

Telling our own stories': an exploratory study of alcohol use and harm by people who identify as Roma, Gypsies and Travellers.

Professor Louise Condon¹
Suzy C Hargreaves¹,
Denise Barry²
Jolana Curejova³
Donna Leeanne Morgan⁴
Sam Worrall⁵
Dr Filiz Celik¹
Dr Menna Price¹

¹Swansea University, Faculty of Medicine, Health, and Life Science

²Advocate for Gypsy and Traveller communities

³Peer researcher from the Slovakian Roma community

⁴Peer researcher from the Gypsy community

⁵Peer researcher from the Boater community

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Key

B= Boater

F= Female

M= Male

P= Participant

R= Roma

IT= Irish Traveller

Executive summary

What we did?

We studied alcohol use and harm among four diverse ethnic and cultural groups who had a background of nomadism, using Community Based Participatory Research (CBPR) methods. The aim was to find out 'how people like us drink' and to explore the social norms of alcohol consumption¹. In 2021-2022 peer researchers conducted qualitative interviews based upon vignettes with 26 Gypsies, Roma, Travellers and Boaters. We co-created digital stories from our findings.

What we found?

We found that all groups have a strong cultural and ethnic identity and celebration with alcohol at community occasions, such as weddings, was part of this. As in the majority population, social norms strongly influenced drinking behaviours in each community. All groups had negative attitudes to drunkenness and thought moderation in using alcohol was important.

For Gypsies, Roma and Travellers young women's drinking was highly stigmatised whereas it was considered normal and mainly for men to drink. Generational changes were that everyday drinking had increased among Gypsies and Travellers, particularly seasonal drinking, drinking at home and women using alcohol when socialising together. Roma participants described drinking less post-migration as there were more opportunities for education, employment and training for them in the UK. Boaters described a culture of regular daily drinking, focused around socialising on the towpath with peers. Gypsies and Travellers, and to some extent Boaters, experienced overt discrimination when drinking in public places in the UK.

All groups experienced barriers to seeking help for dependent drinking; for Gypsies, Roma and Travellers this was due to shame, for Boaters not having a fixed address made registering with a GP and accessing treatment difficult.

What this means

Gypsies, Travellers and Roma are likely to be disproportionately affected by alcohol harm due to socio-economic disadvantage, gendered attitudes to drinking, predisposition to shame for health problems and discrimination. For Boaters, barriers to GP registration need to be addressed. Targeted health promotion and accessible alcohol treatment services are required for these groups; these need to be culturally sensitive in order to allow these marginalised communities to overcome obstacles to service use.

¹ Social norms are the unwritten rules of behaviour within society, communities and families.

Introduction

Gypsies and Travellers are one of the longest established minority ethnic groups in the UK but have the worst health outcomes. Gypsies and Irish Travellers were included as an ethnic group in the 2011 census for the first time, and Roma people in 2021 in recognition of their growing numbers and high health and social needs. Most Roma people are recent migrants to the UK following the accession of additional countries to the EU in the 2000s (e.g. Romania, Slovenia and Slovakia). Data collection is generally poor for ethnic minority groups, and more so for Gypsies and Travellers who are not yet included in the NHS data set. Lack of knowledge of alcohol use and harm in this group means it is a 'hidden concern', and that services to meet needs are not available or not accessible to service users. Even less is known about New Travellers, such as Boaters who live nomadically on waterways but are rarely included in health research.

In a recent survey Gypsies and Travellers described alcohol as a major healthcare concern (Warner-Southwell 2019) and risky alcohol use has been described among Boaters (Greenfields and Lowe 2013). Alcohol can be a coping mechanism for dealing with loss of cultural traditions, discrimination and unemployment (Van Hout 2010) and grief, bereavement and depression (Van Cleemput et al 2007). Alcohol use is an age-related rite of passage for young Gypsy/Traveller men (van Cleemput et al 2007), but is more stigmatised among women, for whom there are strict rules about purity before marriage and then a busy domestic role (Van Hout 2010; Hurcombe et al 2012). Gypsy/Travellers are often aware of alcohol and drug problems, but there is a lack of knowledge around available services and they can feel uncomfortable accessing them. This is likely to be due to shame in acknowledging a problem and services not understanding their culture (Lidster and Cannon 2013). A mixed picture is presented of alcohol use among Roma people in continental Europe, however in Slovakia some studies suggest alcohol use is at an equivalent or lower level to the general population (Bobakova et al 2012; Babinska et al 2014).

Aim

- To explore (phase 1) and raise awareness (phase 2) of alcohol use and harm among Gypsies, Boaters, Roma and Travellers

Objectives

Phase 1:

- To explore cultures of alcohol use among Gypsies, Boaters, Roma and Travellers
- To identify similarities and differences in drinking cultures between both ethnic and nomadic Gypsy, Boater, Roma and Traveller communities
- To explore perceptions of alcohol harm within both ethnic and nomadic Gypsy, Boater, Roma and Traveller communities

Phase 2:

- To develop Digital Stories to reflect and disseminate the findings of Phase 1

Phase 1: Methods

In order to explore the experiences of alcohol in each community, we invited peer researchers to develop and administer a set of interview topics.

All peer researchers had experience of data collection from previous research projects. In addition to peer researchers from Gypsy, Boater and Roma communities, an advocate for Gypsies and Travellers participated in data collection by conducting interviews with Travellers and Gypsies. We were not able to recruit a Traveller peer researcher, although we did successfully recruit an Irish Traveller to assist us in Phase 2 (digital stories).

Vignettes were used as a basis for interview questions (Hughes and Huby 2001). These are presented in Table 1 below; each one was based on established concepts or issues identified from existing academic literature.

Table 1: Vignettes used to explore community attitudes to alcohol use and harm

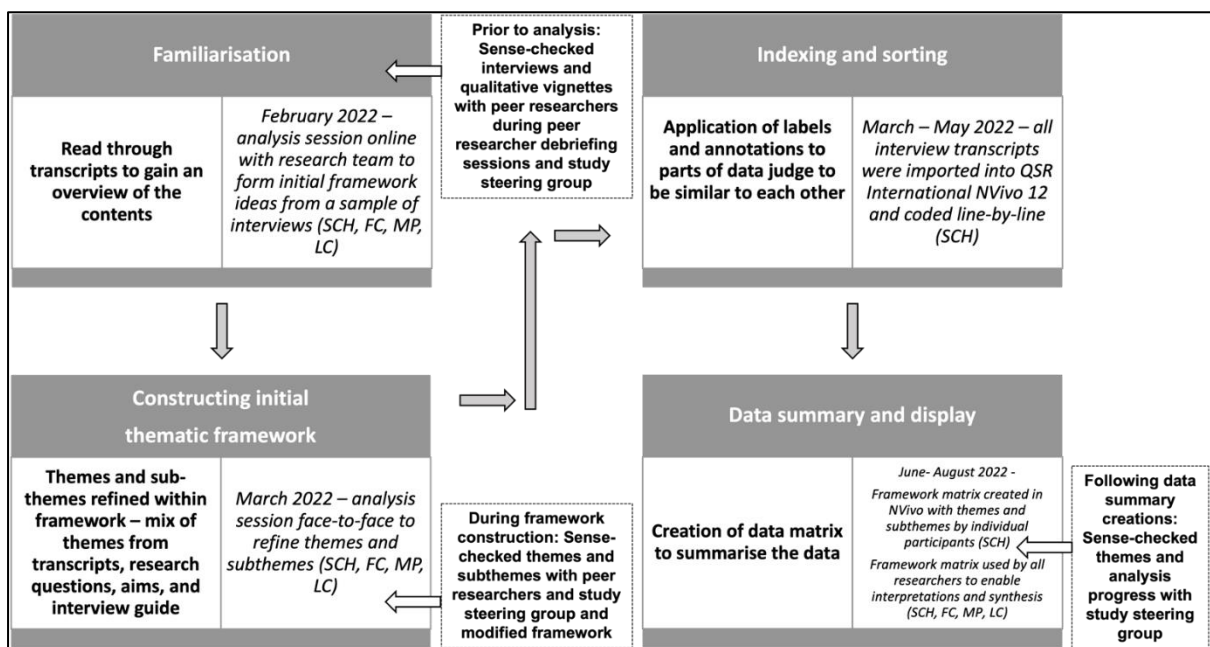
Introductory questions:		
<ul style="list-style-type: none"> Establish whether participants felt a sense of belonging to specific communities and if they have always felt that way. Assure participants that there are no right or wrong answers and no assumptions about alcohol use are being made; opinions and attitudes are being sought. 		
Concept or issue	Vignette scenario	Discussed by
Reasons that people drink alcohol, celebration	Violetta and Darius are getting married next month, and they plan to order some wine and beer for their guests to drink.	<p>Van Hout, M. C., & Hearne, E. (2017). The changing landscape of Irish Traveller alcohol and drug use. <i>Drugs: Education, Prevention and Policy</i>, 24(2), 220–222.</p> <p>Parry, G., Van Cleemput, P., Peters, J., Moore, J., Walters, S., Thomas, K., & Cooper, C. (2004). <i>The Health Status of Gypsies and Travellers in England: Report of Department of Health Inequalities in Health Research Initiative Project 121/7500</i>. University of Sheffield, School of Health and Related Research.</p> <p>Greenfields, M., & Lowe, L. (2013). <i>Bath and North East Somerset Gypsy, Traveller, Boater, Showman and Roma Health Survey 2012-2013</i>. New Bucks University and IDRICS.</p>

<p>Drinking alcohol, young people, drug use, employment</p>	<p>Danny is 18 years old. He works with his father during the day and in the evening likes to go out for a drink with his friends. Once he was offered him some drugs.</p>	<p>Aspinall, P. J. (2014). Hidden Needs: Identifying Key Vulnerable Groups in Data Collections: Vulnerable Migrants, Gypsies and Travellers, Homeless People, and Sex Workers. <i>Inclusion Health</i>, 1–132.</p> <p>Lidster, O., & Cannon, V. M. P. (2013). Substance Abuse Needs Assessment. <i>Journal of Psychological Issues in Organizational Culture</i>, 3(S1), 158–173.</p> <p>Van Hout, M. (2009). Irish travellers and drug use—An exploratory study. <i>Ethnicity and Inequalities in Health and Social Care</i>, 2(1), 42–49.</p> <p>Van Hout, M. C. (2011). Assimilation, habitus and drug use among Irish Travellers. <i>Critical Public Health</i>, 21(2), 203–220.</p>
<p>Parenting, mental health, bereavement, solitary drinking, daytime drinking</p>	<p>Monika lives with her three teenage children. She has recently started drinking about three glasses of wine by herself every afternoon, just to get through the day. She thinks she is drinking more because her mother died recently.</p>	<p>Condon, L., McClean, S., & McRae, L. (2020). ‘Differences between the earth and the sky’: migrant parents’ experiences of child health services for pre-school children in the UK. <i>Primary Health Care Research & Development</i>, 21</p> <p>Lidster, O., & Cannon, V. M. P. (2013). Substance Abuse Needs Assessment. <i>Journal of Psychological Issues in Organizational Culture</i>, 3(S1), 158–173.</p> <p>Yin-Har Lau, A., & Ridge, M. (2011). Addressing the impact of social exclusion on mental health in Gypsy, Roma, and Traveller communities. <i>Mental Health and Social Inclusion</i>, 15(3), 129–137.</p> <p>Goward, P., Repper, J., Appleton, L., & T, H. (2006). Crossing boundaries. Identifying and meeting the mental health needs of Gypsies and Travellers. <i>Journal of Mental Health</i>, 15(3), 315–327.</p> <p>Rogers, C., & Greenfields, M. (2017). Hidden losses and ‘forgotten’ suffering: The bereavement experiences of British Romany gypsies and travellers. <i>Bereavement Care</i>, 36(3), 94–102.</p>
<p>Parenting, drinking alcohol, domestic abuse, safeguarding</p>	<p>Sergei and Anna have two children. They love playing with their children and look after them very well. They like to have a drink together after they have put the children to bed. One night they drank quite a lot and</p>	<p>Condon, L., McClean, S., & McRae, L. (2020). ‘Differences between the earth and the sky’: migrant parents’ experiences of child health services for pre-school children in the UK. <i>Primary Health Care Research & Development</i>, 21</p> <p>Allen, M. (2012). Domestic Violence within the Irish Travelling Community: The Challenge for Social Work. <i>British Journal of Social Work</i>, 42(5), 870–886.</p>

	<p>had a big argument that woke the children up.</p>	<p>Briones-Vozmediano, E., La Parra-Casado, D., & Vives-Cases, C. (2018). Health Providers' Narratives on Intimate Partner Violence Against Roma Women in Spain. <i>American Journal of Community Psychology</i>, 61(3–4), 411–420.</p> <p>Vrăbiescu, I. (2019). Creating solidarity: Intimate partner violence (IPV) and politics of emotions in a multi-ethnic neighbourhood in Romania. <i>European Journal of Women's Studies</i>, 26(2), 150–164.</p> <p>Turner, J. (2016). Governing the domestic space of the traveller in the UK: 'family', 'home' and the struggle over Dale Farm. <i>Citizenship Studies</i>, 20(2), 208–227.</p>
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In order to analyse the data collected, each interview was recorded and transcribed. Those conducted in Slovakian Romanes were translated into English and then transcribed. Following this, each transcript was read through to get an overview of the contents. This was done iteratively for each transcript until the common themes were identified (Ritchie and Spencer 1994; Varpio et al 2017). Table 2 provides an account of the analytic approach.

Table 2: Chart of data analysis for this project using Framework (Ritchie and Spencer 1994)



Key

Peer researchers are: Jolana Curejova; Leanne Morgan; Denise Barry; Sam Worrall

Initials refer to: FC= Filiz Celik; LC= Louise Condon; MP= Menna Price; SCH= Suzy Hargreaves.

Phase 1: Findings

In total, 26 interviews were conducted across the 4 communities. Table 3 gives a breakdown by community, peer researcher and method of interview. Demographic details of interviewees are shown in Appendix. Note that all Boaters lived aboard, most Gypsies and Travellers lived in caravans, Boaters had the highest qualifications and a large proportion of Gypsies and Travellers had no qualifications. Many of the sample were carers for children and/or adults.

Table 3 Ethnic or cultural background of peer researchers and number/type of interviews

Peer researcher	Peer researcher background	Interviews completed	How interview was conducted
1	Gypsy	4 x Gypsy	4 face-to-face
2	Roma	7 x Roma	4 telephone, 3 face-to-face
3	Boater	8 x Boater	7 telephone, 1 face-to-face
4	Advocate for Gypsies and Travellers	3 x Gypsy 4 x Irish Traveller	6 telephone, 1 face-to-face

Theme: Identity

The best way to learn about the communities we studied is by their own words. Initially, participants were asked to talk about their identity. All participants felt a sense of belonging to their specific communities. While Gypsies, Roma and Travellers described themselves as born into these communities, most Boaters described themselves as choosing to belong to a community of like-minded people.

In the quotes below participants numbers are given (e.g. 1, 2 etc.) in addition to ethnic or cultural group (R for Roma; B for Boater; G for Gypsy; T for Irish Traveller) and gender (F or M).

Roma

Descriptions of Roma identity focused on language, heritage, way of life, being different from non-Roma people (the '*gadze*') and experience of hardship.

- *How do I know that I am Roma? Well, my mother, my father, all of us are Roma... I speak Romani since my childhood; I grew up among the Roma. R1, F*
- *Because of the language we know that we are Roma, eh... We also grew up like Roma; we were born like Roma. Well, our ancestors, our ancestors are Roma, which means that we must be also Roma. R2, F*
- *Well, I am what God created me to be, right? I speak Romani; both my mother and father are Roma. R3, M*
- *I was born as Roma. R4, F*
- *My grandmother was old, she was eighty years old. She was the one who taught us, who talked to us [about] how the people had lived before, how the Roma had lived...she told that life was hard, such things, so I know that I am Roma, she told us about everything. R5, M*
- *I am Roma, I am born as a Roma, and I am a Romani woman. R6, F*

Gypsy

Descriptions of Gypsy identity focused on culture, heritage, traditions and way of life. Some people referred to other identities, e.g. also being Welsh.

- *You're brought up in your culture...you learnt it every day you know when you were a child. That's what you're a part of. And that's who you are. G3, F*
- *I love the Gypsy culture. G4, M*
- *Well I was born a Gypsy. I lives like a Gypsy. I don't know no other way of living only a Gypsy. G5, F*
- *It's my heritage and my culture. It's all I know. It's the way I've been brought up. I was born a Gypsy so therefore I'm part of the Gypsy community. And we're a very close community. G1, F*
- *A Gypsy. And I'm Welsh...so it's your heritage. So- it's about family and it's just things gets passed down through the times and then that becomes what you do. G2, F*

Travellers

There are fewer descriptions of Traveller identity as the sample was smaller, but there was a strong awareness of belonging to an ethnicity which was different from the majority population.

- *I think I've felt it from quite a young age because no matter where you go, with settled communities you're known as an outcast anyway. So like, you know you're different from a young age but then obviously the older you get you know why, because you're a Traveller and you know that most of the settled community don't really agree with any of us. IT1, F*

- *When I started to recognise kind of different ethnic groups was when I was probably around seven or eight maybe. When I was kind of, just before going to primary school. People talk about Gypsies, Travellers and stuff, I didn't really know what it was about but then at the same time I knew that me and my family were all different to the people I went to school with. So, it was around Year 4,5,6 I guess, that's when I kind of knew there was a difference between me, my family, my community and everyone else. IT4, M*

Boaters

Boaters described close membership of their community, based on friendliness, acceptance and shared enjoyment of an alternative lifestyle.

- *I see myself as part of the Liveaboard Boater community. And that was probably pretty instant the moment I moved onto the waterways, just because of the way the waterways operate and how supportive everyone is immediately when you're a novice. B1, F*
- *I definitely see myself as part of the community. I suppose that really started when I got my own boat rather than living on my parents'. And I guess I feel like I belong here when I started to choose to stay here. B2, F*
- *So, I first moved on to the canal a little over five years ago. I first felt a member of the community immediately, because that's what it's like round here. B3, F*
- *We bought our boat really to get out of the rat race. And because we're both Pagan and we like being out in nature; we just like the slower pace of life and the community spirit. B5, F*
- *Well, I was born on a boat, I've never lived in a house, but I would say the boating lifestyle picked me. I think I'll always be on boats because I enjoy it as well. B6, M*

Social Norms around Alcohol Use and Harm

As well as a sense of identity, interviewees explored social norms within the communities, and how these were interwoven with the organisational categories of alcohol use and harm. Affecting the whole picture was the socio-economic and political climate at the time of the interviews. This ranged from the Covid pandemic to experiences of disadvantage and discrimination, to the marketing and pricing of alcohol. These themes are discussed in more detail when we analyse the digital stories we created in phase 2 (See **Phase 2: Digital Stories** below).

We are preparing an academic paper to present our Phase 1 findings. To give a flavour of these findings, in this section we present participants' comments on what are the good and bad things about alcohol. You will find the themes arising from this interview question drawn out in the digital stories below. This was the last question asked by peer researchers and was aimed at finding out more about their views on alcohol, without shaping their response in any way. The vignettes (see Table 1) were very useful in helping us find out more about key areas of alcohol use and harm, including those which had been highlighted in existing research, but here we just wanted to listen to participants' own views.

Table 4: Participants' views on the positives of alcohol.

Good things about alcohol	
Roma	<ul style="list-style-type: none"> • <i>There is no good mood if there are no spirits. R2, F</i> • <i>Well, the people say that spirits cheers up the person...to have a good mood in the wedding, to enjoy himself. R2, F</i> • <i>Sometimes when you have a sorrow or so, you could drink one or two. R3, M</i> • <i>When someone has a good time, he should also drink a little bit. R5, M</i>
Gypsy	<ul style="list-style-type: none"> • <i>I think alcohol is nice when you're going out to enjoy yourself, alcohol is nice. G1, F</i> <p><i>It's a release valve, isn't it? You stress up through the week, whenever you go out and see a mate you have a drink and you take stress off you... It's stress of living and everything. It's nice to have one night off to blank it out and forget about it. Give your brain a rest. G4, M</i></p>
Traveller	<ul style="list-style-type: none"> • <i>I feel like you might have fun while you're drinking. IT3, M</i> • <i>Good things, yes. Meeting friends and family and having a social drink...Meeting for a happy occasion, make a memory of it. IT2, F</i> • <i>Most of the Travelling community is not that shy. But if they're shy sometimes, when they drink they get that little bit more confident. IT1, F</i>
Boater	<ul style="list-style-type: none"> • <i>I love drinking and you know I enjoy having a good drink with lots of people, it's not a case of throwing it down your neck or anything, it's just you know drinking reasonably. B4, M</i> • <i>You get to meet other Boaters if you go out and have a drink and something to eat, you meet, you meet new people. People talk more, people are more open. B5, F</i> • <i>Within society there is a percentage of people that enjoy the effect of mind-altering substances and alcohol being one of them, it's nice to sit round and have a social beer with your mates. B7, M</i>

Drinking was associated with celebrations, such as weddings, and alcohol was widely seen as a way of enjoying yourself when socialising with friends and family. Individuals from all groups mentioned obstacles to socialising, such as feeling shy or being introverted, and alcohol was a way of overcoming this. A Gypsy woman (G1, F) described alcohol as lowering inhibitions which was a good and bad thing- *"It lowers your inhibitions so that you might tend to have more fun or be more open, but then again it lowers your inhibitions so you might be tempted to do things that you wouldn't normally do or maybe put yourself in dangerous situations...it's a double headed coin"*. Boaters in particular enjoyed the openness that using alcohol created in other people. Drinking was also described as a way or relieving stress or sadness.

Table 5: Participants' views on the negatives of alcohol

Bad things about alcohol	
Roma	<ul style="list-style-type: none"> • <i>They will get addicted, it must be... I mean those who drink for a longer time, right? For sure they are... already addicted to spirits, so for example when they do not drink for one day, they are done. R1, F</i> • <i>It is not good, because with alcohol they do wrong to their own children, to their own family, because alcohol costs money, it is not free! It goes out from the pocket and so they do wrong to their own children, to their own family. R2, F</i> • <i>He drinks with the wife, you know? ... they quarrel, maybe they have some stress because of the children, you know, the father and the mother quarrel, or the husband hits the wife or something like that. R3, M</i> • <i>It has consequences both physically and mentally on the soul, that it is addictive and it is bad, it is really bad. R4, F</i>
Gypsy	<ul style="list-style-type: none"> • <i>Doing it every day and getting addicted and ruining your life. G3, F</i> • <i>Of course it's bad for your health. It's a drug isn't it. It's, you know, everything in moderation I suppose. It does damage you... you've only got to look at people that have passed away because of things like sclerosis of the liver because of alcohol. G1, F</i> • <i>A lifelong effect if a child grows up with alcoholic parents, it would have an effect on that person. Sometimes it makes the kids be drinkers because they think that it is normal. And then other times it makes the kids grow up to be non-drinkers because they absolutely hate it. G2, F</i>
Traveller	<ul style="list-style-type: none"> • <i>Obviously drinking it kills all your insides, it makes you sick, I don't understand how people like it. IT1, F</i> • <i>I think it can affect your mental health, and anyone that would drink that way, they'd isolate away from family and friends, and if they choose drinking over everything else. IT2, F</i> • <i>It could damage your liver...the bad thing is the money for it. IT3, M</i> • <i>The effects it has on mental health and physical health. The family dynamic, how it does that in, it can break up family dynamics and the transaction is generational, you know? So, a child what he sees their dad doing, goes on to what they do... some of the things that they see they shouldn't really see...violence. IT4, M</i>
Boater	<ul style="list-style-type: none"> • <i>I guess the cost of it...and it cannot be the healthiest thing in terms of you know, calories and habits, getting into bad habits. B1, F</i> • <i>When it starts to cost you more than money. When it takes over your life. When it makes you change your plans...That's what I hate. Yes, alcohol makes people change plans. B3, F</i>

	<ul style="list-style-type: none"> • <i>Moving the boat in February when you've got up and it's throwing it down and you've got the hangover the size of Belgium, that's got to be the disadvantages. B8, M</i> • <i>My worry about somebody who's on their own, male or female, is one they can't get on their boat and they either fall off the plank, bang their head and they're in the water, bang their head and, yeah they lose consciousness you know. Secondly is when people have been drinking on their own and if they haven't got much money, what they do is they light a lot of candles and then of course they've had a lot to drink, they fall asleep and then you've got a fire. B4, M</i>
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Most participants had much more to say about the negatives of alcohol than the positives. However, there was a widespread view that alcohol was good 'in moderation' even if participants chose not to drink themselves. All communities were very aware of the problems that alcohol could cause at an individual, family and societal level. All groups knew that alcohol dependence could lead to physical and mental health problems. Of most concern among Roma, Gypsies and Travellers was the effect on family and especially children. Concern was expressed about children being neglected or witnessing arguments and even violence between parents, which could result in lifelong effects. Boaters were particularly aware of the increased risk of injury when drinking in the canal environment, both falling in water and increased risk of fire.

Phase 2: Digital Stories

In order to facilitate the dissemination of our findings from phase 1 and to raise awareness beyond academia and interest groups, we worked with a local storyteller and artist to develop digital stories for each of the four communities. These were based on the themes that emerged across the interviews and were co-created by the peer researchers on the project.

Digital stories are a short form of digital media that allow the sharing of everyday stories online. They are typically 2-3 minutes in length and are animated by a series of still images. This method can be used in healthcare settings, social work, and libraries, in order to access the wider community. Often these stories are based on the real-life experiences of a single individual but can also be a composite story of a fictional person, that reflects the everyday experiences of a particular group of people. We chose the latter approach and asked our peer researchers from phase 1 to help us develop and create each story. For the Irish Traveller story we recruited a member of the community to co-create and voice the story, as our peer researcher was an advocate, not a community member.

The four stories were developed in individual workshops with the professional storyteller, researchers and the representative for each community. Initially the themes identified in phase 1 were discussed and the most salient agreed upon. For example, for the Gypsy story the themes of discrimination, shame and family values were highlighted. Following this, a visual imagining of the composite community member that would be role-played by the peer researcher was developed. This involved the physical appearance, name, age, gender and the timeline of life events for that individual. For example, for the Gypsy story, the character of Susan was created, a female in her 50's, married with children, who had experienced alcohol misuse by her father as a child but who rarely consumed alcohol herself. After this, the peer researcher took on the role of the composite character and was encouraged to elaborate on the basic life events until a story was created. The order in which the story would be told was discussed, paying attention to story line and organising events into a meaningful whole (Smith and Liehr 2013) and then the peer researcher was encouraged to tell the story in their own words. Each story was recorded and edited to produce a 2-3 minute audio file. Once each story was approved by the peer researcher/representative involved as being a realistic depiction of a member of their community, a local artist provided a series of still animations for each story. These were again sent out for approval and edited as part of a feedback process until all parties were satisfied that the completed digital story was acceptable and representative of that community.

The YouTube links to the animated digital stories are set out below. The stories have been produced as part of the Alcohol Change UK New Horizons research project and show how alcohol is weaved into the Boater, Roma, Travellers and Gypsy communities.

A Boaters Story

This is the story of Ivy (a fictional yet typical Boater).

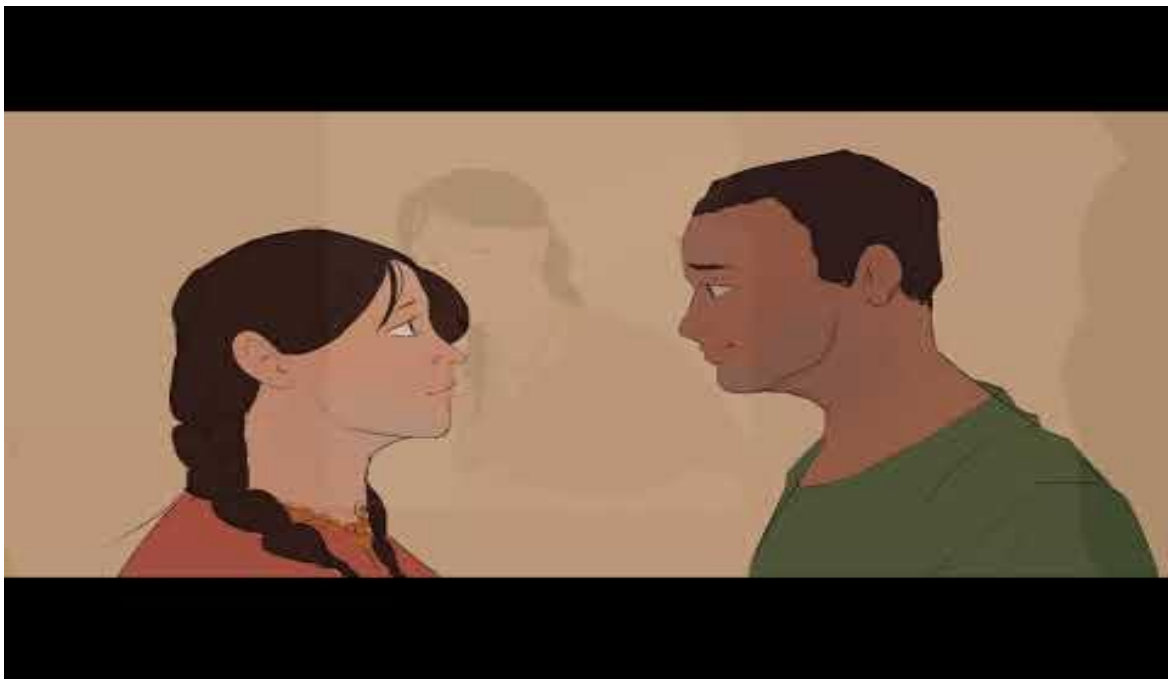
Watch Ivy's story: <https://www.youtube.com/watch?v=FHINz6gzPbQ>



A Roma Story

This is the story of Kveta (a fictional yet typical Roma).

Watch Kveta's story: <https://www.youtube.com/watch?v=yPexMCer01g>



An Irish Travellers Story

This is the story of John (a fictional yet typical Irish Traveller).

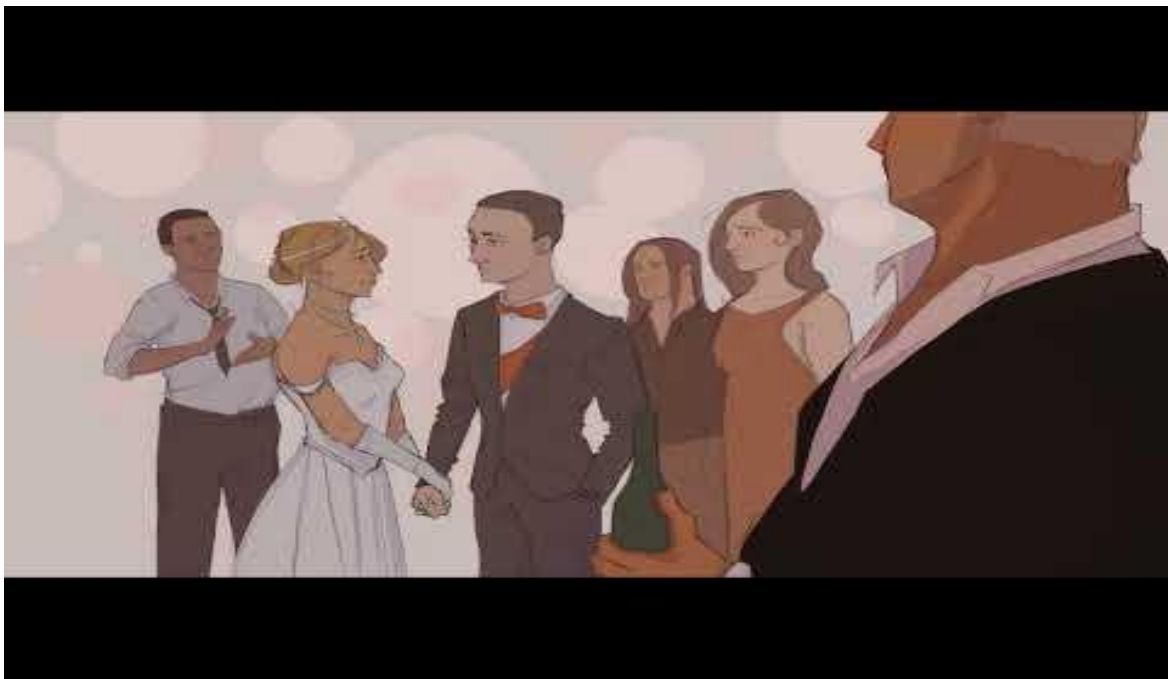
Watch John's story: <https://www.youtube.com/watch?v=UMTMxMarAIY>



A Gypsy Story

This is the story of Susan (a fictional yet typical Gypsy).

Watch Susan's story: <https://www.youtube.com/watch?v=5HeObUH16PU>



Transcripts of the four digital stories are included below, followed by discussion of how each story captures the main themes that emerged from Phase 1.

Digital Story 1: Susan's story (Gypsy)



"Well you'll never guess what happened to me and the children today when we were out shopping, we went down to have something to eat and because one of the employees in there knew that we were Gypsyies and that we were new to the area, they wouldn't let us in. I was too embarrassed to argue the fact, so I just got the children and left.

The exact same thing happened and I was only young, about 12 or 13 and we were gonna go for food but because my dad had been drinking in another pub and something had happened that he wasn't involved with, but because he was there, all the pubs in the area wouldn't let any of us in. Even though you know we just wanted to go in for a quiet family dinner.

It spiralled out of control I think with his drinking, he kept it quiet a lot and hid it from the children when we were younger, but as you get older you start to notice different things and you start to realise that my life's not the same as everybody else. He would of never of known where to go for help, he would of always said "I don't need any help, my children have got food in the cupboard and clothes on their backs, when I can't do that is when I'll need help." That was his way of dealing with it.

It wasn't a social thing for women to go to pubs, when I was younger then it was just more go to the pictures and if you did go into the pub you'd only have a coke anyway.

When I met my John he was never a drinker then, he didn't even drink much when we got married, we got married 21-22 and he never was a big drinker.

He'd drink on occasions, birthdays, and weddings but never, never at home. He would always say, "A gentleman never drinks in front of his wife and his children" so he only ever drank at occasions. Whenever we'd go anywhere he'd always say, "I'm only having a couple." I'd always respect him for that.

You can move on but there are still people that can't move on that have still got the same views today with me as a 50-year-old they did towards me as a 12 or 13-year-old. It's shocking, but it's also disheartening, that people aren't learning, that not everybody's the same."

Susan's story clearly brings out the main themes identified from interviews with Gypsy participants. Like some other interviewees, Susan's father was a heavy drinker. Several Gypsy and Traveller interviews spoke about the consequences for children if parents drank heavily, such as no regular

meals or routines, and general neglect. In this community dependent drinking is viewed as shameful, and likely to be concealed from family and friends. While there is commonly great support within the community for health and social problems (Smith & Ruston 2013; Condon & Salmon 2014), alcohol misuse is stigmatised and usually not treated with sympathy. People dependent on alcohol are likely to be shunned, labelled an 'alcoholic' and not invited to social events- a severe penalty in a community which prizes sociability and communal celebration. Men are expected to be able to manage their drinking so that it did not affect their ability to work, provide for the family and or be a functioning member of the community. Here Susan's father takes pride in still being able to feed and clothe his children, even when his drinking was problematic. It is noted that among Gypsies this attitude often leads to help being sought at a very late stage from treatment services. Whereas Boaters and Roma spoke of accessing help from health services, with the GP as the first step, no Gypsy or Traveller interviewee gave an example of someone successfully treated for dependent drinking.

Gendered drinking is very common in Gypsy and Traveller communities (van Cleemput et al 2007; Hurcombe et al 2012). A finding of this study is increased social drinking, particularly among women; this confirms previous exploratory research findings (Hurcombe et al 2012). As Susan says, when she was young there was less everyday alcohol use- men might go to the pub, but not on a work night, and women were commonly forbidden to drink before marriage. Taboos still exist about female drinking, but increasingly married women drink socially once the children are put to bed and the work done. This contrasts with recollections of the past when traditionally alcohol was not brought inside the home, or even on site (Hurcombe et al 2012). Examples of increased drinking were having a cocktail after Christmas shopping, Pimm's in the evening during lockdown, a jug of Sangria at Bingo and a drink to relax after a hard day. Older Gypsies were concerned about the impact of drinking on young people and considered that marketing of drinks to young people should be restricted, with less choice of strong drinks. Several interviewees considered alcohol to be very cheap to buy in supermarkets.

Susan describes two experiences of being refused service in public places when going out for food and a drink, one recent and one as a child. She regrets that there has been no change since her childhood. Other participants recalled such incidents and described them as apiece with other experiences of discrimination. One participant stated that she first knew she was a Gypsy when she asked her mother why they were being followed around a shop by the shopkeeper when other people were not. Greenfields and Rogers (2020) suggest that such incidents are so common that it is almost normalised and seen as a 'fact of life', despite Gypsies, Roma and Travellers being protected against discrimination as ethnic minority groups under the 2010 Equality Act. Gypsies and Travellers experience higher levels of hate crime than any other group in the UK (WEC 2019), and discrimination is known to significantly affect health and wellbeing (Marmot 2022).

There is no evidence from our study that Gypsies or any other any group drink more than the majority population. However, it is likely that the alcohol harm paradox (where equivalent alcohol consumption creates more harm among the disadvantaged than among the more affluent (Boyd et al 2022)), adversely affects outcomes. Gleeson et al (2019) suggest that problematic alcohol use is more common among ethnic minorities who experience multiple exclusion and reduced access to services, have gendered beliefs about alcohol use (such as drinking being associated with masculinity for men, but shameful for women) and where there is shame about health problems. Taking into account structural factors (housing, education, employment, discrimination) in addition to ethnicity, Gypsies and Travellers are a high risk of alcohol harm.

Digital Story 2: Kveta's Story (Roma)

"I had a beautiful childhood I was growing up in a Roma settlement, all my days I lived outside. I was just going home to sleep, it was all just play, play and play. But now I understand how reduced my opportunities were as a child because of the racism in Slovakia.

I could only go to one school and sit in the back of the class where the teacher didn't even know my name. Then I knew that I'm going to be mocked, laughed at and called horrible names so I never liked the school, it was a horrible time for me. But going back to my Roma settlement was somewhere where I felt very safe, I always knew that my mum is there for me. But my dad couldn't find any job in Slovakia.

Slovakia accessed the EU, I believe it was in 2004. My dad did make the journey at the end, he did find a job, then he asked my mum and all of us to move to the UK with him.

So when we came to the UK then, I remember when for example families were coming around and were sitting at a table it was different what was on the table to when it was back home in Slovakia. Back home in Slovakia for example, my father was mostly celebrating with loads of alcohol. Now in the UK because the alcohol is quite expensive my father would only allow one bottle of vodka so there is a difference now.

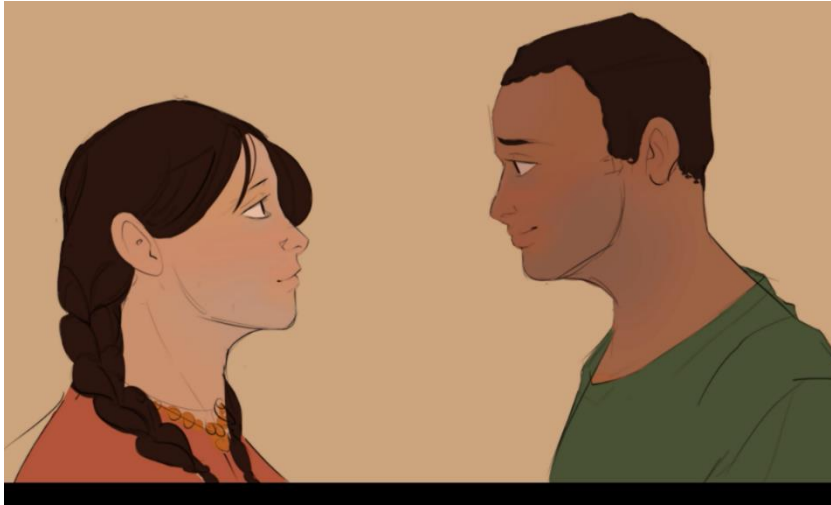
At my school, there are teachers who were calling me by my name and they were smiling at me, they were sitting next to me and teaching me the words. That has never happened in Slovakia and it felt really good. I felt cared for and I felt like I do matter.

I saw this young boy and he was very handsome and the best thing was that he also spoke my language, Roma language, because I didn't speak English much so I could talk to him and we became very good friends and we could go to a local restaurant and just have a little drink or have food, something that we could not do in Slovakia for fear of racism but here I feel with my boyfriend now, Roland, very much, very much alive. I feel like I can do so much with my life in the UK now. I don't want to be all my life just becoming a house lady or looking after my children- I do love him, I do want to have a family but I don't know whether I want it now. Roland is very much ready, I'm not at that point yet. So that has played with my emotions, with my feelings, physically I was not confident in myself anymore.

My parents, they wanted me and Roland to get married, everything that I have worked on and achieved suddenly just was disappearing. They were arguing about what a rebellious child I am and how I'm not meeting their standards, that's the point where I felt like I'm not being understood. A point for me where I found myself finding a refuge in alcohol, I suddenly started drinking, not just occasionally with Roland when we went out for a drink or lunch, suddenly I found myself sitting in my room and just having a drink. I am a girl and in Roma community it's very much expected that I'm a good girl and drinking it's not an image of a good girl.

And what I did manage to do and I'm very pleased about it, I went to a school counsellor, I have opened up to my counsellor about what has happened to me and how I was struggling, meeting the demands of the school, demands of my parents. Roland was there, I was ashamed that he may see me drinking, so I was hiding very much away from him. My counsellor suggested to do something with the childcare and I really liked that idea.

Because as a young child I was looking after my siblings a lot and had a passion for children and caring has stayed with me so, I have decided to go for it"



Discussion of Kveta's story:

The main themes that emerged - identity, alcohol use and harm and cultural norms – are discussed below in relation to Kveta's story.

Identity is something that people born into and learn the meaning of as they transition out of early childhood (Aboud & Doyle 1993). The initial concept around a person relates to their family and community. A young child is likely to perceive the world as very similar to their initial surroundings and immediate environment. Kveta's story also confirms this, a happy childhood filled with play outside house is changed as she starts school. School was a place for Kveta to experience otherness and be subjected to discrimination because of her ethnic/collective identity from her teachers and peers alike. She talks about the relief she had in returning to her local community after school where she is not 'the other' (Rowe & Goodman 2014). Kveta conceptualises, only retrospectively, how she was treated as racism and the distress that has caused to her as a child. Kveta's understanding of how she was discriminated against deepens as she is moved to UK with her family and she is treated with dignity in her new school by the teachers and peers.

"I could only go to one school and sit in the back of the class where the teacher didn't even know my name. Then I knew that I'm going to be mocked, laughed at and called horrible names so I never liked the school, it was a horrible time for me."

Alcohol use is integral to the story of Kveta, she talks about the ritual of people gathering around the table and drinking both back in Slovakia and in the UK. There is less to drink on the table in the UK owing to high cost of the alcoholic drinks and improved social circumstances.

"So when we came to the UK then, I remember when for example families were coming around and were sitting at a table it was different what was on the table to when it was back home in Slovakia...Now in the UK because the alcohol is quite expensive my father would only allow one bottle of vodka so there is a difference now. Families are not gathering as much."

Migration is a life altering process for people (Tabor & Milfont 2011). Kveta talks about being treated well in the school in the UK, yet not helped by feeling like an outsider owing her lack of English language skills. Kveta befriends a boy who speaks her language.

“Because I didn't speak English much, I saw this young boy and he was very handsome and the best thing was that he also spoke my language Roma language so I could talk with him and we became very good friends.”

As Kveta's relationship with the boy evolves from friendship to romantic encounter, she speaks of transforming individually and wanting more as a woman than settling down and having kids. Kveta's protest of this is construed as her being rebellious by her parents which pushes her to find relief in drinking.

“A point for me where I found myself finding a refuge in alcohol, I suddenly started drinking not just occasionally with Roland when we went out for a drink or lunch, suddenly I found myself sitting in my room and just having a drink.

I am a girl and you know in the Roma community it's very much expected that I'm a good girl and drinking it's not an image of a good girl.”

Strong cultural norms around gender and behaviour produces feelings of shame for Kveta for drinking beyond socialising as a woman. Shamed by her community for her drinking, Kveta looks for available resources of support outside her community and seeks professional support.

“And what I did manage to do and I'm very pleased about it, I went to a school counsellor, I have opened up to my counsellor about what has happened to me and how I was struggling, meeting the demands of the school, demands of my parents.”

Kveta's story demonstrates that alcohol consumption is integral to her community, as it is in the UK population (ALCOHOL CHANGE UK 2018). Kveta's story is an example of gaining awareness of the harms of excessive alcohol consumption. Furthermore, she was able to access professional support without feeling shame- this was possible within the context of a relationship with a trusted professional.

Digital Story 3: John's Story (Irish Traveller)

"Danny's friend Mikey found out something was wrong with his liver because of all the drinking, he left it too late to get checked, so yeah it was bad.

People trying to pray for him and had everybody doing the rosary and stuff like that but it wasn't enough I mean he should, he should of got himself looked at. It'll be a big funeral I think, cause everyone liked him.

You know what it's like, all the men down at the pub now for the next few days. When he was on his way out, he went down to the pub three of four nights in a row had a few drinks but not too many cuz it was gonna be a few more days of this, at least a week do you know what I mean.

Even after the funeral, until everybody goes home to Manchester, London, Ireland wherever they're coming from. So it'll be a long one, a lot of people drinking. I'm not really into it, to be honest but you gotta show your face isn't it, show respect.

The same pub were going to not long ago, we had a christening. Walked over to the pub after the christening and we were told we couldn't go in and the priest told us there was a massive fight down there the night before, all these English people or whatever, and I brought it up and said the priest told us there's a massive fight, saying how all the English people, see what I mean so it's kinda like ugh couldn't say anything, they still wouldn't let us in, do you know what I mean.

We only had a christening, I went to the bar and chatted to the manager and just reminded him, you know what I mean, you can't be doing that, that's pure discrimination against the law. And he must of thought we were stupid, you know what I mean he started saying he can do what he wants and that.

But I'm in with the council, I messaged the man from the council, I think he's on the licence board so I messaged him and the man replies straight away and saying that it was against the rules whatever and they were gonna send the police in to remind him of what the law is.

So I showed him and he let us all in straight away and said sorry. To be honest, we should of had him for all the drinks we could, but we didn't.

We were just happy to get in because we can't get in anywhere, they're always kicking us out you know what I mean, but they never kick out everybody else.

Which is worrying now because my oldest, she's getting married now, she's what, 17. I booked one place and part of my English accent pretending to be all 'Oh excuse me can I book your room please I'm looking for a wedding for my daughter' and they said yeah.

And then I got down there give them the money, the deposit and straight away said no we can't do that. Realize as soon as I was a Travelling man

But tell you what the amount of money that they want for the dresses and she wanted this necklace to go over it, I told her to get away from me do you know what I mean.

*I remember we had a massive row I told her to **'Get out me sight before everything goes in the bin!'** because I was sick of it. Everything money, every single day she wanted this or that she want, you know what I mean.*

When we were younger, when my mum got married it was literally just a small holiday to greet us afterwards. We had a bit of money and that was it really. But now you gotta be skint for another year and that's not even mentioning the free bar.

The free bar now that's gonna, I mean with the amount of people coming now its a couple hundred people and free bar the whole night. You gotta have it. Otherwise, you know people will talk about you, people will say the wedding was this.

So you can all drink me dry, you know I hope you enjoy it! When this comes your way then ill be drinking you dry!"



Discussion of John's story.

The main themes covered in John's story are alcohol use and harm, discrimination, access to appropriate health care, the role of concern about what other people within the family/wider community think/competition (e.g., 'keeping up with the Joneses'), cultural norms around bereavement and other family celebrations (e.g., weddings and christenings).

John started his story discussing a friend of a friend who had died from liver disease related to drinking alcohol, stating that they left it too late to access healthcare to deal with the liver problem:

"Danny's friend Mikey found out something was wrong with his liver because of all the drinking, he left it too late to get checked, so yeah, it was bad."

John described his friend as having left it too late, meaning the problem was worse than it would have been if he'd sought out healthcare earlier, showing his awareness of the effects of alcohol and that of difficulties in access to healthcare, but also suggesting that the person he is describing may not be as aware as he is. This is also an example of gendered cultural norms, with men in the Irish Traveller community often not accessing healthcare until it is too late (Hurcombe et al 2012). This demonstrates an opportunity for appropriate access to healthcare options amongst this group to be examined, particularly amongst men, but also more widely. Furthermore, appropriate access to alcohol treatment and mental health services is essential in a community where cultural norms are that seeking help can be seen as a weakness (particularly amongst men) or less of a priority than other family responsibilities. Appropriate healthcare can be outreach services where required (such as a specialist health visitor (McFadden et al 2018a), and consistent levels of cultural competency in all health and wellbeing services. It is known that health professional staff are influenced by social attitudes to marginalised groups (Francis, 2013) and prejudice against Gypsies and Travellers has been described as 'the last bastion' of acceptable racism (Coxhead 2007). Trust between health and wellbeing services and Traveller communities needs to be nurtured in order to be more effective, meaning consistent sources of care should be available (McFadden et al 2018b), aided by third sector community organisations.

John discussed cultural norms surrounding bereavement and funerals. The role of religion was mentioned briefly, before his friend died and can be viewed as a traditional way to help people in need:

“People trying to pray for him and had everybody doing the rosary and stuff like that, but it wasn’t enough. I mean he should, he should of got himself looked at. It’ll be a big funeral I think, ’cause everyone liked him.”

Religion and ceremony are important around the time of death and loss in the Irish Traveller community and funerals tend to be large and well-attended (Liegeois, 2007). There is a relationship between the cultural norms around funerals and drinking alcohol, where drinking, particularly amongst the men in the community, is expected and will take place over many days around the time of loss and before the funeral:

“You know what it’s like, all the men down at the pub now for the next few days. When he was on his way out, he went down to the pub three or four nights in a row, had a few drinks, but not too many ’cause it was going to be a few more days of this, at least a week. Even after the funeral, until everybody goes home to Manchester, London, Ireland, wherever they’re coming from. So, it’ll be a long one, a lot of people drinking. I’m not really into it, to be honest, but you gotta show your face, isn’t it, show respect.”

John explains how traditional funerals involve many family and community members travelling long distances to be at funerals and that a lot of drinking will take place. Even where men do not feel comfortable drinking large amounts, they may do so as a sign of respect to the deceased person, even if the traditional drinking patterns mean that personal needs and wants are made less of a priority. Drinking alcohol together as a group may be regarded as a way of coping with the bereavements, particularly if there are a series of funerals over a short period of time, which is common amongst Traveller families.

Drinking alcohol at other community and family celebrations is also a norm amongst Irish Travellers, as in the general UK population (ALCOHOL CHANGE UK 2018). For instance, christenings and weddings can be occasions for heavy drinking, particularly amongst the men. John described how family weddings are a time for showing great generosity to guests, with a relatively recent expectation to provide a free bar. There is often a social pressure to provide plentiful alcohol and that there is a worry that if they do not do this, they will be judged badly as a family, particularly if others have provided free alcohol at other family events:

Where Travellers gather together for family and community events, such as funerals, Christenings, and weddings, experiences of discrimination against them are often evident. John describes several experiences of discrimination in licensed venues, including in the planning of his daughter’s wedding.

Travellers and Gypsies are the ethnic groups most likely to experience discrimination in public settings in the UK (Finney et 2023). John describes how Irish Travellers are often perceived by venue-owners as likely to be involved in fights, who use this a justification for not allowing them in. Participants in this study objected to being discriminated against due to the perceived bad behaviour of their entire community, stating this did not happen for other ethnic or cultural groups:

“The same pub we’re going to, not long ago, we had a Christening. Walked over to the pub after the Christening and we were told we couldn’t go in and the priest told us there was a massive fight down there the night before, all these English people or whatever and I brought it up and said the priest told us there’s a massive fight saying how all the English people...they still wouldn’t let us in, do you know what I mean.”

In this situation, John knew the law and his rights and was able to defuse the situation so that his family were allowed in the pub. Travellers and Gypsies are protected under the 2012 Equality Act, but participants in this study described occasions when they were illegally discriminated against in public places (as in the EVENS survey (Finney et al 2023)). Currently the onus is on the community member to be empowered, to know their rights, and have the confidence and authority to speak up. However, this illegal discrimination needs to be addressed. There is a considerable opportunity for policy change and training within the hospitality industry at all levels from management, bar staff and door staff, to understand the reasons why people behave how they do, for them to have a cultural understanding around life events for Travellers and ways of de-escalating difficult situations without being discriminatory.

Digital Story 4: Ivy's Story (Boater)

"My mum died and that sent me into a bit of a mental health crisis. And then shortly after that, my boyfriend felt that things weren't going that well and he couldn't support me, which led to us arguing quite a bit which again didn't help my mental health. And then I was drinking more and becoming quite reclusive I suppose, internalizing everything. So we split up which didn't help and what I used to do to sort of help myself was I would go out of the house and there was a canal where we lived. I always felt it was quite peaceful on the canal.

And I'd met a few people at sort of festivals that I'd been to and they were always talking about how great it was to live on the canal and I found it really peaceful and it really helped my mental health. Started chatting to some of the boaters and there was this older guy who was just a really nice guy called Davey and I was sort of chatting to him about how the community really looked after each other and it just started to appeal to me really.

And then I ended up getting a little bit of money because of my mum passing away and you know all her affairs and everything got tied up. And I had been getting some sort of counselling and when I talked about the canals the counsellor said, "Sounds like it's a good place for you to be, your demeanour changes when you talk about the canal and being in nature and the people and everything, the kind of rhythm of the life."

So I put the money into buying a boat which Davey sort of helped me with and that really helped because I had something to focus on as well, there was a lot to learn. So then I ended up getting another job in a residential home as being a sort of a carer which also helped focusing on other people and helping them. So then I was feeling a bit more happier and stable and socialising with my new friends on the canal but sort of drinking in a different way that was much more sociable and less you know using it as a crutch I suppose.

So that was brilliant for a while, but then Davey always you know liked to drink like a lot of people do. And unfortunately one night he was coming back from the pub and fallen in the canal and hit his head on something. And his body was found the next day by another one of our friends so that was a real shock because he'd sort of been quite an anchor for me.

And that sort of brought back all of those issues again around sort of loss and being depressed and so like I went downhill again and started drinking more for the wrong reasons and sitting on my boat a lot and isolating myself and kind of just hiding. And if people knocked on the door to see if I was alright and checking on me then it's easy to kind of pretend that you're not there or you're asleep or something and just don't open the door. I wasn't going to work then.

But then you know some of the people from the community that I knew really sort of came after me and said, "Look you know we're concerned, Davey wouldn't want you to be like this." They encouraged me to try and get some more help but this time I found it really harder because I was on the boat and I didn't have a home mooring¹.

When I first moved onto the boat I was not really moving around so much so I did get a few kind of emails from the Canal Trust about moving and obviously I wanted to stay sort of near my job. But the main issue then became that because I wanted to access services again and I had to move around, and I didn't have a permanent address it was pretty impossible to get referred to support services again and I had to move around and I didn't have a permanent address it was pretty impossible to get referred to support services and to be able to get to the meetings. Sometimes it was quite far away from where my boat was because I was starting to move it again with the friends on the canal.

They sort of supported me more really than the services at that point because I just couldn't access those and it kinda brought me out of it again and I've got another job in a residential home which is part-time so it's not too much stress and because of where I'm moving around it has better transport links now so I can get to and from work.

And summer's on its way so I'm feeling much more positive and the drinking I've been doing lately is much more balanced I think and more normal and now the weather's nice, people are drinking outside and it's very sociable so it's all feeling much more... much more positive for the future."



Discussion of Ivy's story:

The themes that emerged most strongly in the development of Ivy's story were Alcohol Use, Alcohol Harm and Access to Services. Ivy talks about her patterns of alcohol use before and after she became (identified as) a boater and it is clear that traumatic life events and poor mental health were precipitating factors for her both before and after becoming a Boater (e.g. the death of her mother, relationship break-up and death of a friend).

"My mum died and that sent me into a bit of a mental health crisis. And then shortly after that, my boyfriend felt that things weren't going that well and he couldn't support me, which led to us arguing quite a bit which again didn't help my mental health.

And then I was drinking more and becoming quite reclusive I suppose"

For Ivy, the boater lifestyle helped her to recover from harmful alcohol consumption, and being in nature and around other boaters was restorative for her.

"Sounds like it's a good place for you to be, your demeanour changes when you talk about the canal and being in nature and the people and everything, the kind of rhythm of the life."

However when, once again, she suffered a traumatic event, in the loss of her friend Davey, the harmful alcohol consumption re-emerged. Being a Liveaboard Boaters was a barrier to receiving help. The lack of a permanent address and being required to move frequently² made it difficult for Ivy to access support for her harmful alcohol use. In this instance the Boater community supported Ivy and intervened, supporting Ivy to recover.

² Liveaboard Boaters have no home mooring and are required by to move every 14 days, and to cruise at least 20 miles in one direction in a year (<https://canalrivertrust.org.uk/refresh/media/library/30231-cc-monitoring-process-flow-2016.pdf>)

“They encouraged me to try and get some more help but this time I found it really harder because I was on the boat and I didn't have a home mooring.”

A barrier to her recovery was also identified as the lack of a job due to poor transport links. Once she found an area that she could move around in with better transport links, she settled in a job and began to feel more positive.

“I've got another job in a residential home which is part-time so it's not too much stress and because of where I'm moving around it has better transport links now so I can get to and from work.”

Finally, she refers to more balanced alcohol use within the Boater community, suggesting there is a distinction in the community between acceptable, sociable and ‘normal’ drinking behaviour versus the harmful drinking behaviour she had experienced in the past.

“I'm feeling much more positive and the drinking I've been doing lately is much more balanced I think and more normal and now the weather's nice, people are drinking outside and it's very sociable so it's all feeling much more... much more positive for the future.”

This reflects the norms around alcohol use in this community but also that there is a definite distinction between alcohol use and alcohol harm in Boaters. In this community recovery can depend more on community support than health and other support services, due to the poor access that results from a nomadic lifestyle. A recent survey showed that 37% of Boaters have been wrongfully refused registration at GP surgeries and dentists, and that if registered, Liveaboard Boaters are, on average, 47 kilometres away from their GP (Worrall et al 2021).

General Discussion

This qualitative research set out to explore alcohol use and harm, and their association with identity and community in Roma, Gypsy, Traveller and Boater communities. A series of semi-structured interviews (phase 1), conducted by members and advocates of each community, revealed a number of important themes. We identified similarities and differences between these groups which offer helpful insights for future policy on alcohol-related support and healthcare. Furthermore, the development of composite digital stories (phase 2) will facilitate insight into the perceptions and needs and will be disseminated to the communities themselves as well as relevant stakeholders, in a meaningful and accessible way.

Identity and community

Interviewees from all four communities showed a strong sense of identity and awareness of the norms for their respective groups. Interestingly, while Gypsies, Roma and Travellers described themselves as *born into* these communities, most Boaters described themselves as *choosing to*

belong to a community of like-minded people. Descriptions of identity focused on culture, heritage, traditions and way of life for the Roma, Gypsy and Traveller communities, with the Roma also referring to language and experience of hardship. There was a sense of being different to other people (e.g. non-Roma or the 'gadze') across all the groups. Conversely, Boaters described close membership of their community, based on friendliness, acceptance and shared enjoyment of an alternative lifestyle when asked about their identity. The differences in this group may stem from their relatively newly formed status (having origins in the Industrial Revolution) compared to the very long history and traditions of the other communities.

A sense of identity is important to explore within and across each of these marginalised groups. Behaviours associated with poor health outcomes, such as heavy and dependent drinking, develop not only in response to major health and other inequalities but as cultural norms (Dion et al 2008). It is important to understand social community norms in order to promote lifestyle in partnership with community members, service providers and other key stakeholders. Despite the need to address lifestyle risk behaviours in disadvantaged groups to reduce alcohol harm, there is little evidence of how to reduce the risks for Gypsies and Travellers (South et al 2021). Below the norms around alcohol use and harm within each group are discussed as perceived by its members and through the lens of identity.

Alcohol Use and Harm:

We found that drinking alcohol at celebrations was part of a strong cultural identity and that social norms influenced drinking behaviours in each community. There was an agreed norm around the positive aspects of alcohol use on such occasions around boosting confidence in and 'having fun'. Having said this, all groups had negative attitudes to drunkenness and thought moderation in using alcohol was important. There was an awareness of the potential negative consequences of alcohol use, for both mental and physical health.

For Gypsies, Roma and Travellers, norms around gendered alcohol use were apparent. Young women's drinking was highly stigmatised whereas it was expected that men would drink regularly. However, it appears that there are now generational changes around this. Everyday drinking was perceived as increasing among Gypsies and Travellers, and women using alcohol when socialising together was seen as more common. 'At home' drinking was also reported as being more common and may reflect the wider UK trend around alcohol consumption at home, during and after the pandemic lockdowns (Jacob et al., 2021). Among older Gypsies there was concern about alcohol use among young people, fuelled by drinks developed to appeal to young people, and accompanied by targeted marketing.

Roma participants described drinking less post-migration as there were more opportunities for them in the UK. Drinking alcohol had been perceived as being driven by unemployment, lack of opportunity and discrimination in Slovakia. In particular, the Roma reported that they were not a visible minority in the UK and so escaped discrimination in public places- this has had a profound and positive impact on their alcohol consumption and wellbeing. Conversely, Gypsies and Travellers reported experiencing overt discrimination when drinking in public places in the UK; this is indicative of the extreme racism experienced by these ethnic groups (WEC 2019; Finney et al 2023). Boaters also reported some degree of discrimination in public places and often described a culture of regular daily drinking, focused around socialising with peers. Often the peer group would change, given the nomadic lifestyle, but a strong sense of belonging to the Boater community was perceived and

'towpath drinking' was an important part of this. Thus, the identity and social norms described by each group was reflected in their perceptions of alcohol use and harm, and in turn behaviours around drinking alcohol. In a similar way, this also shaped the beliefs and behaviours around help seeking.

Help seeking:

All groups reported being willing to support members of their community who may need help but there were differences around alcohol use. In Gypsy, Roma and Traveller communities, it was felt that those dependent on alcohol feel too much shame to reach out even to their own community. Among Gypsies and Travellers there was also a sense of negative judgments being made, with community members who were dependent on alcohol being perceived as 'weak'. All groups reported experiencing barriers to seeking external help for dependent drinking outside of their communities. For Boaters this was primarily an issue arising from being nomadic and not having a fixed address, which made registering with a GP and accessing treatment very difficult. Nomadism was increased by the requirement for Liveaboard Boaters- who do not have a home mooring- to move frequently, with only two weeks in each stopping place (Canal and River Trust 2012).

Limitations

This research is the first study to investigate the drinking behaviours of these ethnic and cultural groups, who share a tradition of nomadism. Limitations are:

While a diverse sample was achieved overall, numbers of young people (aged 16-24 years) were less than other groups and there was no Gypsy participant of this age.

Lack of an Irish Traveller peer researcher contributed to a smaller sample size for this group.

We were not able to recruit any male peer researchers which may have resulted in larger numbers of women coming forward for interview; however, the overall target sample for men was reached. Gypsy and Traveller participants were in line with the 2011 ONS census in terms of educational qualifications, caring roles and employment.

Roma participants had more educational qualifications than average, but it is important to remember that the term 'Roma' describes a heterogenous group of people of different nationalities and experiences of migration.

Recommendations

In recognition of the high health needs of ethnic and cultural Travellers, the main recommendation from the findings of this research is to improve access to health services, particularly in terms of self-referral to substance misuse support. There was a dearth of knowledge of the ability to self-refer.

In view of the barriers to access of primary care, Roma, Gypsy, Traveller and Boater communities could be included as targeted groups for whom GPs are rewarded financially to provide services.

Future Research Directions

There is a need for further research with larger, more representative samples in order to add to our understanding of alcohol use and harm across all members of these communities.

There is evidence that in the general population young people's drinking is an area of change so it would be useful to conduct further research in this group within these high need communities.

In view of the trend for increased drinking among women in the general population, and that this is reflected in the communities studied here, research is needed into health promotion and the provision of accessible treatment services.

Conclusions

A sense of identity in Roma, Gypsy, Traveller and Boater communities is strong and pervasive. The social norms associated with this sense of identity are well understood and influence attitudes and behaviours around alcohol use, alcohol harm and help seeking. Gypsies, Travellers and Roma are likely to be disproportionately affected by alcohol harm due to socio-economic disadvantage, gendered attitudes to drinking, predisposition to shame for health problems and discrimination. For Boaters, barriers to GP registration need to be addressed. Targeted health promotion and accessible alcohol treatment services are required for all of these groups and these need to be culturally sensitive, and carried out in consultation with each community, in order for them to overcome obstacles to service use.

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Appendix: Table 1 (below):
Demographic details of participants (n=26)

Ethnic or cultural group	Sex	Age	Type of housing	Highest educational qualification	Employment	Carer for child and/or adult
Boater (n=8)	Female: 4 Male: 4	16-24 years: 2 25-49 years: 4 50+: 2	Boat: 8	Degree: 3 NVQ: 3 Professional qualification: 1 Apprenticeship: 1	Employed: 6 Volunteer: 1 Retired: 1	Carer for child: 0 Carer for adult: 2
Roma (Slovakian) (n=7)	Female: 5 Male: 2	16-24 years: 1 25-49 years: 4 50+: 2	House or Flat: 7	Certificate of Higher Education: 1 NVQ: 1 Apprenticeship: 4 No qualifications: 1	Employed: 2 Student: 1 Retired: 2 Unemployed: 2	Carer for child: 3 Carer for adult: 0

Gypsy (n=7)	Female: 6 Male: 1	16-24 years: 0 25-49 years: 4 50+: 3	Caravan: 6 House or Flat: 1	Certificate of Higher Education: 1 NVQ: 1 Apprenticeship: 1 No qualifications: 3 Not known: 1	Employed: 2 Full time parent: 2 Retired: 1 Unemployed: 2	Carer for child: 4 Carer for adult: 2
Irish Traveller (n=4)	Female: 2 Male: 2	16-24 years: 1 25-49 years: 2 50+: 1	Caravan: 3 House or Flat: 1	Degree: 1 No qualifications: 3	Full time parent: 1 Student: 1 Unemployed: 2	Carer for child: 1 Carer for adult: 1

Total (n=26)	Female: 17 (65%)	16-24 years: 4 (15%)	Caravan: 9 (35%)	Degree: 4 (15%)	Employed: 10 (38%)	Carer for child: 8 (30%)
	Male: 9 (35%)	25-49 years: 13 (50%)	House or Flat: 9 (35%)	NVQ: 5 (19%)	Volunteer: 1 (4%)	Carer for adult: 5 (19%)
		50+: 9 (35%)	Boat: 8 (30%)	Professional qualification: 1 (4%)	Full time parent: 3 (12%)	
				Apprenticeship: 6 (23%)	Student: 2 (8%)	
				No qualifications: 7 (27%)	Retired: 4 (15%)	
				Not known: 1 (4%)	Unemployed: 6 (23%)	