



**Submission to the Citizens' Assembly on Drugs Use
June 2023**

Pavee Point Traveller and Roma Centre ('Pavee Point') has been working to challenge racism and promote Traveller and Roma inclusion in Ireland since 1985. The organisation works from a community development perspective and promotes the realisation of human rights and equality for Travellers and Roma in Ireland. The organisation is comprised of Travellers, Roma, and members of the majority population, who work together in partnership to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion, marginalisation, and racism, working for social justice, solidarity, and human rights. The central aim of Pavee Point is to contribute to improvement in the quality of life and living circumstances of Irish Travellers and Roma.

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Recommendations

1. Fully implement the National Traveller Health Action Plan, with increased multi annual funding for Traveller organisations to support targeted measures related to substance misuse and addiction.
2. Prioritise and mainstream Traveller/Roma health inequalities (including addiction) within the Department of Health and across the HSE into existing and forthcoming health policy and service developments.
3. Provide a health-led response to addiction that is culturally appropriate and addresses health needs of Travellers, including decriminalisation for personal use on all occasions.
4. Ensure a proactive community-based policing response to drug dealing in partnership with Traveller organisations and the Traveller community.
5. Provide anti-racism training (inclusive of anti-Traveller and anti-Roma racism) to all relevant agencies.
6. Implement ethnic equality monitoring, including use of a standardised ethnic identifier) across all relevant data sets for addiction. It is essential that the application of an ethnic identifier takes place within a human rights framework so the specific needs of Travellers and Roma can be assessed, and adequate responses designed to promote equality, and combat racism and discrimination.

Introduction

Pavee Point welcomes the opportunity to make this submission to the Citizens' Assembly on Drugs Use, as we recognise the significant impact drugs have on individuals, families, emergency services, and communities. We commend the Assembly in giving visibility to the key issues affecting Travellers and Roma. This submission sets out the context, some of the current challenges/emerging issues and provides clear and strategic recommendations to address these challenges.

As a National Traveller and Roma Organisation, our expertise in this area has focused on the promotion of Traveller and Roma inclusion in national, regional, and local responses developed to address substance misuse and supporting Traveller and Roma organisations in tackling this issue within their own community using both mainstream and targeted approaches. The specific aims are to:

- Strengthen Traveller and Roma participation in responding to substance misuse issues.
- Continue to develop and support a Traveller and Roma analysis of substance misuse issues.
- Ensure Traveller and Roma inclusion in all relevant drug and alcohol policy and research.
- Highlight racism and exclusion's role in addiction for Travellers and Roma.
- Develop, design, and deliver a range of training modules and materials as appropriate for work with Traveller and Roma groups and service providers.

“The issues experienced by Travellers in relation to drugs are entwined with issues of inequality and marginalisation. This means that Travellers are more likely to be exposed to the risk factors that lead to problem drug use. It also implies that response mechanisms to address the associated problem need to factor in these issues” (AITHS, DOH, 2010).¹

Context to Travellers and Addiction

Irish Travellers have poor health outcomes compared to the general population. Discrimination, poor living conditions, low educational outcomes, high unemployment and difficulty accessing health services are at the root of Traveller health inequalities and can't be decoupled from the broader issues of addiction.

Traveller Health and Substance Misuse²

- 59.4% of Traveller men believe their mental health was not good for one or more days in the last 30 days – compared with 21.8% of male medical cardholders in the general population.
- 62.7% of Traveller women said their mental health was not good for one or more days in the last 30 days compared to 19.9% of female medical card holders.
- 66.7% of service providers admitted that Travellers experience discrimination in their use of health services in general.
- Travellers live on average 13.3 years less than non-Travellers.
- Suicide rate among Travellers is 6.6 times higher than the general population, accounting for a staggering 11% of all Traveller deaths.
- 39% of all Travellers are effectively homeless as per EU ETHOS definition.³
- 5,965 (2.3%) self-identified as Irish Travellers in the National Treatment Reporting System – (144 cases in 2007 to 648 in 2021)
- The overall number of Irish receiving treatment increased by 8.1% between 2014 and 2021, with Travellers increasing by 14.8% nearly twice the national average.
- Cocaine treatment in Travellers increased by (525%) from 2014-2021
- Traveller treatment for substances used - Alcohol 30% and other Drugs 70%.
- Traveller treated by gender in 2021 - 27% women and 73% men.⁴

Current issues in relation to drug misuse

The All-Ireland Traveller Health Study in 2010 (AITHS) reported that 66.3% of Travellers considered illicit drugs to be a problem within the community and this was a consistent pattern for both men and women and across age groups. The Study also noted that drug abuse was perceived as a major health threat to Traveller men in the future, with Traveller men expressing helplessness in the face of increasing illicit drug use. It was also noted the problem was only getting worse, and exasperated further by poor living conditions, poor educational

¹ All Ireland Traveller Health Study Team (2010). Our Geels: Summary of findings. Department of Health and Children, Dublin. (<https://assets.gov.ie/18859/d5237d611916463189ecc1f9ea83279d.pdf>)

² Ibid.

³ https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health_and_children/2009-03-10/3/

⁴ Health Research Board (2021) National Drug Treatment Reporting System Dublin: Health Research Board. <https://www.drugsandalcohol.ie/treatment-data/>

outcomes, racism, and lack of employment opportunities.⁵ Therefore, making Travellers particularly vulnerable to addiction. Travellers have regularly told us through our work of feeling hopeless in the face of racism and discrimination and seeing no future for themselves in a society that has excluded them at every turn. In the following decade since the All-Ireland Traveller Health Study, drug use, once a taboo has now become a widespread problem described by a Traveller community drug worker at the Citizens Assembly as a “pandemic of substance misuse” affecting many Traveller families. This has been exacerbated further by the Covid-19 pandemic, which local and national Traveller organisations have raised as a key concern.⁶

The Health Research Board’s (HRB) Drug Treatment Reporting System statistics reflect what Traveller organisations are seeing on the ground. The HRB reported a constant upward trajectory of treatment episodes for Travellers with a 14.8% rise between 2014 and 2021, nearly double the national average of 8.1% and concerningly a significant increase (525%) of cocaine treatment from 2014-2021.⁷ The high level of cocaine treatment is worrying as it shows that cocaine use within the community is rising and what we know from our networks it is becoming normalised and reflects a wider trend in society.⁸

On a more positive note, higher levels of treatment episodes also show the work of Traveller organisations in partnership with mainstream and targeted services, as more Travellers are accessing treatment services than ever before. We also believe the HRB findings to be a significant underreport of the true picture of treatment episodes as the HRB have informed us some primary healthcare settings do not record ethnicity, and research conducted by Pavee Point with Travellers has found there is still a reluctance amongst Travellers to access treatment because of lack of trust and fear of racism. When they do access, they may not divulge they are Travellers because of these fears.⁹

We believe the above findings to be the tip of the iceberg for Travellers suffering from addiction with many unfortunately not reaching treatment, overdosing and many taking their own lives. We have seen countless suicides that Travellers on the ground report were drug related. In addition, for every Traveller experiencing addiction there are also families who suffer along with them. Our networks have informed us Traveller families are suffering considerably worrying about the person in addiction and under significant pressure in their own homes and the wider community, made more complex by drug debt, intimidation, and lack of targeted policing to tackle the dealers. Travellers face barriers accessing health supports and services which is no different with addiction services with little information available except from Traveller organisations. Lack of specific Traveller drug project workers

⁵ Ibid.

⁶ John Paul Collins (2023) Citizens Assembly on Drug Use <https://citizensassembly.ie/assembly-on-drugs-use/meetings/13-14-may-2023/>

⁷ Health Research Board (2021) National Drug Treatment Reporting System <https://www.drugsandalcohol.ie/treatment-data/>

⁸ Health Research Board (2022) National Drug Treatment Reporting System <https://www.drugsandalcohol.ie/treatment-data/>

⁹ Cafferty, S (2010) Pavee Pathways <https://www.paveepoint.ie/wp-content/uploads/2013/10/Pavee-Pathways.pdf>

and family support workers has been identified as a significant gap and Pavee Point has raised this with relevant bodies.¹⁰

In addition to illegal substances, legal drugs are also taking a significant toll on the community with alcohol still being the main problem substance and a stubborn problem of prescription drug misuse, such as benzodiazepine and over the counter codeine misuse,¹¹ particularly impacting Traveller women.¹² There is also still an issue with overprescribing by some GPs which was first identified by Pavee Point in 2010.¹³ Since then Travellers have not seen much change on the ground, with corresponding treatment episodes confirming what they are saying, as cases treated for benzodiazepine has increased between 2014-2021 with 32.5% Travellers compared to 27.3% majority population.¹⁴ Travellers have reported tablets are too easily given rather than referrals to other supports/services and there is a cohort of 'silent Benzo users' who are largely hidden and missed in service provision.¹⁵

Inclusion of Travellers and Roma in Mainstream Addiction Policy/Service Provision

Despite the overwhelming evidence of the devastating impact of addiction on the Traveller community, Travellers and Roma remain largely invisible in mainstream drug and alcohol policies. Pavee Point has lobbied since 2006 for Traveller-specific actions to be included in any existing and forthcoming National Drug Strategies and/or other relevant policies. However, where Travellers are included, actions are generally combined with other 'groups of interest' and implementation is poor. Actions relating to Travellers in both the current and previous drug strategies do not recognise Traveller organisations as important players in ensuring implementation of these actions. During the midterm review of the National Drug Strategy the only remaining action¹⁶ that mentioned Travellers along with other groups was deemed as completed, yet the complex and devastating effects of addiction in the Traveller community continues and drug treatment episodes continue to rise.

667 Travellers entered drug treatment in 2021 making up 2.9% of episodes, 5 times the national average which we believe to be a significant underreport as highlighted earlier.¹⁷ The current monitoring mechanism of the drug strategy is the 'strategic implementation groups' which are tasked with developing and overseeing strategy actions. Even though they do contain Traveller inputs, no actions specifically look at addressing Traveller addiction alone and there is no Traveller representation on the main National Oversight Committee (NOC) of the NDS, the body that oversees the implementation of the strategy.

¹⁰ Focus Group Traveller Community (2023) Pavee Point

¹¹ Health Research Board (2021) National Drug Treatment Reporting System

<https://www.drugsandalcohol.ie/treatment-data/>

¹² Health Research Board (2021) National Drug Treatment Reporting System Dublin: Health Research Board.

<https://www.drugsandalcohol.ie/treatment-data/>

¹³ Cafferty, (2010) Pavee Pathways <https://www.paveepoint.ie/wp-content/uploads/2013/10/Pavee-Pathways.pdf>

¹⁴ Health Research Board (2021) National Drug Treatment Reporting System

<https://www.drugsandalcohol.ie/treatment-data/>

¹⁵ National Traveller Drug Network (2023) Pavee Point

¹⁶ Department of Health. Reducing Harm, Supporting Recovery- A health led response to drug and alcohol use in Ireland 2017-2025. Ireland: Stationery Office; 2017a

<http://health.gov.ie/wp-content/uploads/2017/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf>

¹⁷ Health Research Board (2021) National Drug Treatment Reporting System Dublin: Health Research Board.

Retrieved from <https://www.drugsandalcohol.ie/treatment-data/>

There are other policies that have actions to address Traveller addiction including the recently established National Traveller Health Action Plan (NTHAP) (2022-2027), which is a positive development for Travellers. The NTHAP contains 45 key actions, of which two of these (Goal 2, Action 17 and Goal 3, Action 33)¹⁸ relate to substance use and addiction. However, it is an overarching, health action plan and does not cover new and emerging trends in the growth of substance use, and the rise in related dual diagnoses and drug related suicide. Actions to address Traveller addiction are also included in National Traveller and Roma Inclusion Strategy. However, these actions need additional funding and to be linked with wider, mainstream addiction policies such as the National Drug Strategy. An example of a positive action is Action 64 in relation to Addiction Peer work. The action describes peer work intervention for Travellers *“The Health Service Executive will facilitate the establishment of a network of regional Traveller peer support workers through Traveller organisations and/or primary healthcare projects to support service users in accessing addiction rehabilitation services”*. While there has been some recruitment of peer workers scattered throughout different CHOs, there is a need for further investment to develop capacity in this regard and ensure a nationally consistent approach accessible to Traveller organisations.

Targeted Supports for Traveller Addiction/Substance Misuse

Pavee Point has a long history of using a community development approach to our work and view addiction similarly to our other health work through a social determinant’s lens seeing racism and exclusion as a significant causation of poor health and addiction. Programmes led and informed by Traveller workers who work within their own communities identifying health needs and giving support and information is a cornerstone of Traveller organisation’s work and has been successful over many decades. This bridge to mainstream services has proved to be effective 83% of Travellers receive their health information from Traveller orgs/PHCTPs.¹⁹

Peer work is mentioned numerous times also in the National Drug Strategy (2017-2025)²⁰ and the National Traveller and Roma Inclusion Strategy (2017-2021)²¹ as a method that is particularly effective in addiction and mental health work. Within our work, peer support has also been identified as a key component in response to addiction in the Traveller community, as trust in mainstream services can be low and mainstream services may not understand the nuances of working with a community that has a long history of racism and exclusion. Peer workers have unique access and expertise in their own community. Pavee Point has been advocating for peer work to be recognised and developed more and advocated for its

¹⁸ Department of Health. National Traveller Health Action Plan (2022-2027)

<https://www.hse.ie/eng/services/publications/socialinclusion/national-traveller-health-action-plan-2022-2027.pdf>

¹⁹ All Ireland Traveller Health Study Team (2010). Our Geels: Summary of findings. Department of Health and Children, Dublin. (<https://assets.gov.ie/18859/d5237d611916463189ecc1f9ea83279d.pdf>)

²⁰ Department of Health. Reducing Harm, Supporting Recovery- A health led response to drug and alcohol use in Ireland 2017-2025. Ireland: Stationery Office; 2017a. <http://health.gov.ie/wp-content/uploads/2017/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf>

²¹ National Traveller and Roma Inclusion Strategy (2017 - 2021) In: Justice.ie. <https://www.justice.ie/en/JELR/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf/Files/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf>.

inclusion in the National Traveller Roma Inclusion Strategy²² as the most practical way of targeting Travellers and supporting them to reach mainstream services and mainstream services to reach them. Through our National Traveller Drug Network, we have seen the significant benefits of peer work in reducing drug-related harm and supporting people into recovery, as well as support for their family members and the wider community.

Decriminalisation and a Health Led Approach to Addiction/Substance Misuse

Pavee Point along with the many voices in the community sector believe in a compassionate and health led response to addiction and substance misuse rather than criminal justice response. Travellers have been particularly vulnerable to the criminalisation of drug use. A 2017 national survey of Travellers found that 48% of respondents felt discriminated against by the Gardaí in the last year.²³ Travellers trust in the Irish criminal justice is also 'extremely low' arising from fears of wrongful arrest, use of excessive force, wrongful convictions, and disproportionately high sentences.²⁴ Travellers are also overrepresented in Irish prisons.²⁵ In 2021 Travellers made up of 10%²⁶ of the adult prison population, and the percentage of all young people in Oberstown juvenile detention fluctuates, and at one point reaching 40% from January to September 2022. 25 of the 63 young people in Oberstown were Travellers.²⁷ Though in general there is an average of 22%.²⁸

Through our work engaging with the Traveller community, discussions were held about the current legislative arrangements for drug possession and the proposed possibility of decriminalisation. As highlighted earlier, many Travellers have little trust in the Gardaí and are concerned that Travellers who are found in possession of drugs for their own use are more likely to be prosecuted than members of the settled community and more likely to get higher sentences. They were also concerned that Travellers experiencing addiction may end up carrying convictions because of a health issue that may follow them when they became drug free. They suggested a pragmatic response to possession of drugs for personal use, agreeing it should be legal. It has been discussed widely by our networks and focus groups and across the addiction sector that a health referral like the 'Portuguese model'²⁹ should be made on every occasion for people suffering from addiction, arguing for a health led response rather than a punitive one. The Portuguese model decriminalises the consumption, purchase, and possession of all drugs for 'one's own consumption', with restrictions on the amount you can

²² Ibid.

²³ Irish Traveller Access to Justice (2022) https://www.drugsandalcohol.ie/36509/1/ITAJ_Final.pdf

²⁴ Irish Penal Reform Trust (2022) 'SOMETIMES I'M MISSING THE WORDS' The rights, needs and experiences of foreign national and minority ethnic groups in the Irish penal system.

https://iprt.ie/site/assets/files/7076/iprt_the_rights-needs_and_experiences_of_foreign_national_and_minority_ethnic_groups.pdf

²⁵ Joint Committee on Key Issues affecting the Traveller Community debate - Thursday, 21 Oct 2021 https://www.oireachtas.ie/en/debates/debate/joint_committee_on_key_issues_affecting_the_traveller_community/2021-10-21/2/#:~:text=As%20the%20committee%20will%20be,to%20Ireland%20or%20to%20Travellers.

²⁶ Ibid.

²⁷ Oberstown Detention centre (2023) <https://www.oberstown.com/campus-stats>

²⁸ Ibid.

²⁹ Law 30/2000 of 16 November 2000 came into force in Portugal on 1 July 2001. Published online in the official gazette, Diário da República (DR), No. 276, pp. 6829-6832.

have in your possession, not exceeding 10 days' supply. This pragmatic response to substance misuse we believe is the right approach.

Evidence Based Planning Needed

Since the 1990s, Pavee Point has advocated alongside other Traveller organisations, for the introduction of Ethnic Equality Monitoring, using universal ethnic identifiers across all routine administrative data systems. This resulted in the introduction of the first ethnicity/cultural background question to the Census in 2006. We have supported several state agencies and government departments in the implementation of Ethnic Equality Monitoring, as well as the inclusion of an ethnic identifier in the National Drug Treatment Reporting System. There is a need to ensure all addiction services implement this fully, and the data is gathered and used effectively. This is in line with the Sláintecare vision for population-based health planning and resource allocation and will provide an evidence base to inform Traveller health policy, service utilisation and provision and the tackling of Traveller health inequalities.³⁰ It will also ensure that the HSE and associated funded agencies comply with the statutory requirements under Section 42 of the Irish Human Rights and Equality Act 2014.³¹

³⁰ <https://www.gov.ie/en/publication/0d2d60-slaintecare-publications/>

³¹ <https://www.irishstatutebook.ie/eli/2014/act/25/section/42/enacted/en/html>