



Merchants Quay Ireland is a leading Irish charity working with people who are homeless and drug users. The mission of Merchant's Quay Ireland is to reduce harm related to drug use and homelessness and to provide pathways towards rehabilitation or settlement



Pavee Point is a non governmental organisation committed to the attainment of human rights for Travellers. The organisation is made up of Travellers and members of the majority population working together in partnership to address the needs of Travellers as a minority ethnic group that experience social exclusion and marginalisation. The Traveller Specific Drugs Initiative is a programme in Pavee Point. Its central focus is the promotion of Traveller inclusion in local, regional and national responses being developed to address drug use and to support Traveller organisations in tackling the issue of drugs within the Traveller Community.



# Drugs and Diversity

Exploring Drug Issues amongst  
New Communities and the Traveller Community

## Seminar Report

A Seminar hosted by  
*Merchants Quay Ireland – Homeless & Drugs Services*  
and  
*Pavee Point Travellers Centre*

2<sup>nd</sup> November 2006



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Edited by Pavee Point and Merchants Quay Ireland

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Secondly, we would like to acknowledge our appreciation of the contributions of the report authors and keynote speakers; Professor Jane Fountain, Caroline Corr , Yaser Mir and Manjit Singh Johal . A big thanks also goes to the panel contributors, Erin Nugent, Dublin Aids Alliance, Lambert Olupot, NeCoDrA, Emma Kennedy and Martin Collins, Pavee Point and Mary O'Shea, Merchants Quay Ireland, and to our chairs for the day, Mairead Lyons, director of the National Advisory Committee on Drugs and Philip Watt, director of the National Consultative Committee on Racism and Interculturalism.

Finally, we would like to thank all those who attended the seminar for their interest and continuing support in addressing the issues raised. We hope this report will be useful for future work with New Communities and Travellers.

# 1. Introduction

The aim of this seminar was to raise awareness of the issue of problem drug use amongst Travellers and New Communities in Ireland. The findings from the two research projects funded by the National Advisory Committee on Drugs (NACD)<sup>1</sup> were presented and explored. In addition recommendations and models of good practice, both nationally and internationally for service and policy development were highlighted.

The seminar's theme was in line with current government policy commitments in *Planning for Diversity: The National Action Plan Against Racism 2005-2008 (NPAR)*. There are five key objectives of the NPAR<sup>2</sup> and this conference has particular reference to the objective of 'Provision' which is defined in the strategy document as the following:

*"Provision is concerned with accommodating cultural diversity in service provision, including a focus on common outcomes related to all forms of service provision and a focus on specific policy areas, including education; health; social services and childcare; accommodation and the administration of justice."* (p31).

This seminar contributed to examining the development of intercultural drug services in an Irish context and the challenges that exist in addressing these issues.

The overall strategic objective for the National Drug Strategy (NDS) (*Building on Experience: National Drug Strategy 2001-8*) is

*"To significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research."* (p10)

However, currently there are no explicit targets relating to equality or diversity within the strategy. It was envisaged that the seminar and the summary report<sup>3</sup> would increase awareness of the issues to ensure that equality and diversity are included in future NDS plans.

In the current policy context of integration and interculturalism it is important to use terms that reflect an inclusive approach. The term 'New Communities' is used interchangeably throughout the report with other terms such as 'Ethnic Minorities' and 'Black Minority Ethnic Communities', a term which is used in the United Kingdom. Recently best practice suggests use of the term 'Ethnic Minority' as the more appropriate term as it is inclusive in capturing communities recently arrived in Ireland and also long standing minorities such as Travellers, the Muslim community, the Jewish Community and Black Irish Community. However, at the time of publication of the research (2004), 'New Communities' was a commonly accepted term thus it is frequently used throughout this document.

Merchants Quay Ireland and Pavee Point believe that the interest shown by participants who attended the seminar conveys an impetus on drug policy makers at local, regional and national level to engage with Travellers and New Communities on the issue of drug use within these communities. This report will be disseminated widely, not only to those who attended the seminar itself, but also to others who will find the seminar content relevant to their work.

Merchants Quay Ireland and Pavee Point have been highlighting drug issues as they pertain to New Communities and Travellers over the last number of years and will continue to do so; this work doesn't begin and end with the seminar and this report. In addition, it is hoped that the many ideas and suggestions that were raised at the seminar will be pursued by other organisations and agencies working on these issues.

<sup>1</sup> Corr, C. (2004) *Drug Use Amongst New Communities in Ireland: An exploratory Study*, Merchant's Quay Ireland & National Advisory Committee on Drugs ; Fountain J. (2006) *An Overview of the Nature and Extent of Illicit Drug Use amongst the Traveller Community: An exploratory study*, National Advisory Committee on Drugs.

<sup>2</sup> The five key objectives are: Protection, Inclusion, Provision, Recognition and Participation

<sup>3</sup> This summary report will be available on [www.mqi.ie](http://www.mqi.ie) and [www.paveepoint.ie](http://www.paveepoint.ie)

## 2. Summary of Key Issues

### *Recommendations from the Research*

There is a need to ensure that the recommendations of the two pieces of research are implemented. A summary of recommendations include:

- Production of culturally sensitive materials in different languages.
- Establishment of an outreach team in Dublin specifically targeting New Communities.
- Engagement of New Communities and Travellers in drug service design.
- Anti-racist training for staff and clients and drug awareness training for organisations working with New Communities and Travellers.
- Development of procedures on ethnic monitoring within drug treatment reporting systems and drug service planning systems.
- Undertaking equality proofing of drugs policy and of drug service planning and delivery.
- Increasing awareness amongst Travellers and New Communities of drugs, drug-related issues, and drug services.
- Adapting the organisational culture of drug services to consider the cultural diversity of Ireland by considering Travellers and New Communities drug service needs.
- Implementation of an effective Traveller and New Community engagement programme.

### *Complex, but not Rocket Science*

One of the issues that was raised a number of times during the day was that although this is a complex issue with a range of challenges, we cannot avoid it and use the complexity to do nothing. While the complexity of the issue must be acknowledged, there are also responses to this issue that are not 'rocket science.' Good practice, common sense and starting from the basis of treating drugs users and members of Minority Ethnic Communities with dignity and respect, will go a long way. Essentially, ensuring that we are working towards and protecting the rights of clients and communities. The culture of organisations/services/responses must respect the individual as a drug user and as a member of a minority ethnic community.

### *Influencing Policy*

The policy context that we are all working in has changed and continues to change. Concepts of diversity and interculturalism are beginning to be incorporated and there is some acknowledgement of the different experiences of Travellers and other Minority Ethnic Communities. There are ongoing opportunities to influence policy agendas including the National Action Plan Against Racism, the Intercultural Health Strategy and the National Drugs Strategy to ensure that they are inclusive of issues pertinent to Minority Ethnic Communities and drug use. It is important that the next National Drugs Strategy is cognisant of intercultural and equality issues.

### *Cultural Competency/Anti-Racism*

Cultural competency within drug services should be built up to ensure that the culture of an organisation is appropriate, responsible and accessible to all members of the community. Particular measures and steps must be taken to ensure that this is also the case for members of Minority Ethnic Communities, for example employing members of these communities; providing human rights training and anti-racist training for staff and clients/participants and providing outreach to Minority Ethnic Communities, including Travellers.

### ***Drug User/Ex-User Involvement***

Developing and supporting drug user/ex-user involvement at all levels is required to give voice to these groups. Drug users/ex-users should be represented at the national level as well as local and regional levels.

### ***Need for Outreach Work***

There is a need for focused and well-funded outreach work with Minority Ethnic Communities.

## 3. Opening remarks

### Ronnie Fay, Director, Pavee Point Travellers Centre<sup>4</sup>

Approximately two and a half years ago Merchants Quay Ireland and Pavee Point met to discuss two pieces of research they were involved in and common issues that were arising in the work of the two organisations with New Communities and Travellers. They believed there were shared issues and experiences within New Communities and the Traveller community in relation to the issue of drugs and that the two pieces of research, which were presented at the seminar, along with their own experiences and the experiences of other projects doing similar work could be harnessed and shared with those involved in this work.

#### *Policy Context*

Changes over the last two and a half years in relation to the issue of drugs in Ireland were highlighted. The drugs policy context has changed in many ways and is beginning to incorporate the concepts of Diversity and Interculturalism and acknowledge the different experiences of Travellers and New Communities. Some examples identified were that Travellers and New Communities are now a target group within the remit of Regional Drug Task Forces, in addition a small number of drug workers/or workers with a drugs remit have been employed within drug services to work with New Communities and within Traveller organisations. However, it must be acknowledged that although the overall strategic objective for the National Drug Strategy (*Building on Experience: National Drug Strategy 2001-8*) is 'to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research', currently there are no explicit targets relating to equality or diversity within the strategy.

The government are in the process of developing a new intercultural health strategy and the expectation on behalf of Merchants Quay Ireland and Pavee Point is that the seminar would contribute to, and inform the development of intercultural drug services in an Irish context.

#### *Community Participation*

There was a focus on communities in addressing drug issues and the fact that drugs are an issue for all communities in Irish society. Merchants Quay Ireland and Pavee Point are acutely aware of the level of work currently being carried out by New Community groups and Travellers along with new and emerging challenges that the issue of drugs brings to representative groups e.g. lack of resources, drugs being a relatively new issue and the need to promote community participation and leadership on these issues. New Communities that both organisations met in preparation for this seminar are only beginning to work on this issue but are eager to progress this issue within their communities while Traveller groups over the last two years are becoming increasingly active in developing targeted initiatives on drug related issues. In conclusion, it was noted that New Communities and Travellers need the support of drug service providers, drug task forces and drug policy makers, who have a key role to play in working with and supporting communities on drug related issues. This seminar should provide scope for discussion on these issues.

<sup>4</sup> Comments provided by speaker

## Mary O' Shea, Assistant Director, Merchants Quay Ireland

On behalf of Pavee Point and Merchants Quay Ireland participants were welcomed and it was pointed out that the aim of the seminar was to bring together a range of groups with interest in the issue of problem drug use amongst Travellers and New Communities in Ireland. This included:

- Drug service providers;
- Those who deliver drug education training on drug use and related issues;
- Traveller organisations;
- New Community organisations;
- Local, regional and national drug policy makers.

### *Research Background*

Looking back, the New Communities research being presented today relates to a trend that MQI first identified in services in the late nineties, where an increasing number of people from a range of different nationalities and ethnic groups began to present to drug services. At this point, there was little information or research on the issue of drug use amongst these communities, particularly regarding the patterns of drug use, needs of these groups and barriers to accessing existing drug services. MQI submitted the application to the NACD Community/Voluntary Sector Research Grant Scheme and were pleased when the application was successful. Caroline Corr, research officer with Merchants Quay Ireland at the time, undertook this piece of work.

The findings indicated that the experiences and issues of New Communities were similar to those of the Traveller community regarding the drugs issue, hence the two organisations came together to plan this seminar.

### *Looking Ahead*

It is a big task for service providers to respond to the needs of New Communities and Travellers but there must be responsibility taken to engage with this challenge rather than use the scale of the task as an excuse to do nothing. It would be useful to have an action plan to support what drug services should be doing. Despite Merchants Quay Irelands' open door policy, some groups still may not come forward for support. We must identify 'why this is so'. These are some of the issues identified which could be addressed by the seminar.

# 4. Exploring Drug use amongst New Communities and Travellers in Ireland: Research Findings

Chair: Mairead Lyons, Director, NACD

## **Opening Comments**

The chair opened the session and gave a brief overview of the role of the NACD in advising the Government on problem drug use in Ireland in relation to prevalence, prevention, consequences and treatment, based on their analysis and interpretation of research findings.

### *Drug use among New Communities in Ireland Results from an Exploratory Study, 2004 Synopsis Paper<sup>5</sup>*

Speaker: Caroline Corr, formerly of Merchants Quay Ireland

In 2003 Merchants Quay Ireland was awarded funding under the NACD's Community and Voluntary Sector Research Grant Scheme to carry out a study on *Drug Use among New Communities in Ireland*. Ethnographic methods were used to carry out the research. Almost 300 hundred hours of fieldwork were carried out by three fieldworkers (from Nigeria, Romania and Russia), as well as ten in-depth interviews with drug users from New Communities and two focus groups with service providers.

The research clearly indicates the existence of problematic drug use among a range of individuals from Central/Eastern Europe, the former USSR, Africa, South Africa, Pakistan and Jamaica. These individuals were using a range of drugs although problematic drug use was more associated with heroin and cocaine use. Some drug users had become involved in problematic drug use prior to arriving in Ireland and several had noticed their drug use deteriorating since their arrival. Others initiated their drug using career in Ireland.

One of the most important findings of this research was the link between ethnicity, drug use and social exclusion. The research found that the social situation of New Communities coupled with other stresses such as displacement and seeking asylum, constitute a risk factor for engagement in problematic drug use.

The main barrier to accessing drug services was lack of knowledge of existing drug services which was also related to language difficulties. Long waiting lists also acted as a deterrent to accessing drug services, especially in relation to methadone maintenance programmes. Many drug users did not want to admit that they were drug users as they were ashamed of their drug use and were concerned about being stigmatised as a drug user. Several drug users reported that they did not use drug services because they were concerned that they would encounter racism, either from the clients and/or workers. Other barriers included fear of breach of confidentiality, dislike of group work techniques, bureaucracy of the Irish system, lack of treatment options for those not injecting and a preference for dealing with a drug problem themselves.

<sup>5</sup> This synopsis paper was provided by the speaker and based on the following research report : Corr, C. (2004) *Drug Use Amongst New Communities in Ireland: An exploratory Study*, Merchant's Quay Ireland & National Advisory Committee on Drugs

The report makes several key recommendations. Of most importance are those related to drug service development (e.g. producing culturally, sensitive material in different languages; establishment of an outreach team in Dublin specifically targeting New Communities; increase in services for stimulant users; and community engagement in drug service design). The report also highlighted the need for both anti-racist training for staff and clients and drug awareness training for organisations working with New Communities. Recommendations were also made around ethnic monitoring, setting targets in national strategies and further research.

*'An overview of the nature and extent of illicit drug use amongst the Traveller Community: An Exploratory Study  
Synopsis Paper<sup>6</sup>*

Speaker: Professor Jane Fountain, Centre for Ethnicity and Health, University of Central Lancashire

The research methods of this study were a comprehensive literature search and review, including relevant policy documents, and semi-structured interviews and focus groups on perceptions of drug use and the related issues with 137 Travellers (including illicit drug users) and 34 agency workers.

The overarching messages from the research findings are:

- Travellers' drug-using patterns appear little different than those of the settled population in Ireland, but the social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring.
- Travellers lack the information to tackle drug use and problematic drug use,
- There is inadequate consideration by drug policy and drug services of Travellers' drug-related needs.

The risk factors for the development of problematic drug use, particularly amongst young people, are well-documented, and can be categorised as interrelated problems in nine areas: education, health, employment, accommodation, previous and current drug use, criminal justice, family, social networks, and the environment (in terms of social deprivation, community disorganisation, and neighbourhood disorganisation). In the case of Travellers in Ireland, many of the risk factors for problematic drug use and few of the protective factors in each area are present.

Although the drug-using patterns of Travellers are not very different from those of the whole population of Ireland, it does not follow that Travellers can simply slot into existing services: responses may have to be different in order that the barriers to drug service access that Travellers' face can be overcome. These barriers include Travellers' lack of awareness of the existence and nature of drug services, stigma and embarrassment, the lack of cultural competence by services, and racism, discrimination and stereotyping by services.

The evidence presented in the report can be used to address developments in drug services in the following ways:

1. Develop procedures on ethnic monitoring within drug treatment reporting systems and drug service planning systems.
2. Carry out equality proofing of drugs policy and of drug service planning and delivery.
3. Increase awareness amongst Travellers of drugs, drug-related issues, and drug services.

<sup>6</sup> This synopsis paper was provided by the speaker and based on the following research report: Fountain, J. (2006) 'An overview of the nature and extent of illicit drug use amongst the Traveller Community: An exploratory study.' Dublin, National Advisory Committee on Drugs

4. Adapt the organisational culture of drug services to consider the cultural diversity of Ireland by considering Travellers' drug service needs.
5. Implement an effective Traveller community engagement programme.
6. Conduct further research and disseminate the results widely.

## Open Forum

This section provides a flavour of comments and suggestions from the floor.

### *Drug Use and Homelessness*

- It was suggested that there were high levels of homelessness amongst Travellers who are drug users. A response was given that perhaps families are dealing with the drug issue in this way as 'an end of the line' option.
- One of the hopes with the dissemination of the Traveller research is that families, agencies, and the Traveller community will be able to deal with the drug issue more effectively. To make the information more accessible a DVD has been produced on the report.

### *Women and Drug Use*

- It was clear that drug use amongst women from Minority Ethnic Communities, was often hidden and stigmatised. Thus, there is a need to specifically target women in outreach work; research has indicated that targeting women using health focused initiatives is effective.
- In the Traveller research, the male focus groups said initially that Traveller women did not use drugs. This would certainly indicate that the issue is more hidden for Traveller women. However, what is interesting is that education in relation to drug issues is predominantly delivered to Traveller women.

### *Minority Ethnic Communities and Treatment*

- Within treatment services, we do not have records of the number of people from Minority Ethnic Communities who access treatment.
- However, from 2008, the National Drug Treatment Reporting System (NDTRS) will be implementing an ethnic identifier. In addition, the NACD have included an ethnic identifier in the General Population prevalence study that they are conducting.

### *National and Local Research*

- The issue of national versus local research was discussed. It was emphasised that national research is useful as a general guide, but that there is no substitute for local knowledge and local research is encouraged. Core issues within national studies may indicate trends for local research.

### *Mainstream and Targeted Services for Travellers*

- The question was raised regarding mainstream versus targeted services for Travellers. The issue of having a targeted approach for Travellers, is not a question of alternative service provision, but of targeting Travellers to support them and ensure that they do gain access to mainstream, or generic services. Therefore, it is not an issue of separate services, but of targeted community development responses.

# 5. Experiences on the Ground: Drug Use in New Communities and the Traveller Community

Chair: Philip Watt, Director, National Consultative Committee on Racism and Interculturalism (NCCRI)

## The Panel

- Erin Nugent, Outreach Worker, Dublin Aids Alliance
- Lambert Oliput, Chairperson, New Communities Drug Awareness (NeCoDrA), Cork
- Emma Kennedy, Community Development Worker, Traveller Specific Drugs Initiative
- Martin Collins, Assistant Director, Pavee Point
- Mary O'Shea, Assistant Director, Merchants Quay Ireland

## Erin Nugent, Outreach Worker, Dublin Aids Alliance

*Established in 1987, Dublin AIDS Alliance (DAA) Ltd. is a voluntary organisation working to improve conditions for people living with, or affected by, HIV/AIDS. DAA operates under an ethos of equality and is committed to making a positive contribution towards a humane and just society. Dublin Aids Alliance has been doing outreach work since 1994.*

This presentation began by explaining that Dublin Aids Alliance (DAA) are linking in with members of ethnic minority communities through outreach work and sexual health work. Since 2001 DAA have come across New Communities during street outreach work, namely people from Eastern Europe and Africa. A small amount of funding allowed DAA to run a programme of work around sexual health and Ethnic Minority Communities, this brought members of Minority Ethnic Communities together for focus groups to design sexual health materials.

Key points outlined were as follows:

### Outreach

DAA view outreach work as a valuable way of linking in with New Communities and this approach has given DAA the chance to see the dynamics between Irish and non-Irish drugs users and how the communities are engaging with each other. DAA suggested that drug selling on the ground is where this mixing and dynamic is happening between these groups.

There are challenges and frustrations in working with Minority Ethnic Communities, for example there are limited or no resources available to deal with the issues arising and therefore DAA are not in always in a position to carry out as much outreach work as is necessary for these target groups. There is a need for a dedicated outreach team for Minority Ethnic Communities and it is essential that this team do street outreach, are full time, build up a routine and thereby build up a clientele. In addition, it is important to have services available to back-up outreach work; for outreach has limited value if that back-up is not available.

### Outreach 'Currency'

DAA find it has been beneficial to have something to offer people as a means to get people to engage with the outreach workers, such as condoms and bandages. This

point was furthered in relation to the need for a mobile needle exchange, or a backpacking needle exchange because where drugs are being sold there is a demand for needles, and through supplying needles there would be a means of engagement. DAA, Merchants Quay Ireland and Ana Liffey have submitted a proposal to the HSE for a mobile needle exchange in the north inner city to be run in partnership between the three agencies. It is also important to work with non-injecting drug users.

Other recommendations included:

- The requirement to look at and use the resources that we have, for example peer-to-peer work with and between Irish drug users who are linked in with drug using Minority Ethnic Communities. (A good example of this type of work is UISCE<sup>7</sup>).
- To link with the Gardaí, as they are key players in coming across drug users from Minority Ethnic Communities.
- Organisations should be committed to the issue, and take the time to train staff and volunteers on issues relating to drug users from Minority Ethnic Communities.
- Organisations that provide training (on drug/sexual health issues) should be providing the training for free to Minority Ethnic Communities.

## Lambert Olupot, Chair of NeCoDrA (New Communities Drug Awareness Group), Cork<sup>8</sup>

*NeCoDrA is a New Communities led drug and alcohol awareness group based in Cork. The group aim to encourage and support ethnic minority involvement in drug and alcohol prevention strategies in Cork through information exchange, training, awareness raising activities and by using a community development approach.*

### **The work of NeCoDrA:**

This presentation commenced by concurring with previous speakers regarding the barriers that members of ethnic minorities experience in accessing services. NeCoDrA is now trying to overcome these barriers through empowering New Community members to participate in drug prevention and awareness strategies and advocate for service providers to make the services accessible to all.

Work NeCoDrA have carried out to date include the up-skilling and training of members and raising awareness within local communities in Cork regarding issues of drug use amongst New Communities. They are also active in networking and representation fora.

### **Future Recommendations**

NeCoDrA would like to see the following happen in relation to New Communities and drugs:

- The provision of culturally sensitive information on health promotion and harm reduction in different languages
- The nurturing of already existing positive health behaviour within New Communities.
- Highlighting the existence of treatment and support services in and around Cork city to assist individuals from Ethnic Minority Communities in taking up the use of such services.
- Services in Ireland need to reach out to ethnic minorities and engage in trust building to address fears such as confidentiality issues.
- Ethnic minority groups should be employed in service provision - this way the needs of ethnic minorities can be voiced from within the services as well as from advocacy by groups like NeCoDrA.

<sup>7</sup> Union for Improved Services Communication and Education

<sup>8</sup> Adapted from a paper provided by the speaker

- The establishment of an immigrant specific drug project in Cork to engage in education, awareness raising and prevention work as well as raising awareness of treatment/support services and providing a confidential referral to these services.
- Representation of ethnic minorities on community, voluntary and statutory bodies on the drugs issue at local, regional and national level.
- More research on drug issues for New Communities.
- Service providers and Government departments need to engage in anti-racism and diversity training.
- All policies need to be 'equality or anti-discrimination proofed'.

It was noted that ethnic minorities often suffer prejudice when the police and public perceptions view ethnic minorities as the drug dealers, but not the drug users. The vulnerable living situation of some ethnic minority community members was highlighted.

### **Conclusion**

The issues were related back to the wider social determinants of health, where there is a need for greater public awareness and understanding of cultural diversity. It is hard to find one New Community member who does not have at least one story to tell of discrimination, racism or cultural insensitivity, experienced on the street, or when dealing with an agency or service provider. Such repeated negative and frustrating experiences cause hopelessness and isolation, and have a negative impact on health, in some cases, contributing to problem drug use. There is a need for a more effective education and awareness campaign to inform the general public in Ireland about diversity and the many positive and vital contributions made by ethnic minorities to Irish society.

## **Emma Kennedy, Community Development Worker, Traveller Specific Drugs Initiative**

*The Traveller Specific Drugs Initiative (TSDI), Pavee Point, was established in 2000. The central focus of the initiative is the promotion of Traveller inclusion in national, regional and local responses being developed to address drug use and to support Traveller organisations in tackling the issue of drug use within the Traveller Community.*

### **Traveller Organisations taking on the drugs issue**

Over the last number of years the work of the TSDI has developed significantly but unfortunately the need for such a project has grown. Pavee Point, through the TSDI, are not the only Traveller organisation to address the drugs issue. Traveller organisations are actively working with people at risk, drug users and their families by developing local drug initiatives, employing Travellers as peer workers, drug awareness training in Traveller primary health care projects and taking on addiction studies courses, and by contributing to research.

### **Where Traveller organisations fit in**

Clarification is needed on where Traveller organisations fit within on the drugs issue. Key points were as follows:

- A number of expectations have been expressed including that Traveller organisations role on the drugs issue is to fill gaps in services where they relate to Travellers and that where a response exists within a Traveller organisation that there is no need for change in the mainstream services.

- Due to these perceptions we need to be clear on what the remit of Traveller organisations is in relation to the drugs issue, and equally, what it is not.
- Traveller organisations are mainly community development organisations so where the drugs issue is taken on there is a remit around raising awareness of drugs and the subsequent impact, providing a safe space to discuss the issues, facilitating and supporting a community response and a Traveller analysis to drugs, supporting Travellers to be advocates on the issue within their own community and lobbying for Traveller inclusion in drug policy and on drug structures. A number of Traveller organisations also provide a level of service provision in that they provide information on services and family support, support members of the Traveller community to access services and provide harm reduction information and drug education.
- However the actions of Traveller organisations are targeted measures in that they are a response to address the fact that some groups in society fare worse or have poorer outcomes than others in relation to services, that different groups have different needs and they are responses that take into account the context of people's lived in worlds; such as the experience of social exclusion, racism and discrimination for the Traveller community.
- Targeted measures are not an end in themselves, and because these targeted measures exist does not mean that mainstream services can therefore stay the same; they do not create some kind of 'get out clause' because what does not fall within the remit of Traveller organisations is to be a replacement for mainstream services.

The work of Traveller organisations should complement that of drug services but for this to be successful it would have to be a partnership approach between services and the community whereby drug services work with the community and look at how services can adapt to meet the needs of different groups and set targets in relation to these needs; as outlined in the NACD research on drug use among the Traveller Community.

### *Challenges for Traveller Groups in dealing with the drugs issue*

The challenges for Traveller organisations in dealing with the drugs issue includes balancing the plethora of other issues that these groups have to focus on (such as, accommodation, health, education), the lack resources available and the quickly changing drugs scene. For traveller organisation there are capacity constraints to taking on drug related issues. There is an expectation from within the Traveller Community that there is an easy solution.

### *Policy Context*

There are positive developments in recent times in relation to Travellers inclusion in drug policy (such as Travellers being named as a target group within the RDTF guidelines), however a more concerted effort is needed and responses need to be more than ad hoc or based on the goodwill of certain individuals, task forces or services. A number of ways this could be achieved were put forward:

- The implementation of the NACD Research (with the implementation plan developed in partnership with Traveller organisations).
- The inclusion of an intercultural or equality strand in the next National Drug Strategy which would show a commitment to addressing issues for Travellers and New Communities, as well as other excluded or vulnerable groups.

It is important to note, as acknowledged within the NACD research, in relation to risk factors, that if drug issues are to be tackled for the Traveller community then other issues impacting on the Traveller community also have to be addressed; a holistic approach is needed and there needs to be a commitment from policy makers towards this.

## Martin Collins, Assistant Director, Pavee Point

*Pavee Point is a non governmental organisation committed to the attainment of human rights for Travellers. The organisation is made up of Travellers and members of the majority population working together in partnership to address the needs of Travellers as a minority ethnic group that experience social exclusion and marginalisation.*

### ***The current situation: Drug use in the Traveller Community***

The situation for Travellers is not as bad as it is in some settled communities, but there could be a crisis unless we intervene. We need to learn more from the inner city experience where communities had to respond themselves as there was a poor response by the state until there was a crisis. Some of the patterns in the Traveller community are the same as the settled community; issues with dealers, non-user dealers, prostitution, criminal gangs, family breakdown and deprivation. But to date, there is one essential difference; the Traveller community has not responded with marches on people homes, because the anger has not reached that level yet.

While drug use is still manageable at present within the Traveller community, this will change if there isn't a response. At this stage drug use is not a hidden issue within the community (although it might be from outside), it may be taboo, but it is visible. There is an issue of those within the community being ostracised for their drug use, with other Travellers often responding by avoiding them. The result of which is that Travellers who are drug users are victimised as drug users and as Travellers.

The time is ripe now for Travellers to respond to the issue. There is a need for a constructive response, a multi-disciplinary response, as well as an economic response, and investment in communities.

Other points proposed included:

- That while Travellers are a community that is disadvantaged this does not mean that Travellers are predisposed to drugs; but marginalisation is a factor in the spread of drugs.
- Some Traveller groups have shown leadership in dealing with taboo issues, such as drug use, violence against women and sexual orientation.
- It is important that a broad definition of 'community' which acknowledges Travellers as an ethnic minority group is used within discussions on Travellers and drug use; so that Travellers are not defined as an 'interest group'.
- There is also an issue of racism against ethnic minority communities in relation to drugs. New Communities are being seen as having brought drugs in, being blamed for drugs, even though we know the drugs were here long before New Communities arrived.

## Mary O'Shea, Assistant Director, Merchants Quay Ireland

*Merchants Quay Ireland (MQI) is a leading Irish charity working with people who are homeless and drug users. The mission of Merchant's Quay Ireland is to reduce harm related to drug use and homelessness and to provide pathways towards rehabilitation and settlement.*

A lot of research that is conducted is critical to service providers, and the focus here is on MQI's implementation of the recommendations highlighted in the New Communities research, and on MQI's ongoing commitment to activate change.

## *Implementing the Recommendations:*

Since the publication of the NACD research on drug use among New Communities in 2004, MQI have implemented the following recommendations:

- Anti-racism and diversity training with staff have been run. This work must continue and be ongoing.
- Service information leaflets have been developed and printed in different languages. These leaflets were circulated widely amongst groups and organisations working with New Communities and drug use.
- Language classes are being run for staff and clients.
- A plan was implemented to disseminate the findings from the New Communities research, targeting appropriate individuals and/or groups with specific recommendations of relevance to them. For example, the Drug Misuse Research Division of the Health Research Board were contacted with the recommendation to include an ethnic identifier on the NDTRS.
- The MQI client information database (CICS) has an ethnic identifier included.
- Access to information on MQI's services in different languages will be available on the MQI updated website

Merchants Quay Ireland have a range of services; over 200 people a day use the services which include food services for the homeless, needle exchange, drugs services, advocacy and residential services. However, even with all of those services, MQI have a challenge in reaching out to those who do not use the services but who are out there. There are also issues, where some of the clients who use MQI are marginalised from their own communities as well as the community in general and will not engage, they may just want basic services. In addressing these issues and progressing change, the crucial elements are: outreach, building a relationship with the clients and developing the skills and training of staff.

The 'Drugs and Diversity' seminar is a great start for change as partnership and networking are crucial for this work. Although networking may be hard work that is often not acknowledged or recognised, and can be difficult to fit in with all of the work of services, networking and the up-skilling of staff must be made a priority

## **Open Forum**

This section provides a flavour of comments and suggestions from the floor.

### *Employment of Minority Ethnic Communities*

- Minority Ethnic Communities should not be employed by percentage (positive discrimination), but the staff team should be diverse, it says to anyone that comes in that 'we cater for all'.
- Employing Minority Ethnic Communities should be across the board and not just in positions that deliver services to their own communities. Minority Ethnic Communities should be involved in providing services to all.

### *Outreach Work*

- It is important that outreach work is funded and supported.
- There is a working group looking at issues for young people at risk (including Travellers); they have received funding to start up a project with an outreach approach. The importance of networking was acknowledged in the establishment of this working group.
- By the time drug users enter a service they often are already using drugs problematically for some time. This is why outreach is so useful as it is a 'point of contact'.

- The use of condoms as 'currency' means that you have something tangible to give people when engaging in outreach work. The same point applies to needle exchange as a point of contact with people.

### *Research*

- There is a need for further research on outreach and non-opiate based drug use.

### *Racism within Services*

- It was suggested that racism exists within some drug services

### *Networking*

- Interagency work relies on personalities whereas it should be a core competency of the job and skills.
- Networking should be part of the Strategic Management Initiative and monitored as part of staff appraisals.
- Networking should be a core function of roles and not an 'add on'.

### *Implementing Real Change*

- It is hard to challenge statutory agencies to ensure that Minority Ethnic Communities are included. Sometimes good initiatives and pilots get shelved. The issue often is that these initiatives highlight the weaknesses in statutory agencies.
- Policies and recommendations should be implemented in full.
- The Intercultural Health Strategy and the next National Drugs Strategy provide opportunities for highlighting these issues.

### *Chair's overall comments*

Key points from the chair:

- It is important to take time and develop strategies to engage with communities.
- Organisations should be employing people from Minority Ethnic Communities.
- There is no contradiction between pursuing both mainstream and targeted services for drug users.
- The drugs issue cannot be separated from other issues for Travellers and New Communities. All of the issues impacting on these groups need to be tackled
- Implementation of research recommendations is essential.
- New Communities and Traveller groups are taking on the difficult issue of drugs.

# 6. Developing Intercultural Responses and Promoting Best Practice

Chair: Philip Watt, Director, (NCCRI)

## A Service User's Experience

Speaker: Manjit Singh Johal, Service User Involvement and Advocacy Officer, Derbyshire Drug and Alcohol Addiction team

Manjit Singh Johal introduced his input by stating that he wanted to look at the issue at three levels, as an ex-user himself, as a practitioner and at a strategic level.

### *Ex-user experience*

Manjit Singh Johal started his drug use at an early age. Within his family his drug use caused enormous shame. His father felt the full weight of cultural shame and would not even tell his own brother. Within the Asian community the response is often to send the young person away. By the time he was a teenager he was involved in class A drugs, and in Juvenile detention. In 1999, he sought treatment, but there was a significant cultural issue. He entered a service and spotted an Asian worker, but was ignored by this worker. At this stage his father paid for him to go into rehabilitation privately. The programme and its addiction model were based on a white settled experience and he felt was not culturally appropriate, particularly the spiritual aspects. When he was ready to access services, he was at a very low level. He wanted access to rehab but was told there was no funding for a place, and that he would have to go on a waiting list so he did his own street detox. It was at this stage that he met someone who had been a user and had become a counsellor, and Manjit thought 'I could do that'. Peer inspiration and the support he gained from this individual empowered him. He then got involved in aftercare and self help.

### *Practitioner Role*

Manjit established a self help group for members of Minority Ethnic Communities with a peer in 2003, where they undertook advocacy and support work with members of Minority Ethnic Communities. This was one of the few agencies open in the evenings, and as white drug users were not included, this group was accused of being racist. When they went looking for funding they were often 'fobbed off' by those with the funding. Essentially they were blocked. They finally got help from the University of Central Lancashire. Manjit stated that the lesson for him is that is essential to be strategic, do your research and to get skills training particularly as many service users have little formal education.

### *Issues for ex-service user working as a practitioner*

When he was working within a drug service, he was using the knowledge that he had but he didn't want to disclose his own background. Manjit found that he worked well with clients but not with the other workers, who he felt often talked about the clients negatively. Therefore, he left and went to raise monies to work with a user led organisation. The service led group that he works with are getting referrals far and wide. There is still very little out there for members of Minority Ethnic Communities. Change is slow and it takes time. They used different ways to distribute materials about drugs e.g. at religious events and at minority ethnic community cultural events. It is necessary for people to get out and build trust with communities and build family links.

## *Strategic Level issues*

Manjit concluded by making a number of points relating to strategically approaching the issue of diversity within drug services

### *Service Users and Ex-Users*

- The skills of service users and ex-users should be utilised for strategic planning, auditing of services and their own care plan development. In the UK, at a national level, there is move toward this.
- Drug services should compensate and pay service users and ex-users to participate in a range of activities for example research, policy fora etc. This could be in the form of tokens; costs for transport etc. Supports need to be put in place.
- When service user groups have been set up the key is supervision, support and peer work.

### *The Voice of Ethnic Minority Communities*

- Minority Ethnic Communities should establish their own projects and have their own voice.

### *Ethos of Services*

- The culture of drug services must respect the clients, as drug users/ex-drug users and as members of Minority Ethnic Communities. Belief in the individual is key as diversity is about respecting people.

### *Women's Issues*

- Women's issues need to be taken into account, particularly regarding childcare.

### *Service Providers*

- A good workforce is about skilling the staff and equipping them well.
- Minority Ethnic Community workers should be employed by services.

## *Exploring Models of Community Engagement with New Communities within Drug Service Provision in the UK Centre for Ethnicity and Health, University of Central Lancashire<sup>9</sup>*

Speaker: Yaser Mir, Senior Advisor for the CE Programme 'Citizen Shaped Policing' at UCLAN

## *Background*

The Centre for Ethnicity and Health, University of Central Lancashire (UCLAN) has a long history of Community Engagement work with Black and Minority Ethnic Communities. It has been funded by the Home Office and National Offender Management Service (NOMS) to provide management and support to Drug Interventions Programme (DIP). This synopsis sets out the lessons learnt from the DIP Black and Minority Ethnic Community Engagement Programme (CEP).

## *Terminology*

In the UK there is an ongoing debate on terminology to describe New Communities. At UCLAN, we use the full term Black and Minority Ethnic Communities. However a widely used term now in the UK, particularly in London is Black, Asian & Minority Ethnic Communities or the acronym BAME.

The DIP is a critical part of the Government's strategy for tackling drugs. It involves a range of elements to identify drug-misusing offenders, particularly those who commit crime to fund Class A drug misuse. The DIP Race Equality and Diversity Action Plan is encouraging the following

<sup>9</sup> Paper provided by speaker

- The development of services that are appropriate to local communities
- Growing a workforce that represents local communities.
- Increasing community engagement.

### *What we learned from the process*

Some key lessons were learned from the process of undertaking the project. Barriers and challenges were encountered during the programme, but also clear benefits were derived by both communities and DIP services. These lessons included:

- The level of ownership of senior management is a key success factor for effective community engagement.
- Services need to identify the barriers to engaging with so-called 'hard to reach' communities and develop strategies to overcome these.
- Organisational procedural issues can sometimes pose barriers to involving community members in projects.
- An adequate pool of community volunteers needs to be recruited for community engagement to succeed.

### *Benefits of the CEP identified included*

- It helped facilitate treatment engagement, and in some instances the completion of treatment, and increased the numbers of users in treatment programmes.
- It helped build capacity within the target community by increasing volunteers' skills, training and work experience, often from a low base. This potentially will also benefit the statutory sector by increasing and making more diverse the potential pool from which to recruit the workforce. The capacity and skills of service providers were also increased by involvement in the CEP.
- Some of the volunteers involved in the programme have become positive role models and mentors to others in their community, thus providing a wider benefit. Some are thus helping communities to tackle drugs from within and facilitating engagement with services on a long term basis.
- Sustainable partnerships have been developed between communities and statutory services as a result of the CEP, with the steering group comprising DIP stakeholders playing a key role.

### *What we learned from the research: examples*

The research undertaken by the CEP projects gave insights into the perceptions of service users and the views of communities who had previously been little consulted about their views of services. For example they highlighted:

- That faith and/or belief systems is an essential aspect of catering for the needs of many Black and Minority Ethnic users, and understanding the views of communities about drugs and drug users.
  - Service users' perceptions in relation to the key human rights principles of;
  - Treating people and their cultures with dignity and respect,
  - Treating people fairly,
  - Having transparent procedures in place.
- Instances where services had made insufficient provision for language support, in relation to the needs both of service users and the wider community.
- Other key issues in relation to access and/or information including:
  - lack of knowledge and awareness of/confidence in local drug services within some communities
  - Attitudes within communities affecting drug users' willingness and ability to access services.

## ***Recommendations made by projects on the needs of Black and Minority Ethnic Communities: key messages (some of these have already been taken on board)***

- 1) DIP services should in commissioning, planning and delivering services use a community engagement approach. This approach was commonly recommended as a way forward by communities on the basis of having directly experienced the benefits of the CEP project. The experience of the CEP suggests that in seeking to engage communities, services should ensure that senior management allocates sufficient support and capacity building time to staff to enable them to apply the CE model successfully. DIP services should ensure that Black and Minority Ethnic (ex)-service users are involved throughout the process.
- 2) DIP services should undertake work to improve local communities' awareness of and access to DIP services, for example by:
  - Ensuring that ethnic monitoring systems adequately capture the range and needs of the local populations including language provision.
  - Activities to improve the support offered to family and carers of Black and Minority Ethnic offenders in treatment.
  - Increasing practitioners' understanding of their needs and of cultural and language barriers.
  - Providing a culturally specific 24-hour free phone help line that is able to meet the needs of all local individuals/communities in the area.
  - Providing targeted drugs education and prevention messages for Black and Minority Ethnic Communities, in appropriate formats and languages.
  - Developing strategies – for example awareness raising of the issue, and ensuring inspector's authority is used where drug misuse is suspected - to engage drug-misusing offenders beyond those committing 'trigger offences'. These may otherwise 'slip through the net' and not access the help and support they need.
- 3) DIP services need to strive to ensure that their workforce
  - Better reflects the make up of local communities, including ex-users with the appropriate competencies.
  - Is provided with training on cultural competency, equality and human rights
  - Services need in particular to work to improve police in custody suites and drug workers' competence and capacity in terms of understanding how to demonstrate respect for the rights and needs of people from different backgrounds.
- 4) Faith based and spiritual approaches need to be considered as part of a range of abstinence based options, delivered through provision of services which include specialist counselling and psychotherapy.
- 5) In prisons the capacity and ability of services such as CARATS teams to engage with Black and Minority Ethnic prisoners needs to be increased, in order to focus on issues relating to through care, aftercare and the needs of those exiting DIP. Internal procedures also need to be examined to enable easier access into prisons by ex-offenders involved in treatment initiatives and self-help groups.

## **Open Forum**

This section provides a flavour of comments and suggestions from the floor.

### ***Drug Users Fora***

- Need to ensure that drug users fora are supported, however blocks to this should be identified e.g. organisational cultures through the Strategic Management Initiative or

legislation and the autonomy of drug users fora should be supported.

- Legislation and commitment is vital and many services will need human rights training and training to improve cultural competency. Organisational cultures need to be appropriate, responsible and accessible.
- Drug service issues should be raised in a facilitated space which is not about attacking individual workers but is about the experience of drug users as a group and the organisation's response to their needs. A service user group actually can ensure services do indeed meet the needs of users.
- Good drug workers don't have to be ex service users, however they need to understand their issues.
- It is also important when an ex-user is a worker to be aware of their own issues and their need for key work and supports.
- Resourcing service users to participate is important and vital particularly where people are giving their time representing the issues of service users or involved in training.

### *Black and Minority Ethnic Communities*

- Services should be accessible and positive action may need to be taken to ensure that communities are not blamed for drug issues. The community is vulnerable and drug services must improve the treatment journey for individuals accessing their services.
- It is necessary to support the community sector in playing its role in addressing drug issues.

### *Diversity within Drug Services*

- A lot of services are generic yet there are diversity issues to be addressed without compartmentalising people, particularly within low threshold services.
- It is important to meet people's needs and match them with workers and services who can do this.
- Staff training is vital to ensure that diversity is incorporated, many services are doing good work and this should be acknowledged.
- The issue may not be the establishment of separate services, but to explore cultural aspects and work with individuals.

### *The Chair's reflections of the day:*

Manjit's powerful testimony was acknowledged; it showed empowerment, how someone can make a difference, and the importance of an anti-racist dimension to drugs work. Yaser's input conveyed clearly the role of community engagement in working with communities on drug issues, the importance of putting the rhetoric into action and the significance of today's seminar.

This is the first time that Traveller groups and New Communities have come together to discuss the issue of drugs and that the seminar provided an opportunity to explore positive work that is going on in the UK and the experience there, whilst also acknowledging that work is happening in Ireland. It is still early days in this work, lots of change has taken place and there are worrying signs that drug use is increasing amongst these groups. Therefore complacency must be avoided and timely responses are required. There are a range of policy opportunities ahead that could address and support many of the issues raised today for example the National Action Plan Against Racism, the Intercultural Health Strategy and the National Drug Strategy.

# APPENDICES

# Appendix 1

## *Summary of Evaluations of the day*

### **What participants will bring back to their organisation from the Seminar**

- The seminar conveyed the need for peer outreach work in reaching ethnic minorities.
- It brought things up to date with recent developments for these communities in relation to drugs.
- The event will inform the work of the Regional Drug Task Forces.
- A number of participants felt energized and found the information at the seminar beneficial to their work and stated that they would bring it back to their organisation.

### **What participants thought of the participation of Travellers and New Communities at the Seminar**

- The seminar was a very positive event in bringing Traveller groups and New Communities together to share their learning and experiences on the issue of drugs.
- It was positive to learn from other people's experiences.
- The inputs by people from different ethnic minorities were very relevant and were good to hear.

### **Feedback on the content of the seminar itself**

- There was a good mix of research and experience based work i.e. evidence based approach and work happening on the ground with Minority Ethnic Communities.
- The majority of attendees noted that the seminar was very useful, including the panel input, and the range and diversity of the speakers.
- Other information that was cited as relevant was information relating to making drug services more culturally appropriate.
- The seminar's content provided good background information on the issues.
- There was enough time for questions and answers.
- The seminar provided good ideas about what to lobby for locally in relation to drug services and policies for Travellers and New Communities.
- The ex service user input from the UK was useful.
- Networking opportunities were named a number of times by participants as being beneficial.

### **Suggestions for the future**

- More focus is needed on individual minority ethnic groups.
- More discussion and interaction between the different players and more small group discussion.
- Have structured networking time built into the day itself.
- If case studies of drug projects that have worked well with Travellers could have been presented.
- There are so many issues to cover on this topic; in the future it would be useful to have a 2 day event as events such as this are useful.
- The response of statutory services to these issues remains unclear.
- More input from statutory agencies in relation to work they are doing with Travellers and New Communities in relation to the issue of drugs.

# Appendix 2

## 2.1 'Drug Use among New Communities in Ireland: Results from an Exploratory Study' - Caroline Corr



### Drug Use among New Communities in Ireland: Results from an exploratory study, 2003 Caroline Corr



### Background to the Research Project

- Ana Liffey Project. 2001. *Drug Services and Non-European Nationals: A Brief Survey*. Unpublished.
- Anecdotal evidence from outreach workers
- Proliferation of research at EU level
- Gaps in knowledge



### Research Aim and Objectives

#### Aim

- develop an in-depth understanding of problematic drug use find out patterns of drug use

#### Objectives

- examine routes of administration of drugs used
- look at reasons and motivations for drug use
- establish risks that users may be exposed to
- examine awareness of harm reduction and treatment
- To identify barriers to accessing services



### Methodology

- 3 fieldworkers (Romanian, Russian and Nigerian)
- Ethnographic research
  - 10 in-depth interviews
  - 280 hours of participant observation
  - 2 focus groups



### Barriers to carrying out the research

- Lack of knowledge
- Stigma
- Sensitivity
- Suspicion
- Confidentiality
- Difficult to reach
- Lack of trust



### Drug Use among New Communities (1)

- **Central/Eastern Europe** (Romania, Lithuania, the Czech Republic, Hungary, Poland, Estonia)
- **Former USSR** (Ukraine, Moldova, Georgia, Russia, Kazakhstan)
- **Africa** (Sudan, Somalia, the Congo, Nigeria, Kenya, Ghana)
- **South Africa, Pakistan and Jamaica**



### Drug Use among New Communities (2)

- Cannabis
- Ecstasy
- Heroin
- Methadone
- Cocaine
- Traditional drugs (e.g. Khat)



### Initiation into problematic drug use *prior* to arriving in Ireland

*I started to score when I joined the army. I was placed on the border with Moldova. A big wagon of goods had been confiscated and among the goods we found a bag of heroin. I do not remember now whose idea it was but we decided to try it. One guy said that he had once seen how to do it. We found everything we needed. When we finished the bag we realised that we needed more. (Lithuanian male, 34 years, injecting heroin)*



### Initiation into problematic drug use *after* arriving in Ireland

*I went out with a friend of mine and their Irish girlfriends to a club. When we got to the club they brought something out in tin foil and they smoked the shit and asked me to smoke. I refused. Then one of them convinced me that it was nice, I would dance well and forget any problems I had.*

(Somali male, 30 years, smokes heroin)



### Ethnicity, drug use and social exclusion (1)

- Legal status

*I started to use heroin in 2000 [i.e. 2 years after arriving in Ireland] when I got frustrated because my application was rejected.*

(Somali male, 30 years, smokes heroin)



### Ethnicity, drug use and social exclusion (2)

- Accommodation

*I became involved through friends and the people I was staying with. I was staying in a hostel and lots of the boys were using drugs and some of my friends on the streets were using drugs and that's how I found myself involved in drug use and trading in Ireland.*

(25 year old male from the Republic of Niger, smokes cocaine)



### Ethnicity, drug use and social exclusion (3)

- Unemployment

*You know I was smoking because of my problems. I don't work as I am an asylum seeker waiting for refugee status. You see I don't have the right to work. I was smoking in my country as I was not working. You just want something to pass your time like smoking. That is why I was smoking.*

(Congolese male, 25 years, smokes heroin)



### Factors influencing drug use

- Escapism
- Exclusion & isolation
- Post-traumatic stress disorder
- Experiences of war, torture & trauma
- 'Fit-in'
- Peer influence
- Curiosity
- Boredom
- Relationship breakdown
- Accessibility



### Barriers to accessing drug services (1)

- Lack of knowledge of drug services

*If somebody is prepared to help me or if there is a place they can help me, I am prepared to go there to see if the place suits me. But I don't know where to go or who I need to talk to. I don't know how to receive any kind of treatment.'*

(Kenyan woman, 24 years, snorts cocaine)



### Barriers to accessing drug services (2)

- Language difficulties

*I don't know but there is not much information about it. I've seen lots of leaflets about drug treatment services at the health centres. But all of them are in English. I can speak and read English but some people can't speak English.*

(Ukrainian male, 25 years, injects heroin)



### Barriers to accessing drug services (3)

- Long waiting lists

*He was told that he had to wait one year to get a programme which discouraged him.*

(Fieldworker, 3, 22nd February, 2003)

*When I came to the country I went to [a drugs service] for help and they told me it would take three years before they could help me.*

(Georgian male, 44 years, injects heroin)



#### Barriers to accessing drug services (4)

- Confidentiality  
*I'm scared if I speak to somebody they might call the police or arrest my boyfriend.*  
(Kenyan woman, 24 years, snorts cocaine)



#### Barriers to accessing drug services (5)

- Stigma  
*They [other drug users] are also ashamed and worried people will judge them. That's what I think.*  
(Moldovan male, 30 years, smokes heroin)
- Racism  
*I would go [to a drugs service] if you think they would help me. Many of my friends complain that you don't get help through these Irish people because they are racist and don't like Black people.*  
(Somali male, 30 years, smokes heroin)



#### Barriers to accessing drug services (6)

- Group work
- Bureaucracy
- Suspicious of help
- Emphasis on intravenous opiate use
- Self-sufficiency



#### Recommendations (1)

- Culturally sensitive material in different languages
- Images and posters promoting diversity
- Outreach team, with peer based approach
- Female drug users targeted through health services
- Drug services targeting stimulant users
- Drug help lines advertised in several languages



#### Recommendations (2)

- Drug services should recruit staff from new communities
- Anti-racist training for staff and clients in drug services
- Drug prevention programmes targeted at young people
- Culturally specific drugs awareness training
- Community engagement in drug services
- Ethnic monitoring
- Policy developments
- Further research

## 2.2 'An Overview of the Nature and Extent of Illicit Drug Use amongst the Traveller Community: An Exploratory Study' - Professor Jane Fountain<sup>1</sup>

<p>Jane Fountain Professor of Substance Use Research</p> <p>Centre for Ethnicity and Health University of Central Lancashire Preston, UK</p> 	<p>Fountain, J. (2006)</p> <p><i>An overview of the nature and extent of illicit drug use amongst the Traveller community: an exploratory study</i></p> <p>Dublin, National Advisory Committee on Drugs</p>
<p>An overview of the nature and extent of illicit drug use amongst the Traveller community: an exploratory study</p> <p><b>Methods</b></p> <ul style="list-style-type: none"> <li>comprehensive literature search and review, including relevant policy documents</li> <li>semi-structured interviews and focus groups on perceptions of drug use and the related issues with 137 Travellers (including illicit drug users) and 34 agency workers</li> </ul>	<p><b>Overarching message from the research findings</b></p> <ul style="list-style-type: none"> <li>Travellers' drug-using patterns appear little different than those of the settled population in Ireland,</li> <li>BUT the social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring.</li> <li>Overall, Travellers lack the information to tackle drug use and problematic drug use,</li> <li>AND there is inadequate consideration by drug policy and drug services of Travellers' drug-related needs.</li> </ul>
<p><b>Overarching message from the research findings</b></p> <ul style="list-style-type: none"> <li>Drug use and problematic drug use, whilst not at the levels of the rest of the population, both occurs and is increasing amongst Travellers</li> <li>Travellers' drug-using patterns appear little different than those of the settled population <ul style="list-style-type: none"> <li>cannabis most widely used</li> <li>least used: heroin, crack cocaine, LSD and solvents</li> <li>heroin use is increasing</li> </ul> </li> </ul>	<p><b>Overarching message from the research findings</b></p> <ul style="list-style-type: none"> <li>The social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring</li> </ul> <p><b>Problematic drug use</b> <i>the illegal or illicit drug taking...which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence...drug taking which causes harm to the individual, their significant others [such as their family or partner] or the wider community</i> National Treatment Agency for Substance Misuse (NTA) (2003) <i>Models of care for the treatment of drug misusers. Part 2: Full reference report.</i> London, NTA.</p>
<p><b>Overarching message from the research findings</b></p> <ul style="list-style-type: none"> <li>The social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring</li> </ul> <p><b>Social exclusion</b> <i>A shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown.</i> Social Exclusion Unit (1997) <i>Social Exclusion Unit: purpose, work priorities and working methods.</i> London, The Stationery Office</p>	<p><b>Overarching message from the research findings</b></p> <ul style="list-style-type: none"> <li>The social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring</li> </ul> <p><b>Social exclusion</b> <i>A shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown.</i> Social Exclusion Unit (1997) <i>Social Exclusion Unit: purpose, work priorities and working methods.</i> London, The Stationery Office</p>

<sup>1</sup> Please note that the original presentation has been shortened to reduce space, all of the key original point remain included.

### Social exclusion

A shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown.

Social Exclusion Unit (1997) Social Exclusion Unit: purpose, work priorities and working methods. London, The Stationery Office

### Social exclusion and risk factors for problematic drug use

All socially excluded groups, regardless of ethnicity, are vulnerable to problematic drug use, but Black and minority ethnic groups (including Travellers) are particularly vulnerable because they are disproportionately socially excluded

### Social exclusion and risk factors for problematic drug use

Interrelated problems in:

- education
- health
- employment
- accommodation
- previous and current drug use
- criminal justice
- family
- social networks
- the environment (social deprivation, community disorganisation, and neighbourhood disorganisation)

### Social exclusion and risk factors for problematic drug use Education

#### Risk factors

- not attending school
- not achieving whilst there

#### Protective factors

- attachment to teachers
- commitment to education
- educational attainment

### Social exclusion and risk factors for problematic drug use

#### Education

- over three times the proportion of Travellers compared to members of the settled population have received either no formal education, or have at best remained in the system up to primary level (2002 Census)
- lack of appreciation and respect for the Traveller culture
- parents worried children will adopt bad habits

- parents worried children will adopt bad habits

*Your child needs an education, but how can we send them to that?...you're going to think at the end of the day 'well, I sent them to school' so you may as well say 'well, I started them on drugs'. (Traveller)*

### Social exclusion and risk factors for problematic drug use

#### Education

- over three times the proportion of Travellers compared to members of the settled population have received either no formal education, or have at best remained in the system up to primary level (2002 Census)
- lack of appreciation and respect for the Traveller culture
- parents worried children will adopt bad habits
- low value on formal education
- schools expect and accept less from Travellers

- schools expect and accept less from Travellers

*In the classroom, they'd [Travellers] be allowed to colour all day. Now they can't read and write – they can't do nothing. (Traveller)*

**Social exclusion  
and risk factors for problematic drug use**

**Education**

- over three times the proportion of Travellers compared to members of the settled population have received either no formal education, or have at best remained in the system up to primary level (2002 Census)
- lack of appreciation and respect for the Traveller culture
- parents worried children will adopt bad habits
- low value on formal education
- schools expect and accept less from Travellers
- schools can't cope with nomadism

**Social exclusion  
and risk factors for problematic drug use**

**Education**

**Risk factors**

- not attending school
- not achieving whilst there

**Protective factors**

- attachment to teachers
- commitment to education
- educational attainment

**Social exclusion  
and risk factors for problematic drug use**

Interrelated problems in:

- education
- health
- employment
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- previous and current drug use
- criminal justice
- family
- social networks
- the environment (social deprivation, community disorganisation, and neighbourhood disorganisation)

**Social exclusion  
and risk factors for problematic drug use**

The position of many Travellers – especially young people – is that their interrelated social and economic circumstances mean that they are at risk of problematic drug use,

AND this is against a background of racism and discrimination at institutional and individual levels.

**Overarching message from the research findings**

- Travellers' drug-using patterns appear little different than those of the settled population in Ireland,
- BUT the social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring.
- Overall, Travellers lack the information to tackle drug use and problematic drug use,
- and there is inadequate consideration by drug policy and drug services of Travellers' drug-related needs.

**Travellers lack the information to tackle drug use and problematic drug use**

- Travellers very concerned about drug use

BUT

- lack of knowledge about drugs and drug services hampers their attempts to address it

**Main response**

- parents telling their children not to use drugs - responsibility seen as the family's

*Families should help [homeless drug users] – they have people out there belonging to them, but do they really care?...if they have someone out there that cares about them, that's taking drugs, that's sleeping on the streets...they should go looking for them.*

*[I tell my children] 'don't take things off anyone you don't know, don't take tablets, don't take nothing. Run if anyone asks you to buy anything.'*

*I'm blue in the face telling them.*

*When you see a young person getting beat, you know that the parents have found out about the drugs.*

**Overarching message from the research findings**

- Travellers' drug-using patterns appear little different than those of the settled population in Ireland,
- BUT the social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring.
- Overall, Travellers lack the information to tackle drug use and problematic drug use,
- and there is inadequate consideration by drug policy and drug services of Travellers' drug-related needs.

**Inadequate consideration by drug policy and drug services of Travellers' drug-related needs**

- Consideration of Travellers' drug service needs is patchy and ad hoc.
- Responses may have to be different in order that the barriers to drug service access that Travellers face can be overcome

**Major barriers to drug service access faced by Travellers**

- Lack of awareness of the existence and nature of drug services
- Stigma and embarrassment
- Lack of cultural competence by services
- Racism, discrimination and stereotyping

*Travellers are reluctant to access services – they are fearful of change. It isn't because the services aren't appropriate. (Agency worker)*

*Travellers find it difficult to attend settled services, but there are two sides to this story – we do not understand Traveller culture, but Travellers do not declare their needs and find it easier to walk away...Travellers have a poor record of keeping appointments. If they are challenged about keeping appointments, then it becomes an issue and they feel like they are being chastised...Travellers need to be taken by the hand. Travellers are likely to run from their problems. (Agency worker)*

**Overarching message from the research findings**

- Travellers' drug-using patterns appear little different than those of the settled population in Ireland,
- BUT the social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring.
- Overall, Travellers lack the information to tackle drug use and problematic drug use,
- and there is inadequate consideration by drug policy and drug services of Travellers' drug-related needs

**Overarching message from the research findings**

- Travellers use drugs
- Travellers are at risk of problematic drug use
- Travellers' drug service needs are largely unmet

**Recommendations**

- 1.Ethnic monitoring
  - National Traveller Health Strategy's ethnic identifier pilot project and international best practice
- 2.Equality proofing
  - Needs assessments
  - Impact assessments
- 3.Raise awareness
  - Involve Travellers
  - Traveller Specific Drugs Initiative guidelines for drug education workers working with Travellers

**Recommendations (contd)**

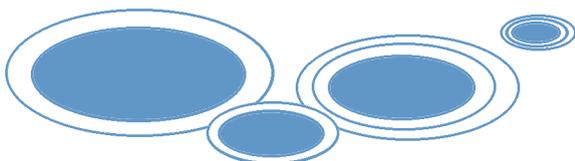
4. Cultural competence examples
  - the importance of the family
  - whether outreach work would be effective nomadism
  - whether there should be Traveller-specific services
  - workforce development
- 5.Community engagement
- 6.Further research

ALL members of the population are entitled to equitable access, experience and outcome, whatever their ethnicity, gender, religion, sexuality, mental and physical health, language....

## 2.3 'Developing Intercultural Responses and Promoting Best Practice – Exploring Models of Community Engagement with New Communities within Drug Service Provision in the UK' - Yaser Mir

### Developing Intercultural Responses and Promoting Best Practice

#### Exploring Models of Community Engagement with New Communities within Drug Service Provision in the UK



### Background

- UCLan has a history of Community Engagement work with Black and Minority Ethnic Communities:
- Department of Health - Substance Misuse
- HMP – Prisons
- Home Office – DIP and Criminal Justice\*
- NIMHE – Mental Health
- New Scotland Yard – Citizen Focused Policing
- Aimhigher – Higher Education

### Terminology

- Ongoing debate
- New communities and Traveller communities
- Black and minority ethnic or BME?
- New term being used widely particularly in London:
- Black, Asian & Minority Ethnic or BAME?
- What next?
- BARME!!
- Black, Asian, Refugees and Minority Ethnic

### "SOUTH ASIAN: MY EXPERIENCE"

#### MAJOR RELIGIONS      COUNTRY/REGION OF ORIGIN

- |            |             |               |
|------------|-------------|---------------|
| * Islam    | * Pakistan  | * Bangladesh  |
| * Hinduism | * India     | * East Africa |
| * Sikhism  | * Sri Lanka |               |
| * Buddhism |             |               |

#### LANGUAGES & DIALECTS

- |           |            |           |           |          |
|-----------|------------|-----------|-----------|----------|
| * Hindi   | * Gujarati | * Urdu    | * Bengali | * Bihari |
| * Punjabi | * Sindhi   | * Pushto  | * Syleti  | * Farshi |
| * Hinku   | * Kutchi   | * Boluchi | * Marathi | * Telugu |

#### AGES AND GENERATIONS

1<sup>st</sup> Generation – 2<sup>nd</sup> Generation – 3<sup>rd</sup> Generation – 4<sup>th</sup> Generation

#### DUAL HERITAGE

#### GENDER / SEXUALITY / DISABILITY

### 'Vulnerability to drug use & crime'

- Young offenders
- Excluded from school
- Dysfunctional role models
- Identity – British, Asian or Muslim?
- History of family problems and/or abuse
- Sexually exploited - prostitution
- Learning disabilities
- Families with a history of substance abuse
- Young homeless people
- Young mentally ill people
- Young, single pregnant women.

**"neighbourhood deprivation and disintegration"**

### The emergence of a new community

- Assertion of a new identity for young Asians – identify by faith as Muslims or British Muslims.
- A 'vulnerable' community facing 'discrimination'
- 1.6 million Muslims – The majority Pakistani and Bangladeshi
- Muslims have youngest age profile of all religious groups:
- 34% of Muslims were under 16 in 2001 (National Census, 2001).
- Social and economic deprivation and exclusion are key issues.

*Gripped by poverty and unemployment, pushed into segregated, failing schools and fearful of a police force they see as hostile, many Asians live in the same cities as their white counterparts, but inhabit very different worlds ... Now a new generation is pushing through, throwing off the more subservient attitudes of their elders and demanding radical change. (The Observer July 15 2001)*

### Demographic profile

- More likely than other groups to be living on low incomes, with almost 60% of the one million people in this group living in low-income households.
- Muslims are by far the most disadvantaged faith group in the UK labour market.
- Muslims 3 times more likely to be unemployed than the majority Christian group.
- Lowest employment rate of any group, at 38%, and the highest economic inactivity rate, at 52%.
- Among people aged 16-64, 41% of Muslims have no educational qualifications.

Members of ethnic minority groups are 50% more likely to suffer from ill health than their white counterparts, particularly Pakistani & Bangladeshis. &

"Poor health is associated with poverty. Some ethnic minority groups are among the poorest people in Britain and they have the worst health. They also appear to be receiving poorer quality health care than whites"

(Policy Studies Institute 1997)

### Criminal Justice System – Stats

- Since 1993, the number of Muslims in British prisons has risen threefold, from 2,106 in March 1993 to 6,136 in June 2003 (NOMS, 2004).
- In 2003, Muslims accounted for 8% of the prison population (NOMS, 2004), and this is a significant over-representation since Muslims make up approximately only 2.7% of the UK population.
- Across England and Wales the police used the powers under the Terrorism Act 2000 to stop 2,989 Asian people in 2002/03, an increase of 302% on the previous year.
- High drug related crime.
- Serious and organised crime – fraud.
- Deep rooted divisions based on the 'biraderi system' (kinship, caste)

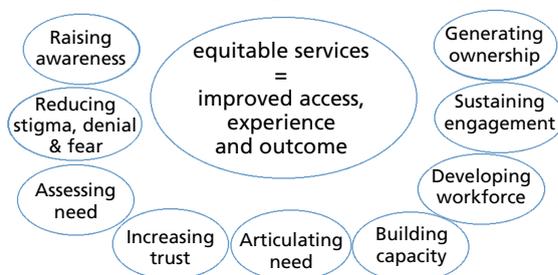
### 'A community under pressure'

- Increased climate of religious intolerance.

'The UK's response to the September 11 crisis was to introduce the Antiterrorism, Crime and Security Act 2001. Its proactive counter-terror measures violate human rights... The result is an unprecedented boost to Islamophobia, which members of the public now recognise as a legitimate and acceptable form of discrimination.' *Source: Counter-Terrorism Powers: Reconciling security and liberty in an open society, A response from the Muslim Council of Britain, August 2003*

Facilitated Supported Resourced Trained

### Communities and agencies work together



"Black people don't use drugs"

"The few that do will never inject"

"It is a white western disease"

"Religion prohibits drug taking - therefore it is not a problem"

"If there are any Asian drug users they don't use these services - anyway they look after themselves"

"Our strong religious and cultural values stop us from this behaviour"

### Themes

- DIVERSITY
- COMMUNITY BARRIERS & RELIGION
- PATTERNS OF DRUG USE AMONG YOUNG ASIANS
- HEROIN, CRACK COCAINE AND CANNABIS
- SOLVENTS
- BHANGRA EVENTS
- ASIAN WOMEN
- INJECTING DRUG USERS
- DRUG TAFFICKING
- NEEDS OF SOUTH ASIAN PARENTS

### Recurrent themes – service issues

- LACK OF KNOWLEDGE & TRUST OF SERVICES
- GENERAL PRACTITIONERS
- FAITH BASED APPROACHES & CULTURAL COMPETENCY
- TRUST, CONFIDENTIALITY, & LACK OF ASIAN STAFF
- EMPLOYMENT OF WORKERS WITHOUT SUPPORT
- LACK OF RESOURCES & CLEAR DIRECTION
- COMMITMENT FROM SENIOR MANAGERS LACKING - An "added extra" - "an afterthought"
- INADEQUATE, INACCESSIBLE, AD HOC, & PATCHY

### NEEDS OF SOUTH ASIAN PARENTS

- COMMUNITY STIGMA & POOR KNOWLEDGE
- DANGEROUS PRACTICES
- HOME DETOXIFICATION
- SEND "BACK HOME"
- PRIVATE DETOX FACILITIES
- OWN USE OF DRUGS
- LANGUAGE

### **Way forward (1)**

- Community Engagement – in the commissioning, planning and delivery of services.
- Commissioning – Black and minority ethnic (ex)-service users in planning and commissioning
- Arrest referral – improve experience of Black and minority ethnic offenders in the entry route to DIP - also need to look at alternative ways of engagement rather than an over reliance on trigger offences as a route to engagement in DIP.
- Prison/aftercare – capacity building of prison services (i.e. CARATS) to work with Black and minority ethnic offenders – opportunity to focus on cultural aspects and the community – aftercare and exiting DIP communities.

### **Way Forward (2)**

- Workforce – cultural competency, equality and human rights training for all practitioners needs to be made available. The workforce needs to reflect the make up of local communities, needs to be culturally competent, and needs to include ex-users.
- Family and carer support – Family and carers support is also important for Black and minority ethnic offenders in treatment.
- Drugs education and prevention messages - need to target drugs education and prevention messages for Black and Minority Ethnic Communities.

### **Government response**

- Home Office Race Equality and Diversity Strategy
- Action Plan
- Workforce
- Performance management
- Wider Government agenda also
- Department for Communities and Local Government
- Equality, Human Rights, Integration and Cohesion

### ***TURNING RHETORIC INTO ACTION***

*“To help me, you must be able to understand who I am, where I come from and how I see the world”*

### **Prime Focus**

# Appendix 3

## List of Seminar Participants

Boyle	Grainne	Co-Operation Fingal
Byrne	Rosetta	Tallaght Travellers Community Development Project
Chapple	Andrew	Clondalkin Travellers Development Group
Christodoulou	Greg	URRUS/Ballymun Youth Action Project
Collins	Martin	Pavee Point
Collins	Mary	Primary Health Care Pavee Point
Collins	Tessa	Blanchardstown Travellers Development Group
Comer	Simon	Western Regional Drug Task Force
Corr	Caroline	Combat Poverty Agency – Researcher (Speaker)
Cox	Gemma	National Advisory Committee on Drugs (NACD)
Crampton	Wendy	Merchants Quay Ireland
Cunningham	Richard	Merchants Quay Ireland
Curtin	Peter	Dun Laoghaire/Rathdown Community Action Team
Davidova	Adriana	Roma Support Group
Denati	Stefano	Health Service Executive
Diya	Atinuke	Rialto Community Network
Dmsine	Anine	NeCoDrA (New Communities Drug Awareness)
Donohoe	Brendan	Rialto Community Drug Team
Dowling	Patricia	Traveller Families Care
Doyle	Liz	Student
Evoy	John	Wexford Area Partnership
Fahey	Sr Eileen	Aiseiri Treatment Centre
Farraghar	Louise	Health Research Board
Fay	Ronnie	Pavee Point
Finley	Sunniva	Ballyfermot STAR
Fitzpatrick	Geraldine	East Coast Regional Drug Task Force
Fitzpatrick	Patrick	Dun Laoghaire/Rathdown Outreach Project
Fountain	Jane	Researcher/Centre for Ethnicity and Health (Speaker)
Gallagher	Lara	Dublin Aids Alliance
Ghent	Margaret	Tallaght Travellers Youth Service
Glennon	Hilda	Merchants Quay Ireland
Gogan	Sue	Irish Traveller Movement – Legal Unit
Gornall	Carmel	Kerry Travellers Development Project
Greenan	Brid	Blanchardstown Travellers Development Group
Harding	Sharon	Citywide
Hennessy	Enda	FDYS - Youth Work Ireland
Houlihan	Bernie	Merchants Quay Ireland
James	Frank	Dun Laoghaire/Rathdown Outreach Project

Keane	Caroline	Mediation Pavee Point
Kelly	Catriona	Donegal Travellers Project
Kelly	Peter	Merchants Quay Ireland
Kennedy	Emma	Traveller Specific Drugs Initiative (TSDI) Pavee Point (Panel)
Kenny	Jane	Voluntary Drug Treatment Network (VDTN)
Lawless	Marie	Ballymun Local Drug Task Force
Levins	Louise	Meath Primary Health Care for Travellers
Lyons	Mairead	National Advisory Committee on Drugs (NACD) (Chair)
Madden	Paula	Ballyfermot Travellers Action Project
Magee	Mella	Cork City Partnership
Makula	Matej	Roma Support Group
Maloney	Stuart	Tipperary Regional Youth Service
Martin	Pilar	Merchants Quay Ireland
Mason	Mick	'Daish Project' Bray Travellers Dev Group
McAuliffe	Ruaidhri	UISCE (Union for Improved Services, Communication and Education)
McCabe	Sara	Trinity College Dublin
McCarthy	Deirdre	Rapporteur
McClafferty	Caoimhe	Tallaght Youth Service
McDonagh	Bernadette	Blanchardstown Travellers Development Group
McDonagh	Jules	Primary Health Care Pavee Point
McDonagh	Rosaleen	Violence Against Women (VAW) Pavee Point
McDonnell	Bernie	Community Awareness of Drugs (CAD)
McGovern	Sheila	Traveller Visibility Group Cork
McKiernan	Tarragh	Tallaght Youth Service
Mills	Frank	Social Inclusion HSE
Mir	Yaser	Centre for Ethnicity and Health (Speaker)
Moorhouse	Christy	'Daish Project' Bray Travellers Development Group
Moorhouse	Margaret	Primary Health Care, Newcastle, Co.Wicklow
Mullen	Sandra	Clondalkin Local Drug Task Force
Mulligan	Mary	Dun Laoghaire/Rathdown Outreach Project
Murphy	Hazel	CE/Violence Against Women (VAW) Pavee Point
Nugent	Erin	Dublin Aids Alliance (Panel)
Nur Sheikh	Abdi	NeCoDrA (New Communities Drug Awareness)
O'Brien	Mary	Primary Health Care, Newcastle, Co.Wicklow
O'Gorman	Aileen	University College Dublin
O'Seasain	Feidhlim	Peter McVerry Trust/DEWF
O'Keefe	Aine	South Western Area Regional Drug Task Force
Olupot	Lambert	NeCoDrA (New Communities Drug Awareness) (Panel)
O'Malley	Louise	Mayo Travellers Support Group

O'Neill	Dara	Tallaght Travellers Youth Service
O'Shea	Mary	Merchants Quay Ireland
O'Sullivan	Karin	Merchants Quay Ireland
Paige	David	Merchants Quay Ireland
Perry	Sharon	Bray Local Drug Task Force
Phelan	Richard	Traveller Health Unit HSE
Randall	Niamh	Merchants Quay Ireland
Reaper	Emily	UISCE (Union for Improved Services, Communication and Education)
Reddy	Declan	Ballyfermot STAR
Russell	Sara	Roma Support Group
Ryan	Eoghan	Vincentian Refugee Centre
Shelly Lacey	Anne	Wicklow Travellers Group
Singh Johal	Manjit	Derbyshire DAAT / BAC-IN (Speaker)
Smith	Sinead	Traveller Specific Drugs Initiative (TSDI)
		Pavee Point
Stokes	Bernadette	Walkinstown/Greenhills Resource Centre
Stretch	Margaret	Traveller Families Care
Suljuqi	Nusrudiu	Afgan Community of Ireland
Swords	Siobhan	Dun Laoghaire/Rathdown CAT
Turner	Siobhan	East Coast Regional Drug Task Force
Ui Luanrigh	Jessa	Traveller Visibility Group Cork
Watt	Phillip	NCCRI (National Consultative Committee on Racism and Interculturalism) (Chair)
Wolfe	Esther	Community Addiction Services HSE
Yosief	Issak	Immigrant Council
Zagrean	Amelia	Immigrant Council of Ireland
Zamani	Shaho	Independent
	Representative	Immigrant Council