a national specialist faith and culturally sensitive helpline that is confidential and non-judgemental, offering information, support, guidance and referrals for women impacted by abuse, forced marriage and a range of issues.

Telephone: 0800 999 5786 or 0303 999 5786 or text 07415

Email: info@mwnhelpline.co.uk

Website: www.mwnuk.co.uk or www.mwnhelpline.co.uk

Sikh Helpline UK

The Sikh Helpline is a national service and offers help with a range of social and cultural issues and is a free professional and confidential telephone counselling and email inquiry service. The services of Sikh Helpline are available to any individual regardless of age,

gender, race/culture, physical and mental disabilities, religion, sexual orientation, nationality, class, or status. It is available 24 hours a day, 7 days a week.

Telephone: 03000 300063 or 07999 004 363 (24 hours a day)

Email: info@sikhhelpline.com

Website: www.sikhhelpline.com

Sikh Recovery Network

Services to enhance life skills, access to training, education and attend other self-help groups, all of which contribute to personal development, self-worth, confidence and overall improvement in quality of life.

Telephone: 0333 0064414 or 07830 525756

Email: info@sikhrecoverynetwork.org

Website: www.sikhrecoverynetwork.org

Other resources

- *Alcohol Izzat and Me: South Asian Women in Recovery* (Galvani et al., 2023). Free booklet, presenting the lived experiences of South Asian women's experiences of substance use and support: [AVAILABLE HERE](#)
- Project report: Supporting Solutions for South Asian Women: Developing Models of Alcohol Support (Galvani et al., 2023). [AVAILABLE HERE](#)
- Website: www.southasiansubstanceuse.mmu.ac.uk
- Compendium of specialist minority ethnic alcohol service. This directory provides an overview of the substance use support for a range of migrant community groups (Hulmes and Galvani, 2023). [AVAILABLE HERE](#)

Conclusion

There is a clear need for culturally literate and gender sensitive alcohol and drug support, where SA women do not have to explain the cultural nuances, pressures or expectations placed upon them, to those who may be ignorant to the specific and unique experiences they face. These culturally sensitive spaces must be trauma-informed and ensure safety, confidentiality and trust: a process that may take time to build with those women who engage with support.

Used in conjunction, the model of support, self-assessment tool and process map can guide practitioners, commissioners and policy makers in the development of new, or improvement of existing, substance use support that considers the cultural and gendered needs of South Asian women who use substances.

While the focus of this guidance is on South Asian women, the tools can be extrapolated and used to inform the design of support for women from other migrant community groups, however, additional research needs to be conducted that explores the specific needs of these communities.

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