



## **Points for consideration regarding the review of the Local and Regional Drug & Alcohol Task Force Handbook**

**June 2018**

*‘A mainstream approach is sufficient when outcomes are identical for all components of the target groups; when evidence shows a clear gap between the situation of Roma and Travellers versus the rest of society (e.g regarding their health and housing situation), policies should be adjusted and specific measures should be developed’ (European Commission 2016)*

### **Pavee Point Traveller and Roma Centre**

Pavee Point Traveller and Roma Centre is a national NGO that works to promote Traveller and Roma human rights in Ireland through research, policy development, advocacy and collective community action. We work at national, regional and International levels to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion, discrimination and racism. Our work involves a community work approach based on the principles of human rights, participation, equality and interculturalism.

## **Context:**

Pavee Point Traveller and Roma Centre welcomes this important opportunity to make this submission regarding the Local and Regional Drugs Task Force Handbook. Since the development of the handbook in 2011 the drug and alcohol crisis within the Travelling community, other communities of interest and the wider community have worsened and we are hoping to address some barriers to the actions implemented in this handbook alongside drawing on relevant and supporting points from ‘Reducing Harm, Supporting Recovery’ 2017-2025.

As acknowledged in the previous 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 approach 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).

## **Recommendations to be considered:**

### **Recommendation 1: The need for representation of Travellers on Local and regional Drug Tasks Forces:**

The current Task Force handbook states ‘Community representatives, to a maximum of six, should be nominated to each Drugs Task Force following extensive consultation among local community groups and community fora. Nominations for representatives should be based on the following criteria: giving priority to groups with a strong track record in community development. (LRDTFH).

In the section ‘*Nomination Process for Members of the Task Force*’ and in relation to the point *communities of interest* the hand book states the following:

- A) *'It is important to recognise that, in addition to area-based communities, there may also be communities of interest, who can play an important role in the work of the DTFs and their participation should also be facilitated'*
- B) *'It will be a matter for each DTF to agree locally or regionally how groups representing communities of interest will participate in the work of DTFs having regard to the remit of organisations from the voluntary and community sectors already represented' (LRDATFH, Pg. 30)*

These guidelines have not been effective in bringing forward sufficient levels of Traveller participation on LRDATAF. Pavee Point alongside other Traveller organisations have promoted the need for active participation of Travellers on local forums for policy and decision making especially in relation to participation on the LDATF. However, at present there are only 8 Traveller representatives nationwide who have accessed seats through the nominated 6 community representative on Task Forces around Ireland. Despite the emphasis in the guidelines about the important role communities of interest have in supporting DATF alongside the local area based communities there are few communities of interest on LRDATAF. Therefore, the inclusion of Traveller on each Task force (local and regional) in addition to the 6 nominated representatives is urgently needed.

- Recommendation: Stronger mechanisms should be established for agreeing the allocation of spaces on each DATF for 'communities of interest' to include Travellers

The current Task Force handbook in section 'Nomination process for Members of Task Force' highlights the important role these communities have in supporting DATFs. However, it is recommended that the approach set out in B) above mitigates against the nomination of Traveller representatives as area based representatives on the Task Force therefore the only viable route for participation of Travellers is to ringfence a seat under communities of interests, especially in areas where a higher population of Travellers live.

The need to engage with representatives from communities of interest is also supported in 'Reducing harm, Supporting Recovery' 2017-2025 in action 2.1.27 point A) which suggests the need to improve the capacity of services to accommodate the needs of people from specific communities

*‘Fostering engagement with representatives of those communities, and/or services working with them, as appropriate’*

**Recommendation 2: The need for cultural competency training for Task Forces and projects funded by them.**

The current Task force handbook in the section ‘Action Plan’ states the following:

*‘measures to target special client groups which normal drug information services may not reach (e.g. Communities of Interest.)’*

Also Strategic action point 2.1.27, C) in ‘Reducing Harm, Supporting Recovery’ 2017-2025

*‘Providing anti-racism, cultural competency and equality training to service providers’*

To date Pavee Point have had a lead role in cultural competency training with services working with higher risk including Travellers. Pavee Point welcomes the commitment set out in both the National Drug Strategy and Task Force handbook for this to be rolled out on a national level to support both Task Force’s and frontline staff in Task Force funded projects to be more adaptable within their approach. It is important to tailor interventions to effectively address the needs of those in higher risk categories or because they belong to a certain group/ community of interest.