

Pavee Point Traveller and Roma Centre: Opening Statement to the Joint Committee on Drugs Use

24th October 2024

Pavee Point Traveller and Roma Centre

Pavee Point Traveller and Roma Centre ('Pavee Point') have 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, this includes equality of access, participation and outcomes in health.

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Thank you, Chairperson and members of the Committee. Pavee Point welcomes the opportunity to make a presentation today, and in particular, is encouraged by the fact that this Joint Committee on Drugs Use is undertaking a health-led approach to drug use and that the needs of Travellers and Roma are included in overall discussions of the Committee.

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We would also like to welcome yesterday's interim report from the joint Committee on Drugs Use that largely reflects the Citizens Assembly recommendations and call on the state to urgently ensure both reports are reflected in the upcoming National Drug Strategy.

Today we focus explicitly on Travellers and drug use. However, we encourage the Committee to examine the needs of the Roma community at a later stage in your deliberations.

This Committee will consider the recommendations in the report of the Citizens' Assembly on Drugs Use and we provided a detailed submission which will serve as a reference document should you need it. We broadly endorse all of the Citizen's Assembly recommendations.

We will give a quick overview of the specific issue for Travellers and recommendations, leaving time for a discussion which will be the best use of the Committee's time.

My name is John Paul Collins, and I am a community worker and a Traveller. I have been working in this area for almost 30 years, and I want to stress to the Committee that in those years I have not seen the situation on the ground as bad as it is now.

In 2010, the All-Ireland Traveller Health Study (2010) reported that almost 7 out of 10 Travellers considered illicit drugs to be a problem within the community. Today, I would suggest that we are closer to almost all Travellers reporting this as an issue and that it would not be an exaggeration to say that most Traveller families across the country are in some way impacted by drug use and illegal drug market; whether that's directly or indirectly.

This is an issue for Traveller women, Traveller men and Traveller children who are all witnessing what we can only describe as an epidemic. While we know this is an issue in the general population, the experience of Travellers is acutely felt and informed by systemic racism which creates the conditions for inequality of access, participation and outcomes as related to drug policy and services. This is particularly pronounced for Traveller women, Travellers with a disability and LGBTQ Travellers.

We can't talk about a health-led approach to drug use without referencing the fact that 90% of what affects a person's health happens outside of the medical system; and therefore, racism, discrimination, living conditions, poverty, employment, educational attainment all impact on Travellers and requires a wider response that includes a collective community development and robust policy response. The unacceptable poor health status of Travellers should not be a surprise to members of this Committee or others in the Oireachtas. Pavee Point has been here many times, highlighting these appalling statistics:

A Traveller mortality rate that is 4 times higher and infant mortality which is 4 times higher

A lower life expectancy with Travellers expecting to live on average more than decade less than non-Travellers. Which, to put into context; as a Traveller man, I will be lucky to see my 65th birthday, whereas for colleagues here today that is a given.

Our suicide rate is one of the highest in the country at 7 times higher than the national average and accounts for 1 in 10 of Traveller deaths. Some of which we know are a result of addiction.

39% of Travellers are effectively homeless – which means doubling/trebling up on unsafe sites; those living on the side of the road & in emergency accommodation.

Living in such desperate and stressful situations leads people to cope in different ways including drug use. This was particularly apparent during COVID-19 when an increase and normalisation of substance misuse was very evident within our community.

When it comes to substance misuse, we know that Travellers are disproportionately represented in available drug and alcohol statistics, accounting for almost 3% of drug and alcohol treatment episodes in 2023; four times the national average according to the Health Research Board. We understand these figures as a conservative estimate as some Travellers are reluctant to reveal their ethnicity due to fears of racism and discrimination in services. We also know that not all services collect information on ethnicity; or aren't doing it within a human rights framework - which Pavee Point would urgently recommend they do so in line with Public Sector Duty. We need good information to inform evidence-based policy making and service provision. Without proper data we cannot see how Travellers, Roma and other minorities are faring in services.

What we do know from our work is that Travellers experience discrimination and racism when accessing services. This has been validated by a number of research reports, including the All-Ireland Traveller Health Study which reported that 7 out of 10 health care professionals admitted that anti -Traveller racism and discrimination existed in services; therefore, Travellers receive a lesser service. Drug services are not immune to this. Traveller organisations are working to encourage Travellers to get help for substance misuse – but Travellers and other minority groups have specific needs, and these needs are not being met.

We also know that Travellers are disproportionately overrepresented in the criminal justice system. Travellers make up:

8% of the male prisoner population
16% of the female prisoner population
and incredibly almost one fifth (21%) of children detained in Oberstown.

In many of these cases, addiction is a mitigating issue, and in a recent report by the Irish Travellers' Access to Justice, highlighted systemic racism within An Garda Síochána and the judicial system has led to racial profiling and criminalisation of Travellers. This has led to poor relationships and to low levels of trust within the community. Travellers are particularly vulnerable to the illegal drug market and criminal drug gangs that perpetuate it, both within and outside the community. Gangs target and intimidate Travellers and exploit the vacuum left by inadequate Gardai protection, leaving Travellers to feel like they need to fend for themselves.

This is a recipe for disaster and conflict. We endorse the Citizens Assembly Recommendation 26 which calls for a zero-tolerance approach to drug-related intimidation and violence, though we need to ensure that any new measures are not used to further criminalise Traveller drug users or as pretence for other policing measures.

We don't present these statistics lightly. We do so, to show the interconnection between the issues we're seeing on the ground and the need to ensure that when we talk about a health-approach to drug use, that it must be inclusive of the broader social determinants and that cross-government and agency responses, and resources are required if we are to seriously tackle these issues. The Citizens Assembly were also very clear on this - recommending the Government to provide leadership and accountability at the highest political level, including a dedicated Cabinet Committee on Drugs chaired by the Taoiseach, which we also endorse.

While the National Drugs Strategy referenced the social determinants as a key principle, it has not been applied in practice, specifically in relation to Travellers, and we feel that for the most part, we've been left behind. Despite the overwhelming evidence of the devastating impact of addiction on Travellers, we remain invisible in mainstream drug and alcohol policies. The National Drugs Strategy contained only 2 actions with reference to Travellers, combined with other 'groups of interest.' The National Oversight Committee (NOC) of the NDS, the body that oversees the implementation of the strategy has ignored requests by Pavee Point for direct Traveller representation on this structure.

Instead, we've been advised that the National Traveller Health Action Plan is the mechanism that will address all these issues. However, the Plan only contains two actions related to substance use and addiction, and although welcome, the Plan has not received any new

core funding since its launch in 2022. We believe this demonstrates a lack of political will and prioritisation of Traveller health at departmental level. It is important that this is addressed in the development of the successor Strategy and the need for both targeted and mainstreaming actions to address the needs of Travellers.

It would be remiss to not acknowledge some of the positive developments over the past number of years. In particular, the work of those in the drug and alcohol sector and the HSE that are innovative, impactful and show outcomes. These models should be further developed, resourced and mainstreamed.

Finally, Paul Reid, Chair of the Citizens' Assembly on Drugs Use advised this Committee, the clock is ticking. Our community's lives and futures are on the line. There is no time to waste.

In order address these issues, we recommend the following:

1. Urgently develop the next National Drugs Strategy, inclusive of a robust implementation and monitoring plan with clear targets, indicators, timeframes and budget lines with actions being resourced and implemented by all government departments and relevant statutory agencies. target actions in particular are required to address the intersectional needs of Traveller, Roma and other minority ethnic women.
2. 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.
3. 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.
4. Provide a social determinants of health response to addiction that is culturally appropriate in partnership with Traveller organisations, underpinned by a community development approach, including mandated anti-racism training (inclusive of anti-Traveller and anti-Roma racism) to all relevant agencies.
5. Implementation ethnic equality monitoring, including a standardised ethnic identifier across all health administrative systems (including drugs services) to inform evidenced-based policies and services. Ensure that reporting of disaggregated data on the basis of ethnicity and gender (at a minimum) are part of ongoing and annual reporting requirements set out by the Department and HSE