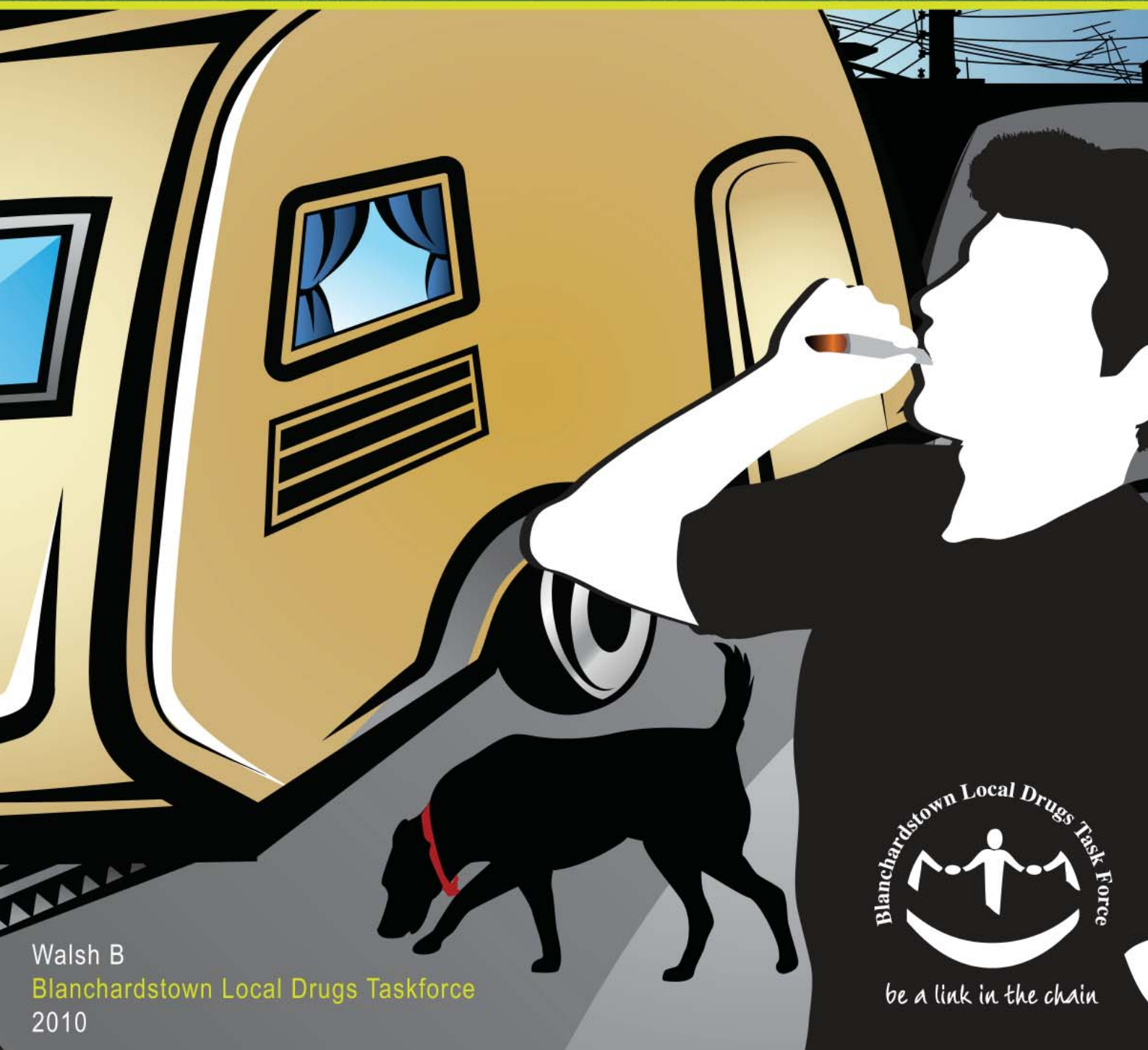


# CULTURAL DISLOCATION & CONSEQUENCES

AN EXPLORATORY STUDY OF ILLICIT DRUG  
ACTIVITY IN A TRAVELLER COMMUNITY  
IN NORTH DUBLIN



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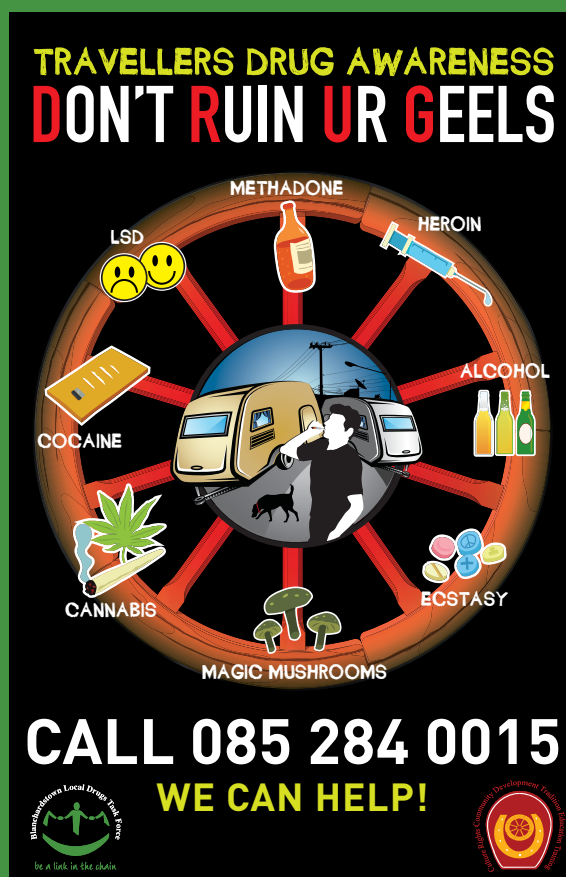
We would like to acknowledge the Travellers from the Blanchardstown Traveller Primary Healthcare Initiative who designed the Traveller Awareness Poster which the front cover was generated from.

## ACKNOWLEDGEMENTS

This research would not have been possible without the support of Dr Shane Butler, Senior Lecturer in Social Work and Social Policy, Trinity College who supervised the entire process to completion. I cannot extend my gratitude enough to each and every one of the Travellers who freely allowed the intrusion into their lives to talk so openly and honestly about issues affecting them. Also the many service providers who gave up their time to contribute. Austin Tuohy, Brid Greenan and Cathal O'Sullivan deserve particular mention for their help in attracting interview participants. Lastly, the Blanchardstown Local Drugs Task Force members & staff who allowed me the time and resources to complete this work.

*Brid Walsh*

2010



# Foreword

The misuse of drugs among our community here in Dublin 15 is of great concern to Blanchardstown Traveller Development Group and it is a concern for Traveller families and for the community as a whole. Travellers are a marginalised group in Irish society and are one of the most excluded groups socially and culturally in the country and this is no different here in Dublin 15. What is different is the impact that the misuse of drugs is having on our community. Travellers make up less than one percent of the national population, mostly live in extended families on Traveller sites so when drugs hit our community its more visible and public, so fear of looking for support is harder and this research has identified some of these issues. This research has also identified the type of drug misuse which means we can now start to look at the local responses and supports that are needed to address these serious issues which are having a very negative effect on individuals, parents, families and on the community. The research has identified the local issues and made clear recommendations that need to be acted upon.

Clearly there is a need for a more coordinated approach to this issue and targeted responses need to be developed which will ensure that mainstream drugs services will be accessible to Travellers and that Travellers themselves have an input to the services that are been provided to their community.

Finally I would like to thank Brid Walsh for her personal interest in the issue of drugs misuse in our community and all the people who contributed to the research and finally to the local Drugs Task Force to whom we look forward to working with to address the misuse of drugs in our community.

I would like to acknowledge the Travellers locally and nationally who are now starting to speak up about the issue of drug misuse in the community for it is only when we know the extent of the problem that can we start to really address it.

*Catherine Joyce*

# Chairpersons Introduction

The Blanchardstown Local Drugs Task Force is proud to present this report as part of our commitment to raising awareness and influencing policy on drug issues for the most at risk in our community. We have worked closely with the local Traveller Community for some time through the provision of Traveller work placements with our Drugs Task Force staff team and the provision of substance misuse training for Travellers training to be Primary Healthcare Workers. In keeping with our ethos of active participation, we are fortunate to have the benefit of local Travellers represented on Task Force committee structures.

Through the consultation process while developing our most recent workplan 'Building Capacity, Reducing Risk - 2008-2013' concerns were raised that Travellers in the area were at high risk of developing drug related problems and there were fears that this was already the case. This research came about as a direct result of that consultation process and will help provide us with the context and framework to respond to drug related issues in this community.

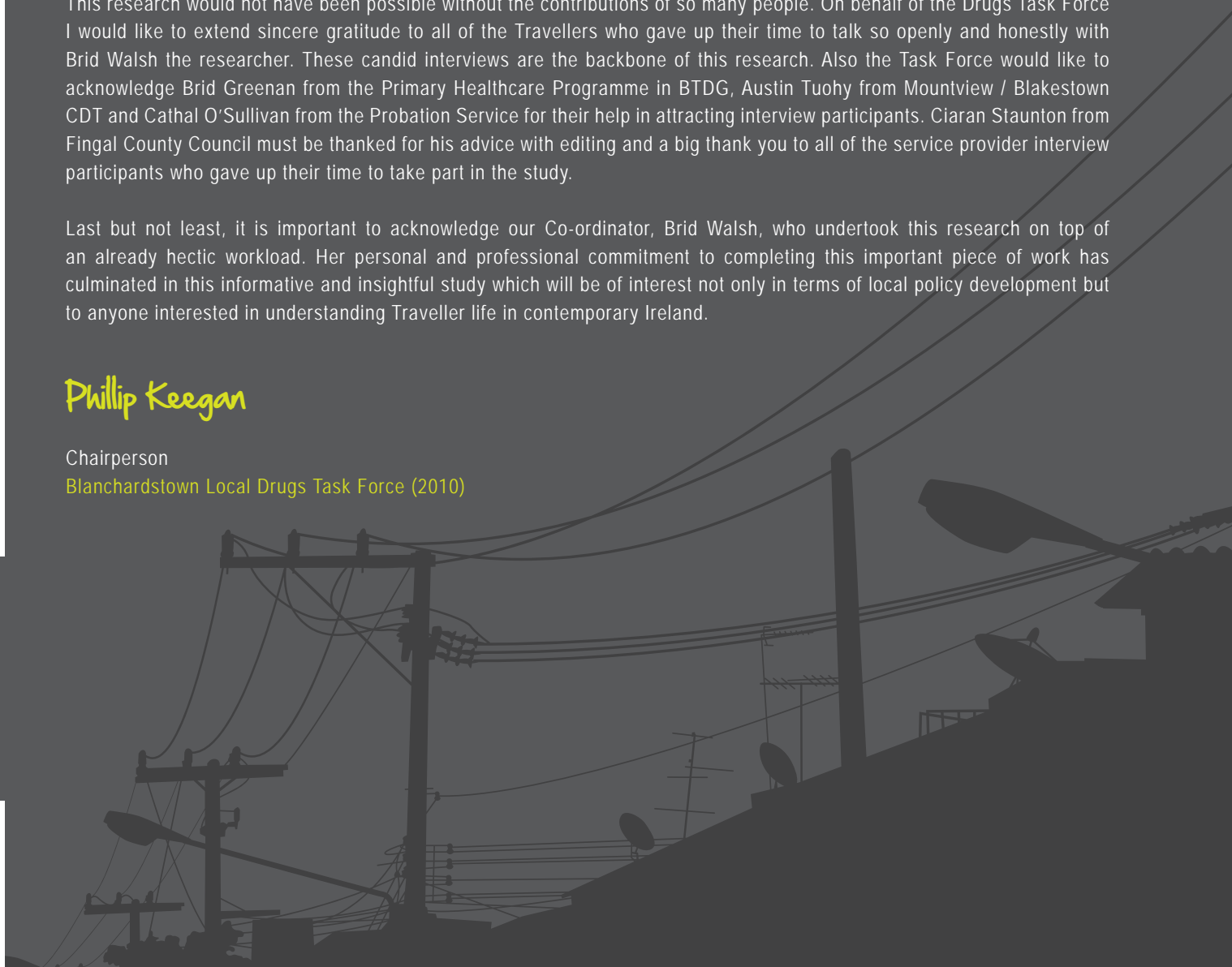
This research would not have been possible without the contributions of so many people. On behalf of the Drugs Task Force I would like to extend sincere gratitude to all of the Travellers who gave up their time to talk so openly and honestly with Brid Walsh the researcher. These candid interviews are the backbone of this research. Also the Task Force would like to acknowledge Brid Greenan from the Primary Healthcare Programme in BTDG, Austin Tuohy from Mountview / Blakestown CDT and Cathal O'Sullivan from the Probation Service for their help in attracting interview participants. Ciaran Staunton from Fingal County Council must be thanked for his advice with editing and a big thank you to all of the service provider interview participants who gave up their time to take part in the study.

Last but not least, it is important to acknowledge our Co-ordinator, Brid Walsh, who undertook this research on top of an already hectic workload. Her personal and professional commitment to completing this important piece of work has culminated in this informative and insightful study which will be of interest not only in terms of local policy development but to anyone interested in understanding Traveller life in contemporary Ireland.

**Phillip Keegan**

Chairperson

Blanchardstown Local Drugs Task Force (2010)



# Chapter 1

## Introduction

Ireland's indigenous nomadic people, the Travellers, have been documented as part of Irish society as far back as the twelfth century. Previously known as 'gypsies' or 'tinkers', they were characterised by their unusual lifestyle in comparison to the dominant settled community; they traditionally lived in caravans or wagons and moved around Ireland and England and were known for particular trades (most commonly Traveller men were tinsmiths) and as sources of 'roadside entertainment' - since both Traveller men and women sang ballads and performed traditional Irish music and it is said that Travellers were instrumental in keeping Irish music alive in Ireland at a time when it was at risk of dying out. Industrialisation and social and political changes in Ireland from the 1950s onwards saw the mostly rural Travellers relocate to urban and suburban areas, for the main part abandoning trades and crafts which had been rendered obsolete, while also largely abandoning the nomadic lifestyle. In fact the last decade saw many Travellers abandon traditional living entirely and secure settled accommodation in private rented or local authority housing.

Since the 1960s, Irish public policy has developed a clearer focus on Traveller issues, both through the publication of official reports on their status and through the implementation of specific Traveller-focused policies in the areas of housing, health and education. Public policy in this sphere has often been contentious especially since in its original form it assumed that Traveller life and culture was inherently problematic and that the public good would obviously be best served by integrating Travellers into mainstream or settled Irish life. Since historically, what defined Travellers as distinct from mainstream settled society was their nomadic lifestyle and roadside trades, it might appear as though integration of this kind would proceed without major problems. However, over the past forty years both the Travellers themselves and civil liberties and other support groups in the mainstream population have developed a much clearer sense of how this group is an identifiable cultural if not indeed a separate ethnic minority, within Irish society, so that integration as originally planned is now seen as tantamount to cultural genocide.

While public policy now recognises the existence of a distinctive cultural tradition within the Traveller community and is committed to its preservation, there continue to be major difficulties associated with a lifestyle which is frequently at odds with that of the settled community. Furthermore, while there is considerably greater interaction between the two communities, these relationships continue to be fraught and Travellers continue to be a marginalised and stigmatised group within Irish society. The risk factors for social problems within the Travelling community today, such as early school leaving, unemployment, high crime rates and other typical characteristics of social exclusion, are not entirely different to any mainstream disadvantaged community in Ireland. However, when added to an internal identity conflict, this creates the potential for a far higher risk in terms of social problems and in particular drug use. It is precisely this juxtaposition that provides a catalyst and backdrop for this research.

This study is focused on an exploration of problem drug use within one Traveller community within the Greater Dublin Area. Its has two main aims: the first being to identify the nature of illicit drug use in this community; the second being to ascertain how helpful mainstream drug services are to Travellers or whether there is a clear need (as some have argued) for Traveller-specific services. The study is based on a commonly held view that 'displaced' people, for instance aboriginal peoples in many societies who seem comparable to the Travellers, are at high risk of drug problems.



# OVERVIEW OF CONTENT

The study is divided into six chapters. Chapter Two reviews a range of relevant literature which is intended to provide a theoretical context for the data to be gathered in the present study. In an attempt to conceptualise the importance of 'setting', literature on the causal links between social exclusion and problematic drug use has been acknowledged. Since Travellers appear to have been the subject of intense discourse for almost half a century in relation to their ethnicity, it was important to incorporate central aspects of this discourse into the review analysis.

Chapter Three outlines the process of the research and explains the rationale for the methods chosen. It examines the design of the research tools and outlines ethical implications that were considered. As the research is of an exploratory nature in terms of context and social settings the predominant methods were qualitative in nature. In particular the complex issue of representation in terms of selection of interview participants is explained in this chapter.

Chapter Four and Chapter Five collectively form the cornerstone of the research and contain an examination of the qualitative data in terms of findings. Chapter Four sets the research in context in that it examines contemporary Traveller life under key areas. There is a specific emphasis on the complex issue of culture, identity and ethnicity in terms of the findings from the qualitative research. This provides the backdrop against which Chapter Five analyses the specific area of illicit drugs and Travellers. These chapters are occupied with the 'lived' experiences of the participants in line with the research objectives.

The final Chapter Six combines the analysis of the literature review and the conclusions drawn from the qualitative data to answer the research question and identify any emerging themes or implications which are pertinent but not part of the original primary aim. Since the study was an exploratory study of human behaviours in particular social settings, the main body of chapter six is concerned with the related conclusions implicit from the findings. Since a secondary aim of the research was to explore implications in terms of policy development for the target community a brief outline of recommendations in terms of local policy has been included.

# Executive Summary

Blanchardstown has a population of approaching 100,000 people<sup>1</sup> in total of whom 644 are reported to be members of the Traveller Community.<sup>2</sup> While this is less than 1% of the population it is slightly higher than the national average. The Traveller community are present in most parts of Blanchardstown but are concentrated towards the north of the area, which coincides with the BLTDF<sup>3</sup> and RAPID<sup>4</sup> functional areas. Travellers live in a variety of accommodation types, clustered together if they live in Traveller specific accommodation and spread out if they live in conventional social housing.

The research presented in this study explores the nature of illicit drug use in the Traveller community in Blanchardstown, and the relative value of responding to these problems through Traveller-specific as opposed to mainstream drug supports and services. Literature reviewed for this research confirmed that poverty and social exclusion constitute potent risk factors for the emergence and maintenance of serious drug problems and that culturally displaced groups, such as Irish Travellers, are particularly at risk of a high prevalence of addictions. The literature specific to Travellers highlights the changes which have taken place in a community which has, in recent decades, to a large extent abandoned its nomadic lifestyle, but has nonetheless retained its sense of cultural distinctiveness. It was also found that uncertainties about Traveller identity have resulted in controversies as to whether this group should be designated with ethnic minority status within Irish society. Within this context, data was gathered for the research by means of semi-structured qualitative interviews with service providers (both from Traveller and

settled population backgrounds) and Travellers, some of whom were users of drug services. The findings confirmed a perception that problem drug use has grown in recent years within this community. The perceived heightened drug use is also portrayed by respondents as being primarily confined to men who mainly use cocaine. While some Traveller leaders and activists from the settled community are emphatic that Travellers should be granted the status of being ethnically separate, non-activist Travellers interviewed for this research tended to see themselves solely as "Irish" and to be happier in making use of mainstream service provision. In light of these findings, it was concluded that prevention measures should recognise the marginal status of Travellers in Irish society, but this in itself does not justify the development of parallel drug services to cater for Traveller men for example. Given that Travellers are already using mainstream drug services in the area it is clear that building on the existing services, especially their ability to engage with Travellers, will increase the positive outcomes for this community.

<sup>1</sup> Recorded at the last Census in 2006

<sup>2</sup> Although Blanchardstown Traveller Development Group (BTDG) estimate that it is closer to 1,100

<sup>3</sup> BLDTF (Blanchardstown Local Drugs Task Force)

<sup>4</sup> RAPID (Revitalising Areas by Planning, Investment and Development)

# RESEARCH FINDINGS - A SNAPSHOT

The following table outlines a synopsis of the key findings under the broad headings used throughout the research report.

## CONTEMPORARY TRAVELLER LIFE

- Travellers continue to be socially disadvantaged in terms of education, employment, health and poverty
- There is heightened protection of adolescent girls particularly in relation to relationships and pre marital sex
- Traveller men seem to be displaced within their own community with old trades now obsolete which places them at high risk for social problems including problem drug use
- Traveller men in particular have a much higher rate of suicide than those in the settled community
- Communal living is still a prominent feature of the community although there has been a shift away from nomadic living
- Religion continues to play an important role in the Traveller community
- Traveller women seem more likely to access education and engage with formal services than Traveller men
- Travellers experience consistent discrimination from the dominant population. Furthermore there appears to be a sense of acceptance that this is part of Traveller life which seems to have manifested itself into internalised feelings of inferiority
- Cultural ambiguity - Consensus among the Travellers interviewed was that they did not see themselves as a separate ethnic group but rather as Irish people with traditional values whereas Traveller advocates seem to have the opposing view and advocate for ethnic status

## DRUG ACTIVITY AND TRAVELLERS

- Travellers and service providers alike cited Cocaine as most prolifically used illicit drug, along with cannabis and usually with alcohol
- Cocaine use is reported as a common feature of social events and consistently in pubs & private parties
- Ecstasy is still very popular but is seen as a gateway to Cocaine use
- Cannabis use was reported as being almost 'normal' and mostly among male Travellers
- Heroin use was reported to be lower however an increase in use was cited as the biggest fear by research participants
- Illegal drug use is reported to be predominantly a male activity with Traveller women much more likely to share prescribed drugs
- Privacy issues around personal issues like drug use are huge and there appears to be little open discussion.
- In relation to drug problems it seems that most men are in denial to the extent of knowledge Traveller women have about their drug activity. In contrast, women appear to have high awareness of drug activity although there seems to be very little discussion between men and women about these issues
- It was reported that some drug users seem to be able to balance family life with their Cocaine use to a large extent
- There were huge fears of Traveller youth modelling the behaviour of older drug using males in the community

## SUPPLY ROUTES

- Service providers and Travellers alike felt that there was drug dealing within the Traveller community
- Drug using Travellers interviewed reported some Travellers dealing drugs but reported their initiation into drug use was in the company of settled friends
- Interview participants had sourced drugs from contacts in the settled community
- It was generally accepted that Travellers were not proportionately drug dealing any more than the settled community but it seemed more obvious because of the insular nature of the community. There are fears that this will increase because of the potential to make money as other sources of income dry up



## SERVICES

- Travellers interviewed said mainstream services were most appropriate because of privacy issues. The consensus was that Travellers would not like other Travellers knowing about their personal problems
- All of the drug using Travellers interviewed were accessing a local service which was a mainstream service and all said they would never go to a service that was only for Travellers
- Traveller drug service users viewed programmes they had engaged in which had boxing or fitness incorporated into them as an incentive for engagement
- Most users said they were able to manage their drug use quite well for a period of time until it started to get out of control, they started to pick up charges, or the family intervened
- Fear of marriage breakup was cited as a reason not to disclose drug problems to spouses and also a reason to get support once spouses acknowledged their drug use
- Most said that they had no problem accessing services and one just rang the golden pages, Others said they found out about the local service through word of mouth
- Most drug users said that pledges<sup>5</sup> had been very successful for short term prevention of use but only for very short term

## RECOMMENDATIONS

- Local Drugs Task Force in partnership with Travellers & local stakeholders are well placed to develop an engagement strategy for Travellers to promote access to mainstream services and raise awareness about drug issues and services available
- Local Drugs Task Force should facilitate and support Travellers with further engagement on Task force Structures to ensure active participation and input in policy decisions
- Local Traveller Development Group should explore the development of in-house training model to raise awareness of Traveller issues for local service providers particularly drug services
- Local Drugs Task Force Strengthening Families Programme Manager to link with Local Traveller Development group to explore possibility of training Travellers to be facilitators with view to the rollout of a programme in the long term. Further consultation is needed with Travellers to establish the appropriate value of Traveller specific Strengthening Families programme versus accessing mainstream programme by local Travellers
- Local Drug Task Force should facilitate process to build relationships between the local community Gardai and Travellers
- BTDG and Local Area Partnership, FAS and other partners are well placed to explore the development of Traveller men's programmes to enhance progression into training and employment. The value of programmes which incorporate a Health & Fitness module should be explored given the positive feedback in relation to such programmes by male Travellers
- Although beyond the scope of this research which had a specific brief in terms of exploring drug activity in the community, It is evident further research is required on the ethnicity status of Travellers which must include and be driven by Travellers themselves

### Note:

This research focuses on a specific Traveller Community in Dublin and is not necessarily representative of all Travellers in Ireland

<sup>5</sup> Pledges are given by priests on request where an individual promises to abstain from drugs or alcohol for a period of time.

## Chapter 2

# Literature Review - Context:

As already stated, the central aim of this study is to explore the nature of illicit drug use in a specific Traveller Community in County Dublin, Ireland. Specifically, the intention is to examine: attitudes towards and perceptions of illicit drug use within the target Traveller Community; the cultural appropriateness of mainstream services in the context of drug service provision within this community, and the policy implications arising from these findings.

The rationale for conducting the research in the first instance arises primarily from the characteristics of social exclusion associated with the Traveller Community, characteristics which are commonly perceived as constituting major risk factors for problem drug use. Against this backdrop, the review will examine the nature of social exclusion and documented evidence to suggest a link between problem drug use and disadvantage. In particular, the body of work in relation to both the Traveller Community and problem drug use will be referenced. This element of the research may be limited by the apparent dearth of social science and historical research on Travellers, and on Travellers and drug use in particular.

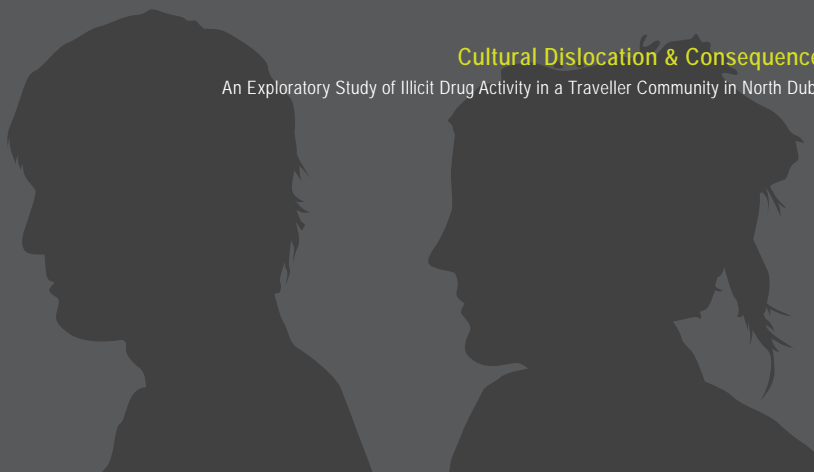
### 1. SOCIAL EXCLUSION

Academics who examine the characteristics which define social exclusion are agreed, for the main part, on common features of areas or communities perceived to be socially excluded : *'Individuals or areas suffer from a concentration of linked problems such as unemployment, poor skills, low income, poor housing, high crime, bad health and family breakdown'* (Khan et al, 2000)

One key Irish text on the topic of social exclusion is Nolan and Whelan's (1999) *Loading the Dice*, a commissioned study for the Combat Poverty Agency undertaken by the Economic and Social Research Institute. In an attempt to provide a contextual understanding of the causes and consequences of poverty and exclusion, this research looks not only at the perspective of insufficient income but at the broader context of social exclusion in relation to integration and participation in mainstream activities and institutions. *Loading the Dice* explores the concept of cumulative disadvantage, which the authors suggest occurs when multiple social disadvantages conspire to create extreme social exclusion. They examine what they call an 'underclass' in Ireland, associating this group with three characteristics: (1) prolonged distance from the labour market, (2) severe deprivation (3) prevalence of subculture distinct from majority of society: *'the existence of an underclass is assessed here using 3 measures; perceived labour market opportunities for those who want employment, degree of fatalism and detachment from mainstream values'* (Nolan & Whelan, 1999, XIV)

The authors associate the impact of cumulative disadvantage on the emergence of 'problem' groups, the transmission of general disadvantage, and, in particular, the emergence of an urban concentration of disadvantage in Ireland. Against that backdrop, they question the efficacy of universal versus area based targeted policies to address poverty and disadvantage. Implicit in the study is the position that these 'problem groups' cannot share in economic progress and break the cycle of cumulative disadvantage without meaningful community engagement strategies: *'the involvement of communities in the process of economic and social change may be crucial to allowing marginalised groups to share in the benefits of economic progress'*

(Nolan & Whelan, 1999, XXVI)



## Social Exclusion & Problematic Drug Use

Within this context, socially excluded Irish communities historically report disproportionately high levels of problematic drug use and associated harms to families and the wider community (Moran et al, 2001). This is mirrored by the National Advisory Committee on Drugs report on community indicators for problem drug use which states *'there is recognition that the development of long-term and damaging drug use is often associated with social marginalisation and exclusion'* (Loughran & McCann, 2006, 40). Flood (1999) commented that *'The effects of social exclusion are seen to contribute to the deep rooted and intractable problem of serious drug misuse, and social scientists have now generally accepted that causal links exist between problem drug use and social exclusion'* (Mayock & Moran, 2000). In March 2007, for instance, the Scottish Drugs Forum produced a comprehensive analysis of literature identifying the causal effect of social and economic deprivation on problem drug use, concluding: *'The individuals who are most at risk of developing problem drug use are those who are at the margins of society. They are individuals who are socially and economically marginalised and disaffected from school, family, work and standard forms of leisure'* (Shaw, Egan & Gillespie, 2007, 10)

Unlike our UK counterparts, it was long after the 'heroin epidemic' of the 1980's that illicit drug use started to receive a targeted governmental response in Ireland. A landmark document in this regard is the 1996 First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs, more commonly known as the 'Rabbitte Report'. This was the first official acknowledgement of environmental risk factors as having a causal effect on problematic drug use, and the report emphatically recognised the correlation between social exclusion and problematic drug use: 'Much of the international experience of large-scale drug addiction is one of a close correlation between addiction and social and economic disadvantage and deprivation. This is very much the situation in Dublin' (p.9). Using maps which showed how the treated prevalence of problem heroin use in Dublin overlapped significantly with other indicators of social exclusion, this report argued the need for a targeted or selectivist response to drug use rather than universalist approach which had previously been the norm. Although as Butler (2002) argues, epidemiological support for this causal link between problem drug use and social exclusion had long been available in Dublin, the Rabbitte Report represented the first acceptance by government of this link and the first determination to

introduce comprehensive cross-sectoral governmental responses to problem drug use. This report was the driving force which led to the setting up of the National Drug Strategy Team and the Local Drugs Task Forces in the most socially disadvantaged areas in Ireland. Most significantly, the 'Rabbitte report', and particularly the subsequent setting up of the Local Drug Task Forces was a clear acknowledgement of the need for a non-prescriptive localised response in the most marginalised communities, in which the community was recognised as a lead partner.

Internationally, one social scientist who has dealt explicitly with the social determinants of problem drug use, and whose work is highly relevant to an understanding of Traveller drug problems, is the Canadian, Bruce Alexander (especially Alexander, 2008). His broad conception of addiction, which he sees largely as a side effect of global capitalism, superficially appears grandiose were it not backed up with robust historical research and experience. He proposes that all addictions are individual or societal responses to a lack of psychosocial integration: a condition of separateness from ones own cultural identity. Furthermore he infers this causes a 'poverty of the spirit' which he diagnoses as 'cultural dislocation'. He theorises that when societies shift towards a more consumer driven, free market state, subgroups of those societies who are rendered marginalised from the dominant population can become culturally dislocated which places them at increased risk of addiction: *'People adapt to this dislocation by concocting the best substitutes that they can for a sustaining social, cultural, and spiritual wholeness, and addiction provides this substitute for more and more of us'* (Alexander, 2008, 3)

Alexander backs up his social construction theory by exploring the experience of traditionally 'addiction free' indigenous cultures such as the aboriginals, whose addiction problems emerged only with the infiltration of consumerist free market influences:

*'Addiction can be rare in a society for many centuries, but can become nearly universal when circumstances change - for example, when a cohesive tribal culture is crushed or an advanced civilisation collapses. From this perspective, addiction is not so much a problem of aberrant individuals as a latent human potential that expresses itself universally under particular social circumstances'* (Alexander, 2008, p2)

## 2. TRAVELLERS & SOCIAL EXCLUSION

In recent years the Irish government has incorporated target group identifiers on particular data collection sets, notably the 2006 census which gave a limited opportunity to source objective information. It estimated that there are 22,435 Travellers living in Ireland which is just over 0.5% less than census 2002. It is important to note that although the numbers in permanent accommodation rose to 69.1% there is still a huge 24.1% of the population living in caravans or mobiles homes.

With higher infant mortality rates & lower life expectancy, it reported the median age within the Travelling Community as 18 years, in stark contrast to 33 years in the national population (Census 2006).

It is important when attempting to explore contemporary social issues to examine the influence of the historical context. This presents a considerable challenge in investigating the Traveller Community in that beyond folklore, there is a dearth of archived reference material. This is surprising given that Travellers are the largest minority group in Ireland. Well-known researchers in the field acknowledge this gap and suggest that this lack of a recorded history reflects the Travellers' low status in Irish society: 'As for many other Irish people without literacy or status, it was an arduous task to locate Travellers in the Archival record' (Bhreatnach, 2006). Despite the lack of archived records, the group now known in common discourse as the 'Travelling Community' is believed to have been in existence in Irish society as early as the 12th century. However, unlike other international nomads such as the Romanies, Irish Travellers had and continue to have quite a limited geographic spread, residing almost entirely in Ireland and the UK. Despite this however, Mac Laughlin refers to an almost entire exclusion of

Travellers from Irish history commenting '*they were also perceived as people without history or a homeland*' (Mac Laughlin, 1995, 9-10)

Not only is there a dearth of literature on Travellers but even defining Travellers creates a challenge, particularly in relation to the issue of defining Travellers as a separate ethnic group within Irish society. 'Pavee Point, a Dublin-based institution which lobbies for Traveller rights, is unequivocal in its definition of Travellers as:

*'An indigenous minority, documented as being part of Irish society for centuries. Travellers have a long shared history and value system which make them a distinct group. They have their own language, customs and traditions'* (Pavee Point, 2009)

Some academic commentators agree, as for instance, Power (2004) who succinctly describes Travellers as '*a distinct ethnic group in their own right*' (7).

Similarly, Sinead Ni Shuinear, who has written prolifically on nomadic peoples, including Travellers, comments on what she sees as the inequity of discourse in which it is the settled majority population which believes it has the right to determine whether or not Travellers are ethnically distinct: '*there is an unspoken assumption that the validity of Gypsy/Traveller culture is up for definition and approval by the majority population*' (Ni Shuinear, 1994, p55). She observes that the same assumptions are not made about other minority cultures. However, it must be noted that there is little agreement even within the community itself. The literature that does exist is almost entirely preoccupied with the difficult position they occupy within Irish history and society.

### National Policies & Travellers

Historically, Irish Travellers have been referred to as 'tinkers', gypsies and 'Itinerants'. The latter was adopted by the government commissioned Report of the Commission on Itinerancy in 1963. This was a landmark report in so far as it was the first official acknowledgement of Travellers separateness. Whilst it did not go so far as to identify the community as an ethnic minority, it certainly identified it as requiring special attention. Despite the longevity of this specific stratum of Irish society, this report was on the surface a government acknowledgement of the difficulties experienced by a dislocated community within mainstream Irish society. The Commission's terms of reference were: '*To enquire into the problems arising from the presence of itinerants and... to examine the ... problems inherent with their way of life*' (11). It must be said however, that the Report had mixed responses in that it focussed almost entirely on a need for integration and it could be said that rather than identifying a gap in policy provision it further problematised an already stigmatised group of Irish people (Bhreatnach, 2006, 3). The main thrust of the report was to advocate for integration and absorption into the dominant mainstream Irish society as a solution to the social exclusion of

Travellers. Twenty years later the Report of the Travelling People Review Body (1983) heralded a new phase of government policy, representing a shift from the 1963 assimilation position towards acceptance of difference and inherent rights. It is thought that the shift could be due in part to the reluctance of both the settled community and Travellers to integrate. It also advocated having specific legislation to criminalise discrimination against Travellers. Note that the term 'itinerants' had at this stage been replaced with the more innocuous 'Travellers', the preferred term by which Travellers refer to themselves.

However, it was 1995 before there was a concerted effort to effect some consistent and meaningful policy development with the publication of the Report of the Task Force of the Travelling Community. This report conceptualised discrimination experienced by Travellers and set out a strategic vision for the development of Traveller policy particularly in relation to health, education, and economic support and participation, leading to the setting up Traveller Health Units and the roll out of the Traveller Primary Healthcare Initiative (Murphy, 1999). The National Traveller Health

Strategy followed which highlighted the need for Travellers and Traveller organisations to be supported to participate at every level of Traveller health from primary health care projects at local

level, to Traveller Health Units at regional level and to the Traveller Health Advisory Committee at National level. (Department of Health & Children, 2002)

## Traveller Culture

What is known and documented by Bhreathnach, NI Shuinear & McVeigh among others is that what we now call Travellers were indigenous nomads known for particular trades or crafts. Although recognised in the early twentieth century as having a social and economic presence through trades such as metalwork and 'roadside entertainment', they were generally considered very much an unwelcome subculture of society. McLoughlin (1995) notably explores the impact of industrialisation in Ireland on this community and the subsequent redundancy of the once thriving trades fulfilled by Travellers. He points to two major events in history which led to the further fragmentation of Irish Traveller Culture and their dislocation within Irish society; firstly in the second half of the twentieth century mainstream Ireland began to focus on nation-building and property owning which conflicted directly with the ideology of the nomadic lifestyle; added to this, in the 1960s Travellers began to relocate in urban areas and lost their traditional

livelihoods which rendered them welfare dependent. Despite the surge of interest, beginning in the 1980s with the setting up of a task force and the emergence of Traveller advocacy groups and 'an ethnic intelligentsia among the Travellers themselves', he cites extreme anti-Traveller racism in Ireland as a particular problem.

He claims a long history of what he terms 'Klu Klux Klan type delegations' as a contributory factor to a growing intrinsic sense of inferiority within the Traveller psyche borne out of years of discrimination:

*'Having been oppressed and demoralised for so long, a growing body of evidence suggests that many Travellers are beginning to internalise feelings of racial inferiority and taking to alcohol and petty crime as outlets for the frustration they experience in their daily lives'* (MacLoughlin, 1995, 3)

## Gender Roles

It is clear from the literature and in particular ethnographic studies, that within the Traveller community gender roles are very defined and specific. Notably Gmelch and Helleiner explore the constructions of gender roles in the Traveller Community and the meanings attached to them and find that gender delineations are not unlike that of the pre-feminist movement in the predominant settled Irish community; Traveller women's work is predominantly in the context of domestic labour in that they are responsible almost entirely for childcare and keeping house. Furthermore, interaction with the dominant settled community, particularly in relation to contact with service providers, is almost entirely negotiated by the women in the Traveller Community (Helleiner, 2000). With the shift in the Traveller economy and redundancy of the economic function of the Traveller men in terms of now obsolete trades, it would appear that more reliance on the Traveller women to provide for the families financially has emerged. Literature indicates that this reversal of the 'provider' role could have negative effects on the collective male Traveller psyche. In some cases serving as a useful construct for the women when negotiating services in terms of blame: *'the ability of women to represent the interests of their families effectively to service providers also often depended on collusion with stigmatising constructions of Traveller gender relations'* (Helleiner, 2000, 176,)

What is certain from the limited literature available is that Travellers have been and continue to be perceived as a 'problem community' and as such are subjected to a degree of political and social intolerance. *'The focus of concern was on controlling them, for*

*the sake of the comfort and progress of the dominant population'* (Kenny & McNeela, 2005, 13)

In the context of social exclusion, it is evident that the dice is most certainly loaded against the Traveller Community. In fact the community is characterised by cumulative disadvantage. The Traveller Health strategy captures data that characterised Travellers by severe social exclusion under several risk indicators which correlate with Nolan & Whelan's theories. (Department of Health and Children, 2002)

Certainly the issue of Traveller ethnicity further compounds their cultural dislocation. Advocacy groups such as Pavee Point articulate the community as an ethnic minority who are subjected to 'racism'. Others argue that with no physical/biological features to differentiate them from other Irish people, the former position is untenable. Given the lack of convergence about the validity of Travellers as an ethnic minority; it may be prudent to avoid taking a position either way, but rather acknowledge characteristics which differentiates the community as socially excluded and a separate subgroup of Irish society who are far from integrated or accepted in the wider population:

It becomes clear *"that it is not Travellers' nomadism that fuels anti-Traveller racism; it is their group identity. They are ostracised whether they 'settle' or not"* (Kenny & McNeela, 2005 cite Fay, R, p3)



### 3. THE TRAVELLER COMMUNITY AND DRUGS

Sourcing reference material on this matter is difficult in that, unsurprisingly, most attention from researchers and social writers on Traveller issues in recent decades has been dominated by rights based discourse. On a peripheral level, problem substance use has been recognised as an emerging problem for this community particularly in the last decade, with illicit drugs identified as worthy of concern more recently. Indeed, the 2002-2005 governments health strategy specifically for Travellers identified substance use as a key issue for Travellers but allocates only 2 of the 112 pages to the topic, locating Local and Regional Drugs Task Forces as key stakeholders in the development of targeted strategies whilst acknowledging the shortage of robust data on the topic: 'There is little objective research pointing to the pattern of drug or alcohol abuse among Travellers' (Department of Health & Children, 2002, 92). Although both the Rabbitte Report and the subsequent two national drug strategies outline clearly the link between social exclusion and drugs, the Traveller Community itself receives little more than a statement of intent.

The National Drugs Strategy 2001-2008 targeted the Traveller Community as one of four socially excluded groups within the Irish population for particular attention. (Government of Ireland, 2001, 123) Action 98 of this strategy called for the NACD<sup>6</sup> to carry out research on the Traveller Community as part of its work plan. In response, the NACD commissioned and published research by Fountain in 2006 on the topic of Travellers and drug problems (Fountain, 2006). This report is arguably the only robust attempt to contextualise the complexities of drug activity within the largely insular social grouping of the Traveller Community. Fountain is very clear about the central message of the report: '*The overarching message of the report is that the social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring in this community.*' (Fountain, 2006, 11). However, it must be said that whilst certainly a key report, the author acknowledges the limitations of the research and the necessity to carry out further research (Fountain, 2006, 20). Fountain identifies nine prominent characteristics of social exclusion within the Traveller community (particularly amongst young Travellers) which put them a severely at risk group in relation to problem drug uses: 'education, health, employment, accommodation, previous & current drug use, criminal justice, family, social networks & the environment (in terms of social deprivation, community disorganisation & neighbourhood disorganisation)' (Fountain, 2006, 14). Qualitative methods were used to capture the cultural and social context of the issue. Interviews with agency workers and Travellers examined the impact of drug use on such an already marginalised community and concluded: 'participants in this study reported the increased stigmatisation of Travellers, the normalisation of drug use, an increase in drug related crime, and the challenge to Traveller Culture' (Fountain, 2006, 17). The report acknowledges that Drug Task Forces are well placed to examine Traveller drug issues both at local and regional level. (p100).

Amongst its recommendations it advocates for the use of an ethnic identifier on treatment recording systems in Ireland.

In fact since then the National Drug Treatment Recording System (NDTRS) administered by the Health Research Board (HRB) have attached a Traveller identifier in their data collection form. The HRB report that in 2007 and 2008 there were 411 cases of Travellers presenting for assessment or treatment at addiction services in Ireland. It must be noted that this records those accessing treatment in agencies who return forms to the HRB. Of those 411, the majority (309) were male, over half (244) under 34 years old and 220 named drugs other than alcohol as the primary issue. 125 of those sought treatment for opiates (mainly heroin) (HRB, 2009). Given the insular nature of the Traveller community, one could speculate that a large number of problem drug users are not attending mainstream services. Although the figures are not officially available at time of writing it is thought that data returned on Travellers through the NDTRS represents 1% to 1.5% of all data collection forms returned in 2009.<sup>7</sup>

On a national level there has been little follow up until once again a statement of intent in the recently launched interim National Drug Strategy (2009-2016). Actions 28, 44 and 60 reference the Traveller Community as a specifically at risk group under the pillars of Prevention, Treatment & Rehabilitation and Co-ordination. In 2007, a major research project had the potential to provide comprehensive reference data for studies on drug use in the Traveller Community. The UCD School of Public Health and Population Science undertook the All Ireland Traveller Health Study, whose entire purpose was to '*examine the health status of Travellers...to provide a framework for policy development and practise in relation to Traveller health*' (Minister Mary Harney, 10th July 2007, Launch AITHSS). Uniquely, the study was to be delivered by Travellers to other Travellers. However, the opportunity to capture rich information was lost as the questions about suicide and drug use which appeared on the initial study questionnaire were subsequently removed. Anecdotally, the head researcher attributed this to reluctance on behalf of Travellers to ask, and indeed answer these questions because of the sensitive subject matter. This represents a loss of important information but, clearly, the level of discomfort expressed by the Travellers in exploring a 'taboo' area within their own community suggests the underlying hidden nature of the potential problem.

More recently, the Western Region Drugs Task Force commissioned research in substance misuse in the Traveller community in 2008, the report of which was published in February 2009. The author concluded '*The Traveller community may be particularly at risk of problematic drug use due to their experiences of marginalisation, poverty, poor mental health, discrimination within the wider society and increasing fragmentation of their own culture*' (Van Hout. M, 2009, 11). Van Hout points to the fragmentation of Traveller culture and its contribution to the

<sup>6</sup> NACD – National Advisory Committee on Drugs was established in July 2000 under the auspices of the Department of Tourism, Sport and Recreation to conduct, commission and analyse research on issues relating to drugs and to advise Government on policy development in the area.

<sup>7</sup> Personal communication from HRB, NDTRS HSE Northern Area Representative



erosion of what were once protective factors for problem drug use. The insular family values and networks that once compounded Travellers social isolation may also have had a positive impact in limiting drug initiation and associated harms. Van Hout takes this one step further and claims greater integration with the settled community as a contributory factor in greater drug use within the Community.

*'Until recent years, the Traveller community has been suspicious and fearful of illicit drugs. This is changing due to the increased level of contact with settled community as efforts to integrate Travellers intensify'* (Van Hout, M, 2009, :23)

Common themes from the report mirror those from the Fountain study, most importantly, that illicit drug use would appear to be on the increase in the Traveller Community. Furthermore, both reports agree that Traveller drug users are predominantly male, with hash, cocaine and ecstasy as the most popular drugs. Both studies indicate increased concerns from interviewed Travellers about criminality through drug dealing and associated intimidation within their community.

Parallel to more notable studies such as the Fountain report, Pavee Point<sup>9</sup> has been highlighting the need for a timely and culturally appropriate response to drugs issues in the Travelling community for the last decade. In 2000, the Traveller Specific Drug Initiative was established by Pavee Point to support the development of strategies and initiatives which respond to the drugs issue experienced by Travellers. In 2005 they brought together 120 participants to discuss this very issue and subsequently produced a report outlining the key recommendations from the experience (Pavee Point, 2005).

The then Assistant Director of Pavee Point introduced the proceedings *'...the two biggest challenges facing Travellers over*

*the next ten to fifteen years is the increase in drug use, drug addiction and issues of 'cultural esteem'* (Cited Pavee Point, 2005, 4). Finally, the Pavee Point conclusion on all of these matters is worth citing:

*'We need to learn from the history of addiction in the settled community, where statutory services and the state were slow to react to the drug problem in disadvantaged communities, in spite of the fact that community groups and activists were saying for a long time that there was a drug problem. When things reached crisis point there was a fire brigade reaction to the issue of drug misuse. Let's make sure this does not happen in the Travelling community'* (Pavee Point, 2005, 4)

In terms of service provision, the literature indicates a need for a level of culture proofing. Butler (1996) explores the appropriateness of talk therapies in relation to alcohol problems in the Traveller community and highlights the misfit. He concludes that traditional counselling is unlikely to demonstrate effectiveness for Travellers in dealing with problem substance use. Whilst cognisant of the ethno-cultural factors that need consideration, the importance of weighing this against the risk of stereotyping or problematising the community further is an important balance. (Straussner et al 2001) Given the entrenched social exclusion and specific gender roles in the community; to ensure effective responses, the literature indicates that capacity building programmes with Traveller families may prove to be more successful than the traditional therapeutic modalities commonly used in the treatment of addictions. Contemporary meta analyses on evidence based approaches in treatment and prevention show that programmes such as Strengthening Families (Foxcroft et al, 2003) and Community Reinforcement approach (Meyers & Miller, 2001) have positive outcomes in trials. Both of these modalities have been piloted with indigenous communities in other countries with positive results.

## 4. IMPLICATIONS FOR THE RESEARCH

The literature has generally indicated that strong links exist between poverty/social exclusion and problem drug use: socially marginalised people are most likely to use the most dangerous drugs in the most dangerous ways. In Ireland, where our epidemiological data has long confirmed this link between poverty and problem drug use, we can therefore expect that Travellers will also constitute a high risk group for this particular medico-social problem. What is also clear from the literature, however, is that in cultural terms we cannot assume that the style of service provision (both in relation to prevention and treatment/rehabilitation) which appears to be meaningful to the settled population will be acceptable to or appropriate for Travellers.

Furthermore, it is evident that the insular nature of the community could have the effect of polarising social problems such as harmful drug use. The literature whilst certainly highlighting differences between the Traveller community and the dominant settled population, particularly in terms of accommodation, gender roles and education also indicates a sense of cultural confusion. It is evident that the increasing erosion of the 'provider' identity of male Travellers who once had trades now rendered obsolete, may cause a significant risk factor for males in the community who now find themselves welfare dependent. For the main part the literature on Travellers appears to be focussed on the cultural and ethnic status of this community and it seems likely that this ambiguity will have some impact on the research, particularly in terms of access and engagement with mainstream services. Furthermore the literature suggests that male Travellers have less engagement with service providers and formal structures which is likely to create a challenge in terms of policy development.

<sup>9</sup> Pavee Point is a partnership of Irish Travellers and settled people working together to improve the lives of Irish Travellers through working towards social justice, solidarity, socio-economic development and human rights.

# Chapter 3

## Methodology

### INTRODUCTION

This chapter outlines the methods and instruments used in the research reported here and explains why these methods were selected and how they were used.

The key aim of this research, as previously described, was to explore the nature of illicit drug activity in a specific Traveller Community in North Dublin

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The key objectives were to :

- To explore the nature of drug activity in the target Traveller community, against a background of illicit drug use within the wider community in this geographic area
  - To explore perceptions of the value and effectiveness of mainstream service provision for problem drug using Travellers
  - To identify recommendations for local policies based on the findings
- 

### RESEARCH DESIGN

Given the aims and objectives of the study, which were neither concerned with establishing precise estimates of the prevalence of drug use in this Traveller community nor with definitive evaluations of the effectiveness of prevention or rehabilitation, it seemed best to make use of qualitative research methods. Qualitative research is concerned with describing how drug use is 'lived' and interpreted through social interactions in an attempt to understand why these behaviours occur and how they are perceived in different contexts and social settings (Rhodes, 1995). Furthermore, since a secondary objective of the research was to identify service provision and policy implications on a local level, qualitative methods are well documented as being a useful tool in developing local responses to drug use. (Feldman and Aldrich, 1990; Wiebel, 1996).

The literature review presented theoretical propositions which helped frame the research but had limitations. The combination of an examination of the existing body of work on the topic, with rich data gleaned from the semi-structured interviews aimed to address this shortcoming. Mason proposes that qualitative research can explore dimensions of the social world and understandings and meanings within that which would not be possible through the more rigid quantitative methods. She observes *'the qualitative habit of intimately connecting context with explanation means that qualitative research is capable of producing very well-founded*

*cross-contextual generalities', rather than aspiring to a more flimsy de-contextual versions.'* (Mason, 2002)

From the outset the research methods were matched against Sarantakos' central principles of qualitative methods of social research. These include openness, communication, process-nature of the research and the object, flexibility of object and analysis, explication and flexibility. (Sarantakos, 1998, p51). Sarantakos and other scientists in the field promote the naturalistic method which incorporates exploration and inspection. The naturalistic method perceives reality as the natural setting and is descriptive of people in their natural environment. Given the nature of the research topic this was the best fit for the qualitative research. Plummer, a long time advocate of the 'humanistic' approach which centres on gleaning contextual understandings from interacting with subjects and hearing their 'life stories, promotes this approach as *'a thinly disguised positivistic concern with getting at the truth'* (Plummer, 2001, Preface)

In this case, for this research the 'truth' is the experiential narrative of Travellers on their lives, and drug activity within that context. Ruben & Rubens 'responsive interviewing' technique was used which starts out with a specific topic in mind. In this case interview schedules were developed and modified and adapted during the course of the interviews to reflect the knowledge and interest of the interviewees. (Ruben & Ruben, 2005)

## DESK RESEARCH

The initial research took the form of an extensive literature review. This included examining the existing body of work on the nature of drug use within the context of social exclusion. It looked at previous research on drug problems in Ireland and particularly at evidence to suggest a link between problem drug use and disadvantage. National policy documents were referred to in relation to government positions on the Traveller community. The study included comparative material drawn from research on the prevalence of drug problems in other indigenous minorities. Following this, more focussed research in relation to the Irish Traveller community was examined. This element of the research was limited by the apparent dearth of research on Travellers and drug use specifically. Statistical data was sourced from the Census and National Drug Treatment Reporting System in the Health Research Board.

## DATA COLLECTION METHODS

Given the dearth of rich data in the literature, the qualitative research was the core research instrument. This took the form of individual semi-structured interviews. 'The interview is a complex and involved procedure when used as a social science research tool' (Minichiello, Aroni & Hays, 2008 p1). Care was taken with the design of schedules to ensure the most appropriate contextual data was solicited from participants in line with the study's objectives. Before beginning the interviews, interview schedules were drawn up based on the research objectives.

## COMMUNITY PARTICIPATION

As the central aim of the study is to explore the nature of drug use within the Traveller community, it was essential to gather data from the targeted subjects of the study. An interview questionnaire was developed which examined three broad areas. (Appendix B)

- a. Life as a Traveller in general and difference if any from that of the settled community
- b. Drug activity, if any, within the Traveller community
- c. Styles of drug service provision in terms of effectiveness

This took the form of a number of semi-structured open ended in-depth interviews with individuals from within the targeted Traveller community. The female participants were sourced through the local Traveller Development Group. Furthermore in an attempt to conceptualise the lives of drug using Travellers it was necessary to source interviewees with drug using Travellers themselves. This was done with the help of a local Project Worker in a Community Drug Team, who was actively working with a significant number of Travellers with drug problems. The interview questionnaire was modified for the Drug Service User participants to allow for a less structured analysis of their drug activity. (Appendix c)

## GENDER ISSUES

It should be noted that all of the drug using Travellers interviewed were male. This is not to imply that all drug users within the Traveller community are male, however as reflected in the literature review it appears to be a predominantly male activity and literally no female drug using Travellers had presented for treatment at the local agency where the participants were sourced.

### Traveller participants interviewed<sup>9</sup>

1. Three Traveller women who were training to be Primary Healthcare Workers at the time of the research
2. Four female members of the mainstream targeted Traveller community
3. Four male drug service users from the community
4. Traveller Development Group Co-ordinator who is also a national Traveller activist
5. Two male non drug service user Travellers

<sup>9</sup> In total 14 interviews were completed with participants from the specific Travelling community. Eight of these were female and six were male.

## REPRESENTATION

It is acknowledged that the women training to be primary healthcare workers are not representative of a random sample from the community. Furthermore it is acknowledged that a substance misuse module is part of the Primary Healthcare training curriculum which each has attended. This infers a level of awareness that may not be present in a random sample of the community however; invaluable data was gleaned through this interaction.

To ensure balance, four Traveller women were randomly selected who attend a local development group for a range of activities such as hairdressing, computer skills and other non-health related activities. These women had not attended drug awareness training. The drug users were sourced through a local Community Drug Team worker who had a significant number of Travellers on his caseload. The Manager of the Development Group is not only a member of the Traveller community but also a national spokesperson on Traveller community issues which makes her inclusion crucial. The non drug using male Travellers were sourced through the Probation Service and one through a personal contact. It was decided to limit the number of interviews to 14 as data saturation was achieved for the main objectives of the study during the process. It was therefore unnecessary to recruit further participants. (Patton, 2002)

## SERVICE PROVIDER

It was important to balance the data from the Traveller community itself against that of service providers with a particular remit for service provision in the context of the Traveller Community. The design of the Interview Schedules included an examination of 3 broad areas. (Appendix A)

- a. The participants role & knowledge of Traveller life
- b. The participants understanding of drug activity within the Traveller community
- c. The participants thoughts on styles of drugs service provision for Travellers

A total of seven service providers participated in the one to one structured interviews.

### Service Provider research participants

- Co-ordinator Traveller Specific Drugs Initiative
- Manager, Social Inclusion (Local Authority)
- Community Drug Team Project Worker
- Senior Probation Officer
- Garda Inspector
- Local Drugs Task Force Education Co-ordinator
- Co-ordinator Traveller Primary Healthcare Initiative
- Manager Traveller Development Group (also a Traveller and included in 14 Traveller participants list)

These interviewees were selected on the basis of the broad range of perspectives that should be incorporated into the study.

## INTERVIEW PROCESS

All interviews were tape recorded. Written consent was sought from all interviewees to participate and to have the interviews recorded. Two separate consent forms were designed; One for the service providers (Appendix d) and another specifically for the Traveller participants. (Appendix e). All interviewees were supplied with an information leaflet introducing the researcher and context of the research. (Appendix f & g). Again specific information forms were designed; one for the Traveller participants and another for the service providers. The researcher transcribed all interviews verbatim and personally. On completion the data was thematically analysed and collated with desk research to inform the research findings. In total 20 interviews were completed.

## ETHICAL ISSUES

The research did not have significant ethical challenges; however it is acknowledged that a level of sensitivity was required in relation to the process.

- Engagement in the research was on a voluntary basis. This was made explicit to all interviewees. Interviewees were informed that at any stage during the interview they had the choice to disengage and withdraw from the process without explanation
- Confidentiality / anonymity was assured and with the exception of issues in relation to the participants or another person's safety. This did not arise.
- It is possible that some service providers may be recognisable to some readers. This was explained prior to conducting interviews. Names of Traveller participants were changed on the transcripts and all hard copy and recorded data was stored securely
- For confidentiality reasons the drug service user Traveller participants and the other two male Travellers requested that interviews take place in 'neutral' locations. All of these interviews took place in public locations selected by the participants
- All other Traveller interviews took place in the local Traveller Development Group premises
- Rather than assuming any literacy issues the leaflet was read out to all interviewees
- Ethical approval from the Ethics Committee of the School of Social Work and Social Policy, Trinity College was secured before beginning interviews.

### Analysing the Data

This was a lengthy process as essentially the core instrument was the qualitative interviews. This created the challenge of coding 'meanings'. The process began with the transcripts of the taped interviews. These were transcribed verbatim by the researcher to allow for a second 'hearing' of the interviews before attempting to code the data. The data was then resolved into constituent components to reveal characteristics, themes and inter-connections. On analysis segments were demarcated and assigned a code or label. This took the form of a word or short phrase which correlated with an aspect of the study objectives and any new themes which emerged were assigned new codes. Patterns were established based on the data generated. In this context, regularities, variations and singularities were analysed. Transcripts were re-read frequently to capture central 'meanings' inferred and cross check context.' (Ryan, 2006; 92-108)

## Chapter 4

# Findings on Contemporary Traveller Life

### INTRODUCTION

The key aim of this project, as previously explained, is to explore the nature of problem drug use in a Traveller community in North Dublin, as well as the perceived value and effectiveness of mainstream prevention and treatment service provision for this subgroup within Irish society. Before presenting findings which deal explicitly with drug use amongst Travellers, it seems important to look at the data which are concerned with the broader issues of Traveller culture in contemporary Ireland. This chapter will, therefore, look at how Travellers view themselves and the extent to which they perceive themselves as being similar to or different from the settled community within which they now live. As indicated in the literature review (Chapter Two), it is generally accepted by social scientists that drug use cannot be understood except in relation to the 'setting' in which it occurs, and it is also accepted that different social and cultural settings have their own combinations of risk factors and protective factors - in relation to illicit drug use. Chapter Five will present findings which are directly concerned with problem drug use in the Traveller community, but the present chapter is aimed at providing a detailed context or setting against which Traveller drug use can be better understood. The remainder of this chapter will look at contemporary Traveller life in Dublin under these broad themes: Traveller culture and identity; gender relations and family issues; religious culture and practice amongst Travellers.

### TRAVELLER CULTURE & IDENTITY

As discussed briefly in Chapter Two, one of the central controversies which arises, both amongst social scientists and in general debate on this topic, concerns the validity of regarding Travellers as a distinctive ethnic subgroup within the larger Irish society. A fundamental part of the research was an exploration of the attitudes and perceptions about Traveller identity and culture, in an attempt to locate the context of drug use within the community.

What became very clear was that there was divergence in this concept even within the community itself. What was agreed by all participants was that there are particular features of Traveller life which differentiate Travellers from settled people. Most interviewees highlighted in particular the close knit family ties, communal living arrangements, and traditional religiosity which they believed set Travellers apart from the settled community.

Furthermore, it was generally agreed that there were particular tensions between the settled community and Travellers that lingered from times past. Among Traveller participants there seemed to be a sense that they were regarded with bare tolerance and an inherent sense of superiority by members of the settled community. *'They have to put up with you because you are there all the time'* (Young Traveller Mother). This comment was made by a young Traveller who reported that she was always pleasant to everyone she interacted with in the settled community in the hope of eventual acceptance. All agreed on a level of marginalisation and both service providers and Travellers alike acknowledged that discrimination was a core issue for the community. Each Traveller interviewed related tales of active discrimination against them personally as ongoing occurrences in their lives. Their acceptance of open prejudice towards them was perhaps more concerning than the incidences themselves. Each attributed the discrimination to their membership of the Traveller community. Participants talked about experiencing prejudice from their earliest memories of interaction with the settled community:



*'When I was in school I had a hard time. I was called names all the time and you know we would get called "knackers" or "minks"'* (Non-Drug Using Male Traveller)

*'In England I was a "gypsy" or a "pikey", over here I was a "knacker"'* (Non-Drug Using Male Traveller)

Participants highlighted various manifestations of prejudice ranging from the extreme of online 'hate campaigns, to name calling and one particular form of prejudice that each one of the Traveller participants personally reported was their purposeful exclusion from licensed premises. This specific form of discrimination appears to be commonplace and a regular feature of life for Travellers to this day.

*'Being a Traveller can be hard at times. More hard than easy; when I say it's hard I mean things like pub wise...A settled person could go out and celebrate where a Traveller comes to the door you would get ran'* (Young Traveller Mother)

*'My first experience of it was our Christmas party. We have a mixture of staff both settled and Travellers. We were all extremely respectable. We were all well dressed. In fact most of the Travellers were quite formal. The men were in shirts, suits and ties and stuff and I think we went to four different places and we were turned away and I remember at that point going 'this must be hell'. And you know they are dealing with this on a daily basis and it was in a way water off a ducks back. And I just thought god almighty I couldn't imagine that. It was a real taste for me about what they go through. It was a huge learning experience. It was my first time that I actually experienced that with my colleagues here and I really really was like. In a way it really made me want to fight the cause.'* (Co-Ordinator, Traveller Specific Project)

*'What we are campaigning against at the moment is that at any given time there is about 40 sites on 'You tube', 'Facebook' whatever it may be and they are hate campaigns against Travellers and they are absolutely appalling. The language, the threats, everything is just out of order and you don't really see it against other communities to that extent. You see it against the Roma. The Roma and the Travellers seem to get it the worst.'* (Co-Ordinator Traveller Specific Project)

There seemed to be a sense of powerlessness and rejection about this obvious prejudice and a lack of awareness in relation to the law and equality legislation. When asked how they deal with it, most Travellers interviewed seemed to accept it as an unpleasant but inevitable part of their lives:

*'There's no law that says they can't refuse us'* (Non-Drug Using Male Traveller)

*'I feel intimidated. Yes very intimidated and let down then. But you carry on'* (Young Traveller Mother)

It would appear however that Traveller specific services have to some extent made progress in terms of supporting a number of

Travellers with enacting legislation in this regard, albeit reportedly a slow process, with some Travellers reluctant to pursue legal action for fear of exposure within their own communities. It may be reasonable to assume that since the numbers of successful cases are increasing that if not for altruistic reasons, the fear of legal consequences may have the effect of reducing the incidences of purposeful discrimination against Travellers in the long term.

*'If a Traveller is expelled from a venue without causing hassle, without even, purely because they are a Traveller there has been a huge number of cases taken and won so that the message is getting out. But its constant. It has to be done the whole time and it takes a lot to do that'* (Co-Ordinator Traveller Specific Project)

*'If every Traveller who was discriminated against or was expelled from a venue took a case then the courts would come to a standstill'* (Co-Ordinator Traveller Specific Project)

Another Traveller woman discussed the difficulties her brother experienced when he had secured a council house in a settled estate, with the neighbours organising a petition in an attempt to remove him from the house because he was a Traveller. Incidentally it should be noted she also pointed out that after some time when the neighbours spent more time in his company, her brother proceeded to form friendships with many of the people who had initially objected to his presence:

*'I think they were expecting the place would be run down. It's not like that. Most Travellers take pride in their homes and keep them tidy and clean.'* (Young Traveller Mother)

On the question of Traveller identity, perhaps the most interesting finding here was one of difference between those Travellers who have taken on a professional or development role for their community - and who argued unequivocally that Travellers constitute an ethnic minority - and what might be considered rank and file Travellers who tended not to agree with this view. Those Travellers who were drug service users were unanimously of the view that there was no difference at all between Travellers and the settled community, bar a different lifestyle in terms of accommodation and religion. This position was also mirrored by the young mothers from the Traveller community who were interviewed:

*'We are all Irish; we are all the same'* (Young Traveller Mother)

*'I'm from the Traveller community and I want you to know that there is no difference these days. We are all the one. We are all Irish'* (Drug Service User Traveller)

*'I actually don't think there is any difference, we are all the one'* (Drug Service User Traveller)

*'We are all Irish. We all have 5 fingers and 2 hands and look the same'* (Drug Service User Traveller)

*'I know we are Travellers and you are settled but the way I see it is we were all born in Ireland. We are all Irish... the way we speak can be rough and different in the ways of thinking sometimes too. But deep down we are all the same'* (Young Traveller Mother)

Furthermore, one service provider participant challenged the right of the settled community to take a position on the ethnic status of the Traveller community at all stating that it was a discourse best had by Travellers themselves.

*'To me there's a sense that older Travellers prefer the ethnic group title but the younger generation don't see those links and don't wish to be labelled and get more aggrieved by the label. I think it's an old discourse now and it's changed and Ireland is open now and there's difference in Ireland but it's an issue for their own identity that they are grappling with themselves.'*

(Probation Service Participant)

Some service provider participants took the opposing view, arguing that Travellers are very much a separate cultural group in Ireland and comparing their community to other international indigenous ethnic groups such as the Australian Aborigines.

*'You look at any indigenous group across the globe and you look at the effects of the oppression that they suffer, the American Indians, the Maoris, the Aborigines, any of those groups, you will see similar trademarks to the Traveller community'*

(Traveller Activist)

*'Pavee Point's position is that the Traveller community are their own minority ethnic group and therefore should be recognised as that. Over the past 20 to 25 years ever since Pavee Point have been in existence that is what we have been lobbying the government for and they have been rejected. They have gone to the UN and have UN backing for it. But it's still not happening for whatever reason and so it's a constant battle to try and get them recognised as their own group'*

(Co-Ordinator Traveller Specific Project)

*'I think when you look at other minority ethnic groups like the Aborigines and Maori communities, then look at the benefits for the Traveller community as being their own ethnic group would far outweigh the negative aspects of it and being able to push other issues like accommodation and health would be a hell of a lot easier to do.'* (Co-Ordinator Traveller Specific Project)

One particular service provider acknowledged that there may not always be a positive perception of the term 'ethnic' within the community highlighting that a core element of the role of the organisation was to explore the whole concept of 'ethnicity' with Travellers particularly in terms of equality.

*'But that whole ethnic term is something that is bandied around in not a positive way and it is constantly what we have to educate Travellers about and we have to go out to Travellers and teach them about it and then they have an understanding about who they are as their own separate entity and their own community'*

(Co-Ordinator Traveller Specific Project)

A Service Provider from a Traveller specific programme commented explicitly on present-day Traveller life in Dublin as reflecting social, cultural and economic upheaval, akin to that discussed in Chapter Two in terms of 'displacement': *'There can be a lost identity there as well'*. Interviewees generally expressed the view that their community is undergoing what could be termed a culture crisis in a way which seems to have had an effect on the collective psyche of the community. It was thought by some participants that this crisis could be in part due to the abandonment of the nomadic lifestyle and the more static nature of Travellers today, with many now relocating into the settled community. Cultural ambiguity was cited by some of the interview participants as perhaps being a causal factor in terms of drug use:

*'It was like I had two different personalities. I was like a settled person in school and then at home I was a Traveller.'*

(Drug Service User Traveller)

## GENDER RELATIONS AND FAMILY ISSUES

What also emerges very clearly from the qualitative data gathered for this project is that within the Traveller community gender divisions between men and women are more strikingly defined, and more traditional, than those in the mainstream settled community. As was previously the case in the settled community in pre-feminist times, before women entered the work force in numbers, Traveller women are primarily defined in relation to their roles within families: being seen as the nurturers and the central force which keeps both families and the community going. Traveller women have strong connections with each other and are highly supportive of each other, while men appear to remain aloof from family life and there is little evidence of discussion in relation to 'problems' between men and women. In fact the drug service users when asked about their wives' thoughts on their drug taking stated they had gone to great effort to hide the activity from their spouses. This is partly explained by an apparent fear of separation. It is evident that drug use seems to be an acceptable rationale for a wife leaving her husband in a community where marriage breakdown and divorce is an oddity:

*'I couldn't say that to my wife - she would be like 'what the f\*\*k- get out the door'* (Drug Service User Traveller)

*'Basically I kept it hidden from her'* (Drug Service User Traveller)

*'Me and my wife separated. We separated a lot when I was on the drugs'* (Drug Service User Traveller)

*'Oh yes, you would keep it hidden from your wife same for everyone'* (Drug Service User Traveller)

Against the backdrop of a community steeped in religiosity and traditional catholic values (which will be discussed later in this chapter), single women are culturally precluded from having romantic interactions with men prior to marriage- and marriages are frequently arranged by parents. In fact some of the women interviewed reported that they barely knew their husbands at all before marrying them. One woman claimed to have only met her husband once before her marriage:

*'I never went to the pictures with him and basically I never really had a real conversation with him until the day I married him'*  
(Young Traveller Mother)

*'Like when my fellah asked me to get married I didn't know. It was my first time talking to him'* (Young Traveller Mother)

It is usual for Travellers to marry at 18 and have children as soon as possible and prolifically, with these children then becoming the primary responsibility of the women. There seemed to be a strong sense of obligation and fatalism among the women in terms of marriage and children. This predetermined domestic destiny supersedes all other aspects of their lives, including formal education. It would not be unusual for a Traveller to find herself engaged to be married while still in school and leave formal education to get married and start a family:

*'I went to 5th year in secondary school but I was getting married and embarrassed because I was engaged and had a ring. People knew Travellers there, but it killed me that I was getting married and didn't finish'* (Young Traveller Mother)

*'They say now that the age for getting married is going up to 21 so I think in some ways that's a good thing because girls would be better then and know who they are'* (Young Traveller Mother)

*'The wives are like the long suffering wives that are trying to keep it together and are keeping the children together'*  
(Drug Project Worker)

There was, therefore, general agreement among interviewees that it is women who hold families together and who liaise with service providers if support or external help is needed. Men talk to men, and women talk to women by all accounts. Service providers reported that men were very difficult to engage in mainstream or even specialist services and that professional interaction with the Traveller community was almost always mediated through the women. The exception to this was the Gardai who reported to all interactions being with men, albeit not in a voluntary capacity given the nature of the Garda remit. This was tempered by an acknowledgement that the role of men was precarious in contemporary times given that the old trades which traditionally provided an income for the men had been rendered obsolete. However it should be noted that a high level of criminality among Traveller men was stated.

*'Historically there was scrap metal and 'tinkering'. That's gone. Irish society has effectively emasculated the Irish Traveller men'*  
(Social Inclusion Service Participant)

*'They are not being taught the skills from their father. Particularly what we are seeing is the age range from 14 to 25 which is a huge at risk age for drug use, mental health issues, suicide, all of those. It's a real problem in particular for Traveller men. Something has to be done. They have to have something to be able to do. It sets you up for life or an early death.'* (Co-Ordinator Traveller Specific Project)

*'There does seem to be less trouble with female members. In fact it's all men, certainly its 90% men in my experience. Certainly some of the women have strayed and got involved in petty crime but its minimal compared to the men'* (Garda Participant)

Unanimously, all participants cited family as being the focal point of Traveller existence. In complete contrast to the settled community, Travellers live with their families their entire lives. The close proximity of extended family is seen as an important aspect of being a Traveller:

*'All my aunties and uncles and first cousins and nieces and nephews are all around me. My mother is behind me as well. It's like a housing estate but with your family there'*  
(Drug Service User Traveller)

Children seem to be very protected by the mothers in the community and interactions with the settled community are carefully monitored:

*'When my kids get older I will tell them what's wrong. But I know if there was something that wasn't a good influence I would be watching like a hawk and simple as that they wouldn't be allowed around them. I think some settled people are carefree. My child came back from the school and she said 'oh mammy, my friend wants me for a sleepover' and I said 'no' and she said 'but she always has sleepovers' I said 'but you can't do that baby' and she said 'because I'm a Traveller?'* (Young Traveller Mother)

The importance of privacy and confidentiality emerged time and time again in the interviews as a key issue. Whilst most Travellers saw the close proximity of their families as a very positive feature in their lives, the majority of those interviewed also reflected on the problematic nature of trying to deal with personal problems in a confidential manner when you are directly related to all of your neighbours. This is particular to the Traveller community and seemed to be a huge issue in most of the discussions in relation to drug use within families:

*'Everyone's related or knows someone that is related to you so it's kind of you can't get away with anything'* (Young Traveller Mother)

## RELIGIOUS CULTURE AND PRACTICE AMONGST TRAVELLERS

Travellers appear to be attached to relatively traditional catholic values and practices a good deal more than would appear to be the norm in contemporary, mainstream society in Ireland. The practices included participation in church ceremonies, prominent display of religious icons of one kind or another, and consultation with priests in relation to problems which in the settled community might be taken to health and social services. Their adherence to traditional religious values is manifested more in the area of Traveller sexuality than any other area of their lives. Premarital sex is strictly prohibited and there seems to be an exaggerated protection of post-puberty females by their families, since women would be in some way regarded as 'contaminated' if they engaged in sexual contact before marriage. Understandably, therefore, young Traveller women marry with much less knowledge or experience of sexual behaviour than their settled counterparts:

*'If it was found out that you weren't let's say 'innocent', it would be really bad. It would be a scandal. You wouldn't hear the end of it. You mightn't even marry. No one would marry you'* (Young Traveller Mother)

*'I was absolutely petrified. It was terrible but at the same time I knew I was getting married and understood what I had to do and once I got the bed part over with then I got on with it. That was the worst'* (Young Traveller Mother)

One Traveller woman romanticised on what it must be like to have a life without the religious restrictions that applied to her life:

*'In some ways you do envy the freedom and the free way of thinking'* (Young Traveller Mother)

## CONCLUSION

This chapter has presented findings on the general experience of Traveller life in contemporary Dublin. The findings indicate disagreement between Traveller leaders who argue, presumably for good strategic reasons, that they should be treated as an ethnic minority within Irish society, and ordinary Travellers who are more inclined to see themselves as Irish, albeit with some cultural differences. The findings also indicate that traditional religious values and practices, including some which might be considered as bordering on superstition, are retained within the Traveller community to a much greater extent than in the settled Irish community. From the perspective of risk factors for problem drug use, interviewees reported a consistent pattern of prejudice and discrimination - with settled society offering them bare tolerance. The other major distinguishing feature of Traveller life is the close-knit style of family life, with extended family groups continuing to live in close proximity and with women playing the dominant role in preserving the structure of family and community life. Finally, it was acknowledged by some respondents that despite the advantages of such familial closeness, there were also drawbacks in terms of personal privacy and individuality in such family systems. All of these factors will now be used to provide a backdrop for the presentation of data on drug use and its management within this Dublin Traveller community.

# Chapter 5

## Attitudes & Perceptions of Drug Activity in the Traveller Community

### INTRODUCTION

This section is categorised into central themes which emerged on analysis of the data. It should be stated from the outset that all participants who were interviewed for the research reported concerns about the level of drug use in the community and cited it as a relatively new phenomenon for their community which posed a greater threat to the community than any other contemporary social issue that challenged it.

*'The drug thing, no one has control over it in the community...it's actually the biggest problem that the Travellers ever had or faced'*  
(Young Traveller Mother)

Whilst there was consensus on the emergence of illicit drug activity as new and grave concern for the community there was also a sense of a correlation with the settled community.

*'I think broadly its more or less the same as the general population. They experience the same level of drug difficulties'*  
(Probation Service Participant)

### CAUSAL FACTORS

A key overarching theme which emerged in many of the interviews, in particular amongst service providers was the long history of marginalisation experienced by Travellers. It was felt that the drug issues that are currently besetting the community could not be looked at in isolation but had to be examined in the wider context of this community which is very much on the margins of Irish society.

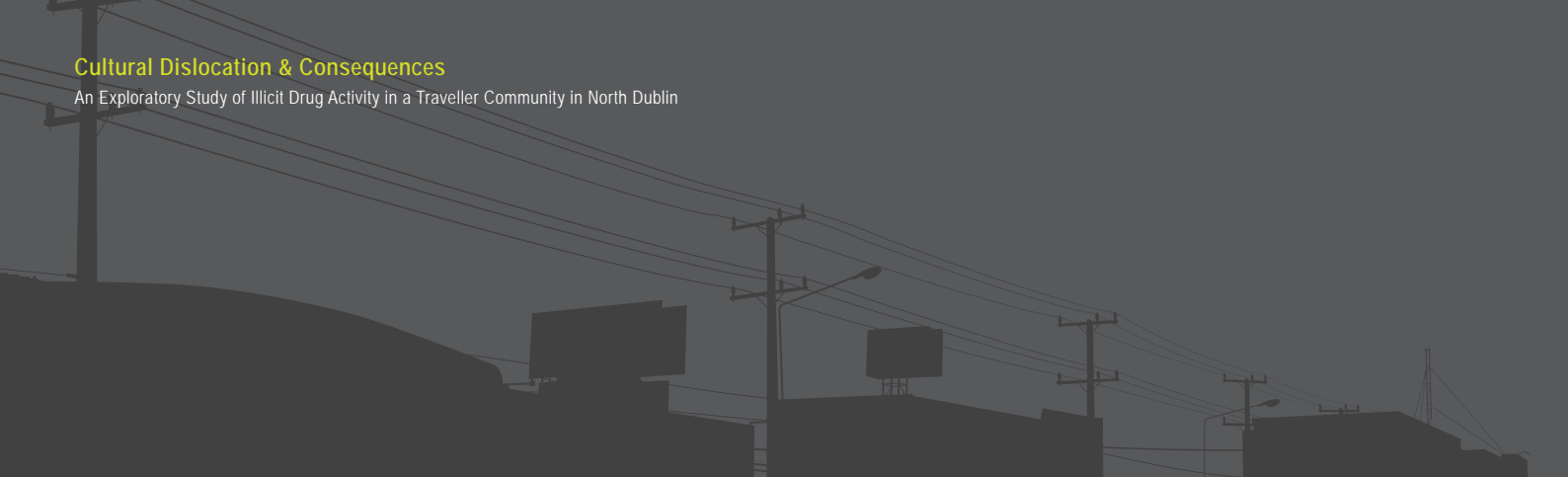
*'It needs to be taken in the context of Travellers who are an excluded group in Irish society, who are marginalised, and who have come from a long history of rejection, racism, discrimination'. (Traveller Activist)*

*'I suppose the risk factors for Travellers are the loss of identity, the failure by the system as well'.  
(Co-ordinator Primary Healthcare Initiative)*

*'Suicide rates in the Traveller community are huge. They are almost four times that of the majority population. Causal factors haven't really being studied but we are looking into it. Sexuality and early marriage needs to be looked at drug use, alcohol, debt and a whole host of reasons. Definitely mental health, sexuality is something huge that needs to be addressed'  
(Co-Ordinator Traveller Specific Project)*

*'Overall I think, the Traveller community are already at a higher risk than other communities because they have a lot of the general risk factors weighing on their side already. You have social exclusion, discrimination, racism, there is stereotyping, so all of that is weighing and are very high risk factors for them. There's inequality, low education, employment, accommodation issues, the environment they are living in, heavily overcrowding. All of that is battling against them .all of those again and again in the research is causation for drug use. Young people have a really high risk. Adults already do but for young people the risk factors are off the chart'  
(LDTF Education Co-ordinator)*





Within that context it was felt there was certain inevitability about illicit drugs emerging at some stage within the community, much as had happened with socially excluded members of the settled community. Despite a progressive strategy to deal with drug use in Ireland within the settled community, the drug problem still escalated and persists today. Against that backdrop one service provider explores how the same issue impacts on the hugely insular Traveller community already beleaguered by a catalogue of other social issues:

*'If you try and condense that down to a very small populated area, condense it down to a very small network of families, and then condense it down to the fact that they are also isolated in local areas from the rest of the community; the [drug] issue just exploded when it hit the Travelling community'*

(Traveller Activist)

All of the drug service users interviewed reported that they had their initiation to drug use in the company of settled people in group social settings:

*'I started mixing with this crowd. I thought they were cool and there was always something happening with them. It was exciting... we would be at a nightclub and come back and there would be girls and men and friends I hadn't seen in ages. I would want to be seen. And then I started popping the e's (ecstasy tablets) and it went from there'*

(Drug Service User Traveller)

*'The time I was doing it, I would go to mates that were settled'*  
(Drug Service User Traveller)

A Traveller activist proposed the possibility of the link with Travellers relocating into residential properties in disadvantaged areas that had well entrenched drug problems already, but added a caveat that this comment was not be seen as apportioning blame to the settled community. In terms of opportunity, there is a sense of logic in the theory that Travellers that found themselves relocated in areas where there was already intense drug activity could be susceptible to its influence. In terms of social determinants, a drug project worker with an active caseload of Travellers commented on the causal influence of *'low levels of education and early school leaving; and its not that the lads are not intelligent but they are very gullible'* (Drug Project Worker). The same worker felt that illicit drugs only emerged in the Traveller community with the return of Irish Travellers from England in the 1990s who had got involved in the use and sale of drugs while in England.

*'Lack of formal education was a recurrent theme on analysis of risk and protective factors. Looking back they almost all leave education with no formal qualifications and in some cases very poor literacy and that educational gap is something that is stopping them from getting into employment so they are more likely to be relying on social assistance than other offenders'*

(Probation Service Participant)

## PROTECTIVE FACTORS

In terms of protective factors within the community there was general agreement that the vigilance of Traveller mothers was very effective and that the family was the most important protective factor in terms of drug related harm. In fact one of the non-drug using male participants cited the fear of his wife leaving him as the main reason for him avoiding drugs. This fear was confirmed by a young mother who was very clear about her response should her husband develop a drug problem:

*'Oh yes. To be honest, I if I thought my husband was taking drugs I'd leave him'* (Young Traveller Mother)

A recurring theme was the role of religion and adherence to traditional values: *'when Travellers only associated with Travellers we were able to mind our community'* (Traveller Activist). It was felt that those families who managed to avoid drugs entirely were those that maintained Catholic traditions and had fewer corrupting interactions with the settled community:





*'They could be living in the middle of a site that drug dealing is going on around them and they would have a particular set of beliefs and values in their own family and would actively be able to keep their children out of taking or dabbling in drugs... they have been able to restrict their children because restriction has always been an aspect of their lives'* (Traveller Activist)

Religious beliefs and practices which might appear to be superstitions to the settled community were perceived by some interviewees to play a positive role in managing drug and alcohol problems; for example many of the drug service users reported the use of the 'pledge' (that is the taking of a religious pledge or promise to remain abstinent - often administered by a priest) as a key instrument in terms of prevention.

In fact those who availed of this practice stated that they had never broken their pledge for fear of bad luck. It must be said however, that some drug service users mused on how one could be creative about its use:

*'Everyone is going to go partying and then you are stuck there with the pledge. Ah yeah, you go back and say "listen, Father, will you lift it for one night'* (Drug Service User Traveller)

*'I did take the pledge all the time. It never lasted though. I would go down sometimes and get it lifted the next day'* (Drug Service User Traveller)

In terms of information as a protective factor, some progress was reported in that a substance misuse module has been added to Traveller Primary Healthcare Initiative training content in the area. Some of the women reported an increased level of awareness in terms of the different drugs, their effects and how to keep their children safe. Furthermore, in extreme circumstances it was reported that many families relocate to other areas less affected by drugs. Interestingly, it was mentioned by a couple of participants that boxing is a very important aspect of some Traveller men's lives, and those that are very serious about it would never engage in drug use because of the adverse health effects that could negatively affect their performance.

## PROFILE OF DRUG USERS IN THE TRAVELLER COMMUNITY

In terms of gender, there was a general acknowledgement that Traveller women's engagement with drugs tended to be more through casual sharing of prescribed medication for treatment of ailments as opposed to the purchase of illicit drugs specifically for recreational use. All participants, with the exception of one drug service user Traveller, stated that other illicit drug use within the community is an activity engaged in almost solely by Traveller men. One dissenting (male) voice argued that whereas drug use was predominantly a male activity, he was aware of plenty of women who also take drugs. All Traveller women interviewed, however, were of the view that it was only men in the community who used drugs and that it would be highly unusual for women to get involved:

*'Women are much more wise. Why go down that road when you know what the outcome is going to be?'* (Young Traveller Mother)

*'No I wouldn't be interested. It's too out there. It's too big'* (Young Traveller Mother)

Most interviewees considered drug use to be most prevalent amongst young male members of the Traveller community, primarily those below the age of forty, although there were some suggestions of a small number of older men getting involved.

*'I would know a few over 40 but not that many. The under 40 though it's nearly everyone.'* (Drug Service User Traveller)

## DRUG ACTIVITY

Cocaine was generally considered to be the most widely used drug amongst Travellers, followed by cannabis, ecstasy and prescription tablets, with only very small numbers using heroin. However, on further exploration, study participants appeared to have real concerns about the dangers of heroin use and the fear of its increase in the Traveller community. Cocaine was reported to be most commonly used when out socialising, and a number of participants talked about the pub toilets during a night out as the primary setting for its use. Ecstasy seems to be a common drug of choice and, by most accounts, used as a gateway drug to cocaine:

*'The biggest one I would be afraid of is heroin, but its not really taken much. I see them taking coke mainly, ecstasy, and cannabis and weed as well. Now the 'Happy Hippo' (a local headshop) has opened up as well and its all mad, and if they can't get coke, they get the 'snow blo' or something. They take it at the weekends, coke first but if they can't get that then it's the other stuff'*

(Drug Service User Traveller)

*'There is a big drug problem with Travellers. Every Traveller now is taking coke. Ok not every Traveller but three out of five Travellers would be taking coke. Everywhere you go.'* (Drug Service User Traveller)

*'When you go to the pub everyone has to have coke. And it's only in the last 5 years. It's very new. Everyone is making up for lost time'*

(Drug Service User Traveller)

*'Cocaine in the main. That's the main problem. Heroin and injecting not so much. There isn't the same evidence of that. In the main it seems to be alcohol cocaine and tablets'* (Probation Service Participant)

Normalisation of drug use is a fear that many of the participants shared. It was generally accepted that up until a few years ago, drugs were frowned upon in the community and drug taking would have been a purposefully hidden activity. In contrast, there was sense, particularly among the women, that gradually and especially with hash, drug use was becoming much more normalised:

*'Some people say its only hash but it's not my world. It's like to me, not all Travellers, but some now say it's ok its only a bit of hash'*

(Young Traveller Mother)

*'They felt that women were only using prescription drugs not illegal drugs but for the men It as mainly cocaine. Very few mentioned heroin. They said coke and ecstasy high up there and almost normalisation of cannabis across the board. And I got the impression it was becoming more and more normal in the community, the drug use'* (LDTF Education Co-ordinator)

*'In some ways their drug taking is segregated from their other lives. You might very often have people who wouldn't tolerate drug taking but they tolerate these people because they seem to be good people and are looking after their kids and that so I don't know if that is similar in the settled community but its evident in the Travelling community where if they are looking after their kids and are providing and its not interrupting or disturbing other people then its ok and they tolerate it'* (Traveller Activist)

## SUPPLY ROUTES

In general, it was thought that Travellers themselves were involved in the dealing of drugs, with some high profile shootings of Traveller men attributed to territorial drug disputes. Interestingly the drug service user Travellers reported their suppliers as settled people but acknowledged that there was drug dealing within the community also. There was a sense that drug dealing was on the increase among Travellers because of the lucrative income that could be generated through the sale of drugs. This new 'career' move for some Traveller men is attributed to the loss of the old trades that once provided an income for Travellers:

*'It used to be the scrap and the horses and that, but everyone's into drugs now: hash, weed, tablets, coke, heroin, E; selling the whole lot'. (Drug Service User Traveller)*

*'They can't sell cars at the side of the road, there's no doing the washing machines, or horses, there is no money in that. The only thing that there is money in now for them is the drugs'. (Drug Project Worker)*

*'I think it is getting worse and worse within the Traveller community. You know I have heard that there is one drug dealer on every site in this area, which is quite frightening'* (Co-Ordinator, Primary Healthcare Initiative)

*'We have come across in Probation where co-defendants would be in the settled community with Travellers and there isn't an exclusive offending group. I use the words Traveller and settled with you but I don't actually differentiate between the two. I don't see significant difference other than educationally'* (Probation Service Participant)

*'Not exclusive. I think both. I don't see exclusively that this group is organised in an anatomical way in society and work between themselves and have their own drug supplies - I don't see any evidence of that'* (Probation Service Participant)

It is important to note however that whereas drug dealing within the Traveller community was acknowledged, this was tempered by the proposition that within such a small population with communal living and intense family ties; any new or unusual activity would make individual perpetrators very easily identifiable. Furthermore it was added that media coverage of conflict or criminality tends to separate and identify specific Traveller involvement.

*'When you have a minority population and you have dealing going on within that and the spotlight being shone on them then it really does beam out. It could seem like a tiny cluster of dealers is way bigger because their overall population is way smaller'* (Co-Ordinator Traveller Specific Project)

One of the young Traveller mothers however felt that it was unlikely that Travellers would be involved in drug dealing; however it must be pointed out that her rationale was based on a theory that organised crime would involve some level of authority which was unlikely to be achieved by a Traveller:

*'I can't imagine a Traveller being that high up that they are dealing, but then again you could be surprised'* (Young Traveller Mother)

## IMPACT ON THE COMMUNITY

All of the women expressed concern in relation to their young children growing up and modelling the drug-taking behaviour of the men they look up to in the community. There was also concern expressed about increased conflict within the community as a direct result of drug 'turf wars'. However, it was interesting to note that, unlike the settled community, Travellers did not believe that drug-related debt was causally linked to violence, explaining that families pay off drug debts for their children. Criminality connected to illicit drugs was cited as a concern with some of the drug service users receiving custodial sentences. Similar to the settled community, family relationships are restrained when one partner is incarcerated And some Travellers expressed clear concerns about how drug use is fragmenting their community:

*'The ones that are taking drugs will stick to themselves. If you are not taking drugs then it's not the buzz for the night, so it's splitting up the community'* (Young Traveller Mother)

*'They were really frightened and wanted to make sure the next generation don't follow their male role models. These are their fathers, their role models, and if they are doing it. I mean it is becoming more normalised'* (LDTF Education Co-ordinator)

Quite separate to the impact on the family, the issue of public perceptions of Travellers was cited as a key issue. It was highlighted that any media coverage of the Traveller community is generally negative and related to conflict or other criminal behaviour. It was considered that a burgeoning drug problem, with all of the associated violence, could further compound the stigma attached to the Traveller community and undo years of progress to engage public acceptance:

*'I have personally spent the last twenty five years of my life...on trying to project a positive image of Travellers, trying to work with state agencies, trying to work with the community and all of that could be gone in a minute with the negative image that could be portrayed as a consequence of the conflict and other impacts of the misuse of drugs. A lot of damage can be done as a result of one action resulting out of a drugs issue'* (Traveller Activist)

## SERVICE PROVISION

There was a general position with the non-Traveller service providers that Traveller-specific drug services could be useful for the treatment of drug problems amongst Travellers. This should be balanced by the fact that those who expressed this opinion are not working directly with drug-using Travellers. Furthermore, both the Traveller activist and the drug service worker who is actively working with Travellers did not share this opinion:

*'Confidentiality has a particular meaning in the Travelling community because, as I said, your neighbour could be your mother, sister, brother, so if you are trying to get someone to acknowledge that they are taking drugs in the first place, how do you manage that in the Traveller context.'*

(Traveller Activist)

This fear of exposure is not restricted to the non-drug using members of the community, but exists even among drug service users themselves who worry about other service users knowing their business:

*'They would be very cagey about admitting they have a problem because that's one of the things I've noticed with working with Travellers. It would be and "you are not going to say this to Micky" or "you won't be saying that back to ...." That kind of thing. And I would say "no" and they might say "I will tell you this but you can't say it to anyone' (Drug Project Worker)*

*'They don't want people knowing their business; it's a major thing that comes across in accessing services and, you know, people knowing their business. Somebody seeing them going into a counsellor, others might be saying, in the Travelling community - 'what's wrong with them, what are they doing there.'*

(Co-ordinator, Traveller Primary Healthcare Initiative)

It would appear from those familiar with Traveller culture that the idea of Traveller-specific service provision, rather than making services more acceptable to Travellers, might raise fears about lack of privacy and deter potential clients from accessing such services:

*'There was another Traveller drug counsellor too: total stonewall. No way - they wouldn't go near it. 'They said they felt patronised when they were offered Traveller specific counselling'*

(Drug Project Worker)

*'I'm totally against separate services. An engagement strategy maybe with someone from a Traveller background or an understanding of the issues even in relation to that cultural discourse they have within the community. They could link with them and encourage them to mainstream treatment models.'*

(Probation Service Participant)

*'Imagine if it was just for Travellers and your aunt is working there and knows everything about you. No way am I going to go there.'*

*'You are going to stay away' (Drug Service User Traveller)*

*'I wouldn't have gone into a Travellers place. Maybe some would but I don't think so. You don't want to have people going back and talking about you to their family.'* (Drug Service User Traveller)

*'I would be embarrassed about who might see me go into it.'*

(Drug Service User Traveller)

*'When it translates you couldn't have a service for black people or gay people or for whatever. It just wouldn't work. Despite Pavee Points point of view that they are their own ethnic group and should be seen as such it doesn't equate to them having to have their own service. It's about integration'*

(Co-ordinator Traveller Specific Project)

Furthermore, all Travellers interviewed expressed doubt as to the effectiveness of Traveller-specific services, citing issues of privacy and worries about confidentiality as the main block. In fact there was a general sense from the Traveller women that whilst certainly drugs and drug activity was prevalent in the community, Travellers were unlikely to access supports for problematic drug use at all:

*'Like drug services or that? You wouldn't get one Traveller there. If you were to do a help place where you could talk about drugs you wouldn't get one at it' (Young Traveller Mother)*

Unanimously it was felt among Travellers that mainstream services would be a better fit. The drug service user Traveller men felt they would have no problem accessing services if they felt they had a problem, with the Traveller women generally proposing that more information on the services available is required.

In further exploration, it became clear that the men had not accessed services earlier in their drug career quite simply because they were enjoying their drug use at the time. It was evident that motivation rather than accessibility had prevented them from seeking treatment. Religious pledges were being used but they reflected that this was more to satisfy concerned family members than out of any real desire to curtail their drug use. In fact engagement in the criminal system or receipt of a custodial sentence seems to have been the catalyst for many with the process being unusually practical once the decision was made to access supports. One Traveller simply phoned directory enquiries and asked them for the contact details for a local service to help him with drugs.

*'Then I realised I was on remand again and I knew my life was going to be like this until I am 50 unless I do something... Yeah, I rang the 11850 and told them I wanted a number for help with drugs and what area I was living in and they gave me the number'* (Drug Service User Traveller)

A key factor in accessing services for the majority of the men was word of mouth and a verbal endorsement from trusted drug using peers. Incidentally, each of the drug service users interviewed was accessing the same service and, apart from the Traveller who had gone through directory enquiries, had accessed the service on recommendation from other Travellers. It was agreed unanimously that one of the values of the service was that it was mainstreamed and not specifically targeted at Travellers. Although accessing the same agency, each of the men had engaged in a variety of different interventions in the service. The common denominator in terms of efficacy and reported value by all was a group fitness programme run by the project worker which was essentially a structured boxing practice twice a week:

*'And the physical training: it's a big deal; it's real; "that's what I want to do". It's the only thing they can do when they got off everything. They do the physical training. I've linked a couple of them with adult education and they have expressed an interest, but they don't show up'* (Drug Project Worker)

*'I think it was the atmosphere. The first time I walked in I was so afraid because I didn't really know what they do and then when I started talking to them and I saw how good the atmosphere was and how nice they were. They were like friends. You might say they are friends. As well, the gym and the boxing is great'* (Drug Service User Traveller)

All were regular attendees and reported it to be useful in terms of channelling negative energy and maintaining health. It was felt that it was a relevant programme as boxing has had a long tradition within the Traveller community.

Also a level of trust had been established with the project worker who had adapted a particular style in working with Travellers which was designed to make them feel more welcome in that particular mainstreamed service. In fact there was strong sense that mainstream services were well equipped to cater for Travellers needs with a caveat that some level of cultural awareness might be appropriate in order to engage and retain Travellers in the generic service.

*'Travellers distrust the settled community and the settled community distrust Travellers. I have seen that and I've often thought, even things like if someone new comes in and they are a Traveller and they are really nervous. I would say 'what's going on there 'sublic', take a seat there and I will be with you'. Straight away I give them a bit of the 'cant [Traveller dialect]'* (Drug Project Worker)

*'They have to look at how the service that's there, the generic service that's there, for everybody can be adapted to cater for the needs'* (Traveller Activist)

*'It is about any of the mainstream services delivering in a way that's equal for everybody, but is adapted to meet the needs of*

*the particular target groups that aren't currently availing of those services.'* (Traveller Activist)

*'I don't see them as having specifically different problems other than education and in some cases trans- generational criminal contact. But that could be due to history. I don't advocate for different services just better engagement strategies with the ones we have'* (Probation Service Participant)

Fears were raised in relation to mainstream services and the integration of Travellers. It was felt that without unique identifiers to monitor outcomes it would be difficult to measure success.

*'In moving to integration there is a danger that the outcomes for Travellers could deteriorate because there is an issue in relation to tracking .There's a need for an agreed method of identification so if someone doesn't identify themselves as a Traveller that is accepted but where someone does that there is almost an agreed tracking'* (Social Inclusion Service Participant)

There is a suggestion that the lack of discourse in relation to the issue within the community despite fears of normalisation and reported prolific cocaine use is preventing a more co-ordinated response. Furthermore with policy making being driven to a large extent by the settled community, it could be seen as an imposition and further problematisation of an already dislocated and marginalised community. There is a strong sense that internal capacity building or key members of the community championing an integrated response could be far more successful in terms of empowerment and self-efficacy.

*'Also I think that Travellers have to start challenging Travellers with regard to the misuse of drugs; and it has to come from within the community, because we have been so polarised and focussed on by the wider society in relation to every aspect of our lives, our accommodation, education , our customs, our values, our belief systems, headstones that we buy, very little of what the settled community have to say about us can hurt us or damage us, or make us reflect on what we are doing internally, so I think some of that challenge has to come from within the community.'* (Traveller Activist)

*'I think one thing is capacity that is being generated and not being used in the primary healthcare workers who have done training around drug use and are trusted in the community. That's one thing that should be explored'* (Social Inclusion Service Participant)

Much the same as the settled community, formal education and school completion was cited as an effective strategy in terms of service provision for Travellers to address the social determinants of problematic drug activity.

*'We need to promote protective factors so education, education, drug related issues and formal education to empower young people to go on and have careers so they have a good future.'* (LDTF Education Co-ordinator)

## CONCLUSION

The findings indicate that drug use is a relatively hidden activity, in that it is not openly discussed within the community, although it is very prevalent and of real concern to Travellers. Although cocaine is reported as having the highest levels of consumption, the level of concern in relation to heroin is much higher. In fact the findings indicate that although cocaine use is commonplace, many users seem to be regulating their use to contain it to social settings and maintain a level of daily functioning with minimal harmful effects. It is clear that it is predominantly a male activity which seems to be more prevalent in the younger cohort of Travellers, however, the fear of adolescents mimicking the drug taking behaviour of their male role models in the community was a predominant feature in the findings. Furthermore, there are indications that Traveller men are engaged in dealing with the financial burden of drug related debts being managed by families, and high level violence being restricted to a smaller number of high level drug dealers as opposed to the habitual users in the community.

An important finding is the proposition that Traveller specific drug service provision is viewed by Travellers at worst; as patronising and at best; as culturally inappropriate primarily because of privacy issues. In Chapter 6, these findings will be discussed and their implications for local policies and service responses spelt out in light of the literature reviewed in Chapter Two.



# Chapter 6

## Conclusion

As stated already, this study was aimed at exploring the nature of illicit drug activity in a Traveller community in North Dublin, as well as attitudes and perceptions of service providers and Travellers towards drugs and styles of drug treatment and prevention service provision. The study began with a review of relevant literature, which included both literature on the general theme of Irish Travellers and their distinctive lifestyle and culture, and social science literature which focused on how social exclusion and cultural dislocation are major risk factors for problem drug use. Empirical data gathering for this study was carried out through the use of semi-structured interviews with service providers (including service providers who were members of the settled community and service providers who were Travellers) and with members of the Traveller community some of whom were drug service users.

From the outset, the findings confirmed that the Traveller community is beleaguered by cumulative disadvantage, compounded by an intense cultural ambiguity about their own identity - made none the easier by a relatively passive sense of acceptance within the Traveller community of continuous prejudice from the dominant population. Against the backdrop of this cultural dislocation, drug issues have manifested themselves and become more polarised and condensed.

Furthermore, the intense family connections and communal living conditions, along with extreme religiosity in the community, have created what could be termed an 'elephant in the room' situation in terms of drug problems: in that Travellers are aware of the prevalence and gravity of problem drug use in their community but, because of complex gender nuances and privacy restrictions, are more reluctant to confront this issue openly than would be the case in the settled community. Hash use appears to be normalised and cocaine and ecstasy use is reportedly rampant, albeit mostly in social settings such as pubs or private parties. Although the consumption of heroin is reported to be relatively low, Travellers in the area studied expressed great fears that it could still escalate and it is generally regarded as having huge potential to cause real damage to the fabric of Traveller life.

While the Travellers are culturally distinctive in terms of their traditional religiosity and the enmeshed style of their family lives, the evidence of this study broadly suggests that problem drug use has a negative impact on their community which is similar to that experienced in mainstream communities affected by poverty and social exclusion. What has emerged with real clarity, however, is the lack of agreement amongst all included in this study on the question of Traveller identity, and specifically the value and validity of asserting that Travellers constitute a distinct ethnic subgroup within Irish Society. Some Traveller leaders and some settled people who lobby for Traveller rights argue strongly for the importance of having Travellers recognised as an ethnic minority and for broader provision of Traveller-specific human services. This study found, however, that ordinary Travellers appeared to distance themselves from such claims to ethnic distinctiveness, tending instead to see themselves as Irish - albeit an identifiable group within Irish society. The findings of the present study also indicate that Travellers with drug problems have accessed mainstream services, which they regard not merely as being fit for purpose but see as the preferred option for Travellers looking for help and support for such problems. Those Travellers who had looked for professional support in their efforts to deal with personal drug problems expressed a clear preference for the relative anonymity of mainstream service provision, as opposed to the more intimate contact which they associated with a Traveller-specific service.

Finally, the gender issues which characterise Traveller life deserve a final comment. The findings of this study confirm what had been identified in the literature in relation to the more rigid gender divisions which persist amongst Travellers, with relatively little gender equality evident in this community. Traveller men occupy what can only be described as an unenviable structural position, in that they cling to the status of dominance or superiority, while simultaneously being shut off from their traditional occupational roles and sources of legitimate income. Adaptation to mainstream society, particularly through participation in education, appears to be handled with greater cultural ease by women, and men have been slow to acquire marketable job skills - even basic literacy - in a world which no longer resembles that of their nomadic era.

From the perspective of problem drug use, this would seem to leave Traveller men more at risk: both of developing personal problems and of becoming involved in the lucrative but dangerous business of drug dealing. While it would seem desirable that Traveller men should become more involved in health and social service provision, whether as volunteers or as professionals, this is a process which is obviously slow to evolve.

## LOCAL POLICY

**In terms of local policy development, the findings have implications particularly in relation to drug service provision for this group:**

- Firstly it seems evident that mainstream services are a best fit for this Traveller Community and are beginning to be more widely used, and no development of Traveller-specific drug services should take place unless or until there is evidence that Travellers themselves are insistent on such development
- Local Drugs Task Forces are best placed to negotiate collaboration between local Traveller development groups and the local drug services in terms of an engagement strategy. An important aspect of this strategy should be in-house awareness training for drug workers, preferably delivered by Travellers themselves
- The Traveller Primary Healthcare Initiative should be continued and extended to more Travellers. Furthermore a strategy to capitalise on the substance misuse training gained by the healthcare trainees within their own community should be explored.
- A strategy to raise Travellers awareness of the value of evidence based early intervention programmes (such as the Strengthening Families programme) should be developed by the Local Drugs Task Forces in conjunction with the local Traveller development groups. It is acknowledged that privacy issues may need to be considered. However as the programme is not therapeutic by nature and is fundamentally skills based, it may be a good fit for Travellers
- In terms of treatment and encouraging engagement of those in need of support, the evidence based CRA, CRAFT and ACRA models should be examined for suitability for this community. Training has been delivered to local drug service providers in the area in these modalities in 2010 and they have been shown to have efficacy in indigenous groups internationally.
- Relationship building between the Gardai, Local Authorities and the Travelling community could be effective in tackling drug related crime and should be developed through existing collaborative structures such as Local Drugs Task Forces where each of the stakeholders already have a seat.
- It seems clear that there is a need for further research to explore issues around ethnicity for Travellers which although it manifested itself clearly throughout this study was beyond the scope of the objectives of this particular research

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# Appendix A

## Service Provider Interview Schedule

### 1. FINDING OUT ABOUT THE RESPONDENT'S JOB

Can you tell me about the job which you currently hold?

How would you describe this job to someone who knew absolutely nothing about it?

What kind of work do you do every day or every week in this job?

Who exactly are the clients of the agency which employs you?

How long have you worked in this job and what has been your experience of providing this service?

Would you say that your competence in working in this job is mainly due to relevant education or training, or would you say that this is the kind of job where you actually learn the most important things simply through experience?

### 2. EXPLORING GENERAL ATTITUDES TOWARDS WORKING WITH TRAVELLERS

(As you know, I'm interested in finding out about the extent to which the Travelling community experiences drug problems like those in the settled community; but first I was hoping to ask you some general questions about your experience of working with Travellers)

How much experience would you say you have of working with Travellers in your present job?

Would you say that Travellers access your service on a regular basis?

As you see it, what have been the main changes which have occurred in the lives of Travellers over the past decade or so? Again drawing on your own experience, how similar or how different is Traveller life today in Dublin from the everyday lives of settled people living in or close to the same neighbourhoods?

### 3. DISCOVERING RESPONDENT'S KNOWLEDGE OF AND ATTITUDE TOWARDS DRUG PROBLEMS IN THE TRAVELLING COMMUNITY

Would you say that Travellers, in the area where you work, are experiencing drug problems to the same, to a greater or to a lesser extent than is the case with the settled community in this area?

Do you think that drug-using Travellers use the same drugs as settled drug users?

In your view, are the supply systems similar for Travellers and settled people: do they mainly get their drugs from the same sources?

When you compare Travellers to settled people from the point of view of 'risk factors', would you say that both communities use risky drugs for more or less the same reasons? Do you see any significant differences between these two groups from the point of causal factors?

Again based on your personal experience of working with Travellers, could you tell me your views about protective factors: are those factors which protect Travellers from getting involved with risky drugs the same as protective factors within the settled community? What are the main protective factors within the Travelling community, as you see it?

How would you describe the negative impact which illicit drug use has on the Travelling community, and does it differ from that experienced by the settled community?





TRAVELLERS DRUG AWARENESS  
DON'T RUIN  
R GEELS

#### 4. EXPLORING THE ISSUE OF TRAVELLER-SPECIFIC SERVICE PROVISION

(As you probably know, it is often argued that human services of one kind or another are more effective and more efficient when they are tailored selectively at particular groups. I'm interested in hearing your views about the validity or value of planning and implementing Traveller-specific drug services)

Based on your knowledge and experience of this area, how well or how badly do mainstream drug prevention and treatment systems work with Travellers?

Would you say that mainstream services are adequate for Travellers, that they should be adapted slightly for Travellers or that they should be completely replaced by a Traveller-specific system?

If you had a free hand (and no budgetary constraints!), how would you adapt or design drug prevention programmes for the Travelling community?

Similarly, with full control and lots of money, how would you go about setting up a treatment or rehabilitation system aimed at Travellers with drug problems?

#### 5. ANY OTHER ISSUES

I think that I've covered the main topics that I wanted to discuss with you, but I wonder whether you think that I've left out some important points.

Is there anything else you'd like to discuss in relation to Travellers and drug use?

What have I left out?

# Appendix B

## Non Drug Service User Traveller Participants - Interview Schedule

### 1. EXPLORING TRAVELLER LIFE

(As you know, I'm interested in finding out about the extent to which Travellers experiences drug problems like those in the settled community; but first I was hoping to ask you some general questions about life as a Traveller)

How would you describe life as a Traveller to someone who knew absolutely nothing about it?

Can you describe what the good things about being a Traveller are?

In your opinion, what kind of things makes life hard as a Traveller and is it the same or different for settled people?

What kind of relationship do you think generally exists between travellers and settled people in your area?

On the whole do you think that traveller life as it is today in Dublin is harder or easier than the old days?

Again drawing on your own experience, how similar or how different is Traveller life today in Dublin from the everyday lives of settled people living in or close to your community?

Do you think family life is the same or different for Travellers today compared to years ago?

From your own experience, what do you think life is like for young people growing up in the Travelling Community compared to years ago?

### 2. DISCOVERING RESPONDENT'S KNOWLEDGE OF AND ATTITUDE TOWARDS DRUG PROBLEMS IN THE TRAVELLING COMMUNITY

(Now that you have told me about Traveller life I am really interesting in hearing about how drugs have impacted on your community)

Would you say those Travellers, where you live are having less, more or the same problems with drugs as the settled community?

Do you think that drug-using Travellers use the same drugs as settled drug users?

In your view, do you think that drug using Travellers get their drugs from the same places as settled people?

Do you think that Traveller men and women think about drugs in the same way?

Do you think there are differences that would make Travellers more at risk of drug use?

As you see it, what are the factors that might make Travellers less likely to use drugs?

In your community, what are the effects of illegal drug use that concern Travellers the most?

### 3. EXPLORING THE ISSUE OF TRAVELLER-SPECIFIC SERVICE PROVISION

Im interested in what you think about the drug services that are available generally in your area and whether you think that they work for Travellers

From your own experience, what do you think drug using Travellers think about community drug services?

I'm wondering, at the moment, where do you think Travellers generally go for help with drugs for themselves or family members?

In your opinion, what would make Travellers more or less likely to look for help in community drug services?

There has been debate as to whether Travellers should have special services just for themselves or whether the services that are there are enough. What do think about that?

### 4. ANY OTHER ISSUES

I think that we have talked about the main areas I am interested in, but I wonder whether you think that I've left out some important points.

Is there anything else you would like to discuss ?

# Appendix C

## Drug Service User Traveller Participants - Interview Schedule

### 1. EXPLORING TRAVELLER LIFE

(As you know, I'm interested in finding out about your experiences of drugs in the Travelling community; but first I was hoping to ask you some general questions about life as a Traveller)

How would you describe life as a Traveller to someone who knew absolutely nothing about it?

Can you describe what the good things about being a Traveller are?

In your opinion, what kind of things makes life hard as a Traveller and is it the same or different for settled people?

What kind of relationship do you think generally exists between travellers and settled people in your area?

On the whole do you think that traveller life as it is today in Dublin is harder or easier than the old days?

Again drawing on your own experience, how similar or how different is Traveller life today in Dublin from the everyday lives of settled people living in or close to your community?

Do you think family life is the same or different for Travellers today compared to years ago?

In your opinion, what is the relationship between Travellers and the settled community like?

From your own experience, what do you think life is like for young people growing up in the Travelling Community compared to years ago?

### 2. DISCOVERING RESPONDENT'S EXPERIENCE & ATTITUDE TOWARDS DRUG PROBLEMS IN THE TRAVELLING COMMUNITY

(Now that you have told me about Traveller life I am really interesting in hearing about how drugs have impacted on you and your community)

Would you say those Travellers, where you live are having less, more or the same problems with drugs as the settled community?

Im sure you are aware of the types of drugs settled people use. In your view is it same for Travellers?

In your view, do you think that drug using Travellers get their drugs from the same places as settled people?

Do you think that Traveller men and women think about drugs in the same way?

Do you think there are differences that would make Travellers more at risk of drug use?

As you see it, what are the factors that prevent Travellers from using drugs?

In your own words, can you talk about what your experience of drugs was like?

In your community, what are the effects of illegal drug use that concern Travellers the most?

### 3. EXPLORING THE ISSUE OF TRAVELLER-SPECIFIC SERVICE PROVISION

I'm interested in what you think about the drug services that are available generally in your area and whether you think that they work for Travellers

From your own experience, what do you think about the drug services that are in your area?

I'm wondering, at the moment, where do you think Travellers generally go for help with drugs for themselves or family members?

In your opinion, what would make Travellers more or less likely to look for help in community drug services?

What kind of things did you find helpful?

Were there other things that made it more difficult for you to get help?

There has been debate as to whether Travellers should have special services just for themselves or whether the services that are there are enough. What do think about that?

### 4. ANY OTHER ISSUES

I think that we have talked about the main areas I am interested in, but I wonder whether you think that I've left out some important points.

Is there anything else you would like to discuss ?

# Appendix D

## Consent Form Service Provider

The researcher (Brid Walsh) has given me the research information form and explained the purpose of the research. I have had time to consider whether to take part in the study: 'Illicit Drug use in a Travelling Community in Dublin'

I understand that my participation is voluntary and I can withdraw from the research process at any time.

I understand that, as part of this research project, audiotapes of my participation will be made. I understand that my name will not be identified in these records and that all efforts will be made to ensure confidentiality

I have received and understand the information leaflet and I agree to take part in the research

### INTERVIEWEE:

\_\_\_\_\_  
Name: (Block Capitals)

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

# Appendix E

## Consent Form Travelling Community Participants

The researcher (Brid Walsh) has given me the information leaflet and fully explained the purpose of the research: 'Illicit Drug use in a Travelling Community in Dublin'. I understand that I am being asked to take part in an interview to help with the research. I understand that I can stop at any time and I can refuse to answer any questions in the interview. I understand that what I say will be recorded and will not be said to anyone else and that my name will be changed for the research

I have received and understand the information leaflet and I agree to take part in the research

### INTERVIEWEE:

\_\_\_\_\_  
Name: (Block Capitals)

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

# Appendix F

## Participant Information Form Service Provider

Dear \_\_\_\_\_

I am an M.Sc student in Trinity College, Dublin, where I am studying Drug and Alcohol Policy. The title of my research study for my final year is 'Illicit Drug use in a Travelling Community in Dublin'. I propose to examine the attitudes and perceptions towards illicit drug use within a specific Travelling community and look the cultural appropriateness of mainstream services within this context.

Because of your role in relation to service provision, I believe your insight on this area could be a valuable contribution to my research. I would be very grateful if you would agree to take part in the research. With your permission, an audio-taped interview lasting approximately an hour will be conducted with you. I will transcribe the tapes and each will be securely stored.

I will assign interviewees code numbers to assure anonymity. In the research write up I may refer to you in general terms. For example: 'Community drug service provider' or 'Counsellor'. All efforts will be made to conceal your identity

Your participation is voluntary and you may choose to withdraw at any time. During the interview you may refuse to answer any question without giving a reason

Please take the time to consider your participation. If you have any questions about the research, please contact me using the details underneath.

My supervisor is Dr Shane Butler (Trinity College, Dublin) whom you may contact at [sbutler@tcd.ie](mailto:sbutler@tcd.ie)

Thank you for considering my request

Yours sincerely

**Brid Walsh**

Brid Walsh



# Appendix G

Dear \_\_\_\_\_

My name is Brid Walsh. I am a student of Trinity College where I am studying Alcohol & Drug Policy. I have decided to undertake a study to learn more about the local Travelling Community and attitudes towards drugs in this community as my research project.

I am really interested in hearing what you have to say about this. If you decide to take part I will ask you to have an interview with me at a time and place that suits you. If you agree to it the interview will be taped. I will change all names so you cannot be identified and I will write down the recording and keep all information in a locked file.

Whatever you say will not be said to anyone else unless there is a risk to another person.

I cannot promise that there will be any benefits to you taking part in this research but it might help to inform the development of services which might make it better for Travellers in Ireland.

You do not have to take part and can stop at any time. During the interview you can refuse to answer any question and you do not have to give a reason.

This is an opportunity for you to voice your opinions. Please think about taking part and phone me if you have any questions at all. My number is xxxxxxxxxx

Thanking you

**Brid Walsh**

Brid Walsh





The Ward

Tyrrelstown

Mulhuddart

Corduff

Blakestown

Blanchardstown

Abbotstown

Clonsilla

Coolmine

Roselawn

Delwood

Castleknock





Walsh., B. (2010),  
'Cultural Dislocation & Consequences: An exploratory study of illicit drug activity in a Traveller Community in North Dublin',  
Blanchardstown Local Drugs Task Force, Dublin



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# **CULTURAL DISLOCATION & CONSEQUENCES**

AN EXPLORATORY STUDY OF ILLICIT DRUG  
ACTIVITY IN A TRAVELLER COMMUNITY  
IN NORTH DUBLIN

Walsh B  
Blanchardstown Local Drugs Taskforce  
2010