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Exploring the Role of the Traveller Family in Supporting Travellers Experiencing Addiction

Edward Murphy

CARL Research Project



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Date completed:	October 2014

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- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
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NATIONAL UNIVERSITY OF IRELAND

UNIVERSITY COLLEGE CORK

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Exploring the Role of the Traveller Family in Supporting Travellers Experiencing Addiction

Thesis presented by

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Thesis submitted in partial fulfilment of the requirements for the Degree of Masters in Public Health

October 2014

Declaration

I Edward Murphy declare that this project is my own work and has not been submitted in any form for another certificate, diploma or degree at any university or other institute of tertiary education.

Information derived from any published and unpublished work of others has been acknowledged in the text and a full list of references is provided.

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Abstract

Background: In recent years, Health Research Board data indicates a significant increase in substance abuse within the Irish Traveller Community. There is a new challenge for national and regional drug and alcohol services providers to keep up to date with the cultural dynamics of drug and alcohol abuse within ethnic minorities such as the Irish Traveller community, who are at a high risk for problematic substance use as a result of the compromising social factors they experience throughout their lives (1). In order to provide positive, integrated and improved service provision for Travellers, it is important to uncover the needs and feelings of Travellers and their families, their experiences with drug and alcohol misuse, awareness of services and the possible discrimination and lack of support they may experience in their lives.

Study Aim: To gain a better sense of the understanding of addiction within the Traveller Community, particularly in how it impacts on the family and what methods work best in helping drug and alcohol users and Travelling families to engage with drug and alcohol services.

Study Design: This is a qualitative study in which members of the Traveller Community participated in structured, open-ended one-to-one interviews or a focus group. Data was analysed using a thematic framework analysis.

Setting: This study took place in the Traveller Visibility Group (TVG) in Cork City and also in study participants' homes around the Cork City area.

Study Population: A total of ten members of the Traveller Community who had experience of the TVG Drug and Alcohol service or another drug and alcohol service took part in the study.

Results: The study demonstrated that there can be a casual attitude to misuse of alcohol within the Traveller Community. Attitudes to drugs are more contravening but there is increasing drug use within the community. It was observed that a persons' family can greatly affect whether they have a positive or negative experience in addiction recovery. Substance abuse has an overwhelming effect on the family unit with many Travelling families reporting common shared experiences such as financial hardship, violence, premature deaths and suicide and involvement with the criminal justice system. The research found that Traveller engagement with drug and alcohol services is poor due to cultural differences, time restrictions and a level of shame that exists within the community

around accessing drug and alcohol services. Participants valued cultural awareness, flexibility and choice when discussing mainstream drug and alcohol service use.

Conclusion: Travellers who are attempting to access drug and alcohol services are often experiencing hardships on a multidimensional level and often will not have faith in mainstream services. It is important for drug and alcohol services to be culturally aware, open to suggestions from service users and flexible around where and when they can meet with service users.

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Chapter 1 – Introduction

1.1 Background:

This project was undertaken as part of the Community-Academic Research Links initiative (CARL). CARL is located at University College Cork (UCC) and invites non-profit voluntary or community organisations to suggest potential research topics that can be pursued by students on their behalf across a wide range of academic disciplines in UCC. A research topic in the area of Travellers and addiction was advertised on the CARL website by the Traveller Visibility Group (TVG) in January 2014. The TVG is a Traveller-led, Cork based organisation which was established by Travellers in 1992. 'The TVG brings Travellers and settled people together in solidarity to promote Social Justice and Human Rights for Travellers' (2). For the purpose of this project the TVG Drug and Alcohol Project Committee wanted to gain a better sense of the understanding of addiction within the Traveller Community and what they think are the contributing factors to addiction. The Committee was interested in finding out the impact of drug and/or alcohol use on the user and the wider family within the Traveller Community.

Following correspondence with Health Promotion Pathway Coordinator Dr. Janas Harrington, I applied to CARL to undertake this project and met with Dr. Anna Kingston (CARL Coordinator) to discuss the process. Mary Cronin was appointed as my supervisor and we subsequently met with Dr. Kingston and Ann Jordan, the TVG Drug and Alcohol Project worker in order to decide on some goals, aims and objectives. A three-way research agreement was signed between the student, the TVG and CARL .

1.2 Study Context and Theoretical Framework:

Irish Travellers are an indigenous ethnic minority. The Traveller community in Ireland in 2010 was estimated to be just over 36,000 (3). They represent about 0.8% of the population and have a distinctive culture including customs, value system and tradition (for example nomadism) that distinguishes them from the settled population (4). In addition to this, Travellers also experience a 'significantly poorer quality healthcare experience' (5) than the general population when accessing healthcare services. There is a high rate of mental health illness and suicide within the community with suicide the cause of 11% of all Traveller deaths (6). Travellers are not recognised as an ethnic minority by the Irish Government and have been the recipients of heavy lifestyle restrictions in recent times.

Traditional Traveller practices such as nomadism 'continues to be perceived as a problem rather than as a valued tradition and way of life'(7).

Abuse of alcohol is not a new phenomenon within the Traveller Community but it is only in recent times that Travellers are beginning to present to services with drug-related issues (8). Between 2007 and 2010, out of the total number of people that presented for treatment for problematic substance use, 1.6% (n=1098) identified themselves as Travellers (9). The TVG has expressed concern at the low levels of Traveller engagement with mainstream drug and alcohol services. This is true for both substance users and their families. Many substance abusers are regularly in contact with family members (10),therefore it is often the family who are the catalyst for change and reform around somebody's substance abuse issues.

To date, the experience of the TVG is that the majority of Traveller families tend to want a "quick fix" solution when they hand a drug/alcohol user over to a service and are not inclined to get involved in any part of the treatment plan or the support of aftercare that is necessary following treatment. The project feels that if the family are part of the treatment plan for the user that the outcomes for the user's recovery plan will be far more successful. The project would like to know how best to engage with families of users and how best to get the message across that the outcomes are far better for the user if they have the backing and support of their family.

1.3 Study Aim:

The aim of this study is to get a better sense of the understanding of addiction within the Traveller Community, particularly in how it impacts on the family and what methods work best in helping drug and alcohol users and Travelling families to engage with drug and alcohol services.

1.4 Study Objectives:

- To determine the impact of addiction on Traveller families.
- To establish the family members expectations of the service that the drug project provides.
- To understand how family members view their role in terms of supporting the person who has entered the service.

- To explore how the TVG Drugs and Alcohol Project can ensure that enough support is provided from the family for the service user.
- To identify some possible recommendations for the Support Project in regard to what interventions may work best with Traveller families in looking towards the future.

Chapter 2 – Literature Review

2.1 Objectives of the literature review

The objective of this literature review is to assess the extent of drug and alcohol use within the Traveller Community to date, explore why there may be high levels of substance abuse, and also to explore what types of interventions work best with minority groups such as the Traveller Community. This literature is comprised of peer reviewed journal articles and publications from agencies that work with Travellers such as Pavee Point.

2.2 Search Strategy

The search strategy for the literature review consisted of an electronic search of peer reviewed literature, a review of grey literature and a review of literature gathered through guidance from personal contacts that were consulted during the process of researching and designing the study. Electronic databases were searched and included literature from PUBMED and EBSCO. Searches were also carried out in Google Scholar. The search terms used were Irish Travellers, Traveller community, Travellers addiction, Travellers alcohol, Travellers drugs, family support recovery, family support alcohol, family support drugs, family support addiction. In selecting papers for inclusion in the review, preference was given to peer-reviewed journal articles.

2.3 Literature Review

The Traveller community as an ethnic minority group experience many risk factors identified for problematic substance use. The risk factors for the development of problematic substance use are well documented and can be 'categorised as interrelated problems in each of nine areas: education, health, employment, accommodation, previous and current drug use, criminal justice, family, social networks, and the environment (in terms of social deprivation, community disorganisation, and neighbourhood disorganisation)' (1). These risk factors have resulted in increasing levels of alcohol and drug abuse, particularly among young Travellers. A lack of awareness about and difficulties engaging with addiction treatment protocols (which include family support programmes) means the Traveller community is vulnerable to persistent problematic substance use

which can have a detrimental effect on the family unit. Addiction is a family disease and can have significant impacts on life in the home as alcohol and drugs cause harm not only to the user, but also to others. In Ireland, 'the burden of alcohol related harm is often experienced by those around the drinker, be they family member, friend, co-worker or innocent bystander' (11). Within the Traveller Community, the likelihood that this person/people will be a family member(s) is extremely high. It has been reported that there appears to be a certain level of acceptance of alcohol abuse and not drug use, as if excessive alcohol use is part of 'normal' Traveller culture. In particular, 'alcohol abuse among Traveller men is increasingly common' (12).

According to Carew et al (2013) the number of Traveller cases accessing addiction services increased by 163% between 2007 and 2010 with alcohol and opiates being the most common problem substances reported. It was also observed that Traveller women reported high rates of problem opiate use and risky injecting behaviours, contrary to the perception that problem substance use is a predominantly male issue (9). The evidence suggests that the numbers of Travellers accessing treatment services is greater than that recorded as on fist entry to treatment as some Travellers may be reluctant to disclose their ethnicity. The evidence also implies that a large proportion of Travellers with problem substance use do not present for treatment or use addiction services at all. Cultural factors may contribute to a reluctance to seek help or to identify as a member of the Traveller community on entry to a treatment service. Some of the cultural reasons that have been identified are a strong reluctance to bring shame on the family and also a desire to maintain the family unit (13).

A needs analysis was carried out in 2009 by Van Hout (8) which aimed to uncover the needs and feelings of Travellers around experiences of community and addiction services in order to identify gaps in services, guide resources and give recommendations for improved service provision. One of the gaps suggested in the needs analysis was that the families of Travellers experiencing addiction are not involved in the treatment process, which can have a negative impact on outcomes for the service user. The closeness of Traveller family bonds within halting sites or sheltered housing, while traditionally offering resilience to drug use, can also have the potential to escalate substance abuse within the close proximity of parental, sibling, or wider family network influences. Furthermore, the presence of strong family networks with traditional anti-drug norms and values can act as a protective mechanism (14). The risk factors for problematic substance use related to the family are

based around parental and sibling drug and alcohol use, family crisis and disruption, marital breakdown and violence within the home. Family crisis and indeed domestic violence, are worsened by the impact of substance and alcohol abuse on parents, relatives or siblings. Family influence and also the close presence of extended family within the Traveller community suggests that drug and alcohol use within the family may not be secretive, and can also result in shared drug using activities. However, the opposite can also be true where the closeness, love and support of the Traveller family with anti-drug attitudes may act as a protective factor from drug initiation and problematic drug use (15).

Travellers that do access health services have been seen to describe a consistently poorer quality health care experience than the settled population (5). Therefore, Travellers often do not continue with treatment or attend a service. There have been instances described by drug and alcohol agency workers where there has been home detoxification without medical support and other attempts to deal with the problem within the Traveller family (8). It has also been identified that there is a need for Traveller trained addiction counsellors in order to engage with and support those Travellers experiencing addiction and their families. Dedicated Traveller outreach with a specific remit for drug and alcohol use has been cited as being an essential step in forwarding drug and alcohol services for Travellers and their families (12).

In modern addiction treatment programmes, the Minnesota model (also known as the abstinence model) is the most commonly practiced with people who are deemed to have a chronic chemical (drugs or alcohol) dependency. This approach to addiction treatment was developed in the 1950s and was first seen in use by a small not-for-profit organisation called the Hazelden Foundation. For this reason it is now more commonly known as the Hazelden Model of treatment. The key element to this new approach to treatment as the blending of professional and nonprofessional (recovering) staff around the principles of Alcoholics Anonymous (16). The new models of addiction treatment (such as Hazelden) strongly recognise the role that the family has to play in helping someone to make a successful recovery from an addiction. Recent research has shown that 60 to 80% of substance abusers have daily contact with family members (10). For this reason, family members can be powerful motivators and facilitators of change. The Minnesota model was perhaps the first model to recognise this with a key element of the model being the dedication of family involvement and also an emphasis on patient and family education (16).

In communities such as the Irish Traveller Community, engagement of the family unit may be the difference between success and failure with regard to an individuals' experience of a treatment programme. Family participation may even prove to be the difference between somebody accessing a treatment service or not in the first instance, such is the shame and stigma that can surround such an event for a Travelling person. The ARISE method (A Relational Intervention Sequence for Engagement) was developed for people who experience this sort of problem in communicating with services. It basically is a method designed to use the motivation of family members to get a resistant individual with a substance abuse problem started in treatment (17). It draws on the connectedness, interest and commitment of concerned other members of the extended family and support system to motivate the substance abuser to enter treatment. The ARISE interventionist collaborates or 'partners' with extended families and networks to have them act as motivational enhancers to get reluctant substance abusers into treatment (10). The ARISE method does seem to be effective as one study reported success at helping concerned others to get their resistant loved ones of friends into treatment or self-help groups in 83% of cases (n=109) (18).

Assuming the role of a 'concerned other' in order to support someone experiencing can be stressful in its own right. It is therefore important that concerned others and family members are able to support themselves in order to carry out this role. In the literature reviewed there is no evidence to suggest that Travelling families experiencing addiction engage with the classical addiction self-help/support groups such as Al-Anon (for alcohol problems) and Nar-Anon (specifically for narcotic abuse). However, it has been suggested that the stress-strain-coping-support model (SSCS) can work particularly well for families from minority communities. In this model, it is assumed that difficult though the coping task is, family members and concerned others need not be powerless in maintaining their own health and helping their relatives. It draws on good quality social support, in the form of emotional support, good information and material help. The 5-Step Method has evolved from SCCS and can be seen as a 'way of increasing the positive social support available from professional sources' (19). This can be particularly valuable when working with a group such as the Traveller Community who may not be likely to engage particularly well with mainstream services. It is suggested in the literature that the 5-Step Method offers a 'flexible response that can be delivered to family members affected by addiction problems by a range of helpers and in a range of settings and health systems' (20). This is very important when working with minorities such as the Traveller Community.

Chapter 3 – Methodology

3.1 Study Design:

This is a qualitative study in which 10 participants were recruited through the TVG Drug and Alcohol Project to take part in either face to face interview with the researcher or a focus group.

3.2 Setting:

Data collection took place at the TVG, Lower John St, Cork City and in participants' homes in the Cork City area.

3.3 Study Population:

In order to be included as a participant in this study, a person had to be a member of the Traveller Community and also had to have engaged, or had a family member who had engaged with the Drug and Alcohol Project at the TVG or another drug/alcohol service.

3.4 Definitions:

For the purpose of this study the WHO definition of substance abuse was used to clarify what is meant by harmful substance use. 'Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state' (21). In this study the terms substance abuse and addiction are used interchangeably.

3.5 Data Collection/Participant Recruitment:

Data collection took place over a 2 month period in July and August 2014. Ann Jordan, the TVG Drug and Alcohol Project worker acted as a gatekeeper between the researcher and study participants. All of the participants for this study were recruited by Ann as she knew each participant individually and had an insight into their family history with addiction. The interviews lasted for anywhere between 25 minutes to 75 minutes. Data was collected using an open ended qualitative interview topic guide (Appendix 3) and also an open ended focus group topic guide (Appendix 4). The data was recorded using a digital audio recording device.

3.6 Data Analysis:

The data was analysed using a thematic framework analysis. 'Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes the data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic' (22). Data analysis took place in six steps:

1. The verbal data was transcribed word for word.
2. Initial codes were generated.
3. Common themes were identified from the coding.
4. The themes were reviewed and more clearly focused.
5. Themes were clearly defined and named.
6. Results were produced based on the themes identified (23).

3.7 Confidentiality:

Each participant was given a unique ID so as to keep their identity hidden. Interview participants are identified as P1-P7 and focus group participants are identifies as FP1-FP3. Names of family members and any other details that could make it possible to identify a participant or a family member have been omitted. Data that was collected by the researcher was stored in a locked filing cabinet. Electronic data was password protected and was only accessible by the named researchers.

3.8 Ethical Considerations:

An application to carry out this study was sent to the Clinical Research Ethics Committee (CREC) on the 18th March 2014. A letter of application (Appendix 1) was sent to the CREC along with a research proposal (Appendix 2), interview topic guide (Appendix 3), focus group topic guide (Appendix 4), participant information sheet (Appendix 5) and consent form (Appendix 6). Ethical approval was granted on 4th April 2014 (Appendix 8). As this is a study in addiction, due to its very nature, some of the content may be challenging or upsetting for participants. For this reason professional support was put in place for participants by the TVG to deal with any immediate concerns that a participant may have should the need arise.

3.9 Study Strengths and Limitations:

This study has a number of positive features. There was great input from a number of reputable sources. The TVG offered a great deal of knowledge and provided tools for cultural awareness development for the researcher though agency and site visits. Also the ease of access to study participants that was provided by the TVG made the study logistically easier to carry out. Input from the TVG Drug and Alcohol Steering Committee and organisations such as Pavee Point and Daish complimented the researchers understanding of the issues at hand and contributed greatly to guiding the questions for the interviews and focus group.

This study also has some limitations. Time restrictions were a big factor in recruiting participants to take part. Ideally it was hoped that there would be ten individual interviews but this was not possible given the short space of time allocated to conduct the study. The majority of participants (nine out of ten) were female which introduces a gender bias. This is quite typical of the Traveller Community but it possibly would have given the study more insight if there were more points of view expressed by Traveller men in the data.

Also, the research had to be conducted in a spontaneous and sporadic manner given the idiosyncrasies of the community it was being carried out in. This was not ideal as there were often cancellations and indefinite postponements. Furthermore, the content of the data that was collected was challenging, both for the study participants to divulge and for the researcher to record and analyse.

Chapter 4 – Results

For the purpose of this chapter, the study results are discussed in four main groups; attitudes and influences, consequences for families, barriers to using mainstream services and what people value in services. Themes that were identified during the analysis phase are examined more closely within each group.

4.1 Attitudes and Influences:

The data demonstrated that attitudes to alcohol and drug use within the Traveller Community are a contributing factor to substance abuse, as are both the internal influence of the family and external influence of the wider Traveller Community.

4.1.1 Attitudes to Alcohol:

From the data it appears as if heavy alcohol use is accepted as being a social norm in the Irish Traveller Community. Alcohol does not seem to be thought of as a drug due to its social acceptability. The word 'alcoholic' does not seem to be to the forefront of people's everyday vocabulary within the community. Instead, people are referred to as being '*on the dink heavy*' or '*fond of the drink'*.

P1*: The word alcohol is used very softly. It's not used as a drug, they don't think of it as a drug.*

Social gatherings are described as revolving around the consumption of alcohol and non-drinkers are seen as being alien. It is evident that social exclusion within the community is a very distinct possibility for somebody who does not drink alcohol or is trying to abstain from consuming alcohol.

FP3: *Oh you will drink with such and such and you won't drink with us get up to the bar and get yourself a pint do you know?*

A number of participants discussed what seems to be a new cultural phenomenon where young Travellers drink alcohol purchased in off licences – this would not have been the way things were done in the past where most socialising would have been done in the pub where possible.

P6: *Long ago young boys used never drink…now they're all drinking. They have all these cans, they don't go to the pubs anymore because the drink is so cheap to get.*

This way of drinking has been cited as being particularly harmful due to the ease of access and affordability of it. It is also viewed as one of the major contributing factors as to why members of the Traveller Community are beginning to drink alcohol at a much younger age than previously. Furthermore, the relatively new phenomenon of Travellers living more closely with settled people and the restrictions placed on a more traditional nomadic lifestyle is also mentioned as a reason why alcohol consumption is on the increase. Families no longer have as much choice in where they rear their children and can often have little influence over the environments that they grow up in.

P2: *Living up in(X location), bad environment, we were walking out into it. I'm not saying no one put drink in their mouth but it started from there up, you know?*

It is also evident within the data that young Travellers being given permission by their parents and families to consume alcohol is becoming common practice. It was mentioned that children as young as ten may be allowed to drink alcoholic beverages like alcopops in order to '*keep them happy*'. It seems that the reasoning behind this is that alcohol is seen as one of the less harmful substances and that it is ok for children to be drinking if it prevents them from engaging in less desirable behaviour such as drug taking.

P7: *Even children as young as 10 and younger would have an alcopop…there is a real cultural mind-set towards drink and sure he could be doing worse…*

The social stigma often placed upon Travellers has limited the way in which they socialise. This in itself lends to excessive drinking when the community goes out to socialise. In this way too there seems be a sort of admiration amongst peers within the community to be able to drink excessively. In a way, a high tolerance for alcohol can make somebody seem like an outstanding member of the community.

P7: *You drink as much as you can as quickly as you can because you are getting put out (of the pub), and that's the mind-set people are in… it's a huge thing to be able to say well I drank twenty bottles.*

There is a clear distinction in the Traveller Community between alcohol and other drugs. Alcohol is definitely viewed as being less harmful and its use is not questioned perhaps due

to its social acceptance. Alcohol abuse may not be viewed as a harmful addiction within the community. Instead it is accepted as the '*done thing*' and a quite normal behaviour.

FP1: *I think there is a real difference between drink and drugs. Drink is almost accepted…it's not an addiction, it's a normal thing.*

4.1.2 Attitudes to Drugs:

The literature has shown that drug use, other than alcohol use, is a relatively new phenomenon within the Traveller Community. As discussed above, alcohol is not thought of as a drug and is very much viewed as being the lesser of two evils. Drugs are seen as being a much more dangerous and frightening part of substance use – '*the ultimate fear*' (P7).

In the past, illicit drugs would never have been socially acceptable but perhaps they are becoming more accessible in social situations where they would never have previously been seen.

P7: *It's quite common to be offered a tablet at a time of a funeral or to be offered cocaine at the time of a wedding do you know, quite common.*

Access to modern popular culture was pointed out as being one of the reasons why this is happening as Travellers are becoming more exposed to drugs at a younger age. Children are highly influenced by what they see on television or by the music that they hear on the radio.

P7: *Younger children are so exposed to MTV and all the television stuff that they nearly know more about the different types of drugs and the various different things.*

According to the data, there is a difference of opinions within the community about what taking drugs in a harmful way might constitute. For one participant who had a family member die due to an accidental prescribed drug interaction, there was no evidence to suggest that she viewed the use of prescription drugs as addictive or harmful behaviour. There is also a clear differentiation between prescribed drugs and illegal drugs and it is evident that some members of the community view prescribed drug use as being acceptable.

P2: *He wasn't into drugs… not heavy drugs, not heroin or not anything like that, just prescribed drugs.*

While this attitude was evident, the opposite was also the case where prescribed drugs were recognised as being a real problem.

P6: *Like my mother now…she have to have the painkillers, it's like addiction.*

Prescription drug abuse is a relatively new phenomenon in the Traveller Community but concern was expressed that it is growing rapidly and is becoming somewhat of a hidden epidemic. The attitude exists that because a drug was prescribed by a doctor, then it is acceptable to take it and continue to take it, perhaps even after it may no longer be needed anymore. One participant voiced concern for Traveller women who have become dependent on prescription drugs.

P7: *There is a big shift now in the Traveller Community with women taking prescription drugs…people have just become addicted for sheer want of something to do and for sheer lack of purpose.*

For one participant there was no distinction between drugs that may be considered 'harmless' or 'heavy'. The drug in question was cannabis, one that would be widely viewed by many communities as being particularly mild. For this participant, her family member's cannabis use was having a detrimental effect on her

P4: *It* (drug X) *was his breakfast, his dinner, his supper…it was everything to him…I found it very, very hard.*

There is evidence in the data to suggest that some members of the Traveller Community are very aware that problematic drug use is not normal. It may be the case that this is more easily recognised by family members rather than the individuals who are using substances.

P5: *X is a drug addict without admitting it.*

The data also demonstrates that serious drug addiction often begins when somebody is sent to prison. It was expressed that the availability of drugs in prison may in fact be easier than it is on the outside in the wider community.

P5: *I found that he got the drugs easier in prison than what he did outside…they were available to him like.*

It was also raised in the data that prisons are possibly centres where Travellers who have a history of alcohol abuse are introduced to prescription drugs in order to ease alcohol

withdrawal symptoms but end up becoming dependant on the medication when they are released back into the community.

P7: *When they go into prisons they are getting introduced to Librium and other types of drugs to help them with their withdrawals sure they just as addictive and they become more addicted to them kind of drugs.*

4.1.3 Influence of Family / Family Environments:

According to the study participants, it appears to be commonplace that heavy alcohol use is often the norm within the family home. Children grow up around alcohol abuse and it is highly likely that this behaviour is emulated in later years. There is a growing fear that young Travellers view heavy alcohol use as '*being a way of life'* (P7).

FP2: *You've grown up believing it's* (drinking) *an acceptable part of who you are.*

It came to light over the course of the interviews and the focus group that males, in particular the father, have a great influence over the family unit.

FP2: *In my family everyone drank like that and there was nobody that didn't… the men, they all drank like that.*

P6: *I still experience it with my husband and I think that's where my sons follows their father …for the drink.*

It was suggested in the focus group that the wider Traveller community also exerts influence on families experiencing addiction, often removing the ownership from the person who is actively abusing alcohol or drugs. Community sympathy can often lie with the person experiencing addiction and the family are constantly expected to assume a supportive role, regardless of what their experience of the situation may be.

FP1: *The weight of sympathy is always on the addicted. You know, that's their cross they have to carry so you always have to support them. You always have to have sympathy for them you know and you are not allowed to have you own anger around it.*

While the data gives examples of families doing their best to be a supportive unit for a person seeking help for an addiction, it was also pointed out that the family can in fact be part of the root of somebody's addiction and can actually be a contributing factor to somebody who is in recovery having a relapse, for example;

FP3: *The mother and all the other brothers are drinking and smoking hash and you have one son gone off for treatment for drink and smoking hash and they are coming into the house drunk…You can't have someone coming out of treatment and they're clean and then one of them are offering them drink and drugs.*

4.2 Consequences for Families:

The consequences for Travelling families with a family member experiencing some form of addiction or substance abuse seem to be common from family to family with all families experiencing at least some of the consequences that will be discussed below. Many difficulties for the modern Traveller family seem to have some foothold in substance abuse issues, some of which have directly or indirectly led to legal difficulties for families.

4.2.1 Financial Stress:

Financial worries came up in a number of the interviews as a consequence of a family members' substance abuse. It was shown that sometimes children would go to bed hungry or that there might be no money to provide basic items to maintain a household and a family.

P6: *We often went to bed hungry cos we usent have no food.*

One participant spoke about the financial strain addiction was putting on her household due to a family members gambling. This strain was so much that outside help needed to be sought in the form of charity.

P4: *I was just getting on to the Vincent De Paul to ask them for help for he was gambling our money.*

Another participant spoke of the financial consequences that would often occur around the festive season when it would be normal for a family member to 'break out' and go on an alcohol binge in the lead up to the Christmas period meaning that there would generally not be enough money to spend on the family.

P7: *Coming up to Christmas, whatever few pounds he'd have he'd blow so there would be nothing in the house for Christmas.*

4.2.2 Violence:

The data clearly demonstrates that families can experience violence due to somebody's drug or alcohol use. Sometimes the violence stems from somebody returning home having consumed too much alcohol. The data shows that violence can stem from something very small;

P6: *If he'd no food or fags he'd go hitting my mother*

or it can be as a result of somebody getting into an alcohol fuelled argument;

p6: *We went to the pub one night, we got into an argument and he crucified me, an awful beating…*

Violence also occurs as a result of drug use. One participant spoke about a family member's paranoia and irritation when using drugs that sometimes resulted in physical violence.

P4: *There was a time when there was violence where he hit me and things like that as well.*

In some cases the violence is not actually physical but takes place in the form of threats and the presence of violent items such as knives or guns. This can be equally as harrowing for families as one participant described;

P5: *He'd got threatening us that he would cut our throat…he actually had a gun at one time, a hand gun and threatened us in the house with it without he ever knowing he had it.*

It is also the case that families lose a member to the prison system due to the occurrence of violent events while under the influence of alcohol or drugs.

P5: *He got X (number) years in prison for a serious assault…he was after taking drink and potcheen and a load of tablets.*

4.2.3 Families Experiences of Loss and Division:

One of the most striking consequences for the families of Travellers experiencing addiction evident in the data was that young children are often left without a parent(s) due to loss through premature death or imprisonment. There is also the phenomenon of parents not taking ownership of responsibility for their children as they feel that they are not able to care for them. Sometimes it is the case that children can grow up unaware that they are siblings.

P1*: These 2 kids are best friends and he couldn't tell either of them that they were brother and sister.*

Families also miss out on spending time with young children as they may not have access to them due to them being fostered/in care.

Addiction also causes divide and loss of communication within family units. This can be very difficult on families that historically and culturally are very close-knit units.

P1: *My brothers don't talk. My sister barely talks to him…my mother and me are the only people who talk to X within our family.*

Addiction and substance abuse is a source of extreme stress and worry for the families that are experiencing it. The level of anxiety that stems from being concerned for a person in addiction was very evident from the interviews. Participants described how addiction '*tears the family apart'* (P1) and made concerned relatives feel like '*tearing the house down at times*' (P2).

4.2.4 Premature Deaths and Suicide:

During the course of the interviews, it became evident that premature death due to alcohol and/or drug abuse and suicide (possibly influenced by substance abuse) is not an uncommon experience for Traveller families. In total there were nine premature deaths reported within the families of participants who were interviewed. Four of these deaths were reported to have been by suicide with a further two suicide attempts mentioned. Drug and alcohol use was reported to have contributed to all of these premature deaths.

P2: *I had a few with addictions, one of them died…it was alcohol and prescribed drugs.*

P3: *They died in their sleep. They were taking drink and drugs.*

The suicide attempts that were reported also demonstrated a direct link with substance abuse;

P4: *My child died from suicide, he/she had drink taken at the time…and then my other child, he/she died. He/she also had drink taken….*

P7: *Another family member is drinking and still is drinking very, very heavy and tried to commit suicide.*

The reality of high levels of suicide within the Traveller Community is one reason why family members are reluctant to try to encourage a loved one to seek help for an addiction. This will be discussed in more detail later in the chapter.

4.2.5 Involvement with the Criminal Justice System:

The data demonstrates that interaction with the criminal justice system is a regular occurrence for Traveller families who are experiencing problems with addiction. In total, among ten participants, three reported having immediate family members who had spent time in prison, four of whom are currently serving custodial sentences at the time of writing. All of these concerned family members have had direct experience of attending court and visiting a loved one in prison.

P2: *My eldest child done a lot of time…X, his/her first sentence was at 17.*

The data also demonstrates that having a family member removed from the family unit by the prison system is a deeply unsettling and upsetting experience. It was evident from the data that families feel that it is their responsibility to support a love one who has been imprisoned.

P4: *Every single week he was in X prison, every single week without fail I went to see him.*

P5: *Every day X was in prison I was in prison with him because my heart was broke because he was my only child.*

In some cases, a direct link was established between a person's drug or alcohol use and subsequent imprisonment;

P2: *He wouldn't be in prison half his time if he didn't take drugs or tablets…it's the tablets gets him into prison.*

P5: *When he committed the assault he didn't even remember doing it at the time but he suffered the consequences.*

The data also suggests (in one case) that a longer custodial sentence for a repeat offender may actually be helpful in bring someone around to fully giving themselves to recovery for their addiction;

P2: *I think X is getting it this time because they said, "If I got this long sentence when I was younger, I'd be a cleverer person today and I'd have my kids".*

4.2.6 Involvement with the Child Care System:

Following on from interaction with the criminal justice system, it is also seems quite routine for families to interact with social services and the child care system in order to be granted custody of children whose parents are either currently incarcerated, or deceased. This can be a cause of great stress and worry for the family members who have to go through it;

P2: *They made a phone call to me one day (the social) to say that we want to talk with you…we are going to take [the child] into care…they took [the child] through the courts.*

The event of losing access to a child is particularly distressing for a family due to a traditional strong sense of family within the Traveller Community. One participant expressed her exasperation and concern for a child who was taken from her care through the court system and placed with a foster parent;

P2: *They took the child away from the family, the only family the child has has, and they put (the child) into foster care. Do you think that's right? I don't. I think its cruelty.*

While the court experience can be daunting enough for people, the magnitude of difficulty is multiplied when a person cannot read or write, which is sometimes the case in the Traveller Community. For this reason, services that provide aid for Travellers who are attending court is essential for some families;

P2: *I was only on my own going into the courts. She* (TVG Worker) *used to come, because I can't read myself so she used to write down everything.*

4.3 Barriers to using Mainstream Services:

The data demonstrates a variety of barriers to Travellers accessing mainstream addiction services, both for the addicted person themselves and also for their families.

4.3.1 Barriers for Travellers with Addiction:

Shame was named as a barrier to using mainstream services, particularly with Traveller men. Culturally, it seems out of the ordinary that a Traveller man would open up about an addiction problem and reach out to access services. A desire to maintain privacy is very difficult in such a close-knit community. It was expressed in the focus group that the views and opinions of the wider Traveller Community could be a huge source of embarrassment for a man who may choose to utilise a service such as entering an addiction treatment programme in a centre such as Tabor Lodge in Co. Cork.

FP3: *It was a big cultural thing for a Traveller man to go to a treatment centre…Traveller men anyway, they don't want people knowing their business if they are going to do that…you are considered by the wider community to be a bad case if you have to go for treatment.*

The nature of some Travellers work and employment was also flagged as being a reason why contact with mainstream services is not often on-going. A lack of flexibility within mainstream services was cited as being a significant reason why contact is often not maintained.

FP2: *He would be here today and gone tomorrow…his work brings him off…he could be gone for two or three days, do you know that kind of way?*

FP1: *It could be more flexible, these things need to be more flexible, we'll say, give you so much notice do you know? I'll be around such a time, a days notice or two days notice, can I go to a meeting do you know that kind of thing?*

Cultural differences and a feeling of not fitting in with mainstream addiction self-help groups such as Alcoholics Anonymous were identified as being barriers for Travellers experiencing addiction accessing these services. The vast majority of individuals using these groups are from the settled community. There were a few examples of individuals who did attend AA meetings but after a short space of time chose not to continue with the programme.

P1: *He would go to AA sometimes, jumping in and out more or less, he never found it his comfort zone. He always found a difference in the AA, obviously from a cultural background it would be very obvious.*

FP2: *Yeah AA, he had been and he felt that it was not benefiting him, it wasn't the thing for him.*

It was also mentioned that some addicted individuals simply will not listen to advice from family or admit that the problem is that serious. Therefore they will not seek help or access services of any kind.

P2: *Not my son, no. He wouldn't …he just wouldn't listen to you.*

Families reported that they had difficulty in getting a willing individual into a treatment service due to long waiting periods and the lack of an immediate availability of treatment.

There is a small window of opportunity where a person may agree to enter a service and if this is not taken advantage of quickly then the opportunity may be gone. There were several examples of this happening in the data;

P1: *I rang them and they don't take them on the day…so what am I going to do because he was in a bad state.*

P5: *I was ringing up Tabor Lodge, Bruree House…anywhere I thought that addiction, anything with addiction. I was trying to get through to them and they were telling me no.*

FP3: *To get him in some place he has to be off alcohol and anything else he might be on for two weeks…then finally when we got him to that stage we were told that there was going to be no space available.*

4.3.2 Barriers for Families:

It was expressed in the focus group that services putting an emphasis on a families (or family member's) own behaviour may be an obstacle to a concerned person who is encouraging an addicted loved one to seek help. The issue of a family possibly enabling a person to continue in addictive behaviour was shown to be a subject of contempt and may not be a feasible topic for discussion.

FP1: *They were more interested in my mother than they seemed to be in X, this was the perception we had at the time and certainly my mother, she got very offended by it do you know? She didn't want to hear it.*

As previously mentioned, the risk of suicide was also raised as a reason why Travelling families can be reluctant to encourage somebody to engage with services. There is a real fear in that pushing someone into something they don't want to do, or open up when they do not want to can put somebody at risk of committing suicide. Family members, particularly mothers, are often made to feel as if they need to tread lightly or skirt around the issues of alcohol and drugs.

P7: *One of the biggest fears that the women constantly come in and sit down and talk to me about is about challenging their teenage boys in anyway about drink, about drugs, about their behaviour because of the threat of suicide.*

There are also a number of barriers for families accessing mainstream services to get support for themselves. None of the study participants were aware of Travellers who used

family support groups such as Al-Anon, Nar-Anon or St. Nicholas Trust. The data paints a picture of very complex realities for families. It is quite often the case that a family may be experiencing addiction, looking after children, dealing with legal battles, suicide and bereavement, all at the same time. Families often have several issues presenting themselves simultaneously and there simply is not time for a person to consider interacting with services.

FP2*: My sister, her husband committed suicide right, we were dealing with that…we were dealing with my brother, his addiction. I have another brother who has an addiction, I have other things going on. I have my own child to worry about. It's like you are caught in a circle. There are days when you can deal with it and there are days when it gets you down…so from my point of view within our community it would be a very hard thing to be able to support somebody because there is so much going on.*

P1: *I just don't have time at the moment. Like he's running a business, I'm working myself. There's a lot going on. My sister has two children with a disability, there is a lot going on in the family.*

Similarly to Travellers who are experiencing addiction, there is an element of shame attached to a family member seeking to access a support service. Similarly to the person who is experiencing an addiction, families may not want other Traveller families to know what is happening behind closed doors.

P4: *There was a woman up there one day and she came over and she was handing out leaflets and she was saying that all prisoners families, that they can all sit down and talk and whatever…I would be afraid that there would be other travellers there and they would go back and say it. I didn't want to be seen taking a leaflet so I just took the number down in my phone. I never did ring it.*

The data also suggests that families do not have faith in mainstream services. There is a feeling that they do not suit Travellers, or that they are not culturally appropriate.

FP1: *Some of the services don't understand anything about travellers or about their culture and what's going on in their community. It's very hard for a traveller to get the help that they need if there is no understanding there.*

Furthermore, most support groups like Al-Anon are made up of people from the settled community. This was also cited as a barrier as, because of past experiences with the settled

community, there may have been oppression and it was expressed in the data that a Traveller may hold the belief that it is partly the settled communities fault that they are in this situation in the first place;

FP1: *All your experiences and your thoughts in your head, settled people are bad, settled people will do this to me, settled people make me feel bad. They make me feel bad, how then do you walk in when the one who caused or you perceive to cause the problem do you know?*

It was also suggested that because most Travellers will not have had much (if any) prior experience of accessing mainstream support services, then they simply do not know what kinds of services and supports that they need.

4.4 What do people Value in Services?

One of the most common factors that emerged from the data as being important to Travellers was that services should be understanding and culturally appropriate. Some participants went so far as to say that they believe Traveller specific workers are essential. In this way people can feel as if they do not have to explain themselves or go into detail about why things ate the way they are for them.

P4: *I do think if you are a counsellor or…like family support or whatever, it is good for that person to be familiar with different cultures.*

FP1: *You have to be culturally aware before you can walk in and help that person.*

Flexibility of services was also raised as being of importance to Traveller families. Flexibility around the location of where a person can access a service as well as flexibility around time was expressed as being a contributing factor when assessing how accessible Travellers viewed mainstream services are for them.

P4: *You were able to come here and meet me here in my mother's house. I do think that is very important for someone.*

It was also evident from the data that some participants felt that services and staff are able to deal with multiple/complex problems such as addiction, courts, domestic violence, suicide – because most of the time, Travellers may be experiencing a number of these issues all at the same time.

P4: *It would be nice to talk to someone that would kind of know a bit about everything basically, to help you where everything would be kind of concerned*.

Chapter 5 – Discussion and Conclusion

The data presented an acceptance of heavy alcohol use within the Traveller Community. This was also exhibited in the literature where Van Hout states that there 'appears to be a certain level of acceptance of alcoholism, as if this is part of 'normal' Traveller culture' (8). The data also suggested that heavy alcohol consumption was more dominant among males within the Traveller Community and that this is turn has an influence upon the 'norms' experienced by the family unit. This is further supported in the literature where it is shown that 'national surveys indicate that male Travellers exhibit higher levels of alcohol use than females' (8). A number of participants spoke about prescription drug abuse, particularly among Traveller women. This was also evident in a study by Van Hout in 2009 (24) where it was found that Traveller women reported prescription medication abuse. This is reinforced by a study conducted by Pavee Point in 2011(25) where it was found that 'the overuse of benzodiazepines was reported to be more prevalent among adult travellers with Traveller women identified as being most at risk of forming a dependency'.

While alcohol abuse in the Traveller Community is well documented, illicit drug abuse is a newer phenomenon. One participant stated that drugs were '*the ultimate fear'* for the Traveller Community. This is also supported by the literature as it is suggested that 'there appears to be a certain level of acceptance of alcoholism and not drug use' (12) within the community.

However, according to the study participants, the very drugs that they fear have managed to penetrate deeply into their community. The relatively new phenomenon of poly substance use is also acknowledged in the literature as according to NDTRS statistics 'when compared with the general population, a higher proportion of Traveller cases reported problem use with more than one substance' (9). Living more closely with the settled community may be one of the reasons why there are increased opportunities for drug taking among Travellers (8) and to why it is becoming more of a norm for the community. One of the study participants also spoke of this being a factor as she commented that she felt the disadvantaged urban environment her children grew up in was a contributing factor to their future drug abuse. The distress that drug taking by an individual has on the family is very evident from the data. However, a study by Van Hout in 2008 reported that only 5% of Travellers who were currently using drugs 'indicated a fear of addiction and family break-down' (15). This seems strange in a community where traditionally, family bonds are very strong and are put first.

It is clear from the data that excessive drug and alcohol abuse can lead to a Traveller being imprisoned in the Irish penal system. Research in Australia has suggested that 'alcohol and drug misuse rates among minority groups, which have been associated with high rates of social exclusion, may also contribute to their over-representation in prison' (26). A number of participants shared their experiences of a family member being imprisoned following alcohol or drug fuelled criminal activity. This is also depicted in the literature where it is suggested that the propensity for violence is also on the increase due to drug consumption and drug dealing, Travellers are increasing presenting with 'extremely violent gang type behaviours' (12). The results of the study also recorded evidence of domestic violence due to substance abuse. This was also reported in a study by Van Hout where 'high levels of domestic violence, assault and damage were reported as a result of excessive Traveller drinking' (8). A number of participants spoke about their concerns around the availability of drugs within the prison system and that a person can perhaps become even more dependent on a substance while serving a custodial sentence. A study by Cemlyn *et al* in 2009 found that this is true in some cases where 'Travellers known to service providers became regular users or substance-dependent while in prison, which was associated with a number of deaths among Gypsies and Travellers shortly after their sentence ended'(27).

The data demonstrated a lack of willingness from some members of the Traveller Community to engage with addiction services. This is supported by the literature which reports that the Traveller community is 'under-represented in health, community and treatment services, because of the lack of awareness, mobility, discriminatory experiences and difficulties in engaging with treatment protocols (8). The research demonstrated that there was an element of shame within the Traveller Community about admitting a substance abuse problem, particularly for the person with the problem themselves. Shame and stigma was repeatedly reported as a factor for Travellers not accessing addiction services in this study. This is true for both the addicted and the concerned family. This is supported by a report by Carew which suggests that due to the close-knit nature of the Traveller Community 'the levels of shame and stigma attached to problem alcohol use and other drug use' (9) is a factor in why people do not access services.
It was suggested in the data that previous experiences of mainstream services and interaction with the settled community were a negative experience for some Traveller families. This is supported by Van Hout who reports that 'Travellers often report

discriminatory experiences, difficulty in entering referral networks, feelings of compromised confidentiality and general lack of cultural acceptance from service staff and professionals' (28). It was highlighted in the data that Travellers feel that addiction support services are not culturally geared towards working with Travellers resulting in a low uptake of services. In a report by McGorrigan in 2012, it was stated that 'male Travellers expressed significantly poorer quality indicators, including less confidence and trust, not enough time with the health professional, and not receiving adequate privacy or respect' (5) when accessing healthcare services. The literature also depicts a similar scenario and makes the suggestion that 'there is a need for Traveller trained addiction counsellors in order to engage with and support those Travellers experiencing problematic use' (12). The discussion on specific Traveller based outreach was touched upon in the results section. This is fortified by a suggestion in the literature that there is a 'need for dedicated Traveller outreach, with a specific remit for drug and alcohol use' (12).

Conclusion

It is evident that excessive alcohol use is seen as being a social norm within the Traveller Community. Alcohol abuse is inter-generational is widely accepted and could in some ways be described as a learned behaviour. There is evidence to suggest that prescription drug abuse is very present in the Traveller Community but it appears to be somewhat of a hidden epidemic, perhaps a coping mechanism for Traveller women who have already experienced some hardships within their family lives. Illicit drug use is a relatively new phenomenon but is quickly becoming part of the landscape of the Traveller community, particularly among young males.

The consequences that addiction brings upon a family are many. Financial worries, violence, accidental death, suicide and interaction with the legal system are just some of the issues that many Traveller families experience. Often they will experience more than one of these issues simultaneously with some families even facing all of them as well as other issues that may not have been discussed in this document.

It has also been demonstrated that while the family unit can be a steady support for somebody experiencing addiction, it can also have the opposite effect if the family members do not begin to assess how their own behaviours may impact on a person who is trying to abstain from alcohol and other drugs.

Several barriers were identified to main stream addiction service uptake for both the addicted and the family. Shame and stigma surrounding the topic of addiction and a lack of culturally aware service providers stand out as being the strongest barriers for Travellers. Moving forward, the emphasis needs to be on how organisations can reflect on their practices and change to become more culturally in the future. Traditional approaches by services (that are designed for the settled community) can lead to a tendency for the service provider to be neutral to race and culture, 'which in some circumstances may contribute to poor satisfaction due to a perceived lack of empathy and understanding'(29). Developing flexibility, understanding, cultural awareness and empathy are essential if mainstream services are to become more accessible for Travellers. Opening the lines of communication and developing relationships with Traveller led organisations such as the TVG is important for services to consider looking ahead.

Further Research

There is a need for further research to be carried out around interventions that work best with the families of Travellers experiencing addiction. It is worth exploring whether the 5 step method and ARISE model which were mentioned in the literature review could be incorporated into traditional 12 step addiction programmes and whether they would be more effective in developing services to become more attractive for Travellers and ultimately, more effective and successful.

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Appendices

Appendix 1 – CREC Letter of Application

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Appendix 7– CREC Ethical Approval

Appendix 1

Edward Murphy
University College Cork
Cork

18/03/2014

Clinical Research Ethics Committee of the Cork Teaching Hospital
Secretariat
Lancaster Hall
6 Little Hanover Street
Cork

To Whom It May Concern:

My name is Edward Murphy and I am currently a Masters in Public Health student at University College Cork. As part of the Masters Programme I am required to undertake a research project and dissertation. I have decided to work on a project in conjunction with the Traveller Visibility Group who are based in Lower John Street in Cork City. This is a Traveller led organisation which works with Travellers and settled people to facilitate community development work within the Traveller Community.

The working title for the project is *Exploring the Role of the Traveller Family in Supporting Travellers Experiencing Addiction.* This is a qualitative study and is centred around attitudes towards addiction within the Traveller Community and also on how the family views its role in supporting someone accessing addiction services. The details of the study are attached in the ethical application form. I have also included a research proposal and a participant information sheet and consent form.

I look forward to hearing from you.

Yours faithfully,

Edward Murphy (MPH Student)

Appendix 2

Research Proposal - Traveller Visibility Group

1. Working Title

Exploring the role of the Traveller family in supporting Travellers experiencing addiction.

2. Background / Context of the Study / Justification

The Traveller Visibility Group (TVG) is a Traveller-led, Cork based organisation. The TVG brings together Travellers and settled people to facilitate community development work within the Traveller Community. For this project, the Steering Committee of the TVG Support Project on Drugs and Alcohol would like to explore Travellers understanding of addiction, especially in relation to how addiction impacts on the family. The Committee are interested in exploring 3 central issues;

- What is the understanding of addiction within the Traveller community?
- What do Traveller families who are experiencing the impact of addiction see as the contributing factors to addiction?
- Within the Traveller Community, what is the impact of addiction on the person who is experiencing addiction and also on the families of those in addiction?

These research questions are hugely important and relevant to public health in Ireland. Between 2007 and 2010, the number of Travellers accessing addiction services increased by 163% with alcohol and opiates being the most common problem substances identified. Traveller women reported high rates of problem opiate use and risky injecting behaviours, contrary to the perception that problem substance use is a predominantly male issue. This presents a challenge to services to provide targeted, effective services to Travellers with problem substance use.

The experience of the TVG is that the majority of Traveller families feel that when they hand a member over to the drugs and alcohol service, their interaction with the service ends. They tend to want a “quick fix” solution and feel that once a user enters the treatment plan, that they will automatically be ok. The TVG drugs project feels that if the family are more of a part of the treatment plan then the outcomes for the service user will be far better. The project would like to explore the best ways to engage with families of people experiencing addiction and how best to portray the message that the outcomes are far more successful for that person if he/she has the backing and support of their family.

3. Review of the Literature

A detailed review of the current literature will be undertaken. Some research identified as of now includes:

- Travellers accessing addiction services in Ireland (2007 to 2010): analysis of routine surveillance data - Carew AM, Cafferty S, Long J, Bellerose D, Lyons S.
- The All Ireland Traveller Health Study (2010)

- The health care experiences of Travellers compared to the general population: the All-Ireland Traveller Health Study (2012) - McGorrian C, Frazer K, Daly L, Moore RG, Turner J, Sweeney MR, Staines A, Fitzpatrick P, Kelleher CC; All-Ireland Traveller Health Study Research Team.
- Socio-demographic, environmental, lifestyle and psychosocial factors predict self rated health in Irish Travellers, a minority nomadic population (2012) - Kelleher CC, Whelan J, Daly L, Fitzpatrick P.
- The Irish Traveller community: social capital and drug use (2010) - Van Hout MC.
- The normalisation of substance abuse among young travellers in Ireland: implications for practice (2008) - Van Hout MC, Connor S.
- An overview of the nature and extent of illicit drug use amongst the Traveller Community: an exploratory study (2008) - Fountain J.
- Drugs in the family - The impact on parents and siblings (2005) - Barnard M.
- The Impact of Substance Misuse on the Family: A Grounded Theory Analysis of the Experience of Parents (2003) - Salter G. and Clark D.
- The Role of Family Support Services in Drug Prevention: A Report for the National Advisory Committee on Drugs (2004) - Watters N. and Byrne D.

4. Research Questions

Objective 1: To determine the impact of addiction on Traveller families.

Objective 2: To establish the family members expectations of the service that the drug project provides.

Objective 3: To understand how family members view their role in terms of supporting the person who has entered the service.

Objective 4: To explore how the TVG drugs and alcohol project can ensure that enough support is provided from the family for the service user.

Objective 5: To identify some possible recommendations for the Support Project in regard what interventions may work best with Traveller families in looking towards the future.

5. Research Methodology

This study will employ participatory qualitative social research using interviews and focus groups methods. Interviews are appropriate to this study as they provide a confidential space for participants to explore sensitive issues that may be quite personal to them. Focus groups are effective as they can encourage participation from those who are reluctant to be interviewed on their own (such as those intimidated by the formality and isolation of a one to one interview). They can also encourage contributions from people who feel they have nothing to say or who are deemed "unresponsive participants" (but engage in the discussion generated by other group members).

6. Ethical Considerations

As this is a study in addiction, due to its very nature, some of its content and the issues it may raise for participants may be challenging or upsetting. For this reason professional support will be provided for participants by the TVG in the form of an

addiction support worker who can help a participant to deal with any immediate concern should the need arise. The Support Worker will refer the participant onto another service if needs be. Written informed consent will be provided to each participant and will explain about confidentiality, anonymity and data protection. The study proposal will be sent to the Research Ethics Committee of the Cork Teaching Hospitals (CREC) for approval.

7. Data Collection Methods

The data will be collected using face to face interviews with the family members of service users. Focus groups will also be utilised. Any interview or focus group topic guides will be piloted and tested before being used with the study participants.

8. Sampling Method

The participants for this study will be selected by the Drugs and Alcohol worker at the TVG. The participants will be family members who have someone currently using the drug and alcohol services at the TVG or who has previously used the service.

9. Data Analysis

A thematic analysis of the data will be undertaken. Thematic analysis is the recognition of patterns within the data which can be categorised for analysis. Boyatzis defined a theme as a “pattern in the information that at minimum describes and organises the possible observations and at maximum interprets aspects of the phenomenon” (1998 pp.161). NVivo software for qualitative research may be used to help with this analysis.

10. Feasibility, Timeline and Logistics

This research will commence in May with the TVG organising the recruitment of research participants. A literature search will be undertaken in February/March and an interview topic guide will be prepared. An application to the CREC will be submitted by mid-March. The data will be collected in May/June (subject to receipt of ethical approval) and analysis will commence immediately with early transcription of audio recordings by the researcher. In July/August a dedicated period of analysis, writing and revision will take place. The completed thesis will be submitted on the due date in September.

Appendix 3

Interview Schedule

1. **Introduction**

- Thank participant for taking part in the research.

- Introduce self. Explain how long the interview will last. Explain about confidentiality and anonymity – *nothing you say will be linked to you and your name will not appear anywhere.*
- Explain purpose of research – *We are trying to gain about a better understanding of what addiction means to you, especially in relation to how addiction impacts on the family. We may discuss specific issues relating to addiction in order to get your views and opinions on these. This interview is an opportunity for you to have a say about how you feel about things at present.*

- *If at any point you would like to take a break just let me know*.

- Explain the importance of the participant highlighting that there are no right or wrong answers or opinions and that everything said is valid and helpful.

- Check that the participant is comfortable with the interview format and questions. Any questions?

2. **Respondent Introduction**

Tell me a little about yourself…

- Name

- Home life – Who do you live with? Anyone family members living elsewhere?

3. **Research Topics**

- Who in the family is in/has been in addiction?

- What was the nature of the addiction (if comfortable discussing). How long has it been going on?

- What was the impact on the person in addiction (if comfortable discussing)? Health impacts? Legal implications? Loss of employment? Loss of income?

- How has addiction impacted the family?
    - Physical health?
    - Mental health?

    - Stress?
    - Violence?
    - Loss of communication/contact?
    - Divide in the family?
    - Embarrassment?
- When did the person in addiction decide to get help? Did they seek help themselves or was help sought by a family member?

- What did the family expect that the drug/alcohol service would provide?
    - Medical detox?
    - Hospital?
    - Doctors?
    - Counselling?
    - How long would it take?
    - Would the person be 'cured' afterwards?

- Did the family ever expect that they would be involved in the treatment programme?

- Did the family see this as a means of handing the person over to professionals in order to 'fix' him/her?

- What do family members think is their role in supporting someone seeking help for addiction?
  No role?
    - Show them where the help is then their part is done?
    - Attend counselling sessions?
    - Tell the person how they feel?
    - Forgive them?

- How can the drugs and alcohol service ensure that enough support is provided for the family?
    - Don't want any support?
    - Family support group meetings?
    - Counselling for families?

- How would families like the drugs and alcohol service to work with them? What do they feel works best for them and the person receiving help?

4. Summary and Closing

What do you feel have been the most important things that we have spoken about?

Is there anything else that you would like to talk about?

Any questions?

Thank and close

Appendix 4

Focus Group Topic Guide

Introduction and Aims of the Study

- Thank the participants for taking part in the research

- Introduce yourself. Explain how long the focus group will last. Explain about confidentiality and anonymity – *nothing you say will be linked to you and your name will not appear anywhere.*
- Explain purpose of research – *We are trying to gain about a better understanding of what addiction means to you, especially in relation to how addiction impacts on the family. We may discuss specific issues relating to addiction in order to get your views and opinions on these. This group discussion is an opportunity for you to have a say about how you feel about things at present and also to see how the other members if the group feel about the same issues.*
- Explain the importance of the participants highlighting that there are no right or wrong answers or opinions and that everything said is valid and helpful. Encourage everyone to take part.

- Check that the participants are comfortable with the focus group format and subject matter. Any questions?

Background

- Let's start by introducing ourselves

- Home life

- Status/role in the family

Research Questions

- Who in the family is in/has been in addiction?

- What was the nature of the addiction (if comfortable discussing). How long has it been going on?

- What was the impact on the person in addiction (if comfortable discussing)? Health impacts? Legal implications? Loss of employment? Loss of income?

- How has addiction impacted the family?
    - Physical health?

    - Mental health?
    - Stress?
    - Violence?
    - Loss of communication/contact?
    - Divide in the family?
    - Embarrassment?
- When did the person in addiction decide to get help? Did they seek help themselves or was help sought by a family member?

- What did the family expect that the drug/alcohol service would provide?
    - Medical detox?
    - Hospital?
    - Doctors?
    - Counselling?
    - How long would it take?
    - Would the person be 'cured' afterwards?

- Did the family ever expect that they would be involved in the treatment programme?

- Did the family see this as a means of handing the person over to professionals in order to 'fix' him/her?

- What do family members think is their role in supporting someone seeking help for addiction?
  No role?
    - Show them where the help is then their part is done?
    - Attend counselling sessions?
    - Tell the person how they feel?
    - Forgive them?

- How can the drugs and alcohol service ensure that enough support is provided for the family?
    - Don't want any support?
    - Family support group meetings?
    - Counselling for families?

- How would families like the drugs and alcohol service to work with them? What do they feel works best for them and the person receiving help?

    - Summary/Closing

    - Did the discussion raise any issues for any members of the group that they would like to further explore?

    - Anything the group really agreed on?

- Anything the group really disagreed on?

- What did the group feel was the most important issue they discussed?

- Any questions?

Thank and close

Appendix 5

Participant Information Sheet

Title of study: Exploring the Role of the Traveller Family in supporting Travellers Experiencing Addiction

Principal Researcher: Dr. Janas Harrington

Invitation to participate in the study
I would like to invite you to participate in a research study. Before you decide whether or not to take part, it is important that you understand why the research is being conducted and what it will involve. This Participant Information Sheet will tell you about the aims and benefits of this research study. If there is anything that you are not clear about, I will be happy to explain it to you. You should only consent to participate in this research study when you feel that you understand what it involves and when you have had enough time to think about your decision.

Purpose of the study
For this project, we would like to explore your understanding of addiction, especially in relation to how addiction impacts on the family. We are interested in exploring 3 main issues;
• What is the understanding of addiction within the Traveller community?
• What do Traveller families who are experiencing the impact of addiction see as the contributing factors to addiction?
• Within the Traveller Community, what is the impact of addiction on the person who is experiencing addiction and also on the families of those in addiction?

Taking part in the study – what it involves
Participation in the study will involve an interview/discussion with Edward. During the discussion you can express your thoughts, feelings and ideas about addiction and how it impacts on you and your family. You can also speak about what you feel are the best ways for people to get help for their addiction. With your permission, the discussion will be tape-recorded to ensure that important details are not omitted. The discussion will not be tape-recorded if you do not feel comfortable with this.
All tapes and interview notes will be labelled in such a way that no link can be made between any individual and the data. All tape-recorded interviews will be transcribed and the tape-recording will then be destroyed. Any personal details you provide will be treated as confidential. Your name will be removed from all data and replaced with an identification (ID) number known only to the principal researcher. Your identity will not be revealed in any publication or presentation relating to the project. You are free to withdraw at any time from taking part in this study.

What are the possible benefits of taking part in this study?
It is thought that if the family are more of a part of the treatment plan then the outcomes for the service user will be far better. This study would like to explore the best ways to engage with families of people experiencing addiction and how best to portray the message that the outcomes are far more successful for that person if

he/she has the backing and support of their family. We would also like to explore how the TVG Drugs and Alcohol project can ensure that enough support is provided from the family for the service user and also identify some possible recommendations for the Support Project in regard to what interventions may work best with Traveller families in looking towards the future.

Appendix 6

Consent Form for Participation in Research Study

Title of study: Exploring the Role of the Traveller Family in Supporting Travellers Experiencing Addiction

Principal Researcher: Dr. Janas Harrington

Please read the details below and then sign this form if you wish to participate in this study.

Agreement to Consent

- I have read the 'Participant Information Sheet' and I understand the aim of this research study and what participation in the study involves
- I have had the opportunity to ask questions concerning all aspects of this study and the interview process
- I understand that my confidentiality and anonymity will be maintained in an appropriate manner, as described in the 'Participant Information Sheet'
- I am aware that participation in this study is voluntary and that I may withdraw my consent at any time.

After reading this consent form, if you have no further questions about giving consent, please sign below where indicated.

I consent to participate in the above named study. I have received a copy of this consent form for my records

Signature:_____

Date:

Appendix 7

UCC
Tel: + 353-21-490 1501
Fax: + 353-21-490 1919
Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

COISTE EITICE UM THAIGHDE CLINICIÚIL
Clinical Research Ethics Committee
Lancaster Hall,
6 Little Hanover Street,
Cork,
Ireland.

Our ref: ECM 4 (f) 06/05/14

4th April 2014

Dr Janas Harrington
Lecturer
Department of Epidemiology & Public Health
University College Cork
4th Floor Western Gatweway Building
Western Road
Cork

Re: Exploring the role of the traveller family in supporting travellers experiencing addiction.

Dear Dr Harrington

Expedited approval is granted to carry out the above study at:

- University College Cork and the traveller visibility group, cork city.

The following documents have been approved:

- Original Signed Application Form
- Research Proposal
- Participant Information Sheet/Consent Form
- Interview Schedules
- Focus Group Topic Guide.

We note that the co-investigators involved in this study will be:

- Edward Murphy and Ms Mary Cronin.

Yours sincerely

Professor Michael G Molloy
Chairman
Clinical Research Ethics Committee
of the Cork Teaching Hospitals

The Clinical Research Ethics Committee of the Cork Teaching Hospitals, UCC, is a recognised Ethics Committee under Regulation 7 of the European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations 2004, and is authorised by the Department of Health and Children to carry out