

Young Muslim Women Speak: Drugs, Faith and Safeguarding

September 2020

Findings Report

The Think Tank Programme

The programme is aimed at enabling Muslim women to represent their lived experiences and needs within research policy and practice. MWC endeavours, through this programme, to ensure that Muslim women of all backgrounds can seriously influence policy and decision making at all levels. Muslim women have been used by researchers when it has suited their research projects and government agendas, regurgitating the tired and reductive narratives about 'the Muslim woman'. Women we have worked with over the years have increasingly expressed their frustration with being used as 'subjects' for research agendas framed by others and now want their unmediated voices to be heard.

We aim to enrich and correct the knowledge landscape by ensuring that new relevant research is produced directly by Muslim women on issues that they feel are important to them & their communities, building trust between communities and research institutes. The evidence, recommendations and solutions generated by them will be used to show how the government and both the public and private sectors can help create conditions that allow Muslim women to thrive.

Through creating an army of community researchers who themselves have full awareness of the issues within their communities, women are being empowered to be authors of solutions that bring about societal change. We are creating a legacy of future leaders, community researchers and advocates who will inspire others around them. The findings will be available on our website, through social media outlets, and will also be shared with local authorities and government departments.

What This Study Covers

This study aims to examine the experiences and views of 50 young Muslim women aged between 16 and 21 on drug related activity in Bradford.

The Think Tank community research teams identified this as an under-researched topic, and were keen on drawing attention to what they know from experience is a growing epidemic within their communities in order to explore and develop effective solutions without criminalising or judging the young women's choices.

The young women included in the study were identified through the formal and informal networks of the researchers and were asked a range of questions about the involvement of young Muslim girls in drug related activity.





Key Findings

Drugs:

- ▶ Just over half of the young Muslim women interviewed (54%) were involved in or knew someone who was involved in drug related activity.
- ▶ 1 in 3 had been offered drugs, 1 in 6 admitted taking them regularly, and 1 in 10 did so by the age of 15.
- ▶ More than half of those who refused drugs (52%) did so because of their faith commitment.

Impact:

- ▶ More than half of the young women (58%), including 30% who used drugs themselves, highlighted the negative impact of taking drugs on mental wellbeing.
- ▶ Half of the young women (50%) noted the negative impact of drugs on faith, and the majority of this group said no to drugs because of their faith commitment.

Support:

- ▶ ALL of the young women in the study said they were not aware of any services specifically available for Muslim girls needing support/information/advice on drug related issues, and very few demonstrated awareness of mainstream provision.
- ▶ Almost all (92%) of them expressed willingness to speak to another young woman who starts taking drugs in their own circles about the implications of that choice, and over half (52%) would try to actively deter them from taking drugs.







Key Recommendations

- Culturally-sensitive training for local professional counsellors & targeted support for young Muslim women taking drugs or at risk of taking drugs by statutory sector commissioners, specialist drug charities and other funding providers.
- ▶ Targeted-support should include a confidential helpline, drop-in at schools and colleges, 1:1 support/counselling from specially trained staff who understand the cultural and religious context of young Muslim women.
- ▶ Setting up peer support initiatives, and training young Muslim women between the ages of 18-25 to become coaches and frontline ambassadors in awareness campaigns.
- ▶ Local law enforcement teams need to work alongside social media platforms in order to prevent the purchase of illicit substances and provide ongoing education/online support.
- ▶ Collaborative working with mosques a) to train Islamic professionals in drug prevention; and b) to ensure spaces and services which accommodate young Muslim women seeking religious advice and guidance are provided.
- ▶ Incorporate services that provide general and religious advice and awareness for young Muslim women and their families through supporting the first women-governed mosque initiative of the MWC.

Findings Expanded

We were keenly aware of the taboo nature of the subject of drugs. Yet many of the young Muslim women opened up, sharing personal experiences about themselves and others they know. However, it also became evident from the responses that more sensitive issues were hinted at rather than fully disclosed.

Drugs: Experiences and views of those participants that had taken drugs

Half of the participants (54%) who admitted being involved in or knew someone who was involved in drug related activity identified family members such as fathers, uncles, brothers, cousins, friends in peer groups who were using drugs, and in some cases selling drugs too. Those they identified were mainly, although not exclusively, male.

A third of the young women (1 in 3) have been offered drugs at least once. 1 in 6 (half of those offered) had taken drugs themselves, and 1 in 10 (more than half of those taking drugs) did so by the age of 15, and some as early as 13.

Those taking drugs gave several reasons; for example, loneliness and anxiety, peer pressure and a need to belong, and a desire to be seen as 'cool'. When asked about the most popular recreational drugs, they most frequently mentioned weed, marijuana and cannabis. Other drugs identified included cocaine, Crack, MDMA and SPEED.

They described their drug taking activity to be on a 'regular basis', some specified 'daily'. Most of them admitted taking weed or marijuana only, while acknowledging exposure to higher class drugs is a possibility. One young woman admitted supplying drugs to others. Drugs are consumed, according to most 'in the car' or at home or at a friend's house. Other unsafe locations were also mentioned.

Half of those taking drugs used social media platforms such as Snapchat and Instagram to purchase drugs, but then took personal risks by going to unsafe collection points. One young girl said: 'They [drug dealers] are always on there, and easy to find'.

Why young girls said no to drugs: Family, religion and moral values were the most frequently given responses to why Muslim girls had said no to taking drugs.

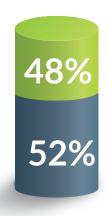
More than half of the young women (52%) stated that faith was the main reason they categorically refused drugs, considering them forbidden intoxicants and addictive substances. This indicates that faith is a key factor in safeguarding young Muslim women against drugs.



Why young girls said no to drugs

Other reasons

Because of faith



Fear of being found out was also mentioned as a reason.

Impact: The effects of drugs on the lives of young Muslim women

All participants agreed the effects of taking drugs were negative upon users.

1 in 5 young women flagged up the negative impact of drugs on the female user's relationship with her family, if found out. They believed there was a gendered stigma in the community and that they would be judged far more harshly than boys. A young woman shared the experience of being neglected and bullied by her family when they came to know she used drugs.

The young women who highlighted the negative impact of taking drugs on mental wellbeing (58%), thought it led to loss of confidence, inability to make difficult decisions, increased anxiety, and a sense of not being in control.

Despite not asking a direct question about faith, half of the young women (50%) were keen to highlight the negative impact of drugs on their faith. Based on further analysis, it became evident that half of those who are concerned about how drugs affected faith, refused drugs because of their faith commitment.

A quarter (25%) of the young women recognised the potential toll on physical health and considered taking drugs to make users more susceptible to falling ill.



Support: Knowledge about services available to women only

ALL of the young Muslim women in the study were unaware of any services available specifically for Muslim girls needing support/information/advice on drug related issues. One young woman indicated that there is a gender element as 'only boys do drugs' and another mentioned normative societal expectations of 'how Muslim girls should be'.

There was an overwhelmingly strong response from the young women interviewed calling for families and communities to be less judgemental and to be more open in talking about this difficult issue, because fear of social stigma prevents them from seeking support.

Concerns over stigma were coupled with expressions of the need to feel 'safe', emphasising that confidentiality must be protected. It was generally felt that mainstream services could not meet the needs of young Muslim women. A confidential helpline specifically set up for this age group was proposed by many participants. A drop-in service at school, college or community centre was seen as potentially useful, if confidentiality could be protected. One young woman suggested a 'one to one' service which would provide befriending and counselling support. There were also cautious suggestions of group support.

A large proportion of young women (92%) expressed willingness to proactively step in to help other young women in their own circles who start using drugs. They would talk to them about the implications of that choice, and some said they would try to understand why they were turning to drugs. Over half (52%) would try to deter them from taking drugs, of those 1 in 5 are drug users themselves.

13 young women suggested education programmes for both young women like themselves and their families. 3 young women suggested mosques should be more proactive in delivering key educational messages about drugs and providing support that was non-judgemental and accessible, particularly during the Friday khutba (mosque sermon). This is particularly important considering the lack of space and services within our mosques to accommodate women in general.

Muslim Women's Council

MWC is unique in its local, national, and international reach. We deliver services to the most marginalised members of our communities; the homeless, the excluded and disadvantaged. Our initiatives have addressed community issues ranging from mental health, child sexual exploitation and food poverty.

At the other end of the spectrum, we provide thought leadership and we facilitate and enable change. For example, we have initiated a project to transform and lead discourse on women's access to, presence in, and involvement in Mosques. This initiative has gained national and international support and has been reported globally.

Looking ahead in a context of political turbulence and uncertainty, we have prioritised empowering Muslim women to narrate their lived experiences and make an intervention into policies impacting their lives.

Conducting The Research

On completion of the training, the second phase of the programme focussed on the research. The women who completed the training programme then carried out the interviews for the four research studies. The group identified a list of key research areas emerging from their lived experiences, some of these areas were difficult and rarely addressed in research. This was then narrowed down to a shortlist of four. The women decided to implement four concurrent studies, organising themselves into smaller community research teams and conducting a minimum of 50 interviews in each of the areas identified. The MWC Think Tank project team provided support with research design and implementation.

The subsequent interview stage lasted for six weeks during which the community researchers were remarkably successful in gaining access to and the trust of the communities they approached. A wide range of views was captured in all of the studies, as many of the women interviewed shared genuine personal experiences on many sensitive topics.

The process of writing-up the four reports involved consulting the women researchers and was supported by Dr Shuruq Naguib (Lancaster University) and Dr Ghalia Sarmani (University of Central Lancashire).



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We wish to convey our sincere thanks to our community research teams for their sustained commitment, passionate dedication and insightful input into developing the research themes and questions and implementing four cogent and timely studies.

We would like to express sincerest gratitude to all our interviewees, without whom this would not have been possible.

"The Muslim Women's Council core team provided highly professional support to the Think Tank project, excellent administrative and research coordination throughout the process. The final reports are the fruits of genuine and outstanding commitment to the vision of community-based research and to the process of co-production with the women researchers." **Dr Shuruq Naguib** (Chair, Muslim Women's Council)



Quotes from Interviewees

"There are always people on Snapchat and Instagram promoting their drug lines"

"Drugs impacts their [young Muslim girls] lives negatively, they won't be able to make decisions thoughtfully and it takes your mind off God which isn't good"

"The Muslim community should be a little less judgmental and realise that mistakes can happen from everyone. If a boy does it- it is normal but if a girl does it she can be disowned.

"Drugs? yes its quite common in our age group- I know some that take weed and cocaine"

"I see this [taking drugs] happening everywhere -in corners of College and dark spaces or car"

Case Study

Mariah* fell in love and ran away to marry her boyfriend Khan, at the age of 16. She didn't know he was a drug dealer. She was in love and easily influenced, soon becoming a user herself. Mariah first took weed and marijuana, but



with Khan shdeveloped an addiction to cocaine and other class A drugs. Her actions impacted her family in ways she couldn't have imagined.

Mariah's departure left her family to answer some very uncomfortable questions from other family members and wider members of the community. Women came to do 'afsos' (mourn) with her mother as though she had passed away. Her mother slipped into bouts of depression. Her sister was left dealing with the aftermath of questions, looks and judgement.

Mariah soon fell pregnant and had a son. Her addiction meant she never got to raise her son and he even now continues to reside with the father. Her marriage came to an end, but not before she had returned home for a few months after years of being away, taking money from her mother's savings accounts to fund her and her then-husband's drug habit. She then disappeared again without a trace, leaving her family to wonder whether she was alive or dead. This took an immense toll on her mother's health. The next time her family saw her was at her mother's funeral. By then Mariah had remarried. She came to the house beaten black and blue, a young child in her arms and one on the way. She silenced her family from saying anything, as she was being picked up to return home to her abuser later that evening.

Although many years have passed since, and Mariah is now clean with three children from her second marriage, she is a widow, her husband having passed away when she was aged 30. She has not been able to rebuild trust with her family even now and remains a pariah.

Mariah's one bad decision at 16 unfolded into a difficult life. She now wishes things could have been different.

*Names and identifying details have been changed to protect the privacy of individuals.

