

The National Drug Strategy ‘**Reducing Harm, Supporting Recovery, a health-led response to drug and alcohol use in Ireland 2017-2025**’ was launched in July 2017. The strategy focuses on a health-led approach to tackling Ireland’s drug crisis, and places a collective obligation on various lead agencies in the implementation and review process of the strategy, with a focus on the progress of the proposed actions.

The strategy, which covers an eight year period, provides an opportunity for a three year review in 2020 to review and amend actions ensuring continued relevance throughout the timeline.

Pavee Point continues to advocate for Traveller recognition and inclusion in drug and alcohol policy through representation on various groups, and has done so since the start of the development of the strategy in December 2015. Pavee Point was part of the original consultation and continues to be a voice for Traveller inclusion through its seat on the Standing Sub Committee of the National Oversight Committee - which was formed to give leadership and direction to support implementation and monitor progress of the strategy.

Strategic Goals:

There are 50 defined actions across five key goals. Each action is complete with an explanation of proposed indicators to meet the action, the lead agency involved and any additional partners.

- **Goal 1: Promote and protect health and wellbeing:** focuses on prevention and education. A number of key interventions are mentioned in this goal, some being the need for; school based interventions, out of school interventions and family interventions.
- **Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery:** This goal highlights the importance of, and willingness to support individuals and families of those affected by substance misuse. Travellers are directly mentioned in this goal.
- **Goal 3: Address the harms of the drug markets and reduce access to drugs for harmful use:** the main focus of this goal is on supply reduction, illegal drug markets (including the dark net), addressing legislation and keeping up to date with emerging trends particularly in relation to new psychoactive substances and penal policies. In July 2018 a public consultation on alternative approaches to the possession of illegal drugs for personal use took place, the working group are due to produce their report in March 2019.
- **Goal 4: Support participation of individuals, families and communities:** focuses on building resilience within communities to respond to substance misuse issues, including addressing drug related intimidation and crime. Another emphasis within this goal is the involvement of service users and families in the design, implementation and review of services.
- **Goal 5: Develop sound and comprehensive evidence-informed policies and actions:** highlighting the importance of effective on-going research, monitoring and evaluations within the addiction sector, fundamentally aiming for comprehensive, evidence-based policies and actions.

Overview of several key actions within the strategy: ¹

- Introduction of a pilot supervised injecting facility in Dublin; (a clean, safe, healthcare environment where people can inject drugs under the supervision of trained professionals)
- Formation of a working group to examine alternative approaches to the possession of small quantities of drugs for personal use;
- Funding for a programme to promote community awareness of alcohol-related harm;
- Targeted youth services scheme for young people at risk of substance misuse in socially and economically disadvantaged communities;
- Expansion of drug and alcohol addiction services, including residential;
- Recruitment of 4 Clinical Nurse Specialists and 2 Young Persons Counsellors to complement HSE multi-disciplinary teams for under 18s;
- Recruitment of 7 additional drug-liaison midwives to support pregnant women with alcohol dependency;
- Establishment of a Working Group to explore ways of improving progression options for people exiting treatment, prison or community employment schemes;
- The early Work Programme of the Standing Sub-Committee will focus on Drug-related Intimidation, pending the outcome of the respective evaluations of the Drug-related Intimidation Reporting Frameworks by An Garda Síochána and the National Family Support Network (currently being finalised)

Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery. (This goal is the most relevant to Traveller Organisations or services working with members of the Traveller community)

The strategy groups people with complex and difficult needs collectively as “**Communities of Interest.**” This group includes long term users, homeless people, those with dual diagnosis (which is mental health and substance misuse), those in prison, LGBTI, sex workers, members of the Traveller community and other Ethnic minority groups. There is a clear lack of understanding of intersectionality within the strategy; this is evident in the way that diverse ‘communities of interest’ are addressed collectively.

Improving access to services for people with more complex needs ²

- ‘There is a need to recognise the diversity among drug users and to take steps in providing services that can accommodate this diversity and address the needs of particular groups in relation to problem drug and alcohol use
- The HSE is currently examining the most practical, sustainable means of supporting staff to deliver services in culturally competent ways in consultation with Traveller organisations. Cultural competence is defined as: “the ability of service providers and organisations to effectively deliver health care services that meet the social, cultural and linguistic needs of those who use services.” Service-delivery staff should uphold fundamental values and attitudes towards all service users’.

Travellers are directly named in the following action:³

2.1.27 Action- Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the Traveller community, LGBTI community and new communities; sex workers and homeless people.

a) Fostering engagement with representatives of these communities, and/or services working with them, as appropriate;

¹ Press release, Dept of Health, Reducing Harm, Supporting recovery- a health led response to drug and alcohol use in Ireland 2017-2025

² Department of Health, *Reducing Harm, Supporting Recovery, A health-led response to drug and alcohol use in Ireland*, Pg 44

³ Department of Health, *Reducing Harm, Supporting Recovery, A health-led response to drug and alcohol use in Ireland*, Pg 90

b) Considering the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services;

c) Providing anti-racism, cultural competency and equality training to service providers; and

d) Ensuring all services engage in ethnic equality monitoring by reporting on the nationality, ethnicity and cultural background of service users for the NDTRS and treat related disclosures with sensitivity

While the above are of most relevance to Travellers, the following proposed actions could also be of benefit - despite not directly naming/ targeting Travellers:

The following actions have the ability to provide further opportunities for Travellers but will only be of benefit if, and when, proposed actions relating to Travellers/communities of interest are resourced and implemented.

- **Action 1.2.8** proposes the development of a new scheme providing services for young people at risk of substance misuse with a focus on social and economically disadvantaged communities. This is to be achieved by the provision of targeted youth services
- **Action 2.1.13** focuses on the expansion of drug and alcohol services by increasing the number of those accessing treatment across all 4 tiers inclusive of low threshold, stabilisation, detoxification, rehabilitation, step down and aftercare services
- **Action 2.1.16** addresses the need for improved relapse prevention and aftercare services, including peer-led and family support programmes. Keeping in line with best practice guidelines and proposed actions for services to become more culturally appropriate, could be of great benefit to 'communities of interest'
- **Action 2.1.18** focuses on progression routes for those affected by substance misuse by proposing to monitor and support the implementation of the DSP framework for community employment drug rehabilitation schemes
 - The action mentions utilising SICAP (social inclusion community activation programme) to improve opportunities for marginalised societies, those living in poverty and unemployed
- **Action 2.1.19** references the establishment of a working group to examine progression options for those exiting treatment, prison and community employment schemes by identifying barriers to accessing education, training, personal development and employment including gender specific barriers and childcare
- **Action 2.1.23** proposes to improve outcomes for people with dual diagnosis (mental illness and addiction combined). This welcomed action promises to provide a basis to develop joint protocols between mental health and addiction services and to address the on-going matters of mental illness and substance misuse, which to date are addressed separately
- **Action 2.1.25** focuses on the need to improve the range of and access to drug and alcohol services by:
 - Increasing the amount of detox, stabilisation and rehabilitation beds
 - Enhancing key working and case management – with the focal point being person centred, holistic care planningThis action also addresses the need for:
 - In-reach support (whilst in treatment)

- Resourcing and enhancing cooperation between non-governmental and state rehabilitation centres and housing services ensuring rehabilitation pathways are linked to sustainable housing
 - The development of gender and culturally specific step down services
- **Action 3.1.35** gives rise to the establishment of a working group to explore approaches to the possession of small quantities of drugs for personal use. A public consultation and open policy debate have been held and are awaiting further action. If a decriminalisation approach were to be adopted it would mean removing criminal sanctions for personal possession. This would place a collective obligation on state agencies to deal with the matter as a public health issue, which is in line with the approach of the NDS and supportive of the identified need for alternative interventions and progression routes
 - **Action 4.2.44** acknowledges the importance of and need for the involvement of service users and families in decision making and service provision to offer a more coherent, person centred, human rights-based approach to dealing with addiction and recovery. This is an important action with a goal of ensuring service user needs and preferences informing the planning, design and delivery of the services they access

The addition of *Alcohol* into the strategy is long awaited and welcomed. The strategy aims to complement the Public Health Alcohol Bill which was passed on the 04/10/2018 after three years.

The Objectives of the Bill are:

- Reduce consumption
- Ensure supply and price are regulated
- Delay young people and children using alcohol

The widespread availability and misuse of alcohol has put extra pressure on services for years and it continues to be the core component of poly-drug use within Ireland. Although the passing of the Bill is a key step in starting to address alcohol misuse, which is a commitment of the NDS, the Act itself is faced with barriers as firstly the implementation of recommendations will be a lengthy process and secondly, in some cases, legislation is currently not in place to implement actions.

Drug and Alcohol Task Forces alongside addiction and other drug-related services play a crucial role in the successful implementation of the strategy. Therefore to achieve desired results the need for adequate resourcing is fundamental to the success of the strategy.

2018 has seen the allocation of an additional €6.5 million to support the roll out of actions in the strategy. The 24 Task Forces across the country, who collectively receive €27.6 million, were limited with the option to apply for two sets of additional once-off funding which collectively amounted to €20,000 per Task Force to service a number of different projects and initiatives. Additionally, a further once-off payment of €76,000 was allocated to each CHO area (which can include up to 7 Task Forces) but in some cases this additional funding was spent elsewhere without consultation with Task Force members.

Currently services are operating with increasing demands for their services while working off 2014 budgets, which had been previously cut annually since 2009. To achieve effectiveness and build capacity to deliver these projects to ensure the success of the strategy, there is a need for increased multi-annual funding for Task Forces.

Role of Traveller organisations:

To ensure continued inclusion and successful outcomes, Traveller organisations need to:

1. Advocate and monitor through the Standing Sub Committee (SSC) that actions relating to Travellers and Communities of Interest are successfully implemented

2. Inform Traveller rep on issues to be raised at the Standing Sub Committee and in turn feedback relevant information and updates from meetings to Traveller organisations
3. Monitor the implementation of actions relating to Travellers and seek updates on the status of relevant actions at the three-year review in 2020
4. Support the work of the designated working group that is reviewing the Task Force Handbook and advocate for the need for Traveller Reps and culturally appropriate services
5. Facilitate information sharing and networking through the NTDN and continually provide a space to discuss issues to feed into Standing Sub Committee
6. Draft submissions and support Traveller organisations in doing so
7. Support relevant stakeholders in implementing actions relating to Travellers

Pavee Points Key Asks:

- Funding structure and timeline for proposed actions needs to be clearly outlined and transparent
- Continued representation of Travellers through the Standing Sub Committee of the National Oversight Committee for implementation and monitoring of the National Drug Strategy
- Build on improving access to services, both community and residential, for Travellers and their families, inclusive of peer support roles
- Promote and resource cultural competency training to local and regional Drug and Alcohol Task Forces. Training to be rolled out through funded projects, social care professionals and frontline staff, appropriate to their role
- Implement and monitor the use of the Ethnic Identifier (inclusive of Travellers and Roma) across all relevant addiction services to comply with IHREC Act, Section 42 positive duty obligations; and monitor access, participation and equality of outcomes for Travellers and Roma service users. Provide training where needed
- Stronger mechanisms need to be established for agreeing the allocation of spaces on each DATF for 'communities of interest' to include Travellers. Currently there are Traveller representatives on only 8 Task Forces nationwide out of a total of 24
- Stronger relationships to be developed through outreach / groundwork on Traveller sites with adequate funding and support structures