



The Changing Landscape of Irish Traveller Alcohol and Drug Use.

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The Changing Landscape of Irish Traveller Alcohol and Drug Use

For Peer Review Only

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

Twenty years ago, illicit drug use wasn't a problem for Travellers, and Travellers by virtue of their closed and distinct existence were largely protected from the abuse of alcohol, illicit drugs and ultimately addiction. Traditionally, the Traveller community was protected from illicit drug use by strong family bonds, and traditional anti-drug norms reinforced by elders within their marked inner boundaries from the 'settled' community (Pavee Point, 2005; Van Hout, 2009; 2010a; 2011a). Of note is that in 1995, the Report of Task Force on the Travelling Community made no reference to illicit drug use within the Traveller community. However, in 2010, 66% of Travellers surveyed in the All

Ireland Traveller Health Study said that illicit drugs were a recent and concerning problem in their community. Rising concerns in 2016 are evident around alcohol and drug abuse, and associated impacts affecting Traveller families and their communities (Nolan, 2014; Van Hout, 2011a; Van Hout & Hearne, 2016). Increases in alcohol and drug abuse among Irish Travellers since 2009 are attributed to the erosion of traditional Traveller cultural values placed on religiosity and patriarchal family systems, high rates of male incarceration, loss of traditional forms of (nomadic) income, drug availability and use within Traveller networks, development of normative and reciprocal relationships in drug activities with the settled community, with increasing Traveller male involvement in drug dealing and drug related violence, and contact with settled and Traveller anti-social behaviour where housed (AITHS, 2010; Costello, 2014; Pavee Point, 2005; MacGabhann, 2013; Van Hout, 2010a;b; 2011a; Van Hout & Connor, 2008; Van Hout & Hearne, 2016; Walsh, 2010). High rates of poor mental health including suicides among both genders of Travellers are also observed (All Ireland Traveller Health Study, 2010).

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

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

Uptake of health and addiction support services by the Traveller community tends to occur once addiction pathologies are chronic, and increasingly difficult to treat (Van Hout, 2009). Poor health literacy, low awareness and visibility of addiction support services to Travellers form barriers to engaging with addiction services (Van Hout & Hearne, 2016). Their history of institutional mistrust and experiences of discrimination, lack of culturally appropriate interventions, personal concerns for privacy, and potential for Traveller children to be placed into care are reported to inhibit service accessing (Cafferty, 2011; Carew et al., 2013; Fountain, 2006; Nolan, 2014; Van Hout, 2009; 2011b; Van Hout & Hearne, 2016; Walsh, 2010). The National Traveller Centre Pavee Point has underscored how Travellers and their family members struggle to reveal addiction due to issues of shame and generally attempt to deal with the issue themselves (Nolan, 2014; Pavee Point, 2005; 2011). Home detoxification attempts and religious faith healing are common attempts within Traveller families

(Van Hout, 2010b). Qualitative research has illustrated the particular difficulties for Travellers to engage in residential settings (Van Hout, 2011a). Some studies have reported on Traveller concerns around privacy and confidentiality when provided with services staffed by Travellers, and the reported preferences for accessing mainstream professionals (Van Hout & Hearne, 2016; Walsh, 2010). More recently, service support strategies have responded to incorporate cultural competence training for professional in the supporting of Traveller individuals and families in accessing services (Nolan, 2014; Van Hout, 2009; Van Hout & Hearne, 2016; Walsh, 2010). It is encouraging to see recent Irish developments to publish these best practices in working with Travellers with addiction, and Traveller drug awareness training modules to enhance cultural competencies of staff involved in key service provision and care planning (Cafferty, 2011; Pavee Point, 2011).

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