Submission to Dept. of Justice and Equality
National Substance Misuse Strategy

Pavee Point Traveller and Roma Centre
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‘The particular needs of Travellers can only be effectively addressed when they are specifically reflected in strategy; it should not be assumed that Travellers’ needs will be addressed by simply locating them under the disadvantage category’


Pavee Point
Traveller and Roma Centre
46 North Great Charles St
Dublin 1
Email: jacinta.fay@pavee.ie
http://www.paveepoint.ie/
Executive Summary

Pavee Point Traveller and Roma Centre (‘Pavee Point’) welcomes the opportunity to make this submission for the new Substance Misuse Policy. Since the development of the last National Drugs Strategy 2009-2016 the severity of the drugs crisis within the Traveller community has worsened. New data, research and the ongoing work of Traveller organisations and Drug and Alcohol Task Forces provides guidance for new recommendations and actions within the new strategy. The Roma community continue to face acute social exclusion which is recognised as a central risk factor in drug misuse. Actions to support development work to assess the nature and extent of drug misuse within the Roma community are a new key area of work which should be encompassed within the new strategy. Within this submission we will set out our recommendations for a systemic response to substance misuse and the broad spectrum of interrelated issues impacting the Traveller community. Due to the limited knowledge base related to substance misuse in the Roma community we will set out initial recommendations.

The first section of this submission explores the current context experienced by Travellers and Roma. It examines the racism, discrimination and social exclusion faced by both Travellers and Roma and the links between this marginalisation and problematic drug use. This is set out within a social determinants framework. The second section provides an overview of drug use within both communities drawing from current data and research. The third section outlines the community development approach which Traveller organisations have utilised in drug and alcohol related work and the value of these Traveller and Roma specific supports. It examines the challenges faced by organisations to continue this work given disproportionate funding cuts across the sector and Traveller infrastructure more broadly including education and accommodation. The fourth section examines current provisions and sets forth a policy framework centred on equality and interculturalism; mindful of public sector duty obligations and international best practice. The fifth section underlines the importance of Traveller and Roma participation within representative structures at a local, regional and national level. The sixth section examines the barriers facing Travellers and Roma in accessing services and provides good practice guidelines for culturally appropriate services. The seventh section sets out the importance of ethnic equality monitoring to combat discrimination, highlight barriers and issues for various groups using services and support the planning and delivery of culturally appropriate services. The eighth section presents a rationale for specific and differentiated actions for Travellers and Roma rather than a one size fits all approach for ‘at risk’ groups. It outlines a targeted approach for sub groups within the Traveller community including men, women, families, youth, Travellers in prison and Travellers that are homeless. The final section sets out the necessity for ongoing research to support evidence-based policy making.

Key Recommendations

- The new Substance Misuse Strategy should be developed within an equality and intercultural framework and have specific actions in relation to addressing inequality and promoting interculturalism for Travellers, Roma, minority ethnic groups and other groups experiencing inequality. These actions should link to the revised National Traveller Roma Inclusion Strategy.
- Reinstate funding and resources for Traveller community development organisations to support the continuation of a community development response to substance misuse.
- Inclusion of representation by Pavee Point on the National Coordinating Committee and the Substance Misuse Strategy Team.
- Establishment of a national standard in relation to Traveller and Roma participation at a local, regional and national level including guidelines for Traveller and Roma representation on Task Forces.
- Include specific and differentiated actions targeting Travellers and Roma in action plans and strategies at local, regional and national level including the actions in the updated NCC framework document.
- Mainstreaming of ethnic equality monitoring across all administrative systems.
- Gender and equality proofing of policies and practices.
Introduction

Pavee Point Traveller and Roma Centre (‘Pavee Point’) is a national non-governmental organisation committed to the attainment of human rights for Irish Travellers and Roma. The group is comprised of Travellers, Roma and members of the majority settled population working in partnership to address the needs of Travellers and Roma, as minority ethnic groups experiencing exclusion and marginalisation. The aim of Pavee Point is to contribute to improvement in the quality of life and living circumstances of Irish Travellers and Roma, by working for social justice, solidarity and human rights. Pavee Point welcomes the opportunity to provide a submission for the new Substance Misuse Policy. This submission has been developed and written by Pavee Point and is endorsed by the Traveller Drug Network which includes local Traveller organisations with a drugs remit. Since the development of the last National Drugs Strategy 2009-2016 data from the National Drug Treatment Reporting System (NDTRS), further research and the ongoing work of Traveller organisations and Drugs Task Forces has given us a clearer picture of the severity of the drugs crisis within the Traveller community. Within this submission we will set out our recommendations for a systemic response to substance misuse and the broad spectrum of interrelated issues impacting the Traveller community. Due to the limited knowledge base related to substance misuse in the Roma community we will set out initial recommendations.

This submission will give an overview of the current context experienced by Travellers and Roma including the links between both communities’ marginalisation and problematic substance use. It will examine data on problematic substance use across both communities. It will explore a community development response and detail an appropriate policy framework including Traveller and Roma representation in local, regional and national structures. It will make recommendations for service delivery and underline the importance of ethnic equality monitoring. It presents a rationale for specific and differentiated actions for Travellers and Roma and advocates a targeted approach to sub groups within the Traveller community. Finally it will outline the necessity for ongoing research to support evidence-based policy making.


1.1 Travellers

The All-Ireland Traveller Health Study (All Ireland Traveller Health Study Team, 2010) established the Traveller population at a little over 36,000 in Ireland; less than 1% of the population. Travellers have experienced a history of racism and discrimination and remain one of the most marginalised and excluded groups in Irish society. This disadvantage is evidenced across several areas including health, accommodation, access to education and employment. Racism, discrimination, poverty and social exclusion are identified risk factors for problematic drug use within marginalised communities such as Travellers (Pavee Point, 2011a; HSE, 2008: 92; Fountain, 2006; Van Hout, 2010: 34; Walsh, 2010: 5). As acknowledged in the current National Drugs Strategy ‘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 problems need to factor in these issues’ (Dept of Community, Rural and Gaeltacht Affairs, 2009: 60). Service providers also concur with this argument as they highlight that problematic drug use within the Traveller community cannot be addressed in isolation but has to be tackled within the wider context of marginalisation, discrimination and social exclusion (Walsh, 2010: 23). There is a lack of recognition of Traveller culture within Irish society with elements of Traveller culture such as nomadism criminalised. This has had a negative impact on protective factors against drug use within Traveller culture including family networks and close family relationships (Fountain, 2006; Van Hout, 2010: 34).

1.2 Roma

There is an estimated 5,000 Roma living in Ireland. There is no Government data in relation to the population of Roma in Ireland and so this figure is an estimate. In the absence of an overall coherent strategy for Roma inclusion in Ireland, there is a lack of initiatives developed to support Roma. Many Roma in Ireland are living in poverty due to a lack of access to work and restrictive social welfare
measures. For those who are unable to find employment or access supports, options include reliance on charities and family or ‘voluntary repatriation’ to country of origin. The impact of this is Roma families and children living in Ireland in extremely poor and sometimes dangerous living conditions without access to food and basic necessities.

1.3 Social Determinants

The limited literature which examines the use of drug services by members of the Traveller community focuses on the impact of the social determinants on Travellers’ health including accommodation, employment and education and on engagement levels in general health services (Pavee Point, 2011 (a)). The All Ireland Traveller Health Study (AITHS) (2010) and the 2011 Census provide startling statistics in these areas:

- Mortality rates are near 3.5 times the national average for men, women and children
- Traveller suicide rate is 6 times higher than in the general population and accounts for approximately 11% of all Traveller deaths
- 7.6% of Travellers, or 2,753 Traveller men women and children do not have access to running water (All Ireland Traveller Health Study Team, 2010)
- 84% of Travellers are unemployed in comparison to an overall national figure of 14%
- 55% of Travellers leave school before the age of 15 and less than 1% of Travellers go on to third level education (Census, 2011)

Traveller mental health issues particularly the high rates of suicide, are a key area of concern. Drug and alcohol use has been identified as a major factor in many instances of suicide (Pavee Point, 2014) so the interrelationship between substance misuse and mental health and a holistic approach to dual diagnosis must be a strong feature within the new strategy.

Early school leaving and Traveller’s poor education outcomes have also been cited as a risk for problematic drug use (Van Hout, 2010: 21; Pavee Point, 2011a). Lack of employment opportunities is another risk factor experienced by Travellers with Travellers reporting this as having led to ‘greater levels of depression, boredom, drug dealing, criminal activity, and in some cases, poverty’ (Van Hout, 2010: 22). Fountain (2006) argued the direct link between unemployment and early drug initiation and the development of problematic drug use.

Travellers can be at an increased risk of problematic drug use as a result of increasing sedentarisation of Traveller families within settled housing programmes which are located in marginalised areas where there are high levels of drug availability and use (Van Hout, 2010: 20). Thirty two per cent of Travellers live in private rented accommodation and are isolated from their own community and the protective factors of strong family networks (Harvey, 2013: 26). Pavee Point would argue that this is not as a result of choice but due to a housing policy of assimilation and dispersal. There is an urgent need for the provision of Traveller appropriate accommodation and sufficient Traveller units to address these accommodation issues. Travellers report isolation from the settled communities in which they live which can lead to lowered self-esteem and greater temptation to experiment with drugs and alcohol (Van Hout, 2010: 21).

The Roma community also faces poverty, discrimination and social exclusion within Irish society. As already stated these are risk factors for substance misuse. Although there is not Irish specific literature to draw from in relation to Roma and substance misuse, research by the Council of Europe and commissioned by the European Union offers a tentative analysis. The Council of Europe research states that there are varying degrees of awareness about alcohol abuse among Roma communities and a lack of awareness about the potential harms of alcohol abuse or access to information about treatment. It highlighted the need for further research and assessment of Roma’s access to and participation in drug services (Council of Europe, 2003: 64-5). The second study found a lack of understanding and awareness of drugs within the Roma community and a taboo surrounding drug use. It recorded higher prevalence rates of HIV infection and TB amongst drug using Roma than drug users in the general population. It reported increasing prevalence of illicit drug use amongst Roma men and that Roma youth are at a higher risk of drug misuse with the number of young Roma with addictions to illicit drugs
increasing. The research also records alcohol related health problems for young Roma men (Matrix, 2014).

To be effective the new Substance Misuse Strategy cannot be developed in a vacuum but should take into account related policies and strategies across the spectrum of social determinants discussed. The Strategy must also link effectively with the revised National Traveller Roma Inclusion Strategy. New measures should have a cross-departmental approach which seeks to address the underlying causes of problematic drug use. For example the introduction of decriminalisation in Portugal was accompanied by extensive support services and initiatives supporting drug users’ reintegration into employment.

2. Drug Use

The All Ireland Traveller Health Study found 66.3% of Travellers considered illicit drugs to be a problem in their community and this was a consistent pattern for both men and women and across age groups (All Ireland Traveller Health Study Team, 2010: 67). Service providers note increasing numbers of Travellers are problematic drug and alcohol users (Van Hout, 2010: 26; Fountain, 2006) and within the current National Drugs Strategy it notes that the HSE acknowledges Traveller drug misuse as a key and growing concern (Dept of Community, Rural and Gaeltacht Affairs, 2009: 60).

Due to the lack of data on the prevalence of drug and alcohol use in the Traveller community the National Drug Treatment Reporting System (NDTRS) provides the primary source of data in relation to Traveller drug use. The NDTRS has utilised an ethnic identifier question, comparable to the Central Statistics Office census format, since 2007. From 2007-2010 ethnicity was recorded in 99.4% of cases. A total of 1098 Travellers sought and accessed drug treatment facilities; a documented increase from 162 in 2007 to 427 in 2010. This increase could be attributed to an increase in reporting due to the use of the ethnic identifier in treatment services.

Alcohol was reported as the main problem substance among those presenting for treatment (Health Research Board, 2010). The second most common problem substance was opiates (heroin, methadone and other types), followed by cocaine (Health Research Board, 2010). There was a sharp increase in cases of Travellers reporting their main problem substance as benzodiazepines (a 240% increase from 5 in 2007 to 17 in 2010). This correlates with Pavee Point’s research findings in which Travellers commented that the use of benzodiazepines was a problem for the Traveller community (Pavee Point, 2011b: 5) with the overuse of benzodiazepines reported to be more prevalent amongst adult Travellers with Traveller women identified as being most at risk of forming a dependency (Pavee Point, 2011b: 7). There was also an increase in cases of Travellers reporting cannabis as their main problem substance (a 200% increase from 16 in 2007 to 48 in 2010). Reports from outreach workers also point to increasing use of ‘head shop’ drugs and performance and image enhancing drugs (PIEDs). This is an area which requires further research.

The incidence of treated problem substance use among the Traveller community was three times that among the general population in 2010 (523 per 100,000 versus 173 per 100,000) (Health Research Board, 2010). Pavee Point and the Health Research Board believe that the figures for the Traveller community, captured as part of the NDTRS, are an underestimation of the true figures.

Initial analysis of NDTRS data from 2007-2013 highlight the different referral routes for Traveller women and men in comparison with the settled population.

- 19% of Traveller women (compared to 9% of the general population) were referred through social services
- 7.3% (compared to 2.6%) were referred through Court/Probation/Police
- 6.2% (compared to 1.4% of the general population) were referred through prison
- 16.3% of Traveller men (compared to 8.1% general population) accessed services through Court/Probation/Police
- 14% of Traveller men (compared to 5.3% general population) accessed services through Prison
- Referral through social services was also higher than the general population; 8.9% of Traveller men in comparison to 5.6%
Travellers do not primarily access drug services through the health system but through the judicial system or social services. This implies that prison may provide an opportunity for a marginalised group such as Travellers to access healthcare. This highlights that Travellers face considerable barriers in accessing health services in comparison with the general population as such a high proportion access drug services through these routes. This data is important to consider when developing responses to Traveller drug misuse.

NDTRS data also documented the unstable accommodation status of Traveller drug users when compared to the general population.

- 58.6% of Traveller men (80% general population) and 67.5% of Traveller women (88.7% general population) were staying in stable accommodation
- 24.9% of Traveller men (8.8% general population) and 7.3% of Traveller women (2.6% general population) were in an institution; prison or clinic
- 17.3% of Traveller women (4.2% general population) and 10.1% of Traveller men (6.9% general population) were homeless
- 5.5% of Traveller women (2.7% general population) and 5.3% of Traveller men (2.6% general population) were in another form of unstable accommodation.

This highlights the complex accommodation needs faced by drug misusing Travellers and the need to integrate responses to drug misuse and homelessness for Travellers with a particular focus on the accommodation needs of women affected by violence.

3. Community Development Approach

Traveller organisations promote Travellers’ human rights and the need for self determination. We are community development organisations that work on a range of issues affecting the lives of Travellers including drugs and alcohol. Traveller participation and leadership is central to this work including drugs related work. In carrying out this work organisations are striving to develop a collective community response to drugs within the Traveller community.

Community Development Response

Traveller organisations deliver targeted initiatives to the Traveller community that compliment and support, but do not take the place of or take on the role of mainstream services. The types of initiatives Traveller organisations have been funded to carry out under the current National Drugs Strategy have enhanced access and participation within mainstream services. Examples of the types of activities local Traveller organisations are involved in include drug education and awareness work with a range of target groups within the Traveller community including Traveller parents and young Travellers; outreach projects with drug users and their families to support access to mainstream services; community youth work with young Traveller men at risk from problem drug use; developmental and support work with current and ex drug users in conjunction with probation and rehabilitation services. At a national level, Traveller organisations apply a community development approach which underpins the work on drugs by actively promoting the role of the Traveller community in addressing the issue of drugs in a Traveller context. Community development processes play an integral role in mobilising and facilitating the Traveller community to address drug issues.

Traveller organisations ability to undertake this work has been greatly restricted by the disproportionate funding cuts which the sector has faced since 2008. The most severe of these cuts were the 86.6% cuts to education and the 85% cuts to accommodation. National Traveller organisations have lost 63.6% of their funding while local Traveller Community Development Projects have lost 32.1%. No other community has suffered such a high level of withdrawal of funding and human resources, yet the state fails to spend the limited resources allocated to the Traveller community (with underspends in health, equality, accommodation and FAS Special Initiative for Travellers) (Harvey, 2013: 1-2). As stated in

1 See Appendix B for full breakdown of funding cuts.
the current National Drugs Strategy ‘issues experienced by Travellers in relation to drugs are entwined with issues of inequality and marginalisation’ (Dept of Community, Rural and Gaeltacht Affairs, 2009: 60). A strategy which effectively deals with substance misuse must also address its root causes. A community development approach works to tackle these root causes and Van Hout argues is it ‘vital for all elements of a potential drug strategy’ (2010: 30).

3.1 Traveller and Roma specific supports

Despite the integral role Traveller specific supports have played in addressing discrimination and social exclusion faced by Travellers, these supports have faced disproportionate cuts. In the All Ireland Traveller Health Study (All Ireland Traveller Health Study Team, 2010) 83% of the Travellers interviewed said they received their health information and advice from Primary Health Care for Traveller Projects and Travellers organisations. Other research also points to the integral role Primary Health Care Projects play in providing information (Van Hout, 2010: 30). The HSE acknowledged the effectiveness of peer-led approaches and committed to supporting and expanding them in the Intercultural Health Strategy (HSE, 2008: 20). Traveller Primary Health Care Projects initiated the Traveller response to substance misuse through challenging the stigma surrounding the issue. A similar approach is needed through supporting Roma community leaders to tackle the stigma within the Roma community.

Given the severity of substance misuse within the Traveller community and the continuing social exclusion of Travellers these cuts cannot be justified. There has been a substantial fall in funding for initiatives against drugs, -32.5%, which adversely affects local Traveller projects attempting to obtain funding for local anti-drugs projects (Harvey, 2013: 23). Traveller organisations’ responses to substance misuse utilising a community development approach support the prevention pillar, the treatment and rehabilitation pillar and the research pillar. It is vital that this work is supported to reduce risk factors, strengthen protective factors, deliver awareness raising and education on access to services and referral pathways, conduct research and develop collective community responses to substance misuse. Local Traveller organisations are best placed to develop appropriate responses to substance misuse in their areas and it is vital that they are supported to develop effective and innovative responses at a local level.

4. Policy Framework

4.1 Current Provisions

Within the current National Drugs Strategy Travellers are listed as an ‘at risk’ group or community of interest along with prisoners, new communities, the LGBT community, homeless and sex workers. Three actions (28, 44 and 60) within three pillars of the strategy relate to these groups. There has been limited progress over the course of the current strategy. Recent research (All Ireland Traveller Health Study Team, 2010: 67; Van Hout, 2010: 26) and reports from local Traveller organisations point to a worsening situation in relation to substance misuse in both urban and rural areas. This underlines the need for specific actions targeting Travellers which will be detailed in the following sections. The NACD research on Illicit Drug Use amongst Travellers (2006) outlined recommendations specifically targeting Travellers. A working group was established to develop a framework document for the implementation of these recommendations to ensure effective co-ordination across various government departments and agencies. A framework document was submitted in May 2009 however the recommendations were not implemented. The National Coordinating Committee (NCC) has established a time-limited sub-committee to develop an updated framework document. Actions from this document should be included in the new strategy.

4.2 Equality and Interculturalism

The current National Drugs Strategy recognises that any response to problematic drug use within the Traveller community also needs to address the issues of inequality and marginalisation (Dept of Community, Rural and Gaeltacht Affairs, 2009: 60). As a result it is crucial that the new Substance Misuse Strategy and related policies are framed within an equality and intercultural framework. The National Action Plan Against Racism (2005-2008) proposed an intercultural approach in the
development of strategies, policies and practices and the HSE has also committed to such an approach as a ‘core element of the planning and delivery of services to people from diverse cultures and ethnic backgrounds’ (HSE, 2008: 72). A vital aspect of this framework is the recognition of Travellers as a minority ethnic group.

The strategy also needs to be cognisant of the statutory duty on public bodies\(^2\) included under the Irish Human Rights and Equality Commission Act 2014. Section 42 outlines the legal requirement to take proactive steps to eliminate discrimination, promote equality of opportunity and protect human rights. The application of this duty applies to the process of developing the strategy as well as to the strategy itself. In light of this it is essential that (as recommended by the NACD) equality and gender proofing of drugs policy and of drug service planning and delivery takes places.\(^3\) Services should also be required to undertake Traveller Needs and Impact Assessments and have an equality and social inclusion policy and implementation plan. Pavee Point offers training to services in these areas.

**Overarching Recommendations**

- The new Substance Misuse Strategy should be developed within an equality and intercultural framework and have specific actions in relation to addressing inequality and promoting interculturalism for Travellers, Roma, minority ethnic groups and other groups experiencing inequality. These actions should link to the revised National Traveller Roma Inclusion Strategy.
- Policies and strategies developed within an equality and intercultural framework should explicitly recognise Travellers as a minority ethnic group.
- Prioritise the actions in the updated NCC framework document and include them in the new Substance Misuse Policy.
- Inclusion of prevention measures which proactively engage and coordinate across other policies and strategies to address interrelated issues such as accommodation, homelessness, unemployment, education, gender-based violence and health with a particular focus on mental health in relation to Travellers and Roma rather than solely focusing on drugs services or harm reduction measures.
- Requirements for services to develop and report on action plans to engage minority ethnic groups including Travellers and Roma, should be included in the next strategy. These strategies should utilise best practice guidelines, toolkits, needs assessments and impact assessments.
- Gender and equality proofing of policies and practices.
- Mainstreaming of ethnic equality monitoring across all administrative systems.
- Reinstatement funding and resources for Traveller community development organisations to support the continuation of a community development response to substance misuse.
- Recognise the role of Traveller specific services and reinstate funding and resources for these services.
- Ensure allocated funding for Traveller specific supports and initiatives is spent across all departments.
- Recognise models of good practice that have been developed by Traveller organisations including the Primary Health Care model.
- Support the piloting of a Roma Primary Health Care project.

5. **Representation**

Developing local responses is integral to addressing the severity of the current drugs crisis. It is the Local and Regional Drug and Alcohol Task Forces’ role to develop targeted responses to substance misuse issues and coordinate actions at a local level. For these responses to be informed by the specific needs of minority groups, representation is vital. Local and Regional Task Forces should facilitate and

\(^2\) The definition of public body includes, government bodies, local authorities, the HSE, Universities and Institutes of Technology and certain companies where the Government is a stakeholder.

\(^3\) Several existing tools can be utilised and applied across a range of public bodies including *An Equality Proofing Template for the City and County Development Boards* and *Toolkit and Guidelines for the Employment of Travellers in the Health Service Executive*.
support Travellers’ further engagement on Task Force Structures and working groups to ensure active participation and input in policy decisions (Walsh, 2010: 7). At present there is very limited Traveller representation on Local and Regional Drug and Alcohol Task Forces which is having a negative impact on Task Forces’ ability to respond to the needs of the Traveller community. Task Forces need to work with local Traveller organisation to address this issue as a priority. Roma should also be specifically targeted for inclusion within these structures.

There is also a need for representation at a national level for both Travellers and Roma. At present CityWide Drugs Crisis Campaign represents the community sector on the National Coordinating Committee for Drug and Alcohol Task Forces (NCC-DATF). In this role CityWide represents the community sector and all five communities of interest within the current National Drugs Strategy. Due to the differential experiences and needs of Travellers and Roma this submission sets out specific actions related to both communities recommended for inclusion within the new strategy. Appropriate policy responses to substance misuse within the Traveller and Roma communities require knowledge of the interrelated issues facing both Travellers and Roma including racism, discrimination, health, accommodation, education, unemployment and domestic and sexual violence. Expertise on the policy frameworks responding to these issues and national level responses including the National Traveller and Roma Inclusion Strategy is also necessary. As a result it is vital that there is Traveller and Roma specific expertise on the National Coordinating Committee. Development of a culturally appropriate and responsive new strategy also requires representation by Traveller and Roma organisations on the Substance Misuse Strategy Team.

Recommendations

- Inclusion of representation by Pavee Point on the National Coordinating Committee and the Substance Misuse Strategy Team.
- Development of support mechanisms to support Travellers, Roma and other minority groups’ participation in representative structures including the National Substance Misuse Strategy Team and Local and Regional Drug and Alcohol Task Forces. These mechanisms should acknowledge the role that Traveller and Roma organisations play in supporting Traveller and Roma representation in these fora.
- Establishment of a national standard in relation to Traveller and Roma participation at a local, regional and national level including guidelines for Traveller and Roma representation on Task Forces.

6. Accessing Drugs Services

6.1 Accessing Mainstream Services

In Ireland current research on Travellers, minority ethnic groups and women reflects the underrepresentation of these groups in drug treatment services and the lack of consideration of their needs in the course of service planning and delivery across a range of drug related initiatives (Pavee Point and Merchants Quay Ireland, 2008). The number of Travellers with problematic drug and alcohol use is increasing however many are not accessing services or supports (Quinn, 1999; Fountain, 2006; Van Hout, 2010: 11). Minority ethnic groups face several barriers in accessing support services including a lack of knowledge of the existence of services, fear that services may not be culturally appropriate and the shame and stigma associated with their addiction (Hurley, 1999; Reid, 2001; Fountain(a), 2006; Finn(a), 1994; HSE, 2008: 78; Pavee Point, 2011a). These barriers are present for both the Traveller community and the Roma community. Experiences of racism and discrimination have an impact on how Travellers access services and the stage at which they are accessed (HSE, 2008: 72). These experiences also negatively impact Travellers ability to engage fully with support services (Pavee Point, 2011a). Sub groups, such as LGBT, within both communities can face further barriers in accessing services as a result of stigmatisation and discrimination based on their ethnicity and their sexuality or gender orientation.

6.2 Culturally Appropriate Services
To address the barriers to accessing services, the strategy must support the provision of culturally appropriate services. Service staff undergoing cultural competency and anti-racism training is an essential component of providing culturally appropriate services and has been shown to improve outcomes for minority ethnic groups. Such trainings supports services to utilise a culturally responsive approach in developing services cognisant of cultural issues (Sue & Sue, 2008; Finn(a), 1994; Corr, 2004; UK Drug Policy Commission, 2010; Pavee Point, 2011a; Van Hout, 2010: 31). Delivery of this training in partnership with Traveller organisations and community leaders is recommended (Pavee Point, 2011a). There is also a need for services to employ Traveller staff to ensure there are options for Travellers to engage with Traveller or settled staff. Research shows that limited knowledge of treatment procedures is common for people from minority cultural backgrounds which indicates the need to tailor information on services for the Traveller (Pavee Point, 2011a: 25) and Roma communities. Models of good practice for engaging with minority ethnic communities such as outreach (HSE, 2008: 92) and peer led programmes should also be utilised. Also recommended are services which promote and celebrate Traveller culture as an effective tool in drug prevention (Van Hout, 2010: 30). Pavee Pathways (2011a), Pavee Point’s publication on good practice guidelines for drug & alcohol services working with Travellers, provides key guidelines for services to influence the recruitment, retention and engagement of Travellers which should be integrated into the new Substance Misuse Strategy.4

Recommendations

- Integration of good practice guidelines for drug & alcohol services working with Travellers in the new Substance Misuse Strategy.
- Development and integration of good practice guidelines for drug & alcohol services working with the Roma community in the new Substance Misuse Strategy.
- Development of targeted initiatives to increase numbers of Traveller employed in drugs services.

7. Ethnic Equality Monitoring

Traveller and Roma ethnicity needs to be recorded and acknowledged to effectively meet the needs of both communities. The need to acknowledge ethnicity is cited in many sources (Corr, 2004; Finn(a), 1994; Vandevenle, Vanderplasschen, & Broekaert, 2003). It identifies the diverse needs of service users, highlights barriers and issues for various groups in using services and supports the delivery of culturally appropriate services. Ethnic equality monitoring of drug treatment and service numbers is vital to quantify the number of Travellers and Roma accessing drug & alcohol services in Ireland. The NDTRS has utilised an ethnic identifier question since 2007 and Roma will be included as a category from 2016. Ethnic equality monitoring should be mainstreamed across all administrative systems. Ethnicity should only be determined through the use of an ethnic identifier (question regarding ethnicity) which needs to be carefully explained and any disclosures about ethnicity treated with sensitivity (Pavee Point, 2011a: 60). There is a need for further training for staff members collecting the data to ensure they understand the reasons and benefits of ethnic equality monitoring for both the service user and the service (Pavee Point, 2011a). Pavee Point has expertise in delivering such training.

Recommendations

- A formal review process on the use of the identifier needs to be put in place, involving a partnership between the HSE, HRB and Traveller organisations.
- Provision of ongoing training for staff members collecting ethnic data so they understand the reasons and benefits of ethnic monitoring for both the service user and the service.

8. Targeted Approach

The needs of Travellers and Roma differ from the other at risk groups included in the current National Drugs Strategy. As already discussed there are several social determinants which influence problematic drug use. As a result of racism and discrimination Travellers’ experience of accessing services is

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4 See Appendix A for Summary of Good Practice Guidelines.
different to other at risk groups. How they access services is also different. It is not appropriate for a one size fits all approach to be taken with general actions targeting all five groups. Travellers as a group need specific and differentiated actions as evidenced in the NCAD research and recommendations. The importance of acknowledging the ethnicity of service users has already been discussed however it is also vital to differentiate between sub-groups within minority ethnic groups (UK Drug Policy Commission, 2010; Pavee Point, 2011a). Targeted approaches should be developed for groups within the community including women, men, youth, families, homeless Travellers and Travellers in prison. The same is true of the Roma community who are an extremely diverse ethnic group. Further research and development work is needed to develop targeted and appropriate responses for the Roma community.

**Recommendation**
- Support targeted research and development work to develop good practice guidelines for drug & alcohol services working with the Roma community.

### 8.1 Men

Although alcohol misuse is a major issue for both Traveller men and women Pavee Point research indicated Traveller men identified their alcohol misuse as particularly problematic. Many of the Traveller men interviewed said that they started using heroin after they had been using other softer drugs such as ecstasy, cocaine or speed (Pavee Point, 2011a). Traveller men who had used drugs commenced their drug use at a younger age (median 14) than in the general population (median 16) (Health Research Board, 2010). This highlights the need for early interventions targeting Traveller males. Interventions should also be cognisant of the startling high suicide rate for Traveller men (7 times that of the general population) (All Ireland Traveller Health Study Team, 2010) as poor mental health is an indentified risk factor for problematic substance misuse.

**Recommendation**
- Allocate resources for drug prevention interventions including outreach and education to target Traveller men in relation to problematic substance use with a focus on early interventions through additional support for Traveller specific youth work services and mental health services targeting Traveller men.

### 8.2 Women

Numerous research studies reported that illicit drug use among Traveller women was not a common activity (Fountain(a),2006; Van Hout, 2010; Walsh, 2010) however this research focused on perceptions of service providers and non-drug using members of the Traveller community, with only minimal data provided by drug-using Travellers. Contrary to these perceptions there are high rates of problem opiate use (46.9% versus 28.7%) and injecting (24.3% versus 16.3%) amongst Traveller women compared to women in the general population (Carew et al, 2013). In Pavee Point research *Pavee Pathways* Traveller women’s drug use was also evident as more drug using Traveller women put themselves forward to participate (n=18) than Traveller men (n=12) (Pavee Point, 2011a). This research also highlighted the different drug use patterns between Traveller men and women. Alcohol was the first drug used by 58% of Traveller men whereas 33% of women reported that heroin was their first drug used. These different patterns need to be considered when developing prevention strategies and treatment responses. More than half of the Traveller women interviewed for this research stated that they would not feel comfortable attending a service alone for the first time (Pavee Point 2011a: 58). Services need to develop specific strategies to engage Traveller women including targeted outreach, outreach workers providing additional support such as accompanying women to services for the first time and provision of childcare facilities.

#### 8.2.1 Gender-based Violence (GBV) and Substance Use

There is little data and research about the experience of GBV and substance use among Traveller and Roma women in Ireland which create challenges in the development of evidence-based policy and practice. However, evidence shows that Traveller and Roma women affected by substance use and GBV experience further barriers to information, services, safety and protection, and are thus at increased risk
of becoming (re)victimised. Research shows that female drug users have fewer options to support themselves and their families than their male counterparts and are at a greater risk of violence and HIV infection (Council of Europe, 2003: 65). Alcohol and drugs can often be used by perpetrators to exert power and control. Pavee Point research found the most common reason Traveller women said they started using heroin was pressure from their husband or partner (Pavee Point, 2011a). Traveller and Roma women face significant barriers to short, medium and long-term protection from domestic and sexual violence. Women with substance use issues face further barriers to safety and protection from violence as they are often excluded from domestic violence services. Access to refuges can be restricted for women who use alcohol or drugs. As an alternative, homeless shelters are not adequate or safe spaces to accommodate women and children fleeing violence.

This highlights the urgent need to link strategies on violence against women to work on substance misuse. The context and experiences of GBV and substance use among Traveller and Roma women must be taken into account in the development and implementation of all strategy, policy and practice.

Recommendations

- Develop targeted and adequately funded measures for Traveller and Roma women impacted by substance use and the combination of substance misuse and GBV including adequate funding for specialised services, including women’s refuges.
  - Integrate a strong analysis of the interrelationship between GBV and substance use within the new strategy and integrate national standards on responding to GBV.
  - Undertake research and collect disaggregated data on the experience of GBV and substance use among Traveller and Roma women to inform policy and practice.
  - Intensify cross departmental efforts to address the needs of women affected by substance use and GBV and adopt a holistic approach to Traveller and Roma women impacted by GBV and substance use by addressing the needs of women to adequate health services, safe accommodation, legal protection, training and employment opportunities, English language classes and social protection.

8.3 Families

Protective factors against substance misuse including extended family networks and close family relationships are being eroded due to the lack of Traveller appropriate accommodation which has resulted in Traveller families being separated and family networks disintegrating. Research indicates concern among Travellers about the negative impact drug misuse is having on families and the community overall (Pavee Point, 2005; Van Hout, 2010: 27). Many drug misusing Travellers will have become isolated from their community and may no longer be in contact with their families. However the support of family members was cited by Travellers as very important in their recovery process and in supporting them to maintain a drug free lifestyle. Therefore the importance of recognition of family support structures within drug services is vital. Services can play a key role in supporting Travellers to re-establish contact with estranged family members, mediating family issues and linking service users to family support structures. There is ongoing collaboration between Pavee Point and the Family Support Network on how best to engage and support families living with drug use.

Drug dealing and drug related feuding is now also an unfortunate reality within the Traveller community. Drug dealing within the community is also resulting in the increased availability and misuse of drugs. This results in damage to Travellers sense of pride and community self-esteem. The drug economy is fuelling violence and intra family feuding which is having a devastating effect on Traveller families and the community as a whole. Drug-related intimidation is also a significant issue and there is a need for ongoing work with Traveller organisations to develop culturally appropriate responses to this issue including family support structures and mediation processes.

Recommendations

- Support drugs services to integrate family support structures within their services.
- Include specific actions on family support to address substance misuse and additional issues such as mental health, child care and gender-based violence.
- Support Traveller organisations to address drug-related intimidation and develop family support structures and mediation processes utilising a community development approach.

8.4 Youth
There is a significant youth population within the Traveller community. 42% of Travellers are under 15 years of age compared with 21% of the general population and 63% of Travellers are under 25 years compared with 35% of the general population (All Ireland Traveller Health Study Team, 2010). Recent research focusing on Traveller youth mental health found that young Travellers perceived drugs as a significant problem in terms of mental health (Pavee Point, 2015: 18). Both Traveller youth and Traveller parents stated their concern about the lack of positive activities available for Traveller youth to participate in. They identified that these activities would offer protection from drug experimentation and use (Van Hout, 2010: 27). Risk factors for drug misuse amongst Traveller youth include unemployment and early school leaving. 55% of Travellers leave school before the age of 15 before they have completed secondary school (compared with 11% for the general population) (Census 2011). However despite these shocking figures supports to Traveller education have been cut by 86.6%. In light of this high level of early school leaving youth work has a significant role to play in accessing young Travellers for drug education and interventions. Responses must address these issues in an integrated way therefore funding and resources for education, training, (Van Hout, 2010: 30) employment schemes and youth work services are essential.

Recommendation
- Support protective factors with resources for education, training, youth work services and employment schemes including affirmative action measure within public bodies.

8.5 Prisons
Recent research on illicit drug use in prisons found an inordinately high representation of Travellers with 11% of the survey sample identifying as Travellers (Drummond et al, 2014: 103). There was a relatively high proportion of Travellers, especially males in the 18–24 year age-group (Drummond et al, 2014: 35) particularly when compared to the prevalence of Travellers in the general population, which is 1% (All Ireland Traveller Health Study Team, 2010). The AITHS found that 58% of a sample of 26 Travellers in prison in Ireland had addiction problems. 39% had mental health problems for which they were being treated and 62% had interacted with psychiatric services in the past 12 months (All Ireland Traveller Health Study Team, 2010: 111). This highlights the need to address dual diagnosis of substance misuse and mental health issues in a holistic manner. Services should also improve links with prisons to ensure appropriate support is given to Traveller prisoners (Van Hout, 2010: 31).

Recommendations
- Develop and resource specific actions to provide appropriate and targeted support to drug misusing Travellers in prison.
- Targeted support for prisons to develop culturally appropriate plans to support Travellers reintegration into the community including referrals to local services and supports.

8.6 Homelessness
As highlighted in the NDTRS data a high proportion of drug misusing Travellers were either homeless (17.3% of Traveller women and 10.1% of Traveller men) or in unstable accommodation (5.5% of Traveller women and 5.3% of Traveller men). To tackle this issue there is a need to integrate responses to drug misuse and homelessness for Travellers. There also needs to be a coherent approach to collecting data and for local authorities to have a common approach to including an ethnic identifier in the rough sleeping count. There is a need to clarify what data the Homeless Services collect in relation to Travellers and Roma and how this could be developed.

Recommendations
- The use of an ethnic identifier should be coherent across Homeless Services.
- Specific actions related to Traveller and Roma homelessness must be integrated into the new strategy to address the accommodation needs of drug misusing Travellers and Roma.
8.7 Lesbian, Gay, Bisexual and Transgender Community

The LGBT community are included in the current strategy as an at risk group. Research has found that the LGBT community are twice as likely to have tried drugs at a young age in comparison to non-LGBT young people (BeLonG To, 2006) and that they experience poor mental health status due to stigmatisation and discrimination. LGBT Travellers and Roma experience a dual discrimination on the basis of their ethnicity and their sexuality or gender orientation. Stigma in relation to sexual orientation has been identified as contributory factors leading to Traveller suicide and self-harm (Pavee Point, 2014). This dual discrimination results in a heightened risk for both substance misuse and mental health issues. Initial research with Travellers who are LGBT highlights several issues including substance misuse, poor mental health including self harm and suicide ideation and a lack of trust in service providers (Clondalkin Traveller Development Group, 2011). Pavee Point is continuing its collaboration with LGBT Pavee to tackle these issues. The new strategy must address the needs of Travellers and Roma who are Lesbian, Gay, Bisexual and Transgender in a culturally appropriate manner.

Recommendations

- Develop targeted and adequately funded measures for LGBT Travellers and Roma impacted by substance use and the combination of substance misuse, LGBT discrimination and social exclusion; including adequate funding for specialised services, including outreach and crisis control.
  - Undertake research and collect disaggregated data on the experience of LGBT discrimination, social isolation and substance use among LGBT Travellers and Roma to inform policy and practice.
  - Support the development and integration of good practice guidelines for drug and alcohol services working with LGBT Travellers and Roma and their families in the new Strategy.

9. Research

Ongoing research is essential to address existing gaps in data and to support evidence-based policy making. The National Advisory Committee on Drugs and Alcohol (NACDA) has included a Traveller question in its general population study but the incidence is not statistically significant in this kind of general study. The data gap in the general population study needs to be addressed through collaboration with Traveller and Roma organisations so relevant and significant data on Travellers and Roma can be collected. Further research needs to be conducted on substance misuse by Traveller women, Traveller homelessness and substance misuse, Travellers in prison and substance misuse and the interrelation of substance misuse and domestic and sexual violence among Traveller and Roma women. Other existing gaps include more recent issues such as the use of ‘head shop’ drugs as well as performance and image enhancing drugs (PIEDs). Exploratory research is also required on drug misuse within the Roma community to assess the needs of the community in terms of interventions to address substance misuse. The research undertaken in relation to Travellers has been crucial in developing appropriate responses and it is crucial to build a similar knowledge base to develop a systematic response to substance misuse in the Roma community. Peer led research is recommended as a best practice model.

Recommendations

- Conduct research to fill existing gaps in data including: substance misuse by Traveller women, Traveller homelessness and substance misuse, the interrelation of substance misuse and domestic and sexual violence among Traveller and Roma women, Travellers in prison and substance misuse, use of ‘head shop’ drugs and performance and image enhancing drugs (PIEDs).
- Conduct exploratory research on drug misuse within the Roma community.
References

BeLonG To (2006) Drug use amongst Lesbian, Gay, Bisexual and Transgender Young Adults in Ireland. Dublin: BeLonG To.


Traveller Health Unit, Eastern Region (2007) *Toolkit and Guidelines for the Employment of Travellers in the Health Service Executive.* Dublin: Traveller Health Unit, Eastern Region.


Appendices

Appendix A

Summary of Good Practice Guidelines

Recommended actions for Drug & Alcohol Services

1. Staff induction to include a profile of the organisations service users and information on the organisations approach to engaging Travellers.
2. Provide staff with cultural competency training (Pavee Point can provide on request).
3. If Traveller service users are contemplating accessing rehabilitation services, the support of a Traveller Peer Support Worker should be offered.
4. Facilitate Traveller women to attend initial appointments in friend and family groups.
5. Ensure women, in particular, can choose the gender of their key worker/case manager.
6. Ensure a user friendly induction process for service users (resources being developed).
7. Ensure staff are proactive in asking Travellers what their needs are and what can be done to support them, this needs to be done at regular intervals.
8. Engage family members in service user care plans.
9. Educate families involved in care plans in relation to the nature of addiction and recovery.
10. Service user ethnicity questions (as used in the NDTRS) should be asked after confidentiality has been explained.

Recommended actions for regional networks (i.e. Task Forces)

1. For the needs of drug mis-using Travellers to be met as effectively as possible, outreach services and referral needs to be co-ordinated at the regional level.
2. Ensure that first contact outreach includes Traveller sites/places where drug mis-using Travellers are known to congregate (Pavee Point, 2011).
Appendix B

Funding cuts to Traveller programmes, 2008-2013:

Programmes for Travellers

- Interagency activities: -100%
- Traveller education: -86.6%
- Traveller accommodation: -85%
- Equality: -76.3%
- National Traveller organisations: -63.6%
- FAS Special Initiative for Travellers: -50%
- National Traveller Partnership: -32.1%
- Traveller SPY youth projects: -29.8%
- Health: -5.4%

Programmes and funding lines of importance to Travellers

- Equality and rights agencies: -69%
- Local & Community Development Programme: -42.3%
- Initiatives against drugs: -32.5%

Statutory Agencies Underspend

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<tr>
<td>Equality</td>
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<tr>
<td>Accommodation</td>
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<td>36%</td>
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<tr>
<td>FAS Special Initiative for Travellers</td>
<td>60%</td>
<td>40% (Harvey, 2013: 1)</td>
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