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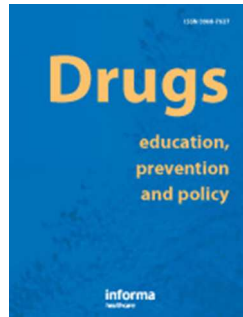
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**The Changing Landscape of Irish Traveller Alcohol and Drug Use.**

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**Title:**

The Changing Landscape of Irish Traveller Alcohol and Drug Use

For Peer Review Only

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3 Ireland's indigenous nomadic people known as the Travellers ('gypsies', 'tinkers') are a minority  
4 ethnic group documented in Irish history as far back as the twelfth century, and with a long shared  
5 history, value system comprising of language, traditions and culture, and a nomadic way of life (Ni  
6 Shuinear, 1994). The most recent census figures in Ireland record the total number of Irish Travellers  
7 in April 2011 as 29,573, accounting for 0.6% of the total population in Ireland, and with the average  
8 age of all Irish Travellers 22.4 years compared with 36.1 for the general population. Over half of all  
9 Travellers (52.2%) are aged under 20 years. Gmelch (1996:177) emphasised that; '*Travellers do not*  
10 *work or live in a vacuum, their identity and lifestyle is unquestionably influenced by their connexion*  
11 *to the larger society.*' Gmelch also asserted that the Traveller claim for ethnic separateness is  
12 grounded in Traveller culture and identity, rather than the historical basis. Assimilationist policy and  
13 social changes in Ireland since the 1950s despite the shift toward greater acceptance of Traveller  
14 identity since 1980, have contributed to Traveller relocation and displacement into urban areas, loss of  
15 traditional forms of income generation (trade and craftwork) and the nomadic way of life (Van Hout,  
16 2011a). Despite governmental efforts to provide culturally specific housing and other supports  
17 Traveller communities experience multiple socio-economic disadvantage in contemporary Irish  
18 society (Staniewicz and Van Hout, 2012; Van Hout and Staniewicz, 2012; MacGabhann, 2013;  
19 Nolan, 2014; Walsh, 2010). The aim of this commentary is to illustrate how the changing social  
20 situation and fragmentation of Traveller culture overtime which once offered resilience and protection  
21 against alcohol and drug abuse has contributed to a rise in associated problems and addiction within  
22 Traveller communities in Ireland. We present here extant available literature on this issue.

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46 Twenty years ago, illicit drug use wasn't a problem for Travellers, and Travellers by virtue of their  
47 closed and distinct existence were largely protected from the abuse of alcohol, illicit drugs and  
48 ultimately addiction. Traditionally, the Traveller community was protected from illicit drug use by  
49 strong family bonds, and traditional anti-drug norms reinforced by elders within their marked inner  
50 boundaries from the 'settled' community (Pavee Point, 2005; Van Hout, 2009; 2010a; 2011a). Of note  
51 is that in 1995, the Report of Task Force on the Travelling Community made no reference to illicit  
52 drug use within the Traveller community. However, in 2010, 66% of Travellers surveyed in the All  
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3 Ireland Traveller Health Study said that illicit drugs were a recent and concerning problem in their  
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5 community. Rising concerns in 2016 are evident around alcohol and drug abuse, and associated  
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7 impacts affecting Traveller families and their communities (Nolan, 2014; Van Hout, 2011a; Van Hout  
8  
9 & Hearne, 2016). Increases in alcohol and drug abuse among Irish Travellers since 2009 are  
10  
11 attributed to the erosion of traditional Traveller cultural values placed on religiosity and patriarchal  
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13 family systems, high rates of male incarceration, loss of traditional forms of (nomadic) income, drug  
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15 availability and use within Traveller networks, development of normative and reciprocal relationships  
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17 in drug activities with the settled community, with increasing Traveller male involvement in drug  
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19 dealing and drug related violence, and contact with settled and Traveller anti-social behaviour where  
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21 housed (AITHS, 2010; Costello, 2014; Pavee Point, 2005; MacGabhann, 2013; Van Hout, 2010a;b;  
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23 2011a; Van Hout & Connor, 2008; Van Hout & Hearne, 2016; Walsh, 2010). High rates of poor  
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25 mental health including suicides among both genders of Travellers are also observed (All Ireland  
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27 Traveller Health Study, 2010).

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31 Risky drinking of alcohol remains a significant problem among Travellers, particularly due to social  
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33 acceptability of use among Traveller men and unmarried Traveller women, and due to lack of  
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35 understanding of alcohol dependency, and the downplaying of problematic use patterns (AITHS,  
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37 2010; Fountain, 2006; Nolan, 2014; Pavee Point, 2011; Van Hout, 2010c). Gender differences are  
38  
39 illustrated in both qualitative studies and treatment data with Traveller men predominantly using  
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41 cocaine, amphetamine, cannabis (both natural and synthetic) and ecstasy, and Traveller women  
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43 reporting prescription medication abuse (i.e. combination opioid analgesics, benzodiazepine and Z-  
44  
45 hypnotics) (Carew et al., 2013; Fountain, 2006; Pavee Point, 2011; Van Hout, 2009; Van Hout &  
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47 Hearne, 2016; Walsh, 2010). Opiate use is less common, but with high risk of heroin use during  
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49 incarceration (Costello, 2014; Fountain, 2006; MacGabhann, 2013; Van Hout, 2009). More recently  
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51 in 2016, rising use of synthetic cannabis, and injecting of performance and image enhancement drugs  
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53 (Melanotan and anabolic androgenic steroids) are of concern (Van Hout & Hearne, 2016).

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3 In terms of surveillance of substance misuse among the Irish Traveller community, the National Drug  
4 Treatment System (NDTRS) began to record the ethnicity of those accessing drug treatment and  
5 rehabilitation services in 2007. Other indicators of levels of Traveller alcohol and drug abuse remain  
6 scant and anecdotal, and at present restricted to those Travellers accessing treatment services (Carew  
7 et al., 2013) and those in prison (AITHS, 2010; Costello, 2014; MacGabhann, 2010). Given the  
8 stigma of addiction within Traveller culture, estimations are also difficult to quantify due to potential  
9 undercounting of ethnicity. Most recent treatment data compiled by the NDTRS observed that  
10 incidence of treated problem substance use among the Traveller community was three times that  
11 compared to the general population in 2010 (523 per hundred versus 173 per 100,000). Given that  
12 Travellers represent 0.6% of the total population in Ireland, this is concerning but not unexpected  
13 given the multiplicity of this community's vulnerabilities (similar to any other marginalised group) to  
14 alcohol and drug abuse. Alcohol is the most common problem substances for which treatment is  
15 sought, but with sharp increases recorded in numbers of Travellers seeking treatment for opiates  
16 (heroin, methadone and others) (from 43 cases in 2007 to 168 in 2010), particularly among Traveller  
17 women, benzodiazepines (from 5 cases in 2007 to 17 in 2010), and cannabis (from 16 in 2007 to 48 in  
18 2010) (Carew et al., 2013).

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38 Uptake of health and addiction support services by the Traveller community tends to occur once  
39 addiction pathologies are chronic, and increasingly difficult to treat (Van Hout, 2009). Poor health  
40 literacy, low awareness and visibility of addiction support services to Travellers form barriers to  
41 engaging with addiction services (Van Hout & Hearne, 2016). Their history of institutional mistrust  
42 and experiences of discrimination, lack of culturally appropriate interventions, personal concerns for  
43 privacy, and potential for Traveller children to be placed into care are reported to inhibit service  
44 accessing (Cafferty, 2011; Carew et al., 2013; Fountain, 2006; Nolan, 2014; Van Hout, 2009; 2011b;  
45 Van Hout & Hearne, 2016; Walsh, 2010). The National Traveller Centre Pavee Point has underscored  
46 how Travellers and their family members struggle to reveal addiction due to issues of shame and  
47 generally attempt to deal with the issue themselves (Nolan, 2014; Pavee Point, 2005; 2011). Home  
48 detoxification attempts and religious faith healing are common attempts within Traveller families  
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3 (Van Hout, 2010b). Qualitative research has illustrated the particular difficulties for Travellers to  
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5 engage in residential settings (Van Hout, 2011a). Some studies have reported on Traveller concerns  
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7 around privacy and confidentiality when provided with services staffed by Travellers, and the  
8  
9 reported preferences for accessing mainstream professionals (Van Hout & Hearne, 2016; Walsh,  
10  
11 2010). More recently, service support strategies have responded to incorporate cultural competence  
12  
13 training for professional in the supporting of Traveller individuals and families in accessing services  
14  
15 (Nolan, 2014; Van Hout, 2009; Van Hout & Hearne, 2016; Walsh, 2010). It is encouraging to see  
16  
17 recent Irish developments to publish these best practices in working with Travellers with addiction,  
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19 and Traveller drug awareness training modules to enhance cultural competencies of staff involved in  
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21 key service provision and care planning (Cafferty, 2011; Pavee Point, 2011).  
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