

Traveller Specific Drugs Initiative Synopsis Paper: *This synopsis paper presents in brief the context of the NACD report along with our analysis and interpretation; however, Traveller groups should access a copy of the report for a full briefing.*

Background to the Research

On October 20th the minister with responsibility for Drugs, Noel Ahern, T.D. launched a research report by the National Advisory Committee on Drugs entitled *An overview of the nature and extent of illicit drug use amongst the Traveller community: an exploratory study*. This study was published as part of the government's commitment under Action 98 of National Drug Strategy 2001-8. A research advisory group was set up late in 2002. Members of the group consisted of the three national Traveller organisations, the Parish of the Travelling People, Exchange House, a member of the National Traveller Health Advisory Committee, the research officer for the NACD and a representative of a local Traveller organisation, Clondalkin Travellers CDP. Data for the report was collected through a comprehensive literature review, semi structured interviews and focus groups with Travellers around the country, focus groups and one to one interviews with agency workers and finally one to one interviews with Travellers who were active drug users or ex drug users. The aims of the study were to provide an overview of the nature and extent of illicit drug use amongst the Traveller community, to identify patterns of problematic drug use and drug related risk behaviours and finally to describe what interventions are needed to prevent and deal with the harmful health consequences of illicit drug use

Overview of Main Findings (summarized and abridged from the main report)

Traveller Context

The current and historical experience of Travellers in Ireland is one of racism and discrimination which in turn has led to social exclusion. As a result Travellers experience many of the risk factors that are well documented as contributing to problematic drug use in many other disadvantaged communities e.g. Black and minority ethnic communities internationally.

Perceptions of the nature and extent of drug use amongst Travellers

As ethnicity is not recorded in the routine collection of statistics relating to drugs, there is no accurate information on the prevalence (number of people using particular drugs at a given time) of drugs in the Traveller community. However, the evidence presented in the report reveals that while the level of drug use is lower within the Traveller community than the general population, it is a growing phenomenon. The report found that types of drugs used by Travellers are similar to those used by the general population. The drugs **most widely** used as reported in the study were cannabis, alcohol and prescription drugs, this is in line with general population surveys. The next most used drugs in the Traveller community were cocaine and ecstasy which is also in line with the general population surveys where there was equal prevalence, however this report suggests **there is more cocaine use** compared with ecstasy among Travellers. There were not many reports re use of amphetamines (speed), magic mushrooms or poppers. The drugs least often used were heroin, crack cocaine, LSD and solvents; **however**, heroin use among Travellers was reported more often than crack cocaine, LSD and solvents. The level of injecting drug use amongst Travellers who are drug users was perceived **to be lower** than the general population.

Age and Gender Profile of Travellers who use drugs: The age groups identified by Travellers who were thought to be affected by drugs ranged in age from adolescence to early thirties. More Traveller men than Traveller women are perceived as using drugs, however other drug issues relating to women named were e.g. drug use is more hidden among women, traditional roles of young men and women in the community mean young women may not have as much freedom while living with parents, however prescription drugs were cited as being used mainly by women.

Drug Use and Problematic drug use: Travellers interviewed in the study found it difficult to distinguish between drug use and problematic drug use. Problematic drug use occurs when drug

use leads to social, psychological, physical problems and causes harm to the individual, family member or wider community as a result of dependence on drugs.

Travellers in Prison: Drug use is presented in the report as widespread within prisons including amongst Travellers in prisons.

Availability of drugs: It was noted in the report that drugs appear to be widely available to Travellers and around half of Travellers and agency workers who participated in the study stated that they thought drugs were sold by Travellers. Detailed knowledge and information on drug dealing was not available. There was no consensus by Travellers on how to tackle drug dealing within the community.

Risk Factors for problematic drug use amongst Travellers: The risk factors that contribute to the development of problematic drug use are well documented in drugs research. The presence of many risk factors for the development of problematic drug use as cited in the research are interrelated problems in the following areas: **education, health, employment, accommodation, previous and current drug use, involvement in the criminal justice system, family, social networks and the environment (social deprivation, community disorganization and neighbourhood disorganisation.)** The evidence for this study shows that disadvantage in the 9 areas named above characterize social exclusion and the risk factors for problematic drug use. The position of Travellers, especially young Travellers mean they are at risk of problematic drug use.

The impact of drugs on the Traveller community: One of the main issues for Travellers who are drug users named was exclusion from family and community along with health related issues similar to those for other drug users. The impact on the family and the effect of drug use by a family member on family relationships, in terms of stress on families and the influence of drug users on other family members were also named. In relation to the community Travellers felt that drug use in the community results in the **'stigmatization'** of Travellers was named by Travellers as a concern particularly in relation to how the general population views Travellers. Travellers feel that drug use (separately to problematic drug use) has become **'normalised'** in the community, as in it was normal to see drugs being taken. This was a concern in relation to young Travellers growing up in the Traveller community. Other concerns Travellers discussed were the increase in drug related crime and the challenge that drugs bring to Traveller culture and the Traveller community itself.

Travellers' methods of tackling drug use

Many Travellers were concerned about drug use in their community but were not clear on how to address the issue due to a lack of knowledge about drugs themselves and drug services. The main responses cited were talking to young people, telling them not to use drugs and sometimes punishing them if they did. Other responses reported (although thought to be irregular) were: attempting a home detox with the aid of a family member; self regulating drug use e.g. avoiding drug using friends, taking the pledge from a priest and promising to give up drugs and seeking help from drug services, although accessing drug services was rarely reported as being successful in the report, this was for various reasons.

Travellers' drug service needs

Travellers have only recently being named as a target group the work of Drug Task Forces. The National Drug Strategy does not explicitly address the needs of Travellers and there are no policy commitments relating to Travellers, apart from the action to carry out this research. The lack of awareness of drugs and drug services is identified in the report as a service need. It was also noted that other issues apart from drugs may be higher on Travellers' and Traveller organisations

agendas e.g. accommodation or health issues and this should be taken into account and acknowledged in any community response to the issue of drugs.

Barriers to drug service access by Travellers: Five issues were named here in no particular order, these were:

- The lack of awareness of the existence and nature of drug services among Travellers;
- The lack of formal education e.g. literacy skills in terms of drug education programmes or filling in forms in drug services;
- Stigma and embarrassment about drug use amongst Travellers which can result in drug users not telling their family about their drug use, the family knowing but hiding it from other Travellers and finally drug users and their family not wanting to access services;
- Drug services not being culturally appropriate for Travellers and finally;
- Racism, discrimination and stereotyping on the part of drug services in relation to Travellers.

Overview of the Report's Recommendations with TSDI Analysis

1) Develop Procedures on ethnic monitoring within drug treatment reporting systems and drug service planning systems. These should be in line with current work being carried out under the National Traveller Health Strategy's ethnic identifier pilot project and with international best practice. TSDI comment: The census question and the pilot ethnic identifiers are examples of universal voluntary data collating systems. The purpose of ethnic monitoring within drug services is to gather anonymous and confidential information not only on the numbers of Travellers using various drug services and the drug problem they are presenting with but also to measure the level of access, participation and outcomes from services for Travellers and other ethnic groups.

2) Carry out Equality Proofing of drugs policy and of drug service planning and delivery. TSDI comment: Equality proofing drugs policy means that all drug related policies and services that are being planned should be equality proofed to ensure that they are inclusive of Travellers' needs in the early stages of development i.e. that they do not happen after the fact, plus evaluating the impact of drug policies on the issue of drugs in the Traveller community. Traveller organisations should participate in the development of equality proofing mechanisms that relate to drug services and policies.

3) Increase awareness amongst Travellers of drugs, drugs related issues and drug services TSDI comment: this recommendation is very important. It has a number of purposes and components in this context. In the first instance it involves increasing the knowledge and skills of Travellers in relation to drugs and drug related issues, is centred on the needs of Travellers and reflects the diversity of those needs. Another significant aspect of raising awareness initiatives is that the central purpose is to reduce stigma and create the conditions for open discussion among Travellers about the issue of drugs in their community. Finally awareness raising initiatives should promote a community development response to this issue with Traveller leadership as central to this. This should be done in partnership between Travellers and other agencies.

4) Adapt the organizational culture of drug services to consider the cultural diversity of Ireland by considering Travellers' drug service needs in terms of the importance of the family, outreach work, nomadism, specific and generic services, literacy skills, appointments, waiting lists, social exclusion and work force development

TSDI comment: Many issues were raised by the research in relation to drug services, some were practical service issues and others would require a more complex response. Central to this would be the development of intercultural drug services that are culturally appropriate and anti racist not only for Travellers but for other minority ethnic groups. This requires a real commitment by drug

service policy makers, along with policy commitments which have measurable targets attached that can be benchmarked. The principle of Interculturalism is already named in relation to health and drugs in many policy documents the National Action Plan on Racism, the upcoming Intercultural Strategy on Health and the National Traveller Health Strategy. However, interestingly, not in the National Drug Strategy, this should be remedied immediately.

5) Implement an effective Traveller community engagement programme through a collaborative model of the Drug Task Force process.

TSDI comment: This recommendation refers to the need for local and regional drug task forces to ensure Traveller inclusion within LDTF and RDTF structures and fostering this participation as per national drug strategy guidelines. It also means Traveller inclusion within local strategic drug action plans at all levels and across all pillars i.e. education, prevention, treatment, rehabilitation and research. In turn, it would also require that Travellers and local Traveller organisations be supported to address drug issues in the Traveller community

6) Conduct further research on prevalence and patterns of drug use amongst Travellers, including transitions to problematic drug use, injecting drug use, illicit drug use amongst female Travellers, and the use of prescribed sedatives, tranquilizers, and anti depressants; factors influencing successful access to drug treatment services by Travellers; factors influencing successful access to drug treatment services by Travellers; factors influencing retention in drug treatment, drug related risk behaviour; and engaging male Travellers in drug related community initiatives. The results of the current study, and those of further research into aspects of drug use amongst Travellers, should be widely disseminated.

TSDI comment: This research report is only the second report on the experience of the Traveller community in relation to drugs. There are still many gap areas in terms of information as cited in the recommendation itself.

Finally, the TSDI perspective

If this research report is to be meaningful and make a difference to the lives of Travellers who are drug users, their families and the wider Traveller community then an implementation plan should be drawn up in conjunction with Traveller organisations and the relevant government department. In our work over almost six years we have worked to raise awareness of drugs in the Traveller community, promote Traveller inclusion within drug services and policy and ensure that the voice of Travellers is heard and responded to. Over the last two years, we note with concern increasing levels of drug use and problem drug use in the Traveller community and rapidly changing drug trends e.g. **the age profile of Travellers using drugs becoming younger, increasing numbers of Traveller women presenting to drug services, drug issues for homeless Travellers; Travellers who are under 18 and drug users; Travellers in prison who are drug users who have drug problems and mental health issues; Travellers with co-existing mental health and drug issues; the fact that many Travellers are still not accessing mainstream drug services and increasing numbers of Travellers who are injecting heroin users.** The context of our work is changing and developing all the time and we are moving into new fields of work that are drug related, for example, in relation to the issue of homelessness. As we have often stated drug responses by drug services and policy makers have been piecemeal and ad hoc. It is our hope that Travellers, Traveller groups, drug services, drug policy makers and the state will work together to ensure that the findings and recommendations in this report will lead to real efforts in addressing drug related issues in the context of racism and social exclusion in the Traveller community.