



PAVEE POINT
TRAVELLER AND ROMA CENTRE

Submission to the Department of Health on the Draft National Drugs Strategy 2026–2030

March 2026

Pavee Point Traveller and Roma Centre

Pavee Point has been working to challenge racism and promote Traveller and Roma inclusion in Ireland since 1985. The organisation works from a community development perspective and promotes the realisation of human rights and equality for Travellers and Roma in Ireland. The partnership organisation works to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion, marginalisation and racism. The central aim of Pavee Point is to contribute to the improvement in the quality of life and living circumstances of Irish Travellers and Roma.

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Introduction

Pavee Point Traveller and Roma Centre welcomes the opportunity to contribute to the consultation process for the development of the National Drugs Strategy 2026–2030. While important effort has been made at policy level to advance the health and social inclusion of Travellers and Roma, significant inequalities persist on the ground. Travellers and Roma continue to experience barriers across the continuum of drug and alcohol supports and services, including in prevention, early intervention, access to treatment and recovery supports, and achieving equal outcomes. These disparities are further pronounced among women and youth, and are driven by wider social determinants, including racism, poverty, discrimination, stigma and lack of access to culturally appropriate services.

The draft strategy rightly emphasises health equality, integrated services and strengthened evaluation frameworks. However, key gaps remain that must be addressed to ensure the strategy and its action plan deliver meaningful and lasting outcomes for Travellers, Roma, and other marginalised communities. This submission outlines priority measures and recommendations for consideration in finalising the strategy and developing its associated action plan.

Statistical context to Traveller drugs and alcohol treatments reported in the Health Research Board’s National Drug Treatment Reporting System (NDTRS) addiction data 2008-2024:

- Travellers account for 2.5% of all cases in data between 2008-2024 – with less than 1% of the total population in Ireland, Travellers are overrepresented in addiction treatment data. This figure is likely an underestimation of the true problem due to difficulties accessing services and reluctance to self-identify ethnicity.
- Travellers entering treatment between 2008 – 2024, the most common age of leaving education for the first time was 15 years (12.8%), with 73.0% of all cases having left education by the time they were 16.
- The mean age of first drug use for Travellers was 15 years.
- Data for 2018-2024 shows that 52.2% of Travellers in treatment were using more than one substance, compared to 44.1% of the general population.
- Less than 36% of Travellers complete treatment, compared to 47% of the general population.
- Travellers’ routes to treatment differs to the general population- almost three times as many Travellers access and attend treatment through prison services.
- More than half of Travellers recorded are already parents by the time they seek treatment.
- Travellers report higher rates of poly drug use and a significant rise in Travellers accessing treatment for cocaine.
- Personal causes and impacts such as poor mental health and high suicide rates, structural racism and the social determinants of health contribute to Traveller substance use and barriers to seek support.¹

Key Statistics on Social Determinants of Drug and Alcohol Use

- Suicide rate for Traveller women is 5 times higher than women in the general population and 7 times higher for men.² 51% of Roma reported more than 14 days of the previous month when their mental health was not good.³
- Although Travellers account for 0.6% of the overall population in Ireland, they account for 22% of the female prison population.⁴ The majority are imprisoned for non-violent, poverty related offences, and have a background of social and educational disadvantage, unemployment,

¹ Eastern Region Traveller Health Unit and Trinity College Dublin, *A Co-Designed National Study: Traveller Substance Use in Ireland*, publication upcoming.

² Kelleher et al., *The All Ireland Traveller Health Study*, 2010.

³ Pavee Point and Dept Justice, *Roma in Ireland: A National Needs Assessment*, 2018.

⁴ Irish Prison Service cited in Travellers in Prison Initiative, [see more here](#).

homelessness, literacy difficulties, racial discrimination, mental health issues, drug and alcohol dependency, and/or domestic violence.⁵

- In 2021 Travellers made up 10% of the adult prison population. The percentage of young Travellers in Oberstown juvenile detention fluctuates, at one point reaching 40% from January to September 2022, and on average sits at 22%.⁶
- 96% of Travellers and 95% of Roma are at risk of poverty, compared to 12% of the general Irish population⁷
- 39% of Travellers meet the European definition of homelessness, compared to 6% of the general population.⁸
- Only 26.5% of Travellers and 58.9% of Roma sit the Leaving Certificate, compared to 90% of the total cohort.⁹

1. The Vision of the Proposed Strategy

Ireland is bound by international and national human rights obligations, including ratified UN treaties, EU and Council of Europe commitments and domestic law, such as the Irish Human Rights and Equality Commission Act 2014. Under Section 42, public bodies, including the Department of Health and HSE, must eliminate discrimination, promote equality, and protect the human rights of service users in carrying out their functions.¹⁰ The vision of the draft strategy excludes key principles in this regard, and should be further strengthened by explicitly reflecting Ireland’s human rights commitments.

Recommendation: Explicitly frame the vision in line with Ireland’s human rights obligations by incorporating principles of equality, non-discrimination, dignity, inclusion and participation of marginalised groups, and rights-based services within its vision.

2. The Principles of the Proposed Strategy

The principles outlined in the draft are broadly consistent with a rights-based and public health approach. However, they need to be further strengthened by explicitly referencing equality, non-discrimination and culturally appropriate services, particularly for communities experiencing structural inequalities. Recognition of diverse social and cultural needs should explicitly include groups disproportionately affected by drug and alcohol harms — including Travellers and Roma, migrants, people experiencing homelessness, socio-economically disadvantaged and rural communities, young people, women and girls experiencing domestic or sexual violence, people with mental health conditions, people in prison, and LGBTQI+ people — and emphasise culturally appropriate, gender-responsive and trauma-informed service provision.

⁵ Travellers in Prison Initiative. *‘Hearing their Voices’ Traveller Women in Prison*, 2017.

⁶ Irish Penal Reform Trust, Joint Oireachtas Committee on Issues Affecting Travellers, 2024.

⁷ European Fundamental Rights Agency, *Summary and Perspectives on the Irish Findings from the Rights of Roma and Travellers in 13 European Countries*, 2025, Dublin: Pavee Point Publications.

⁸ European Typology of Homelessness and housing exclusion-ETHOS) includes those in emergency accommodation and the large number of Travellers who experience ‘hidden homelessness’ in overcrowded living conditions. Pavee Point Traveller and Roma Centre, *The Traveller Community and Homelessness*, 2021.

⁹ Government of Ireland, *Traveller and Roma Education Strategy Third Progress Report*, December 2025.

¹⁰ Section 42 of the IHREC Act establishes the Public Sector Equality and Human Rights Duty, requiring public bodies to integrate human rights and equality considerations into all aspects of their functions.

Recommendations:

- **Strengthen the principles by explicitly referencing equality, non-discrimination and culturally appropriate, gender-responsive and trauma-informed services.**
- **Explicitly name groups disproportionately affected by drug and alcohol harms in the strategy, including Travellers and Roma.**

3. The Strategic Pillars of the Proposed Strategy

The proposed pillars are broadly consistent with a human rights–based and public health approach but lack focus on prevention, early intervention and addressing the social determinants of drug and alcohol harms. Equality, human rights and participation should also be embedded as core elements.

While the first pillar refers to protecting individuals and communities from harm, prevention is not explicitly identified as a strategic pillar. ‘Equity’ is referenced in service access, but there is no explicit pillar addressing equality, non-discrimination or culturally appropriate services. The strategy should also include targeted and mainstreamed measures in line with proportionate universalism, as set out in Sláintecare.

The pillars also focus largely on service responses, but do not address structural drivers of drug and alcohol use, such as racism, poverty, housing instability and homelessness, discrimination, educational inequality and social exclusion. Addressing these determinants is particularly important for communities disproportionately affected, including Travellers and Roma.

Recommendation: Include a cross-cutting pillar on human rights, equality and participation and a dedicated pillar on prevention, education and early intervention.

3.1 Strategic Pillar 1

The actions under Strategic Pillar 1 demonstrate a commitment to prevention, early intervention, and supporting children and families affected by drug and alcohol harms. The focus on educational, youth and community settings is welcome, particularly as higher education–based prevention measures will not reach marginalised communities with low participation in third-level education.

However, the actions could be strengthened by explicitly addressing structural inequalities and ensuring prevention measures are inclusive of communities disproportionately affected by drug and alcohol harms. There is limited reference to culturally appropriate measures or targeted outreach for marginalised groups, such as Travellers and Roma, who are disproportionately impacted by drug and alcohol use as per NDTRS data.

Digital engagement tools risk excluding communities experiencing digital poverty and those with limited English or literary skills. Prevention strategies should therefore include community development and culturally appropriate approaches, delivered in partnership with Traveller organisations, groups working with Roma and other community organisations.

Recommendations:

- **Strengthen Pillar 1 by ensuring prevention and early intervention measures explicitly address structural inequalities and include culturally appropriate, community-based**

interventions for groups disproportionately affected by drug and alcohol harms, including Travellers and Roma.

- **Include actions to develop and implement prevention initiatives in partnership with representative community organisations.**

3.2 Strategic Pillar 2

Strategic Pillar 2 positively prioritises equal access to high-quality drug and alcohol services and aligns with person-centred and regional planning principles under Sláintecare. Its emphasis on gender-sensitive care, harm reduction measures and recognition of intersecting issues such as dual diagnosis, homelessness and domestic and sexual violence is welcome.

However, Traveller, Roma, and other marginalised communities are not explicitly named, nor are culturally appropriate interventions specified, which risks perpetuating inequalities. While lived experience is included, participation by representative community organisations (including Section 39 organisations) is not explicitly referenced, despite their expertise and analysis and contributions to this area. Expansion of services and other actions remain largely aspirational without specific targets, timelines or allocated resources for Traveller, Roma and other marginalised communities in the strategy's associated action plan.

Recommendations:

- **Strengthen Pillar 2 by explicitly including Traveller, Roma, and other marginalised communities and embedding culturally appropriate community-led approaches within the Pillar.**
- **Establish clear targets, actions, indicators, timelines, resources and monitoring mechanisms in the action plan of the strategy to ensure accountable and effective service delivery.**
- **Develop, implement and monitor the strategy and its associated action plan in consultation with all relevant stakeholders, including Traveller organisations and groups working with Roma.**

3.3 Strategic Pillar 3

Several aspects of the Pillar 3 are welcome, including prioritising recovery as a core component of drug and alcohol treatment, social integration, peer and family support, continuing care, and access to accommodation. However, Traveller, Roma and other marginalised communities are not explicitly referenced, nor are culturally appropriate recovery supports specified. While lived experience is emphasised, the role of community development organisations is not clearly incorporated. Many actions remain conceptual without clear targets, measurable outcomes, or dedicated resources, limiting accountability and effectiveness – these can and should be addressed in the strategy's action plan.

Recommendation: Strengthen Pillar 3 by explicitly including Traveller, Roma, and other marginalised communities, embedding culturally appropriate, community-led recovery supports and establishing clear targets, timelines, and monitoring mechanisms to ensure equal, measurable, and effective recovery outcomes in the strategy's action plan.

3.4 Strategic Pillar 4

Strategic Pillar 4 appropriately recognises that the criminal justice system is not designed to address underlying drug or alcohol issues and prioritises health-led interventions, including diversion, probation with treatment, and continuity of care post-release. However, Traveller, Roma and other

marginalised communities are not explicitly referenced, despite evidence of disproportionate involvement in the criminal justice system. Rural and isolated areas are also not addressed, which may limit access to diversion and treatment services. While continuity of care post-release is highlighted, concrete mechanisms, timelines, and measurable outcomes need to be specified in the action plan. Explicit integration with broader social supports such as accommodation/housing, employment and education would further strengthen recovery outcomes for individuals who have entered the criminal justice system.

Recommendation: Strengthen Pillar 4 by explicitly including Traveller, Roma, and other marginalised communities, embedding culturally appropriate and inclusive interventions, and establishing clear implementation mechanisms, timelines, and monitoring systems, including links to social supports that promote sustainable recovery and reintegration.

3.5 Strategic Pillar 5

Strategic Pillar 5 highlights the growing complexity and globalisation of drug markets. However, the Pillar does not explicitly consider equality or inclusion, and the vulnerabilities of marginalised groups—such as Travellers, Roma, young people, and rural communities—are not addressed. While early warning and monitoring systems are included, there is limited reference to community engagement or participatory approaches to ensure culturally appropriate and timely responses. The focus is largely reactive, and stronger emphasis on pro-active, prevention, harm reduction, and targeted community supports would improve resilience to emerging markets. Clear resourcing, timelines, and accountability mechanisms are also needed to ensure effective implementation.

Recommendation: Strengthen Pillar 5 by explicitly including marginalised groups, including Travellers and Roma, embedding participatory and culturally appropriate approaches, and integrating prevention and harm reduction measures. Establish clear implementation frameworks with dedicated resources, timelines, and monitoring mechanisms to respond to emerging drug threats.

4 Enabling Measures

4.1 A Robust Implementation and Monitoring Plan

The draft suggests an initial two-year action plan (2026–2027) has been developed, which will be followed by a second plan for 2028–2029, and a full strategy evaluation in 2029. We welcome the development of the action plan and review timelines. However, it is important that the action plans associated with the strategy are developed in consultation with all key stakeholders, including Traveller organisations and groups working with Roma.

Recommendations:

- **Develop the strategy’s associated action plan in consultation with all relevant stakeholders, including Traveller organisations and groups working with Roma.**
- **Ensure the action plan has a robust implementation and monitoring framework, and includes clear targets, actions indicators, timelines and resource lines to address the issues experienced by Traveller and Roma communities.**

4.2 Policy Alignment

The Government has already committed to a number of key Traveller and Roma health and social inclusion actions within existing Traveller and Roma specific policy, including the National Traveller and Roma Inclusion Strategy II and the National Traveller Health Action Plan. The draft National Drugs Strategy does not reference these frameworks. Full alignment is essential to ensure coordinated oversight, effective monitoring, and comprehensive implementation. Strong leadership across inclusion areas will be critical to the strategy's success.

Recommendation: Align the National Drugs Strategy with existing Traveller and Roma policy frameworks and ensure that Traveller, Roma and relevant community development organisations are meaningfully engaged and represented in all stages of action plan development, implementation and monitoring.

4.3 Ethnic Equality Monitoring

We welcome the draft strategy's commitment to evidence, research, and data to inform drug policy and practice. However, the strategy should explicitly include the implementation of ethnic equality monitoring across all relevant data sets and a clear action on ethnic equality monitoring in its action plan. This will involve the application of a universal ethnic identifier and its use within a human rights framework to ensure that the disparities affecting Traveller, Roma and other minority ethnic groups can be identified and addressed.

Recommendation: Implement ethnic equality monitoring across all relevant addiction data sets using a standardised ethnic identifier. This must be applied within a human rights framework, including routine, voluntary and self-identified collection of ethnic background data from all service users.

4.4 Inclusive and Direct Participation in Implementation and Monitoring Structures

The draft strategy recognises that effective implementation of the strategy requires strong leadership, adequate resourcing, and robust governance structures. The commitment to collaborative working across Government, state agencies, civil society and impacted communities is welcome. It will be imperative that Traveller organisations and groups working with Roma that are actively involved in this area are represented and included in the new proposed implementation and monitoring structures. The detail of how civil society and community organisations will be included in these structures must be included in the final strategy.

Recommendation: Ensure meaningful inclusion of organisations representing Traveller, Roma and other marginalised groups in the design, implementation and monitoring of the strategy and its implementation plan, alongside meaningful collaborative engagement with Government, state agencies and civil society.

4.5 Resourcing and Workforce Development

The emphasis on sustained investment in the workforce, including the community and voluntary sector, is welcome. However, greater clarity is needed on the scale and allocation of funding. The draft strategy refers to an annual budget of approximately €340 million in 2024 and notes additional funding

secured in Budgets 2025 and 2026, but does not specify the level of investment or how resources will be distributed across priority actions. Transparency on funding and workforce planning, including the explicit inclusion of community development approaches, is essential to ensure accountability and effective implementation across statutory, community and voluntary sectors.

Recommendation: Include clear multi-annual funding commitments and resource allocation to support full implementation of the strategy, including the explicit inclusion of community development approaches.

5 Embedding Community Development - Individualised vs. Collective Analysis

The Citizen’s Assembly and the JCDU Interim Report Recommendations are clear for the need for the successor strategy to be underpinned by community development. While the draft strategy refers to ‘community programmes and engagement,’ it does not explicitly commit to supporting community development approaches which can capture collective and systemic perspectives.

Focusing primarily on individual experience risks overlooking intergenerational and systemic barriers such as racism, poverty, inequality, and social exclusion, which disproportionately affect Traveller, Roma and other marginalised communities. To genuinely embed lived and living experience, the strategy must combine individual and collective perspectives, ensure community development approaches underpin implementation, and include concrete and measurable commitments, targets and outcomes to address structural inequalities. Without these elements, the strategy risks limiting its effectiveness in tackling the root causes of drug use and in supporting prevention and recovery across marginalised communities.

Recommendation: To fully embed lived and living experience, the strategy must integrate collective perspectives, ensure community development underpins implementation, and include concrete measures to address structural inequalities.

6 Visibility and Targeted Interventions

Marginalised groups are currently only recognised under the strategy’s underpinning principles and many at-risk groups, including Travellers and Roma, are not explicitly named. The strategy and its action plan must move beyond high-level principles to address this gap.

Recommendations:

- **Provide health-led responses to addiction that are culturally appropriate and address health needs of Travellers, Roma and other at-risk groups**
- **Ensure a proactive community-based policing response to drug dealing in partnership with Traveller organisations and Travellers on the ground.**
- **Provide anti-racism training (inclusive of anti-Traveller and anti-Roma racism) to all relevant agencies.**
- **Introduce actions to address the lack of recovery focused emergency accommodation or pathways out of homelessness for Traveller or other marginalised groups.**
- **Introduce actions to address the lack of culturally appropriate, family-centred supports and therapies within mainstream services.**
- **Ensure dedicated investment in targeted initiatives, including Traveller-specific addiction initiatives, that would recognise links to systemic racism, social exclusion and trauma**