

# Moving Forward: Exploring Responses to Drug Issues in the Traveller Community

A conference hosted by the Traveller  
Specific Drugs Initiative, Pavee Point  
Travellers Centre

Conference Proceedings May 2005



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### **Preface**

The Moving Forward Conference comes at a crucial time in addressing the issue of drugs in the Traveller Community. The conference brought together Traveller organisations, homeless

organisations, outreach workers, addiction counsellors, drug education officers, health services representatives, Local and Regional Drug Task Forces, community, voluntary and statutory drug service providers and policy makers etc

The key note speakers supplied a context for our roundtable discussions with examples of where Community Engagement projects have supported minority ethnic groups in the UK in developing responses to drug issues in their communities. In an Irish context diversity<sup>1</sup> and drug use in the context of Travellers and other minority ethnic groups is relatively new concept in Ireland and the analysis and experience is here is limited.

However the conference conveyed a clear message that both drug service providers, policy makers and Traveller organisations are looking for similar things. They want to support Traveller inclusion across the spectrum of drug issues, however the method and approach to how that should be done in a culturally appropriate and inclusive way still needs more analysis, time and investment, both in terms of resources and policy direction. The roundtable discussions revealed the lack of concrete answers and solutions and highlighted the need for more discussion, resources and capacity building for all involved in this work.

The Traveller Specific Drugs Initiative believes that we are now at a time where many Traveller families are in crisis situations and are very often trying to support each other with very little external support. We feel this conference which was attended by 120 participants sends a message that immediate attention and responses must be developed through the following framework:

- Capacity Building for Travellers through Community Development initiatives within local Traveller organisations.
- Reorientation of drug treatment services: supporting Traveller inclusion through equality of access, participation and outcomes. This means services changing to ensure they are supporting diversity, cultural needs, targeting and working directly with the Community
- The implementation of the recommendations of the upcoming research on Travellers and drug use by the National Advisory Committee on Drugs

Finally the project would like to take this opportunity to thank all those who attended and participated at the conference. Your inputs, ideas and support will contribute to the development of more inclusive supported response to the issue of drugs within the Traveller community.

Sinead Smith  
Co-ordinator  
Traveller Specific Drugs Initiative

### **Introduction: Martin Collins Assistant Director Pavee Point Travellers Centre**

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<sup>1</sup> **Diversity in drugs education:** used as a general term not one which specifically identifies any individual approach but encompasses the range of approaches which share a central concept of anti racism (Pavee Point Travellers Centre)

In my view the two biggest challenges facing Travellers over the next ten to fifteen years is the increase in drug use, drug addiction and issues of 'cultural esteem'.

We as Travellers must face up to new realities and should acknowledge and address the problems that exist within our own community. Each one of us has a responsibility and a role to play in addressing the issue of drugs and drug related problems.

We need to learn from the history of addiction in the settled community, where statutory services and the state were slow to react to the drug problem in disadvantaged communities, in spite of the fact that community groups and activists were saying for a long time that there was a drug problem. When things reached crisis point there was a fire brigade reaction to the issue of drug misuse.

**Let's make sure this does not happen in the Traveller community.**

### **Beginning the Journey: Presentation on the Evaluation of the Pilot Training programme by Deirdre McCarthy, Researcher**

*Deirdre's presentation focused on the independent evaluation she carried out on of the pilot training capacity building programme which was developed by the Traveller Specific Drugs Initiative project to develop a community development response to drug*

*issues in the Traveller Community. This pilot, it is hoped will be rolled out again to other Traveller organisations.*

### **The Idea**

- To support local Traveller groups who were concerned that the drugs issue was increasingly presenting in their work. As part of this role the Traveller Specific Drugs Initiative developed this training package
- To start the process of providing Traveller groups with adequate skills, information or resources to begin to tackle this relatively new issue in the Traveller community

### **The Aim of the Training**

- To provide a culturally appropriate capacity building package for Traveller organisations
- The focus is to enhance community participation and the skills and knowledge of Travellers and Traveller organisations on drugs issues to promote quality outcomes

### **The Training**

- The training programme was funded by the **Combat Poverty Agency** under the Building Healthy Communities Fund.
- The pilot was aimed at Traveller organisations who are developing responses to drug issues in their local area
- The training took place from October 2004 to February 2005 for eight full days

### **Training Programme Outline**

- Awareness raising on drug issues in the community
- Developing the analysis of drug issues in the context of health inequalities, social exclusion, racism and discrimination.
- Community mobilisation: tools for engagement
- Models of good practice in working with Black, minority ethnic groups: national and international examples.
- Policy development and structures on drug issues in Ireland
- Networking: building links and alliances with community networks who work on drug related issues.
- Developing organisational strategies and responses
- Evaluation and dissemination of the lessons learned

### **Evaluation Methodology**

- Formative and Summative approaches
- The evaluator attended three and half of the eight training sessions – Including providing an input at the last session
- In order to support an in-depth evaluation interviews were conducted with Four of the trainees and Two Traveller organisations
- One was from the Eastern Region and one the Midlands.

- One of the organisations has a dedicated programme to respond to the drugs issue already up and running.
- In-depth interviews with four participants both pre and post training and in-depth interviews with two Traveller organisations who sponsored participants both pre and post training.
- Feedback at the end of each training session and the evaluation feedback from the last session when the evaluation methods were presented plus the evaluator attending the training and also the facilitator's impressions.

### **The Trainees**

- A brochure was sent to Traveller groups with an application form
- A meeting was held at the end of September
- 14 people were recruited and in total nine of the group were Travellers and five were settled people.
- There was a range of experience of the issue of drug use within the Traveller community

### **Conclusions**

- Enjoyment of the training – Travellers working together
- Camaraderie
- Trust
- Individual participants got a lot out of the training personally
- Empowering

### **Gaps in the Training**

- Child care
- Long distances that some of the trainees had to travel
- Sufficient expenses

### **Recommendations**

- Clarity on the training programme
- Real 'space' for discussion must be safe-guarded
- An information pack - Reinforced
- Regionally located – Follow-on impact on Childcare, Expenses, Facilitate access to local inputs
- Attendance
- Arrangements should be made for this group to meet up again

### **Evaluation Results**

*"I loved it"*

*"more of a benefit to myself and my community as it involved more understanding."*

*“It was great to hear Travellers talking about the issue.”*

*“Traveller involvement made it easier, people talked to each other, everyone got their say.”*

*“Getting on with the women and the good trainers really helped and supported me participating.”*

*“The fact that there were a lot of Travellers participating was great support.”*

*“Wouldn't have missed it for the world it gave me huge amount of confidence*

*it was good to have so much to bring back to the community.”*

*“the opportunity for Travellers to network on the issue was superb, in particular when Travellers are so often in denial. ”*

*“It was great that Travellers could see that it was a national picture.”*

## **Presentation: Promoting Black and Minority Ethnic Group Inclusion: Case Study**

*Kate Davies: a member of the Black and Minority Community Engagement Project managed by the Centre for Ethnic Health at the University of Central Lancashire. She is the senior manager of Nottinghamshire County Drug and Alcohol Action Team. Kate's presentation focused on the BME\*<sup>2</sup> community engagement project which began in 2000.*

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<sup>2</sup> BME here is short hand for Black and Minority Ethnic Communities and would include groups of colour, Travellers, Gypsies and other minority ethnic groups

## **Community Engagement**

### **The 203 projects that are funded work to the aims of the Community Engagement Programme**

- To ensure the disadvantaged & marginalised communities including Black & Minority Ethnic groups gain a better understanding of drug misuse in their communities.
- To establish the information networks across participating projects, creating linkages both between different community groups & across geographies, in order to encourage information to be shared & gaps in services to be identified.
- To provide capacity building for Local Community Groups to ensure not only the completion of work but also an enhanced ability to articulate identified needs to service planners & providers. (on Drugs and Drug issues)
- To ensure Local Health & Social Care Planners & Providers are involved in the process in order to enable the development of services that are sensitive to & meet the identified needs. *(To develop a partnership approach to addressing the issue)*

***“Consultation must go deep into the heart of communities, it must involve whole communities not simply those termed as leaders. It can be a means to raise awareness, assess need and to ensure active involvement of communities in the development and delivery of services.”***

### **What do we mean by Community Engagement?**

#### The Ingredients

- The Community - ethnicity, geography, age, gender, interest
- The Task - A research project - assessment of local needs and issues - awareness raising on drug issues
- Facilitation and support from support workers
- University of Central Lancashire: money, training/workshops, support worker
- Drug Area Action Team's (similar to Local/Regional Drug Task Forces in Ireland) and local agencies: steering group (partnership process)

- Outcomes - more appropriate commissioning; workforce; partnerships; awareness

*THE PROCESS (CAPACITY BUILDING AND BUILDING PARTNERSHIPS) IS AS IMPORTANT AS THE PRODUCT (THE REPORTS)*

**Community Engagement Project 2000/01**

- Over £1 million invested – Department of Health
- Needs assessment vs. capacity building
- Ability of Black and Minority ethnic Groups to access their communities
- Extensive training & on-going support
- 47 BME community projects (£10,000 - £25,000)
- 30 different ethnic groups & range of diverse issues
- Relationship with local government funding structures & service providers
- A range of Partnerships developed
- 204 volunteers trained by the Centre
- 143 volunteers trained in community settings
- 12,000 community members consulted
- 51 needs assessment reports written
- National report
- 500 database
- Range of people – ownership
- Unexpected outcomes - short term success

**Community Engagement Now**

- Further 3 year programme 2003/06
- Accredited training – regional workshops
- Closer work with DA(A)T's
- Community engagement, key performance indicators
- Extending programme to work with white disadvantage and new minority ethnic groups e.g. Travellers
- Dedicated Community Engagement team

### **Community Engagement Projects: some of the Emerging Issues/Groups**

- BME communities & drug use/misuse
- Criminal justice / Prisoners needs
- Mental health / Dual diagnosis
- Young people's needs
- Domestic abuse/violence
- Women's needs
- Rural communities
- Khat
- Travellers / Romany Gipsy
- Sex workers
- Gay / Lesbian / Bi-sexual / Transgender
- HIV/AIDS

### **Community Engagement Projects: examples of the variety of groups that took part in the Community Engagement Projects**

- Hideaway Young People's Project
- Lincolnshire Association of People with Disabilities (LAPD)
- Organisation of HIV Positive Africa Men (OHPAM)
- Turkish and Kurdish Speaking Perspectives, Enfield, Hackney, Haringey and Islington
- Millennium Volunteers, Hertfordshire
- Involve, Newham
- Oxfordshire Bangladeshi Association
- Society for the Advancement of Black Arts
- Gay Men's Health, Swindon

### **Community Engagement Workshop Attendance 90: breakdown of those who participated in the training as peer researchers/workers**

- 475 registration forms completed  
(approx 93% of estimated 510 participants)
- Ages from 15 – 60+, 52% in 16 – 29 age group
- 14% declaring a disability
- At least 58% never attended a University before
- 55% speak at least one other language fluently
- 80% from Black & minority ethnic groups
- 53% of participants female

- 34% of participants enrolled on the University Certificate Course

### **Community Engagement 2004/5**

- Quarterly Reports – focus on outcomes - national, regional and local stakeholders
- Regional Road shows
- March 31st 2005 - 90 Projects have been completed to date
- April 1st 2005 - Appropriate Commissioning

### **Workforce for the project consisted of**

- Volunteers
- Education Training (accredited)
- Advocacy/User Groups
- Drug Area Action Teams Involvement sustained from the previous project
- Development, Race Equality & Diversity Strategies

### **Key points to remember**

- It is Important that you work with groups using “**cultural endeavours**” e.g. rap music in some black communities (i.e. being aware of cultural symbols, practices etc that communities can use to engage people on the issue of drugs)
- **Irish Travellers and Romany Gypsies are being funded under the next round of Community Engagement Projects as to date they have not been hugely involved**
- The training that was given to groups was 6 days accredited training by staff on the Community Engagement Project in the Centre for Ethnic Health in the University of Central Lancashire
- In 2003 3.6 million pounds was invested to develop evidence based approach to drug issues within BME communities, this was done as it was clear that the race and diversity strategy was not coming through the drugs work. Kate gave the example of the fact that in the case of drug intervention programmes funded in relation to crime that BME and Traveller communities are not a target group

### **Some of the outcomes of the Community Engagement Project**

- 18 new community projects set up as result

- Associated issues such as violence against women, mental health and dual diagnosis were being raised
- The issue of disability was examined in one area where those who worked with people with disabilities found that only 14% of those with disabilities were declaring it
- Increasing advocacy opportunities for groups on drug issues through involvement in the Community Engagement project
- **Ethnicity, diversity and its relation to drug treatment services currently is not reflected in relation to groups such as Travellers, people from the Middle East (individual countries not named) asylum seekers, gay people**

**Donnamarie Donnelly, Team Leader, Young Persons' Drug and Alcohol Service 'Face It', Nottinghamshire Healthcare NHS Trust**

Donnamarie manages "Face It" Young Persons Drug and Alcohol Service. Donnamarie is a registered mental health nurse and Drama therapist. Her presentation is on the work of the "Face It" project with young Travellers and the Traveller Community on sites in Nottinghamshire in the UK. Her presentation focused on the experience of the project in engaging young Travellers and their families and how the use of outreach work and the learning from working with a community in a culturally appropriate way and the learning for drug services in both the UK and Ireland.

**Key points**

- Donnamarie works with young Travellers on a site in Nottinghamshire for the last five years, however it took two years to build up trust
- The “Face It” project began working on site in Nottinghamshire as they were not able to access young Travellers to work with
- This involves site work with Traveller families, women and young Travellers
- They began by talking to mothers as the initial point of contact and then with young people in the hall where it was an initial point of contact for young Travellers, a place where they shared cultural identity
- The worker who began working with the community was a guy called Jimi who was a black male, and the project thinks that this connection in terms of shared experiences may have made an impact to the work
- The work began slowly with women and their children coming together, the group often changed due to people moving etc
- Drug issues that people were concerned about were heroin and cocaine and the difficulties accessing help and supports, there is a lack of knowledge in relation to drug services and the services need to reach out more
- It was through the Traveller women on the site that this work was able to happen

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| <p><b>Issues drug services need to take into account for the Traveller Community:</b></p> |
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- Services need to be honest about what they can provide to Traveller clients
- Need to see that families have a role as advocates and as peer educators
- Need to take into account the shared values and beliefs of Traveller families
- Respect culture
- Acknowledge the close relationships
- Acknowledge the different expectations of gender roles

- Need to ensure nomadic communities have access to services also e.g. detoxification, e.g. could detox take place in a trailer using health care treatment that was monitored
- Service needs to be confidential and realistic say what you can do not what you might do and **“don’t do it to people do the work with people”**
- Don’t wait for Travellers to come to you, Take your services to Travellers
- Advertise within the community and use the facilities on site
- Be prepared to talk and Take your time however be aware that your contact may be time limiting
- Establish appropriate methods of correspondence
- Build links with other Services
- Advocate the services of your partner agencies
- Make links to primary health care programmes
- Consider how to offer a confidential service

### **Learning from this work for the “Face It” Project**

#### **Breakthrough in terms of working with the community**

- Coffee bar on the site (place to meet people)
- Shared culture, respect, gender roles, stigmatisation
- Fostered relationship, trust, discussions re drug use
- My introduction – being female & impact of this in working with the community be gender sensitive
- Community engagement
- Course times etc..
- Social & Certificate

#### **Access to Young Travellers**

- Residential
- Children's Fund Bid
- Weekly sessions – engaging YP first, what did they know, DARE, use of innovative materials
- Video

**Services need to be informed on**

- Culture
- Communities needs & wants
- Appropriateness of the service offered

### **Roundtable Discussions**

The roundtable discussions focused on four different topics in relation to addressing responses to drug issues in the Traveller Community. Each roundtable consisted of eight to twelve people. There were a total of ten roundtable groups. Each topic was discussed by two or three roundtable groups depending on participant's preferences.

**Topic One: Promoting Traveller inclusion in local and national drug policy and structures e.g. Local and Regional Drug Task Forces (LDTF/RDTF), the National Drug Strategy 2001-2008**

The above topic was discussed by **two** roundtables at the conference.

**Question 1: Can you discuss the current level of involvement of Travellers in both the structure and actions/work of the LDTF/RDTF in your area?**

- In the **East Coast** area, there is representation from the Traveller Community on the **RDTF**. This could be seen as an **example of good practice** as there was a

nomination process, the RDTF were proactive in recruitment of the worker, and a Traveller representative was involved through a mentoring process. Funding has also been agreed to support capacity building work to take place

- In **Tallaght** the **LDTF** are willing and seeking to support Travellers in their area - Tallaght looked for **Traveller participation** on all four pillar **subgroups**, but this was not possible/didn't happen
- **Ballymun LDTF** have done interesting work around youth services and accessing youth
- In **Tallaght/Clondalkin** there is support – the Community Development projects and local structure groups all come to meetings together
- Task Forces *do support* Traveller support services in their area
- **Travellers are not attending meetings**
- It's always **Traveller women** you meet/who turn up
- Some Traveller organisations are using **capacity building programmes** such as those provided by Pavee Point to begin to work organisationally to be involved with the LDTF or RDTF
- Some **RDTFs** have come to **Pavee Point** regarding engaging Traveller groups; however this is only a small number, although Travellers are named as a target group in the RDTF guidelines
- Travellers could **canvas** to be a part of a **large regional group (RDTF)**
- The LDTF are **playing catch up** in terms of supporting Traveller participation and this needs to be resourced, supported and prioritised
- Services are there for **everybody**
- Travellers are represented in a **uniform way**. Traveller communities have services in local areas
- It is **not just about Travellers**, there are whole communities/**geographical areas** missing out, this needs to be dealt with before marginalised people
- There is **drug use** no matter what community
- **Generally** Travellers are **not involved in LDTF/RTDF**
- There are issues around **small numbers of outreach workers** – how to get to all areas?
- There is a need for **expert research** on the topic of Travellers and drugs

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| <b>Question 2: How can LDTF/RDTF support Traveller representation on their structures?</b> |
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- There is a need for a **local based, bottom up approach**
- Support the Traveller Community in terms of drug issues and **access to services**
- There needs to be a **whole system approach** to understanding, targeting and accommodating **cultural diversity**, such as within the LDTF/RDTF, Health Services, etc. This is especially as Travellers have been identified by RTDF as a **target/risk group**
- Ensure **equality policies and legislation** are reflected within the LDTF/RDTF - this would contribute to supporting Traveller representation
- The **collection of ethnic data** is important - however there is a lack of knowledge around how to do this

- There needs to be **more support** for Traveller representation on both the LDTF/RDTF. There is a need for more supports for community groups in general
- **Education and prevention sub-groups** would be the most important for Traveller representation and participation
- Representation must not be **tokenistic**
- **Broader issues** regarding Travellers need to be addressed
- **Community Engagement** is important: it is important that Travellers can access jobs in the drugs field
- **Travellers** themselves need to pass on this information
- It is important that **Traveller group's** link in with LDTF and RDTF and assist with Traveller participation/attracting people on to the task forces - Without a voice at the table groups (i.e. Travellers) will not be heard
- There is **funding** available for **Community Representatives**. Expenses would be paid
- There was *never* a decision made not to include Travellers
- Task Forces need to look at how **participation** can be **encouraged**
- **Regional Meetings** would have to be **flexible**. The **location** would have to change monthly to maximise participation
- If Travellers are to partake supports would be needed around **funding** and **childcare**
- **Support for families** is needed
- Travellers who are **homeless and drug users** also need to be addressed – Homeless Forum
- There must be care around **how services are named**, don't call them 'DRUGS services', the way forward is **not to label initiatives** like that
- The **Network of Taskforce Coordinators** are working out how to conduct **outreach** work
- There is a need to **stop talking** and **take action**

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| <p><b>Question 3: How can LDTF/RDTF ensure that action plans/policy documents reflect the needs of Travellers in the area?</b></p> |
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- Give **Traveller Cultural Awareness Training** to those on Drug Task Forces and the National Drug Strategy Team (NDST)
- Having **effective representation, mentoring and support services** for Travellers
- Having **an identified mentor** for the Traveller representative
- Need to have **bottom up and top down approach** in terms of policy that ensures Traveller participation (turning the current Regional Drug Task Force guidelines into practice)
- The task forces could form a sub group structure to look at how to support participation of **minority groups** on their structures
- Establish and **use equality legislation and equality proofing**

**Topic Two: The challenge of raising awareness of drugs and the drug issues in the Traveller Community in a culturally appropriate way.**

The above topic was discussed by **three** roundtables at the conference

*‘There is no awareness, it’s only if there is a problem in your own family that you’d find out anything about drugs, or come to the attention of services’*

*‘How do we raise awareness around the issue of drugs within the Traveller community without adding to stigma or without making life more difficult for Travellers?’*

*‘I have never heard Travellers use the word ‘drug’. How can I bring it up if Travellers have not said it?’*

**Question 1: What are the needs of the Traveller Community in terms of drug awareness?**

- There needs to be **honesty** around the drug issue. Travellers need to realise that there is a drug problem in the Traveller community. The issue of **denial** needs to be addressed, the difficulties need to be addressed and the silence needs to be broken
- There is a need for **awareness raising** to happen with Travellers around drugs
- **Young men** are a specific group that need awareness raising
- The issue of drugs for **all age-groups** of Travellers needs to be addressed
- As with any community there needs to be **education and awareness** around drugs (types of drugs, consequences, the difference between experimentation/dependence, etc.), however, the delivery of this awareness raising and education may need to be delivered differently for Travellers
- The issue of **drug supply** within the Traveller community needs to be addressed
- Work needs to be done around drugs on **sites; outreach work**. Although it has to be realised that this will take time
- The **stigma** around drugs needs to be addressed; for this can affect whole families. The **shame and fear** attached to drugs also needs to be discussed
- A **space** needs to be created to discuss sensitive issues, such as drugs
- People need to be met in relation to where they are at and **listened to**, rather than told what they need
- **Confidentiality** is a major issue in addressing drugs and the Traveller community
- **Traveller organisations** need to be raising the issue of drugs. There needs to be some **ownership** here on the behalf of Traveller organisations
- Drugs initiatives in regards to Travellers should come from Traveller organisations themselves
- There are **barriers** in doing work around drugs from both sides; from Travellers and from service providers
- Traveller organisations and other agencies working on the drugs issue need to **link together** – there needs to be a **long term partnership approach** on the issue
- There is difficulty in getting Travellers help from different **service providers**
- Families are still being **refused access** to services so this needs to be addressed
- **Family support services** are needed
- Working with the drug user is not enough, the **family/parents** also need to be involved
- More **information and analysis** is needed around the issue of Travellers and drugs
- There are **so many issues** that **affect Travellers** including racism, accommodation, discrimination, poor health that **drug issues may not be a priority** for many projects or they may not have the time to address the issue in their work
- **Programmes** need to be **realistic** about what they can achieve

**Question 2: How can the drug education/health promotion services respond to this need in a culturally appropriate way? (i.e. what is the ideal?)**

- **Language** used within programmes has to be **understandable and user friendly**
- The **literacy** problem needs to be taken into account
- Strong **visual aids** such as **videos** could help

- **Pavee Point** should create a programme with **good visual resources**
- Service providers need to earn people's **trust**
- There is a need to address **individual needs**
- There needs to be **privacy, confidentiality and discretion** around drugs programmes (but this should be universal for all who use these programmes/services)
- There needs to be **codes of good practice** and **guidelines** for service providers working with Travellers in counselling, detox etc.
- **Traveller proofing** of **drug education/health promotion materials** (replicate models of good practice from other areas including mental health and violence against women) – materials need to be designed with **input from communities** themselves
- **Training** in drug awareness should represent the **needs** of the group – specific known issues should be addressed – this may need to be researched
- Awareness raising could be done through Traveller projects in after **school settings, youth clubs, women's groups** and **primary health care projects**
- **Travellers** need to be involved, trained and employed as **drug workers** - There is a need for recognised, **accredited training** for Travellers to become drug workers with their own community. Services should give **continued support** after training
- Programmes could be run in conjunction with other programmes (such as a programme around horses, or other) to take away the stigma
- **Partnerships** between Traveller organisations and health promotion services should be set up to find out Traveller's needs
- Information from the forthcoming **NACD report** on Travellers and drugs could be used to **lobby the government** for resources
- The **response** to drugs as an issue has to come **from the Traveller community itself**
- **Primary Health Care (PHC)** workers could play a role. For drugs must be viewed within the wider health context
- All one can do is **advise Travellers**, no one can change the behaviour of others

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| <p><b>Question 3: What are the blocks/barriers to developing this work and how can they be overcome?</b></p> |
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**Blocks/Barriers:**

- The **denial** of the drugs problem
- The **stigma** of drugs
- **Approaching Travellers directly** can be a barrier
- **Myths** about drugs (i.e. heroin is a dirty drug and cocaine is clean and glamorous)
- There are **no proper services**
- There is **not enough information** on how to access services
- There is **no Traveller participation** on service providers fora
- **No participation** can mean **no interest** in the issue
- There are not enough **resources**

- Low levels of literacy
- Travellers are reluctant to go to **services offered by settled people**
- **Drugs are everywhere**, therefore it is difficult to develop a response

**How to overcome blocks/barriers:**

- **Voluntary** input is needed, **Statutory** input is needed, and they both need to be going in the **same direction** at the **same time**
- **Healthcare** could be a way to open up the discussion
- **Visual aids** could be effective
- **Tailor information** and **activities** to needs of the **specific groups** you are working with. (e.g. you can't just produce materials or design programmes for Travellers; you need to consider Traveller men, Traveller women, Traveller youth etc.)
- There is a need for **funding** to be **ring-fenced** through the **RDTF** for working with Travellers on the issue of drugs

**Topic Three: The role of Traveller organisations in developing responses to drug issues at a local, regional and national level.**

The above topic was discussed by **two** roundtables at the conference

*'Traveller organisations must have a role – this issue impacts on everything – you could have the best halting site in the world, but no one will want to live in them if there is an ongoing drugs problem in the site'*

**Question 1: Do Traveller Organisations have a role in responding to the issue of drugs in the Traveller Community? If so, how would this role be acted out?**

It was agreed by all that Traveller groups *do* have a role in responding to the issue of drugs in the Traveller Community

- **Training trainers and advocates** to interact with the Travelling Community in a culturally sensitive way
- Pavee Point could develop a **pilot** to train people from the Travelling Community in drugs education
- Source **accreditation** of workers through FETAC or affiliation with colleges for those who complete this training

- Give **anti-racism** and **cultural awareness training** for Service Providers.
- Use **legislation** to ensure access to services
- **Build capacity** among the Traveller Community to combat drugs problem in a similar manner to community networks that arose in Dublin's inner-city in the 1980s
- Include **alcohol** and **prescription drugs** in any substance misuse programme.
- Take part in **Cross-organisational co-operation** to share resources and information
- Begin to introduce the issue of drugs to Traveller stakeholders (men, women, youth, etc.) but maybe to do this through a **health focus** first, rather than directly drugs
- Traveller organisations need to **link in** with existing **statutory agencies** in this area
- Need to raise issues on **policing**
- To raise the issue of **data collection** regarding Travellers and drug use – (Travellers in Standard Housing are not listed as Travellers; therefore the problem is being underestimated by Service Providers)
- There is a need to go out onto **sites** and **develop contacts**
- Potentially **dangerous situations** need to be communicated to workers and maybe Travellers need to be brought out of sites to a **'safe area'** to discuss the issue of drugs

**Question 2: How can Traveller organisations be supported in developing this work?**

- **Traveller Specific Drugs Initiatives, Local and Regional Drugs Task Forces, Slainte** and other **Health Board and HSE** initiatives could be useful
- **Financial resources**, namely specific funding for a Traveller Drugs Intervention that Traveller Organisations with interest in drugs problem can access
- For specific drug problems at a local level Traveller Organisations could be supported through the **National Drugs Strategy**
- **Resources** are needed to identify and **develop a best practice response** for Traveller Organisations. This would identify practice and procedure, that once established, could be replicated by Traveller Organisations that have to deal with the drugs problem
- **Procedures and practices** that are developed need to be shared across organisations. If a group succeeds in a particular pilot, information/ presentations should show how the method was successful

**Question 3: How can Traveller organisations progress this work over the next 3-5 years at local, regional and national level? (what needs to happen at different levels)?**

It was generally felt that there is a need to be aware of and participate in appropriate bodies and networks, and to build Traveller capacity to engage effectively at each of these levels.

**Local:**

- Conduct a needs analysis
- Build local interest/ support groups

- Link in with LDTF
- Traveller awareness education needs to be given to Statutory bodies
- Support for Families
- Build awareness of the drugs issue
- Establish a safe place for discussion
- Conduct advertisement of the drugs issue - through leaflets etc.

**Regional:**

- Link in with RDTF
- Conduct Training (drug education and Traveller awareness education)
- Transfer learning approaches
- Traveller Organisations to meet on a regional basis

**National:**

- Make a submission to the National Drugs Strategy
- Involvement in All-Ireland Health Study
- Need an all-Island approach - involve Northern Ireland
- Publish a best practice guide for Traveller Organisations in addressing the drug issue
- Conduct Public Relations work
- Learn from the good practice that is already available - there is no need to reinvent the wheel
- Link in with women's rights issues and youth groups

**Topic Four: Drug Service Provision: exploring models of good practice in supporting and working with Travellers who are drug users.**

The above topic was discussed by three roundtables at the conference

*'The drugs issue is a visual symptom of wider problems and the impact of exclusion. Given the levels of exclusion; where do you start?'*

**Question 1: How can the current blocks/barriers being experienced by Travellers who are drug users be addressed?**

**- Blocks/Barriers:**

- **Limited knowledge** of drug services by Travellers
- **Lack of visibility of Travellers** within service provision – as providers/positive images
- Lack of **access to information** – however, women access information before men
- **Women** are reluctant to come forward to access services
- Lack of education on **drug awareness**
- **Language** that is used is not appropriate

- **Literacy** is an issue. Often services presume everyone has literacy, so this is in effect denying those who do not have literacy a service
- **Fear** of using services
- **Discrimination within the Traveller community** – i.e. Travellers create barriers within the community to accessing support. **Shame** and **stigma** is attached to seeking support (this is similar to other disadvantaged or marginalised groups)
- **Denial** within the Traveller community that drugs is a problem
- Travellers may not want to **self-identify** as Travellers
- There are also issues around **‘dual identity’** (i.e. if one parent is a Traveller and one parent is settled), how do they identify?
- There is a **lack of cultural esteem** among some Travellers; this may be viewed as due to the **oppressive state policy** against Travellers in recent years (e.g. The Trespass Act)
- **Mistrust** of the settled community
- There are fears around the **criminal aspect** of drugs and the **intimidation** associated with drugs and crime – (there are issues of safety for those living on sites and for workers coming into sites)
- Travellers’ **expectations** of what services can provide are **mismatched**
- **Assessment procedures** do not work for Travellers - e.g. many Travellers do not complete assessment for Methadone
- Services are **not culturally appropriate** in terms of **nomadic Travellers**. (e.g. If Travellers are nomadic there is a **mobility issue** in accessing methadone)
- There is a **‘time lag’** by the time services get up to date with Traveller issues
- **Drugs Task Forces** are not willing to make **separate provision**
- Services overall do not cater for **specific needs**
- Services in existence are primarily designed for the **majority population** and this in itself is a barrier

#### **- How to address Blocks/Barriers?**

- **Educate agencies** on Traveller issues, anti-racism and intercultural practices and approaches. This information then needs to be disseminated within services
- Services need to have a **Traveller equality policy** and this needs to be institutionalised
- **Outreach work** on sites should be undertaken to ensure assessment is completed and so Travellers don’t slip through the gaps
- **Support Travellers to access supports, education and training** on the issues to become drugs workers (long term) – however need to resource issues of childcare
- There is a need to **advocate and network** and to let Travellers know where the services are
- People need to look at **existing services** and link in with these
- Need to ask people who are using services what they would like to see change and ask those who are not using services *why* they are not accessing services: then it could be ascertained what could be done differently
- Travellers need to receive **education on drug awareness**

- Acknowledge **gender** issues/dimension
- Need to be more **client centred**
- There needs to be a **whole family approach**
- There is a need to **understand** the **stigma** of being seen as a Traveller *and* a drug user
- **Cultural pride** among Travellers must be built upon
- The **historical context** of Travellers must be taken into account and acknowledged (i.e. the effects of discrimination).
- Why **drugs** have just become a **problem** for Travellers in the **last five to ten years** needs to be answered; what has changed?
- **Alcohol** must also be viewed as a drug
- Issues for **Travellers in prison** need to be addressed, especially around needle sharing, etc.
- Links to **prostitution** to feed drug habits needs to be addressed
- **All age groups** of Travellers need to be targeted in relation to drugs and not just youth
- Drugs must also be viewed as a symptom of **individual problems**
- The '**knowledge gap**' around Travellers and drugs needs to be filled – statistics are needed
- An **ethnic identifier** should be used within services so that there is more information on Travellers using services
- A **holistic approach** should be taken, understanding the context of Travellers position within Irish society should underpin drug services
- **Interagency work** such as the regional task force should include Traveller representation
- **Extensive consultation** and **awareness raising** with service providers should take place
- There is a need to **resource Traveller organisations** to become drug service providers at a community level
- Is **mediation** an option around drug problems?
- Facilitate a **community forum between Traveller and settled communities** to bridge gaps and break down barriers
- **Attitudes** about Travellers need to be **challenged**

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| <p><b>Question 2: How can the needs of Travellers who are drug users be addressed in a culturally appropriate way?</b></p> |
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- Drug misuse by Travellers must be understood within the **wider context** of the Traveller community
- A **whole person approach** – taking into consideration individual needs but acknowledging the collective experiences of the community would lead to more culturally appropriate services
- People need to be given the **space** to tell their story and to **articulate their needs** – there needs to be resourcing of services to ensure that this can happen

- Track the take up of services by introducing **ethnic identifier** questions
- **Plan for nomadism**
- Provide **drug service training** on the needs of Travellers
- Have **Traveller outreach workers**
- Use **peer mentoring**
- **Traveller proof services**
- Recognise Traveller identity and ethnicity within the services through **positive images**, etc
- Visual materials are needed for Travellers in schools.
- There is a need for culturally appropriate **literature** and **information**. This is important around needle exchange and **harm reduction**
- **Educational provision** to ensure that Travellers can work in the drugs field
- The **package of services** that exist need to be pulled together
- **Traveller groups** need to take on **lead roles of support** within the community
- The barriers are very similar to **other marginalised communities**; responses elsewhere could be looked at.
- **Specific versus integrated provision** needs to be addressed
- Services need to be changed to suit everyone, to suit all members of society, you cannot isolate Travellers but there needs to be **more inclusive services** for everyone
- There needs to be **options** for people.

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| <p><b>Question 3: What models of good practice are currently being used in working with Travellers?</b></p> |
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- There is a lot of **good outreach** work taking place
- **Trav. Act** (formerly Northside Travellers) have a **male Traveller drugs outreach worker**
- **Trinity Court** have begun to use an **ethnic identifier** question within their young persons programme
- **UISCE**: Union for Improved Services Communication and Education is a non-Traveller project which could have interesting lessons to impart. It is based on **peer work**, with drug users representing the issues, and has developed a **methadone protocol**
- **Primary Health Care workers** have a role in peer mentoring and information dissemination
- In **TESO** five out of the seven workers are Travellers and there is a constant focus on training and employment
- The **Capacity Building Training** through **Pavee Point** was beneficial. It has had a **knock-on effect** in participant's local areas (i.e. work carried out by the Donegal Travellers Project)
- There are '**scattered pieces of work**' working well
- Currently there are more **gaps** than good models in place

### **A model of good practice should include the following:**

- Service providers should make **links** with the local Traveller groups
- **Education and awareness training on Traveller culture** for service providers
- **Anti-racism training** for service providers
- Positively **promote** and resource **Traveller identity and ethnicity**
- **A Holistic approach**
- To **Mainstream Travellers** within service provision
- Allow for **targeted Traveller specific approaches** within mainstream provision
- **Advocacy work** with Travellers on the ground
- A **needs based assessment** carried out, taking into account the collective experience of Travellers
- A focus should be on **whole organisational change**; not changing Travellers to fit service
- Traveller groups and health/drug services need to **build relationships** with each other
- **Monitoring and evaluation** of services, **ethnic identifiers** and **Traveller proofing**

### **Panel Discussion**

The panel were asked to discuss: Local and National Perspectives on current issues for Traveller organisations developing responses to drugs.

**Jim O'Brien (Bray), Orla McCaffrey (Tallaght), Lena Joyce (Balbriggan), Richard Redmond (Exchange House), Patricia O'Connor (NDST).**

**Jim O'Brien, Bray Travellers CDP**

- The importance of building trust with members of the Traveller Community in order to aid with the delivery of services to the Traveller Community. (This point had previously been mentioned by a key-speaker (Donnamarie Donnelly) who stated it had taken her project over two years to build a trusting relationship with Travellers in the project area).
- The importance of training Travellers in drug awareness.

**Orla McCaffrey, Tallaght Travellers CDP**

- That one of the key-challenges in setting up a response to Travellers and drugs was a lack of funds. Even where salary funds are given for the worker, no other funds are given, so there are no programme funds with which to work and the capacity of the worker in carrying out the work is therefore limited.

**Lena Joyce, Balbriggan Travellers**

- Through the Women's training programme there was 12 week Drugs training and awareness programme delivered to the participants on the Programme.
- This training was delivered by CROSSCARE
- The women on the programme positively received this training.
- From this came the mechanism for discussion on the area of drugs and briefly touching on the issues relating to Travellers within the area.

It is recognisable that there is increased drug and substance use within the Traveller community generally.

The North Fingal area is no different regarding:

- Awareness Raising.
- Prevention.
- Education.
- Treatment rehabilitation.
- High-risk groups within Traveller community.

An area of need that is recognisable is the lack of both human and financial resources allocated to work in area of drugs Awareness and prevention within the North Fingal area in general. Even though that there is a shortfall in this area, the current responses to drugs issues is responding to the general population needs and issues. Which intentional or unintentional is exclusive of Travellers?

There is need for actions and responses specifically targeting Travellers in exploring the area of drugs, working on a plan of development towards a culturally appropriate response within the North Fingal area.

*As Traveller organisations*

*The challenge is in addressing the drugs issue.*

**Future vision for North Fingal Area:**

- **To have a Traveller specific initiative/Project worker focusing in the area of drugs.**
- **To have research or needs analysis that is inclusive of Travellers.**
- **To have active participation from Travellers in addressing the area of drugs.**
- **To have service providers supporting and working with Travellers who are drug users.**

**Richard Redmond, Addiction Counsellor, Exchange House**

Exchange House Travellers Service has been in operations for twenty years, providing a range of educational and family support work, along with a Traveller Youth Service to the Traveller community.

- In 2000, Exchange House submitted a proposal to the South Inner City Local Drugs Task Force for funding for a pilot project in response to the growing problem of misuse of drugs within the Traveller community.
- Observational evidence, from Exchange House and other Traveller organisations, had informed this submission and it was felt since Travellers were not accessing mainstream drugs services, an intervention within the Exchange House Family Support Team would allow the agency to evaluate the problem and try to develop an appropriate response.
- People will remember in the 80's and 90's, many settled communities both in the North and South Inner City of Dublin, where there were high rates of unemployment, poor social housing and where heroin became the main drug of choice for many vulnerable young people.
- Poverty is much more than financial, one report identified that "it may exclude individuals, families within their community low school attendance and poor health." Poverty Today (Dec., 2002/Jan2003 No 57)
- While there are many factors that directly affect the quality of Travellers lives, it is important that these are named. It is then that meaningful dialogue can occur to address the problems that many Travellers have to face on a daily basis and in so doing, help to find long term solutions. In looking for solutions, we must also seek out the cause of the problem.
- I think one of the long-term issues that Travellers have had to contend with, has been isolation, exclusion, as a direct consequences of this, poor accommodation, Travellers experience prejudice, racism and discrimination on an ongoing basis. Isolation, exclusion at any level can be soul destroying, if it is constantly reinforced by a lack of resources, respect, poverty, injustice and then compounded by discrimination and racism.
- Society needs to take a long hard look at where it is we are going and what we want to be remembered by, **Social Justice and Equality is everyone's right and everybody's business.**

**Patricia O'Connor, Director, National Drug Strategy Team**

- Importance of cultural esteem.
- Importance of training Travellers on drug issues and to build on this, creating a network between participants who have undertaken the training.
- Importance of being culturally appropriate, i.e. language.

- There is a need for ‘localised’ research, to find out what is happening at local level and for the LDTF’s to subsequently address this.
- The importance of groups making submissions to the LDTF’s/RDTF’s.
- The NDST have supported work in the area of Travellers and drugs and this is slow to be acknowledged.
- The NDST will take the recommendations from the conference on board to further their work in relation to Travellers and drugs.

#### COMMENTS FROM THE FLOOR:

- The context must be understood, that there is racism towards Travellers in drugs services.
- How to feed back the research on Travellers and drugs so that the stigma towards Travellers does not get worse, so they are not branded ‘a crowd of drug users’.
- The issues of Traveller homelessness and drugs must be addressed.
- It must be acknowledged that for Travellers who work in the area of drugs, that this is not going to be a 9 to 5 job for them, they will be approached at every wedding, funeral, family gathering etc., and asked to give their expertise, support, etc.
- Possibility of Traveller drugs workers being mainstreamed – being employed by the Health Service Executive (HSE).
- The historical extent of discrimination towards Travellers must be acknowledged in regards to how it has contributed to the drug issue with Travellers in the present.
- It must be noted that the drug problem among Travellers is symptomatic of other issues, accommodation, education, etc., it all links in and the broader social context must be acknowledged.

## **The Traveller Specific Drugs Initiative: Our Vision of the Way Forward: Developing a Community Based Response to the issue of Drugs within the Traveller Community**

The full presentation is in the appendix of this report

### **Key Recommendations from the Submission to the Mid Term Review of the National Drug Strategy**

- **Inclusion of Traveller organisations** in the action plans and structures of the local and regional drug task forces
- The **implementation of the recommendations** of the upcoming research commissioned by the National Advisory Committee on Drugs, whilst is it too early to pre-empt the findings they will have implications for the National Drug Strategy's 100 actions
- **The naming of Travellers as a target group** for all the actions under pinning the strategy
- **Travellers should be resourced and supported to deliver supports to their own Community** i.e. a peer to peer approach in conjunction with the existing services. This would require a capacity building programme and a lot of supports e.g. the Centre for Ethnic Health's programme

- **Mainstreaming Travellers and Traveller issues into all policies and services.** This will involve an equality proofing dimension being introduced to drug service provision
- **The resourcing and funding of initiatives that focus on prevention, education, treatment and rehabilitation programmes targeted to Travellers.** These programmes should be:
  - *Culturally appropriate*
  - *Anti racist in design and delivery*
  - *Targeted e.g. Traveller women, men, young Travellers,*
  - *Have an outreach dimension,*
  - *Be flexible,*
  - *Have a peer to peer approach i.e. involve the community itself as delivers not just recipients of services*
  - *Local experiences and issues for Travellers in relation to drugs and alcohol must be taken into account as they will be different*
- **There is a need for an Awareness Raising Campaign on Drugs and Alcohol issues within the Community,** again capacity building needs to happen to support this work
- **Ethnic Equality Monitoring:** the use of a system to identify Travellers and other minority ethnic groups on health recording systems e.g. the DRMD of the Health Research Board
- **The collection of such figures would alongside census information assist in planning services, identify gaps in the provision of drug services.** Unless we know the extent of and nature of the drugs issue, how can we assess the impact of the services being offered? Ethnic data would tell us if minority ethnic groups were using the services and in what the outcomes are from these services
- **The net benefits of the reorientation of drug policy and services** will not just benefit Travellers but would benefit other minority ethnic groups

- **It is time to be proactive and innovative looking for more effective ways to engage communities affected by drug use** through increased resources, efforts and commitment to diversity and equality by all involved in this work
- **The Traveller Community must be supported in its efforts to address this issue**, they are seeking this support actively and the Traveller Specific Drugs Initiative will continue to work to ensure that this is realised

### **Closing Comments by the Chair for the Afternoon Panel Discussion Gerry McAleenan, Head of Services SOILSE**

Today's event is a watershed as represented by the positive turnout including key figures cross sectorally in the drugs area. For the first time a wide spectrum of stakeholders have come together to acknowledge and contribute towards an integrated response to the Traveller community and their endeavours to address drug issues within their community.

The inputs on addiction related topics have served to excavate and explore key issues for Travellers ranging from cultural oppression to advocacy and esteem, inclusion, models of good practice, the necessity for capacity building and the tension between process and product. Concluding with a framework for developing a strategic response for Travellers on drugs, we have arrived at a common vision underpinned by practical and obtainable actions.

This conference is occurring also at the junction of the National Drug Strategy Mid - Term Review, the onus now is on Travellers and those who vindicate their rights to become involved and ensure inclusive planning results in sustainable development, that the Traveller community is the subject and not the object of change. On the flip side service providers and policy makers need to meet the commitment of Traveller organisations with positive responses and actions to ensure Traveller inclusion across all the pillars of the National Drug Strategy.

Interestingly the utilisation of adult educational approaches in the practice models cited illustrate its relationship to community development, how the struggle of Travellers to grow holistically and be respected will contribute to a complementary community of interests and values, which the stakeholders here today will be challenged to buy into.

It is finally left to thank everyone who attended and partook.

In conclusion there will be a comprehensive report issued containing all of today's proceedings.

## **APPENDIX 1**

Website addresses/contact details

Pavee Point Travellers Centre  
[www.pavee@iol.ie](mailto:www.pavee@iol.ie)

The Traveller Specific Drugs Initiative  
[drugsawareness@pavee.iol.ie](mailto:drugsawareness@pavee.iol.ie)

Face It Young Persons Drug Service  
[Donnamarie.donnelly@nottshc.nhs.uk](mailto:Donnamarie.donnelly@nottshc.nhs.uk)

Kate Davies, Director of BME, Community Substance Misuse Programme, University of Lancashire  
[Kate.davies@newarksherwood-pct.nhs.uk](mailto:Kate.davies@newarksherwood-pct.nhs.uk)

## **Appendix 2**

### **Presentation of the Traveller Specific Drugs Initiative**

#### **Our Vision: The way forward**