



**Submission from Pavee Point Travellers Centre**

**On the Mid Term Review of the National Drug Strategy 2001-8  
To the National Drug Strategy Team  
September 2004**

**Submitted by the Traveller Specific Drugs Initiative**

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## **Submission on the Review of the National Drug Strategy**

*Pavee Point Travellers Centre welcomes the opportunity to submit our views and experiences re the mid term review of the National Drug Strategy. Building on Experience 2001-2008*

**The submission will be structured in the following way:**

- **An introduction to the Traveller Specific Drugs Initiative**
- **Key overarching recommendations**
- **Principles framing the development of the submission**
- **Context of drug issues for Traveller organisations**
- **Critique of the National Drug Strategy focusing on the strengths and weaknesses of each pillar, including specific recommendations under each pillar**
- **Challenges and Conclusions**

## **The Traveller Specific Drugs Initiative**

*Pavee Point is a national non-governmental organisation which is committed to the attainment of human rights for Irish Travellers. The organisation is a partnership of Travellers and settled people working together to address the needs of Travellers as a minority ethnic group who experience exclusion and marginalisation as a result of racism and discrimination.*

*Pavee Point has worked directly with Travellers over the last nineteen years. This experience and our ongoing analysis of Traveller circumstances and needs mean that the organisation is well placed to respond to the issues and emerging issues facing Travellers in relation to drugs.*

*Over the last three and a half years since the establishment of the 2001-08 National Drug Strategy the Traveller Specific Drugs Initiative began its work, the central focus of which is the promotion of Traveller inclusion in existing mainstream services and to identify the need for Traveller specific services if required.*

*The specific aims of the initiative are.*

- *To highlight the issue of Travellers and drug use and sensitise the National and Local Drugs Task Forces, Health Boards and other relevant organisations to the distinct needs of Travellers and inform them of the implications of these needs.*
- *To promote the inclusion of Travellers in policy development plans and the work of the Task Forces, Health Boards and relevant agencies, particularly in areas where there is a significant Traveller population.*
- *To work with Travellers and Traveller organisations to disseminate national and local drugs policies, and to support them in seeking to implement strategies and initiatives, which respond to the drugs issue, experienced within the Traveller community.*

*The Project has developed significantly over the last three years. This has involved a number of areas and levels of work such as policy and research, capacity building with Traveller groups, promoting the understanding and analysis of Travellers organisations in relation to drugs and drug use and finally in liaising with service providers. Unfortunately, it would appear that the need for such a project has also grown disproportionately. Increasing numbers of Travellers and Traveller groups are identifying drugs and drug use as an issue of concern, while many Travellers remain 'out of loop' when it comes to accessing the limited services that are available.*

### **Principles framing the Strategy**

*It is in light of the above that we make this submission with the following guiding principles in mind.*

- *The recognition of Travellers as minority ethnic group*
- *A rights based approach should be adopted with regard to the development of drug services and drug policy*
- *Traveller inclusion. any strategy being developed to address the issue of drugs should be inclusive of the needs of Travellers & equality proofed*
- *Equivalence. it is important that the 100 actions of the National Drug Strategy have the same impact and outcomes for Travellers as they do for the settled majority*
- *Travellers are an ethnic minority and are widely acknowledged as one of the most marginalised and discriminated groups in Irish society. Drug use is concentrated in areas and communities that are disadvantaged, therefore as Travellers are one of the most marginalised communities, they should be considered an "at risk group"*
- *Diversity. it is important that any drug strategy takes cognisance of the different needs of Travellers in relation to drugs and that any strategy would need to be culturally appropriate, anti racist and flexible in its approach.*

### **Key Recommendations of Pavee Point Travellers centre**

- **Inclusion** of Traveller organisations in the local and regional drug task force structures and in the action plans of these structures
- **The implementation of the recommendations** of the upcoming research by the National Advisory Committee on Drugs. This year the NACD have carried out a study on drug use in the Traveller community, the Traveller Specific Drugs Initiative is a member of the Research Advisory Group, along with the other national Traveller organisations, and made a significant contribution to the carrying out of the research. The final research document will present a number of key recommendations based on the findings. Whilst it is too early to pre-empt the findings, they will have implications for a number of the actions within the National Drug Strategy. Therefore the actions underpinning the strategy will need to incorporate these recommendations from the research when it is completed.
- **The naming of Travellers as a target group** for all the actions underpinning the Strategy, this would move policy to practice
- **Travellers need to be deliverers of support** to their community in terms of drug use, e.g. peer to peer work

- **Mainstreaming Travellers and Traveller issues** into all policies and services. This will involve a Traveller proofing mechanism being introduced into all dimensions of the drug services
- **The resourcing and funding of initiatives** that focus on prevention, education, treatment and rehabilitation programmes targeted at Travellers. Ideas on the particular needs of Travellers in relation to such programmes should be included (e.g. culturally appropriate, anti racist, targeted, outreach dimensions, peer to peer work etc)
- **Local experiences** and issues for Travellers in relation to drugs and alcohol must be taken into account as the experience will be different from the settled population
- **The need for an Awareness raising campaign on drug and alcohol issues in the Traveller community:** the Traveller Specific Drugs Initiative will be putting together a proposal around this, a lot of Traveller groups and Travellers themselves are looking for an awareness raising campaign
- The recommendations of the **National Traveller Health Strategy** in relation to drugs should be implemented
- **Naming of alcohol** as an issue – currently the National Alcohol Policy is a separate one and it works in parallel and does not have the profile or co-ordinated approach that the National Drug Strategy has – in many parts of the country outside Dublin alcohol is the single biggest issue, it should be part of the same Strategy–
- The need for a **holistic approach** that incorporates and takes cognisance of the issues Travellers experience daily (e.g. accommodation and living conditions, health, education, discrimination, poverty and social exclusion). Any drug policy developed should be integrated in conjunction with these issues and should be cross checked with other policies that are relevant to Travellers and monitored in conjunction with Monitoring Committee of the Task Force on Travellers.
- **Ethnic Equality monitoring.** using a system to identify Travellers on all health record systems within the context of Ethnic equality monitoring. These figures alongside information from census data can be used in to assist in planning services and identifying gaps in provision of health services to Travellers (e.g. the recent EMCCDA research project social exclusion and drug use among minorities showed that only 19.5% of questionnaires were responded to from their report on Ireland, due to facts such as the lack of baseline data). Unless we know the extent and nature of the drug issue, how can we assess the impact of the services being offered? Ethnic data would tell us if Travellers and other ethnic minorities are using the drug services, what the outcomes are and identify gaps.

## **The context of Drugs and Drug use for Travellers**

*The drugs issue in the Traveller community has been emerging, changing, developing and growing over the last five years. In particular the last two to three years have shown increasingly worrying developments in terms of drug related deaths, increased drug use in concentrated areas, more Traveller men in particular attending treatment centres, an increasing number of Travellers in prison who are drug users. Traveller organisations are beginning to develop responses to this issue over the last two to three years. It is important that the Traveller Specific Drugs Initiative works on the issues that are presented to us and work from an evidence based approach. It is our ongoing work with Traveller organisations that informs and shapes the direction of our work.*

## **Social Exclusion, Racism and Drug Use**

*Over the last three years we have built on our work at local level and regional level, whilst also reviewing work taking place nationally and internationally in terms of the analysis of drug use and its impact on disadvantaged communities. The correlation between drug use and social exclusion and the multiplicity of issues that face the Traveller community adds layers and complexities to the issue which could best be described as a 'web of causation'.<sup>1</sup>*

*This means any response would take cognisance of these issues, therefore a holistic approach to drug issues is needed. Travellers face a multitude of issues as a result of racism and discrimination and the denial of their ethnic and cultural identity which has implications for:*

- Accommodation issues
- Health problems
- Educational disadvantage
- High unemployment
- Drug issues

*Travellers could be considered an 'at risk group' for drug use and a 'hard to reach group', in this case defined as "Minority groups. The traditionally under-represented groups, the marginalised, disadvantaged or socially excluded. This includes service users who fall into well-used categories, often linked to population characteristics, such as minority ethnic groups, Travellers or asylum seekers."<sup>2</sup> Factors such as the fact that Travellers often live outside of local drug task force areas, may be nomadic, may not traditionally have an experience of using drug services can mean that new and innovative approaches are needed to engage this group.*

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<sup>1</sup> Young people who are homeless, who have been excluded from school or who have stopped attending school, young offenders and young people who have been in institutional or foster care are more likely to experiment with drugs at an early age and to develop drug related problems. These factors are highly connected and are best understood as a web of causation. *EMCDDA. Drug use among Vulnerable Young People, Drugs in Focus 16*

<sup>2</sup> *Delivering Services to hard to reach families in On Track areas, definition, consultation and needs assessment, National Foundation for Educational Research, Home Office Development and Practice Office, 2003*

*For Travellers who are drug users there may dual issues in terms of social exclusion and drug use as a result of being a Traveller who is also a drug user and the discrimination they experience as Travellers and as drug users. Internally in the community they may often be marginalised as a result of their drug use and the stigma and shame attached to drug use.*

*Travellers who are drug users require a diverse response – diversity which is used here 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<sup>3</sup>. This diversity should be reflected in the approach taken. Travellers are not a homogenous group and drug users are not a homogenous group and the Traveller community is made up of,*

- *Young Travellers*
- *Traveller men*
- *Traveller women*
- *Travellers in prison*
- *Travellers in institutional/foster care etc*
- *Homeless Travellers*
- *Older Travellers*
- *Travellers with a disability e.g. mental illness*

*Therefore any response needs to be reflective of the different needs within the Traveller community.*

### **Community Concerns/Traveller organisations**

*There are a number of concerns within the Traveller community in relation to the impact of drugs identified through the work of the Traveller Specific Drugs Initiative.*

- *An increasing number of Travellers – particularly Traveller men are actively using drugs and drug services*
- *Traveller women and young Travellers are also increasingly using drugs and alcohol and prescription drug use is an issue among Traveller women*
- *The impact that drug use is having on an already marginalised and disadvantaged community in terms of families – tensions in the community – health implications etc*
- *The stigma and shame of drug use an issue within the Traveller community that inhibits the development of responses – there is a need for ‘space’ for Travellers to work on this in order to break down the feelings of shame associated with drug use and to mobilise the community in a positive way to address the issue of drug use*
- *Alcohol is an issue in the Traveller community that needs to be addressed in conjunction with drugs<sup>4</sup>*
- *Literacy issues. any messages on drug education need to be accessible to the community<sup>5</sup>*

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<sup>3</sup> *Quality Standards in Drug Education for Travellers. to be published as part of a manual – section on Travellers by the Traveller Specific Drugs Initiative – 2004*

<sup>4</sup> *Bulletin of the Traveller Specific Drugs Initiative 2003. based on information collated through regional consultations with Traveller organisations*

<sup>5</sup> *Bulletin of the Traveller Specific Drugs Initiative 2003. based on information collated through regional consultations with Traveller organisations*

- *Cultural appropriateness—across the 4 pillars—*
- *Urgency of the issue. for some Travellers and their families the drugs issue is at a crisis level we are now in a period where developments need to happen as real damage is happening on the ground to the Traveller community>The National Drug Strategy should make a real commitment to this community in its revised programme for the next four years*
- *Increasing incidences of suicide within the Traveller community particularly among Traveller men> Anecdotal evidence suggests that these deaths are alcohol<drug related in many cases however in the absence of an index re drug related deaths we cannot know for certain the extent of this> Research should be commissioned under the auspices of the NACD re the issue of suicide and its relation to drug and alcohol use ←dual diagnosis should also be explored← Travellers should be included in this research*
- *Addressing underlying causes of drug use. many Travellers feel that to tackle drug use in the community other issues need to be addressed e.g> unemployment, accommodation, education, discrimination and racism> Unless there are real strives to create employment, provide accommodation, develop culturally appropriate health services and tackle racism and discrimination then disadvantaged communities like Travellers will continue to be at risk from drug use*

*It is these issues and considerations that we take into account in the writing of this submission>*

## **Critique of the National Drug Strategy focusing on the strengths and weaknesses of the four pillars of the National Drug Strategy**

### **1. Supply and Reduction Objectives**

#### **Policing**

##### **What are the strengths?**

*The drugs issue is one that is sensitive for communities and the need for good community relations is imperative if drug supply is to be tackled> Therefore the role of Community Policing and Community Policing Fora should be maintained, strengthened and expanded if a partnership approach is to be developed between the guards and the Traveller community>*

##### **How does the Strategy need to be refocused?**

*Minority ethnic groups including Travellers' experience of drug use should be recognised and included in the work of the Task Forces supply sub group and the Community Policing Fora in order to ensure that there is a strategy for working with these groups in a sensitive way on drug supply issues>The strategy should be inclusive and representative of this community and their particular experience of drugs>*

*Many communities who have experienced drug use have many other socio economic issues that contribute to marginalisation> In some cases relationships may be strained with the police especially in the case where drug dealing is being carried out within these communities> It is therefore important that trust would be built in order to gain the support and co-operation of*

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communities like Travellers and other minority ethnic groups to enable the guards to carry out their work and reduce the supply of drugs. The first step to doing this is to build better communication between the community guard and the drugs squad to make sure that there is sensitive practice re combating drug dealing in order to ensure that the relationship between the community guard and the Traveller community are not damaged as a result of interventions to combat dealing. Pavee Point understands that this is a long term process and that there would need to be real investment in resources and support on the part of Travellers, Traveller organisations and the Gardaí.

Good practice guidelines on the inclusion, consultation and involvement of communities in developing partnerships with the guards would go some way to ensuring that stereotypes of Travellers and minority ethnic groups does not further stigmatise these communities. These would be useful for example in how the guards work with the media on the reporting of drug hauls. It would be important that the Traveller community and other minority ethnic groups are not 'blamed' for drug dealing per se but that it is clear drug dealing is committed by individuals and is not representative of these communities. Anti racism training and mediation skills would be an important element of training and policy development in relation to Community Policing for it to be effective for all communities in Ireland.

Drugs and its impact in terms of policing and conflict issues have resulted in the Traveller Specific Drugs Initiative linking in and working with the Mediation Programme in Pavee Point on the whole area of Community Policing. Currently a small piece of research is being conducted in conjunction with this programme. It is imperative that in addressing issues of drug use that community issues on policing, anti social behaviour, supply and demand and dealing are addressed. Again this needs the support of the Gardaí, local authorities and the Traveller community. It is a long term goal and initiatives to support this work should be resourced.

In terms of policing we would also reiterate the sentiments of Citywide in their newsletter of June this year that Action 7, increasing the level of Garda resources in LDIF areas by 2001, building on lessons from the Community Policing Forum should be implemented.

Other actions that would have implications for the Traveller community.

- Action 5. Emphasis should be put on developing a formal accountable and inclusive policy framework. On the issue of Community representation, it is not sufficient that statutory agencies and other community groups represent Travellers. Travellers and Traveller organisations should be consulted and be enabled to participate in these structures, support will have to be given individuals so that they can participate fully.
- Action 8. a multi agency approach is to be welcomed, however this should mean a professional, confidential and ethical framework would be developed, so that information is shared between agencies in a fair and unprejudiced way in line with data protection. Guidelines should be developed on multi agency co-operation. Also in action 8, information to Traveller parents and the community on drug related matters would be a welcome initiative, however, Pavee Point recognises that relationships need to be built between the Guards and Travellers and that where relationships have been developed, it is easier to pass information to parents and the community.
- Action 9. the targeting of assets should be continued.

- *Action 11. the Community Policing Fora should be extended and Traveller involvement not just representation should be fostered. A lot of support and work will need to take place before Travellers take on these roles and real partnerships developed.*

### **The Prison System**

*At the present time we do not know the extent of drug use among Travellers in prison. However given the fact that many prisoners in the Irish penal system are in fact drug users it follows that some Travellers who are incarcerated may also be drug users. In the work that Pavee Point has conducted over the last number of years within prisons the numbers of Travellers in prisons who are drug users has increased substantially.*

*Support for Travellers in prison mainly comes in the form of families, Traveller organisations and some drug projects, however some projects like Coolmine have experiences of Travellers in prison not wanting to see them or engage with them after an initial visit.*

### **How could the strategy be refocused?**

*There are a number of challenges to the strategy such as.*

- *The need for a comprehensive harm reduction programme that includes needle exchange incorporated into prisons in light of international good practice. Travellers need to have access to this.*
- *Action 22. Many recent studies in Ireland show the equivalence of care for those in prison is not present and that a prisoner is ten times more likely to be HIV positive and the rate of HCV in excess of 100 times<sup>6</sup>. It is not adequate that it will be 2008 before a National Policy for Drug Treatment in the Irish Prison System. This policy should be fast tracked along with the review of the Prison Strategy.*
- *Action 24. In relation to the Report of the Steering Group on Prison Based Drug Treatment Services, Community and Voluntary Representatives need to be involved in partnership with this group if real change is to happen in the system. The past practice of Community Reps coming in at the end of meetings is not a realistic way of supporting this work. The Prisons Liaison Group should be supported in their access and involvement in the prison. This access should be agreed and a protocol developed in order to ensure a real involvement and role for Community and Voluntary Groups. This means that Travellers and Traveller representatives should be included on the Prisons Liaison Group in prisons where Travellers are incarcerated to ensure the needs of Travellers in prison are being met.*
- *Mental health issues have been highlighted in the past by the Irish Penal Reform Trust and other organisations. As the following quotes show there is concern about Travellers in prison who may have mental health issues,*

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<sup>6</sup> *Allwright, S, Barry, J, Bradley, E, Long, J, Thornton, L. Hepatitis B, Hepatitis C and HIV in Irish Prisoners. Prevalence and Risk. The Stationary Office, Dublin 1999*

*"Given that there is a disproportionate number of members of the Traveller community in Irish prisons compared to the majority population – Amnesty International Report. Mental Illness: the Neglected Quarter – the known affect of prison regime on an individual's health gives cause for concern"*<sup>7</sup>

*"There is a gross over representation of Travellers in forensic admissions... This reflects the excess of Travellers amongst prison committals... These rates suggest that a very high proportion of all Travellers will be imprisoned at some time during their life. This "normalisation" of the experience of imprisonment exposes a high proportion of all Travellers to the adverse health and lifestyle behaviour prevalent in prisons. Prison populations are at a greater risk of developing opiate and other drug dependence disorders with associated problems. In a more general way the normalisation of imprisonment is likely to have adverse effects on the expectations and aspirations of children and adults. It adds also to the stigma attached to Travellers as a group...*

*In any ethnic group or sub-population where imprisonment is so common, it is reasonable to hypothesise for future research that the... impaired... mental health, may to some extent be caused by imprisonment itself"*<sup>8</sup>

*Concerns around dual diagnosis and the use of drugs among the Traveller community needs to be addressed in a more comprehensive way within the prison system as reflected in the above quote.*

### **Recommendation 1**

*Pavee Point would recommend that research on the experience of Travellers in prison examining a range of issues such as support in the system, drug use and mental health<sup>9</sup> be commissioned, and the issue of mental health within prisons and the links between this and drug use should be named in the reviewed strategy.*

### **Recommendation 2**

*Pavee Point would recommend the piloting of peer groups in prison for Travellers who want to support each other in this environment as a positive step in addressing some of the needs that Travellers may have. This initiative would need the support of the prison governor and staff as well as other prisoners, prisoner support groups and Traveller organisations.*

### **Drug courts**

*The successful evaluation of the pilot Drug court is to be welcomed, however it is important that other initiatives that reduce the numbers of drug users in prison be explored. The reviewed strategy should specify a number of ways this could be done. Models of best practice from other countries may give direction in this regard. It is important that Travellers are included in any such initiatives.*

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<sup>7</sup> Submission by Pavee Point to the Expert Group on Mental Health Policy, December 2003

<sup>8</sup> Irish Travellers and forensic mental health, Linehan S, Duffy D, O'Neill H, O'Neill C, and Kennedy HG, Irish Journal Psych, Medicin, 2002, 19-3-

<sup>9</sup>

## 2. Prevention Objectives

### Early intervention

#### What are the Strengths?

*It is important that early intervention is supported and the current roll out of the Social, Personal and Health Education Programme in primary and post primary schools is to be welcomed, along with the development of school drug policies.*

#### What are the weaknesses?

*Actions 31-35 apply to VTOS, Youthreach, Community Training Workshops and Senior Traveller Training centres, however, Travellers should be targeted within these programmes in a culturally appropriate<sup>10</sup> way. Due to the fact that Travellers are over represented in Youthreach, where approximately ten per cent of their participants are Travellers<sup>11</sup>, that a high number of Travellers work in Senior Traveller Training centres and Community Training Workshops, all drug education programmes should reflect the particular experience of Travellers in relation to drug and alcohol issues. As Travellers will be the receivers of this information, it should be relevant to their lives and the context in which they live. Those who are delivering this information should have experience in delivering drug education in an intercultural setting, and where this experience doesn't exist, training of trainers should be commissioned and Travellers trained in delivering these programmes, in light of the recommendations of the National Traveller Health Strategy<sup>12</sup>*

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<sup>10</sup> **Culturally Appropriate.** describes a practice or approach, or materials/resources that are designed or used to minimise exclusion, support identity, promote respect and support inclusive practice. Pavee Point Travellers Centre

<sup>11</sup> Youthreach. National co-ordinator ~~estimate of the number of Travellers in Youthreach.~~

<sup>12</sup> "Traveller involvement in the design and delivery of targeted substance misuse prevention programmes. Critical to this will be the central involvement of the Traveller Specific Drugs Initiative, Traveller organisations and Traveller community health workers." P 94 Traveller Health: A National Strategy

*Peer to peer programmes should be resourced in the delivery of drug education programmes*

### **Recommendation 3**

*The Traveller Specific Drugs Initiative is currently involved in putting together quality standards re drug education programmes for Travellers as part of a manual with the Drug Education Workers Forum. We would recommend that this section in the manual along with training should be undertaken by those delivering drug education to Travellers in order to ensure there is good practice in the delivery of drug education programmes to this community*

## **Targeting of Vulnerable Young People**

### **What are the strengths?**

*Over the last year there have been a number of positive developments in terms of funding for Youth Work programmes with young Travellers that have a drug prevention element to them. In the evaluation of the Young Peoples Facilities and Services Fund almost 80% of funding has gone towards work with Travellers<sup>13</sup>. This is to be welcomed*

### **What are the weaknesses?**

*In many cases non Traveller projects that receive funding with a remit to target young Travellers are not always best placed to do so and often they do not target young Travellers. In this case best practice must be maintained in ensuring that local Traveller groups are funded to carry out this work*

*It is important also to note that those Travellers who are not in school may be at risk from drug use initiatives must be put in place in order to ensure this group are able to access support. Targeting of vulnerable young people<sup>14</sup> should be a priority of the National Drugs Strategy. Young Travellers are a target group under "Targeted interventions" however there are a limited number of Youth Workers specifically working with Travellers*

### **How could the Strategy be refocused?**

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<sup>13</sup> *Evaluation of the Young Peoples Facilities and Services Fund: published by DES, prepared by the WRC*

<sup>14</sup> *Young people who are homeless, who have been excluded from school or who have stopped attending school, young offenders and young people who have been in institutional or foster care are more likely to experiment with drugs an early age and to develop drug related problems. These factors are highly connected and are best understood as a web of causation. –EMCDDA. Drug use among Vulnerable Young People: Drugs in Focus 10–*

*Pavee Point welcomes the upcoming Traveller Education Strategy which is being developed by the Department of Education in partnership and consultation with Traveller organisations, however we feel that the following themes should also be addressed.*

- *There needs to be real investment in the development of Youth Work<sup>c</sup> after school supports and the retaining of young Travellers within post primary school. The Traveller population is a young population as the recent census has shown, there are forty two per cent under 15 years of age<sup>15</sup>. Therefore investment in young Travellers should be a priority under any initiatives targeting disadvantaged young people.*
- *One to one work with young Travellers who are not linking in with youth work projects or who may need a high level of supports must be a priority in the Young Peoples Facilities and Services Fund. As it currently exists many youth work programmes working with young Travellers already do this as part of their detached work<sup>c</sup> however in order to sustain supports for this group of young people a greater investment is required.*

#### **Recommendation 4**

*The promotion of young Travellers as Youth workers in their own community has been fostered within Traveller organisations over many years. Pavee Point would recommend that a fund be set up to foster the development of peer educators in disadvantaged communities, this would be a long term project for 3-5 years. In this way the National Drug Strategy would be making a real investment in young Travellers and other vulnerable young people from disadvantaged communities. A number of local Traveller groups are carrying out direct work with young Travellers<sup>c</sup> which should continue to be resourced and expanded in areas where it does not exist as a priority.*

#### **Recommendation 5**

*To date Travellers have been excluded or not targeted by mainstream Youth Projects and local Traveller groups have been providing diversionary activities and projects in the absence of funded programmes. A number of local Traveller groups are carrying out direct work with young Travellers<sup>c</sup> which should continue to be resourced and expanded in areas where it does not exist as a priority.*

### **Early School Leaving**

*Early school leaving is an every day experience for a lot of young Travellers<sup>c</sup> particularly in the transition from primary to secondary school<sup>c</sup> with a significant drop off before junior cert level.*

*Action 34 needs to take cognisance of Travellers in its targeted expansion of the School Completion Programme, the focus should not only be on areas where young people are at risk from drug use but on communities that are at risk from early school leaving. Targets under NAPS such as the transfer rate of Travellers to post primary being increased to 95% are unrealistic given the current rates of retention in the case of young Travellers who leave school earlier than the national rate of early school leavers. However in light of the development of the Traveller Education Strategy early school leaving needs to be priority with targets over the next five years to achieve a 95% level of attendance.*

### **Creation of accessible, positive alternatives to drug misuse (e.g. sports etc)**

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<sup>15</sup> *The National Census 2002<sup>c</sup> Volume 8 Irish Traveller Community*

### **What are the strengths?**

*Many young Travellers are currently engaged in diversionary youth projects that are providing activities which are having positive impacts on the lives of young Travellers funded through the Young Peoples Facilities and Services Fund*

### **What are the weaknesses?**

*Many young Travellers have negative experiences of education both in the formal and informal sectors, through being excluded or segregated from mainstream education and other informal activities such as Youth and Sports clubs. In spite of this, there are few alternatives or sport programmes funded specifically for young Travellers. Racism and discrimination are everyday occurrences in young Travellers' lives as evidenced in focus groups held with young Travellers. As a result their access to sports clubs and other leisure facilities is limited.*

*The increased contact with the settled community that young Travellers now have particularly as they remain longer within the education system has seen increased hostility. Often this manifests itself in the denial or reworking of their identity in the face of discrimination and racism as experienced at new levels.*<sup>16</sup>

*Much of the Youth Work that takes place in Traveller groups promotes the access of young Travellers to the private sector sport activities such as bowling, swimming and outdoor activities, which they may not have had the opportunity to access to due to discrimination.*

### **How could the Strategy be refocused?**

*There should be a greater emphasis on a holistic approach to the drugs issue, one that takes into account the multiple issues impacting on the lives of Travellers, so therefore a challenge to the reviewed strategy would be the development of a more coherent and multi-faceted approach to drug use in communities like the Traveller community. Therefore the following issues must be addressed.*

- *Sport organisations that are funded by the state need to target disadvantaged young people like Travellers. This should be criteria for funding. The KNOW Racism campaign has used advertising campaigns to promote positive images of other communities through sport. Partnerships between organisations like the NYCI and Sport organisations can promote alternatives for young people but the voice of young Travellers and other minority ethnic groups' needs also to be included.*
- *Mainstream youth services that provide diversionary activities also should have criteria in relation to funding on the inclusion of Travellers.*
- *Anti racist codes of practice and policies need to be adopted by the main youth work organisations and sport organisations. National Youth Council, National Youth Federation, the GAA etc.*
- *Local Traveller groups and youth groups should be jointly funded to work on initiatives that promote the inclusion of young Travellers in mainstream youth work/sports activities.*
- *An activity that young Travellers have been traditionally been involved in has been the caring of horses, which has been part of the Traveller economy passed down through generations. There has a number of reasons that young Travellers have been involved, one is economic, horse trading as an income, but there are others, one is the retention of*

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<sup>16</sup> *The Traveller Child . A Holistic Perspective, Colette Murray, Pavee Point Early Years Programme, 2002*

*Traveller culture, two giving young Travellers a role in the family through the care of horses along with an alternative pass time for young Travellers. There has been very little funding or support for these activities to date. Resources to support traditional past times and activities within the community should be allocated.*

### **The needs of Young people and their Parents**

*Traveller parents are concerned about drug issues and the impact it may have on not only young Travellers but on their whole community. However, they often don't have information and don't know where to go for help, in many cases they deal with the problem alone. Traveller parents should be included in any programmes being facilitated through schools and for those Travellers who are not in school, Traveller organisations and youth organisations need to be supported to initiate programmes for them. Over the last three years of the Project Traveller parents have expressed concern about young Travellers and drug use but also on issues around accessing information and supports for families in general. Targeted programmes through Traveller organisations would have the greatest impact in this case using a peer to peer approach, whilst simultaneously mainstream programmes attached to community based organisations and schools should be inclusive of Travellers.*

### **General Public Awareness**

#### **What are the weaknesses?**

*Over the last year the National Drug Awareness campaign completed its roll out with the last phase beginning in January 2004. Whilst the need for greater public awareness about drugs is paramount, it is with regret to note that a targeted approach was not a part of the strategy. Parents were the primary target and the campaign did go to the regions with a road show format. However, for Travellers and other target groups' large scale campaigns that don't take into account the issues of that particular community have little real impact.*

#### **How could it be refocused?**

*An awareness campaign should focus on a number of target groups' e.g. young people, women, Travellers etc using information that is accessible, relevant for their particular information needs and culturally appropriate. In the future, any new drug awareness campaign would need to take a more inclusive approach to the dissemination of messages and information on drugs.*

### **Recommendation 6**

*A fund for communities at local and national level to raise awareness and develop materials to deliver drug education messages should be set up over the next four years of the strategy. Although presently the Health Promotion Unit provides funding on occasions for materials already been used locally, this should be broadened out into an annual fund to initiate and develop new materials for various target groups. It could be administered by the HPU through a working group which would decide on what projects to fund, evaluations would need to be carried out as to the impact for the communities targeted. A lot of community based organisations are best placed to do this piece of work and the Traveller Specific Drugs Initiative along with other Traveller groups could carry out a programme such as this.*

### 3. Treatment Objectives

#### What are the Strengths?

Over the last four years there has been a lot of debate on issues in relation to treatment places<sup>c</sup> options and the numbers in treatment<sup>c</sup> The upcoming publication of the review of the Methadone protocol and the report on Benzodiazepines are to be welcomed<sup>c</sup> however there remains a number of issues in relation this pillar<sup>c</sup>

#### What are the weaknesses?

If the treatment pillar is to be inclusive of Travellers then a real cultural change needs to take place within the organisations that provide these services<sup>c</sup> In this sense the National Drug Strategy needs to lead this by setting down a number of markers

- There are still unacceptable numbers of drug users on waiting lists<sup>c</sup> this is resulting in many drug using Travellers in crisis situations continuing to use drugs
- Travellers in some areas are experiencing difficulties accessing treatment due to a non fixed address<sup>c</sup> therefore a coherent policy should be developed re fast tracking those with no address in all health board areas<sup>c</sup> similar to the policy for homeless people
- There needs to be a multi agency approach to treatment<sup>c</sup> but this should help the client not hinder their access<sup>c</sup> <sup>c</sup> Travellers may have many issues such as accommodation<sup>c</sup> unemployment<sup>c</sup> family support issues etc<sup>c</sup> so in going into treatment they need responses and referrals that are appropriate to their circumstances
- Counselling waiting lists are also unacceptably long and this needs to change immediately in areas such as Tallaght<sup>c</sup> Finglas and Clondalkin where there are high populations of Travellers etc In the case of Travellers<sup>c</sup> counselling should be culturally appropriate <sup>c</sup> "for example<sup>c</sup> a requirement of AA is to admit powerlessness and this can have very different implications for people disadvantaged by their race<sup>c</sup> gender and socio economic status than for people from affluent and successful backgrounds"<sup>17</sup> Traditionally Traveller families have provided advice and support<sup>c</sup> so experiences of therapeutic interventions may be limited<sup>c</sup> In this case counselling approaches would need to reflect such approaches like the use of narrative therapies and other models<sup>c</sup>

#### How could the Strategy be refocused?

Under Action 40<sup>c</sup> the introduction of **key performance indicators** for treatment and rehabilitation are referred to, in the **'evaluation of services accurately and consistently reflect the needs of specific areas i.e. performance indicators should reflect the reality of the drug problem locally'**.

A set of key performance indicators being developed should be compiled in consultation with community based projects<sup>c</sup> including the Traveller Specific Drugs Initiative<sup>c</sup> local Traveller groups and other service user groups in order to ensure that the KPIs are inclusive<sup>c</sup> relevant and effective in addressing the following,

- Any local needs assessment of treatment should take into account the needs of Travellers in the area
- Drug treatment services should have in place anti racist codes of practice and procedures to ensure Travellers and other ethnic minorities have equality of access<sup>c</sup> participation and

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<sup>17</sup> p 49 'Alcohol. A drug with many dimensions', by Melissa Raven New Perspectives on Addiction<sup>c</sup> Dulwich Centre Newsletter<sup>c</sup> 1997 no 2 53

outcome within their service; this will include staff training and ongoing monitoring and evaluation;

- *Ethnic Equality monitoring. using a system to identify Travellers on all health record systems within the context of Ethnic equality monitoring. These figures alongside information from census data can be used in to assist in planning services and identifying gaps in provision of health services to Travellers;*
- *Measuring the outcomes of treatment for the Traveller community should be done through Equality Proofing<sup>18,19</sup>.*

*Equality proofing should be reflected in the service plans of all agencies, this means the naming of Travellers; women; other ethnic minorities and young people as target groups with action plans. It would be important to look to international examples around the provision of services in the treatment of drug use in the development of key performance indicators;*

### **Recommendation 7**

*Action 50 is concerned with the development of Quality Standards in drug treatment and rehabilitation and should include standards re ethnic minorities in terms of equality and diversity policies and again the Traveller Specific Drugs Initiative and other Traveller organisations should be consulted in the development of these guidelines;*

### **Young Drug users**

#### **What are the Strengths?**

*The National Drug Strategy has rightly asserted the need to provide services appropriate to young people and has put down actions to achieve this objective;*

#### **What are the Weaknesses?**

*Actions 49; 51 and 59 and 60. The prioritisation of young people under this pillar is to be welcomed; however this year; two years behind target there is still no protocol on working with young people under 18 in a treatment setting. We would concur with other community based organisations such as Citywide in calling for this action to be implemented urgently. Issues in relation to Child protection has added implications for this work; however it is imperative that these issues do not prevent a protocol being developed;*

#### **How could the Strategy be relocated?**

- *The inclusion of families under action 60 is to be welcomed; however in the case of Traveller families; it is important that Traveller parents are included and that family therapy is culturally appropriate in this incidence; this will be relevant also to Family Supports;*
- *Develop tailored; localised and comprehensive plans and services developed in consultation with young drug users to ensure they are relevant; merely recreating what*

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<sup>18</sup> "The objectives of an equality proofing process can be summarised as follows.

- *To promote full and effective equality*
- *To eliminate the inequalities that lead to poverty and social exclusion*
- *To achieve a society that guarantees the inclusion of all groups and one that values rather than discriminates against differences;" p 8 –Ravee Point. Traveller Proofing Within an Equality Framework; Ravee Point publications; 2002–*

*already exists is not appropriate to the needs of young drug users: a diverse response is needed and the treatment options varied*

- *Access to counselling services again should be prioritised and counsellors working with young people should be trained and supported in working with young people in an inclusive way and the International Covenant on the Rights of the Child must be respected in terms of the rights of young people including young Travellers*

## **Service Users charter**

### **What are the weaknesses?**

*In most health boards there are now service user charters: whilst this is to be welcomed: the content of some of these charters often does not go far enough in its commitments to service users: Often the language is regulatory and the responsibilities are weighed heavily on the service user:*

### **How could the Strategy be refocused?**

*We would go further and assert that a service user charter should be policy which would,*

- *Involve in depth consultation with service users: including Travellers who are using services and other service users*
- *Include a policy on equality and diversity*
- *Have actions to provide training and support to staff on the implications of this policy*
- *Involve raising awareness amongst service users as to its existence*
- *Be literacy proofed it should be verbalised to service users*
- *The complaints procedure should be clear and transparent and explained to all service users*
- *Feedback on the charters should be requested and recorded*
- *Any service user charter should be rights based*

## **Recommendation 8**

*Pavee Point would recommend that an interim review of these charters takes place in 2005 with a view to putting a more comprehensive document together incorporating a policy on equality and diversity within the charter: This would need to be monitored and evaluated using an impact assessment model to ensure that the services are having equal outcomes for Travellers and other ethnic minorities and other service users:*

## **Harm Reduction, Poly drug use and the changing nature of drug use**

### **What are the weaknesses?**

*It is timely that the NACD has published its review of harm reduction, however the current anomalies that exist around Harm Reduction need to be resolved: Action 55 of the Strategy refers to 'introducing greater provision of alternative medical and non medical treatment types: which will allow greater flexibility and choice'. In this case immediate action must happen as the services which currently exist for active drug users may not suit their needs: those who are using cocaine: poly drug users: those who may want non medical intervention and drug users with dual diagnosis who may need access to Mental Health care etc*

### **How could the Strategy be refocused?**

*It is essential that these issues are addressed in the reviewed strategy with a key focus on increasing the treatment options for active drug users<sup>c</sup> including poly drug users and those with mental health issues<sup>c</sup>. New approaches to engaging Travellers who are drug users need to be developed with the following in mind.*

- **The changing nature of drug use** *within the Traveller community over the last number of years<sup>c</sup> such as an increase in cocaine use<sup>c</sup> increasing numbers seeking treatment<sup>c</sup> changes in type of drug being used<sup>c</sup> gender dimensions such as Traveller men and women's experience of drug use which is very different<sup>c</sup>*
- **Harm reduction:** *An appropriate level of harm reduction options must be available for active drug users, these must be culturally appropriate and suited to the diverse needs of Travellers<sup>c</sup>. In Ireland there are anomalies in relation to what harm reduction is and what it isn't and the debate around using harm reduction in the case of drug users has been contentious<sup>c</sup> however given the rates of Hepatitis C<sup>c</sup> we have among drug users in Ireland<sup>c</sup> it is clear that we need to improve access to harm reduction tools <sup>c</sup>needle exchanges<sup>c</sup> primary health care services to active drug users<sup>c</sup> harm reduction drug education programmes etc, all of which should be available<sup>c</sup>*
- **Poly drug use** *is the everyday reality for many drug users and the current structure of the drug services do not reflect this reality<sup>c</sup>. A greater integrated approach in which a drug user can access treatment under one roof for a number of drug problems is the ideal<sup>c</sup> this is a long term aim and will require research into models of practice from other countries<sup>c</sup>*
- **Needle exchange services** *action 62&63. the expansion of this service needs to happen where there is the most need and Travellers need to be targeted to use these services as anecdotal evidence from outreach workers in some needle exchanges suggests that in areas where there are currently needle exchanges they are not being used by Travellers who are injecting drug users<sup>c</sup>*

### **Recommendation 8**

**Outreach models** *action 64. this action is extremely pertinent in the case of Travellers and the development of good models of practice in engaging drug users who are not in contact with services<sup>c</sup>. Pavee Point would make the following recommendations.*

- 1) *In terms of Travellers<sup>c</sup> outreach models should be developed in conjunction with the target group and through their representative organisations in terms of accessing and supporting drug using Travellers<sup>c</sup> and should be evaluated in accordance with current best practice <sup>c</sup>the EMCCDA guidelines on outreach work*
- 2) *Outreach workers should ideally come from within the community using a peer to peer approach and where possible<sup>c</sup> training and supports should be provided to communities where the need exists<sup>c</sup>. Pavee Point would recommend piloting an outreach model for Travellers in an area like Finglas in North Co<sup>c</sup> Dublin where there is a real need for an intervention<sup>c</sup>*

### **Recommendation 9**

*Low threshold policies need to be developed which facilitates Travellers who are drug users who may not access services, remain in a programme and only use drug services intermittently when there are crises in their lives in relation to drugs > crisis intervention*

## **Family Supports**

### **What are the weaknesses?**

*Pavee Point would see a real need for the development of a commitment within Family Support initiatives to engage Travellers within their work > The work of the Family Support groups around the country and other agencies needs to be consolidated and expanded > Actions on Family support should be clearer with definite target measures >*

### **How can the Strategy be refocused?**

*A greater emphasis on the work of Family support groups and an increase in the numbers of family support workers employed by the Health Board should be named > The National Drug Strategy should name families and make a recommendation re the funding of a pilot initiative that would target Traveller families who need support re alcohol and drug related issues for both the Traveller who is a drug user and the Traveller parent > In the 1983 review body on Travellers Report, alcohol was cited as a major issue among families who were in crisis situations, and this was echoed as an issue still in a recent research document funded by the Traveller Health Unit: Caring for Diversity >*

*Family support has been an issue that's been raised again and again by Traveller organisations > Families of drug users are finding that there is very little out there in terms of family support for them and their children and often families are coping with drug users on their own > In cases where their children are engaged in services, they are finding that there is no support for them or no space for them to give support to their children who are in treatment, where they exist Travellers were not comfortable in a "settled environment", this is an issue that the Project will continue to address ><sup>20</sup>*

*It is important that vulnerable families are supported and that interventions come at a timely fashion with proper referrals for drug and alcohol users >*

### **Recommendation 10**

*The Traveller Specific Drugs Initiative would support an initiative for Traveller families, we could identify an area for an initiative to develop a pilot family support network for Traveller parents, in conjunction with Citywide in conjunction with a local Traveller group and a local family support network >*

## **Co-ordination Objectives**

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<sup>20</sup> "Access to supports could also require that the client go to another ~~settled people's~~ agency for instance, a general practitioner's referral was required to access psychotherapy, alcoholic clients were urged to attend AA meetings ~~where other members would probably be settled people~~ > p 48 Caring for Diversity by Mairin Kenny, to be published by the Traveller Health Unit, 2004, pending publication

## **Relationship between the Local Drugs Task Force and Traveller organisations**

### **What are the strengths?**

*The local drug task forces have been consolidating their work over the last four years and the commitment at local level by all involved is to be commended. The Traveller Specific Drugs Initiative commenced in November 2000, unfortunately too late to input into the development of the local action plans of the LDTF. As a result Travellers were only specifically named in two to three of the action plans for the 14 Task Force areas. On a positive note some Traveller groups have since been funded and supported in initiatives through the LDTF and this support has been hugely welcome. The localised and co-ordinated approach has worked well and resulted in a lot of positive outcomes.*

### **What are the weaknesses?**

*It has become evident over the last number of years that there are issues with the Community and Voluntary representation on the LDTF. In terms of Travellers it is fair to say that the Traveller voice has often not been heard at the LDTF table because simply Travellers were not represented and could not represent themselves. The Traveller Specific Drugs Initiative has been striving over the last three years to build links between local Traveller groups and the LDTF. In doing so we have come up against a number of blocks such as no uptake for offers we have sent for information sessions on Travellers to be delivered to the LDTF members, a reluctance to target Travellers due to the fact that action plans have already been developed, not including Travellers as representatives on the LDTF while simultaneously Community Representatives not being in the position to represent the needs of the Traveller community, regardless of good will, due to lack of supports to carry out their work, lack of knowledge of Traveller issues and Travellers not being named within local area action plans.*

### **How could the Strategy be refocused?**

#### **Recommendations 11-13**

*The Traveller Specific Drugs Initiative would recommend that the following needs to happen.*

- *A co-ordinated plan on addressing drug issues in the Traveller community needs to be addressed at a cross task force level, this would also involve the Regional Drugs Task Forces. The Traveller Specific Drugs Initiative would have a role to play here, however the support of the co-ordinating group for both the LDTF and RDTF co-ordinators would need to work with the project on this*
- *All new area action plans being developed should be 'equality and Traveller proofed' in conjunction with local Traveller communities to ensure they are inclusive of the needs of the community*
- *With the current changes within the LDTF in terms of representation, the Traveller community should be either represented directly or by a Community Rep who has a direct reporting mechanism from the community back to the LDTF and be able to facilitate the involvement of the Traveller community. This would mean an increase in the administrative support to community representatives along with training on Traveller issues and the development of links with local Traveller groups. The Traveller Specific Drugs Initiative would facilitate this piece of work in conjunction with Citywide and the NDST*

## **Regional Drug Task Forces**

### **What are the strengths?**

*It is a welcome development that all the RDTF are up and running throughout the country and that administration budgets have been allocated. The need for a structure outside Dublin has been a very real issue for the communities in these areas as a co-ordinated approach to the drugs issue has often been absent.*

### **What are the weaknesses?**

*At this point it is too early to pre-empt the weaknesses of this structure however there are a number of challenges to be faced as the following points will convey,*

**Development of Services.** *One of the roles of the RDTF which is stated in the terms of reference is that they will.*

*In conjunction with the LDTFs co-ordinate strategic planning and policy making at regional level including the development of services which might be more effectively delivered on a regional basis. These could include, for example, treatment referrals, services for Travellers, homeless persons and sex workers involved in illicit drug use, training for drug workers, etc.* ~~←p7~~ *of the guidelines to the Regional Drug Task Forces. It is imperative therefore that the RDTF in preparing its local action plans consults and meets with Travellers in order to ensure inclusion of their issues in the development of regional plans.*

**Traveller Representation:** *It is important to recognise that in addition to area-based communities there may also be communities of interest who can play an important role in the work of the RDTFs and their participation should also be facilitated.* ~~←p14~~ *of the RDTF guidelines—*

### **In our submission on the guidelines to the RDTF:**

- *we cited the importance in naming Travellers as one of the diverse communities that must be targeted by the RDTFs*
- *Traveller organisations are predominantly community organisations therefore we are also concerned that the community sector in equity with other sectors nominates supports and feeds back to its own sector in a manner that is managed by the sector itself and inclusive of Travellers and Traveller organisations*
- **Support structures** *need to be resourced and supported in order to ensure that Community networks are established. There is a need to ensure that all RDTF work in a way that is inclusive and that there are guidelines which they need to take cognisance of when including Travellers. There should be correlation within the RDTFs so that there is no room for misinterpretation of the guidelines that could result in Travellers being excluded. It is important that the RDTF look to good practices for the inclusion of minority ethnic groups and other groups like the homeless and drug users within the RDTF structure.*
- **Consultation Process:** *The consultation process on the development of the local action plans needs to be inclusive of Travellers and this may mean consulting different target*

groups in separate arenas ~~←~~ homeless people may not go to a public forum—and Travellers may not attend public forums—so there needs to be a number of ways to engage people ~~→~~ small group workshops and focus groups that are facilitated would be useful—notification of consultations should be done in writing to Traveller organisations but also in contacting the group by phone—giving groups the chance to discuss the upcoming event so that people feel prepared and are interested and supported in attending

- **The development of appropriate services** that target Travellers in the regions based on the needs identified through consultation and direct representation
- **Monitoring and Evaluation:** This is a very important tool in assessing how the Regional Drugs Task Force work is impacting on groups like Travellers—It would be important that all action plans are equality proofed and are evaluated

### **Formalising Relationships between the National Drug Strategy Team and the Traveller Specific Drugs Initiative**

The Traveller Specific Drugs Initiative would see the NDST supporting the inclusion of this project in developing this piece of work as necessary—particularly in light of where barriers and difficulties may arise on the above named issues—It is in light of this that we have been seeking to develop a more formal relationship with the NDST over the last year—sharing information on our concerns on particular issues—updating them on the work of local Traveller groups and the work of the project in general

### **Challenges to the National Drug Strategy re Traveller inclusion**

There are a number of challenges to ensuring Traveller inclusion in relation to drug issues that need to be met if this work is to have an impact, the need for resources to be ring fenced to carry out this work— a recognition that this work is only beginning as drugs are a relatively new issue within the Traveller community, the development of innovative approaches to addressing issues of drug use within the Traveller community— the urgency of the issue and the impact its having on the community now and finally that Travellers along with other target groups should be central to the strategy and not peripheral to it and by this we mean that Travellers and Traveller organisations are included from the beginning of policy development through consultation— participation and involved in monitoring and evaluating drug policy and structures as they impact on them

### **Conclusion**

Finally it is our hope that our work will continue to be built on over the next four years of the Strategy with the support and resources to do this— We would welcome a reviewed strategy that is supportive of the issue of drugs in the Traveller community—targeted towards Travellers under all four pillars— with clear initiatives and actions taking on some of the recommendations made in this submission to create real positive change— We would endeavour support such initiatives—

