

NORTH DUBLIN TRAVELLER DRUG AWARENESS ANALYSIS

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ABBREVIATIONS

LDTF	Local Drugs Task Force(s)
NACD	National Advisory Committee on Drugs
NPAR	<i>Planning for Diversity: The National Action Plan Against Racism 2005-2008</i>
RDTF	Regional Drugs Task Force(s)
TSDI	Traveller Specific Drugs Initiative
CSO	Central Statistics Office

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1. Acknowledgements

Co-operation Fingal, the Community Partnership with responsibility for the Local Development Social Inclusion Programme in North Fingal, commissioned research on behalf of the North Dublin City & County Regional Drugs Task Force.

The aim of the research is to identify the current situation in relation to the Traveller community and Drugs and make recommendations for service provision required to address identified issues in this regard. The findings in the report strongly recommend developing services in partnership with ethnic minority communities in a culturally appropriate manner alongside developing a youth initiative to support education and prevention of drugs mis-use in a socially acceptable forum.

We would like to take this opportunity to express our gratitude to all individuals and agencies that supported us in this endeavour. In particular we would like to thank the Traveller community who fully supported and participated in the process through consultation meetings and discussions. Statutory agencies, and Swords-Baldoyle Youth Service in particular, for allocating staff time to complete questionnaires, facilitate workshops and speak with our researcher. Without their input this report could not have been completed.

Specific thanks go to all the staff of Co-operation Fingal Traveller programme, including Lena Joyce, Programme Co-ordinator, Grainne Boyle, former Traveller Community Development Co-ordinator who initiated the process, Community Health Care Workers and participants on Primary Health Care Training Programme, all of whom worked extremely hard to ensure accurate information provision in a short timeframe.

We would also like to thank Ms. Deirdre McCarthy who completed the research in a professional and focused manner. Without her commitment and hard work we would not have achieved this professional and informative document.

Finally Sincere thanks to the North Dublin City & County Regional Drugs Task Force for the funding provided and we look forward to working in partnership with all relevant agencies to progress the recommendations from this report.

2. INTRODUCTION

“An increase in drug use and drug addiction are amongst the biggest challenges facing Travellers for the next ten to fifteen years, ... action needs to be taken.” Martin Collins, Pavee Point

In 2006, Co-operation Fingal's Traveller Programme² applied to the Regional Drugs Task Force (RDTF) for funding to deliver a Drugs Awareness Programme for Travellers within the North Fingal area. As a result of this application the Regional Drugs Task Force approved funding in order to carry out a Needs Analysis Report as the first stage in the process.

The terms of reference for this report were to:

- Provide an overview of the policy context within which this Drugs Awareness Programme for Travellers would operate.
- Provide an overview of the extent and nature of drug use amongst the local Traveller community, with a specific focus on young Travellers.
- Identify the level of awareness among Travellers of the mainstream treatment and prevention services and if such services are culturally appropriate.
- Compile recommendations and actions for enhancement of drug awareness and responses to drug related issues among the Traveller community.

This report is the outcome of this first stage of the process, and contains the results of the needs analysis. As part of this needs analysis recommendations for a Drugs Awareness Programme for Travellers have been outlined, targeted at both adults and young people.

NORTH FINGAL

Co-operation Fingal's catchment area incorporates incorporates the electoral divisions of Rush, Lusk, Skerries, Holmpatrick, Balbriggan – Urban and Rural, Hollywood and Balscadden. Communities in these areas are diverse and varied with both rural and urban communities living side by side.

Proposed changes in the Social Inclusion Programme, as outlined by the Department of Community Rural and Gaeltacht Affairs, anticipate that Co-operation Fingal will potentially expand to include all areas of east Fingal (east of the N2), including Swords in their remit in the near future. Currently the Partnership covers a population which is increasing rapidly and with the addition of Swords as proposed the population size will jump radically, as well as shift in terms of needs. The population within the area was 34,491 (67,500 with Swords) in the 2002 census, and went up to 44,654 in the 2006 census, (82,500 including Swords). The Traveller population serviced by the Partnership would come from a slightly wider area than Co-operation Fingal covers currently, in that they would include Travellers living in Swords already.

¹ Pavee Point Quarterly Newsletter, Drugs Edition, October 2005

² Co-operation Fingal, Community Partnership in North Fingal, works to promote equality and social inclusion, through the principles of community development, including participation and empowerment of members of the target groups with whom the Partnership works. One of those targets groups is Travellers.

As stated the population has increased massively in a short space of time over 20%, in four years. There has been a huge amount of new building in the area, including large estates being built in towns like Balbriggan and Lusk. The area has also experienced significant increases in the immigrant population.

Two key issues for the Partnership are the dispersed and diverse nature of the communities and the concurrent issue of transport. Public transport within the area is extremely poor. Arterial transport into Dublin and north bound is good, but travelling within the area is almost impossible without private transport.

3. METHODOLOGY

A multidisciplinary research approach was used to identify the needs and develop recommendations on developing and implementing a culturally appropriate Drugs Awareness Programme for Travellers.

The methodologies employed included

Desk top research to:

- Provide an overview of the policy context and recent relevant research data.
- Review of the current and pertinent issues for Travellers re drug use, as well as wider issues in relation to drug use in general and issues specific to the North Fingal area.
- Outline exiting models of work, Traveller specific as well as recommendations from international work on responding to drug use issues for minority ethnic communities.
- To explore any material that provides an insight to the extent and nature of drug use among Travellers in the North Fingal area, to examine issues in relation to service provision for minority ethnic communities and to identify good practice to support recommendations for this proposed programme.

Consultation in the form of focus groups and interviews:

- Consultation took place with key personnel who work at a local level within the North Fingal area, as well as those who work on the issues of Travellers and drugs, both within the area and beyond. A full list of those who were contacted and spoken to is included in appendix one. The consultation took the form of semi-structured interviews, some conducted face to face and some over the phone.
- Consultation with Traveller adults through two focus groups one with eleven women and one with six. These focus group was facilitated and recorded by Co-operation Fingal's Traveller Programme and the researcher respectively.
- Consultation with young Travellers through one focus group, where seven young people attended in the 14-17 age groups. There were both young men and women in the group. This was a youth group session examining the issue of drugs conducted with the support of the Catholic Youth Council (CYC) youth workers.

It should be stated here that one of the needs and issues of the Traveller community locally impacted on the capacity to consult adequately with young Travellers. As there is no ongoing youth programme, due to resource constraints re staffing and transport, it is difficult to consult adequately with young Travellers. A lack of a youth programme means that there is no regular contact or relationship established with young Travellers.

In order to facilitate this research there were two consultation sessions arranged with young Travellers. These took a considerable amount of work from the Traveller programme, including going out to the community and encouraging attendance. Unfortunately, due to an unforeseen family event, the first attempt to consult with the young people failed as only three attended.³ The second session was more successful with seven young people coming along. But it must be acknowledged that considerable work and resources had to go into getting what was ultimately a limited input from young Travellers.

³ The youth leaders felt that this was not enough to hold a session with.

4. BACKGROUND

TRAVELLERS IN IRELAND

Travellers are a minority ethnic group, documented as being part of Irish society for centuries. They have a long shared history and value system, which includes their own language, customs and traditions. Up until recent immigration trends Travellers were one of the largest ethnic minority groups in Ireland, and remain one of the largest indigenous minorities. In Ireland, the distinctions between Traveller culture and that of the settled community have only recently been acknowledged as cultural differences. Recognition of Traveller culture is an ongoing struggle with discriminatory attitudes often hindering the development of appropriate responses to Traveller needs.

Estimates of the Traveller population in Ireland vary. McCarthy (2005), estimated that in 2005 there were 30,000 Travellers nationally, accounting for 0.6% of the population. This figure was derived from local authority counts of numbers of Traveller families multiplied by the Central Statistics Office estimate of the average Traveller family size (5.5). The 2002 census reports that the total for that year was 23,681 (CSO, 2002). However, this figure is almost certainly an undercount. In 2002 the only ethnic group who were asked to identify themselves on the census form were Travellers, given that Travellers often have a negative experience of officialdom, many Travellers did not answer the question, often not wanting to identify themselves as Travellers. It will be interesting to see the results of the 2006 census as all respondents were asked to identify their ethnic group.⁴

Although, the demographic figures that are available from the 2002 census do have to be taken with care due to the nature of the undercount, they do give us a basic picture of the age structure of the Traveller population.

- Only 3.3% of the Traveller population are over 65 years compared to 11.1% of the general population.
- 63% of Travellers are under 25 years compared with 37% of the general population.
- 42% of Travellers are under 15 years compared with 21% of the general population.
- The average age for Travellers is 18 years compared to a national figure of 32 years.
- Whilst Travellers live all across the country, it is estimated that 24% live in Dublin. (CSO, 2002)

TRAVELLERS IN NORTH FINGAL

Based on the 2002 census there were 106 Traveller families within the North Fingal area. The 2002 census estimated the size of the average Traveller family at 5.5 persons, this would account for 583 individuals. However, as outlined above it can be expected that this figure is an undercount as many Travellers would not have identified themselves as Travellers. This is likely to be particularly true for Travellers in the North Fingal area as

⁴ While preliminary figures for the 2006 census have been published the disaggregated data was not available at the time of writing this report and as such the figures for the Traveller population were not available. The CSO have stated that figures for Ethnic or Cultural Background (including Travellers) will be released on the 26th of July 2007. (CSO Website)

this area has a significant number of Travellers living in standard accommodation and they may not have wished to identify themselves as Travellers due to a range of complex reasons, not least fear of discrimination.

Currently, the Traveller programme of Co-operation Fingal estimate that the number of families within their catchment area is more like 115, which, using the census estimate for families size (5.5 persons), accounts for a population of 632 individuals.⁵

Although, in comparison to other regions of Dublin, North Fingal would appear to have a smaller Traveller population, issues specific to the North Fingal area are that the Traveller population is widely dispersed and often living in standard accommodation, in most cases private rented houses. The Traveller programme of Co-operation Fingal estimates that there are 30 families in standard accommodation accounting for an estimated population of 165 persons.⁶ The Travellers in standard accommodation are not living together in family groups as Travellers often prefer, they are also often living hiding their identity. As such many in standard accommodation are excluded from responses to support Travellers, while remaining excluded from mainstream provision as they still experience all of the disadvantages of the Traveller community at large. These families are therefore very much at risk of isolation and social exclusion.

There are also issues with service provision. With the recent huge population increases in North Fingal, over 20% in four years, there is a shortage of school places for everyone, and there is a sense that Travellers who drop out of school early, as they often do, will slip through the net as places are at such a premium. There are also shortages with youth services and recreational facilities.⁷ These shortages, combined with both direct and indirect discrimination, means that Travellers often can't or don't engage in what is available. Youth services are limited in North Fingal and Travellers do not necessarily engage in social projects. However, they do seem to engage in educational opportunities, and services such as Youthreach are accessed by young Travellers. The fact that the 14+ age range are easier to engage highlights the need for early intervention.

Transport is also a significant issue in the area, with Traveller parents not allowing their children to go anywhere unless transport is provided. This is a result of both practical and cultural considerations, in many cases it is just not possible to get places without transport, but also Traveller parents are often anxious about the safety and security of young people when they are away from their home. This adds an additional significant cost to any activities with young people.

⁵ Figures provided by the Traveller Programme of Cooperation Fingal from Census work conducted by the Primary Health Care Programme.

⁶ *ibid*

⁷ Balbriggan Ar Aghaidh Needs Analysis & Facility Strategy 2006

Number of Families in Malahide/Howth, Balbriggan and Swords ⁸

FINGAL AREA	STATUS	ADDRESS	NUMBER OF FAMILIES	NUMBER OF CHILDREN
Ballyboughal	Unofficial site	Ballyboughal	16	35
Bog of the Ring	Halting site	Bog of the ring	8 (estimate)	Not available
Forrest Little upper	Halting site	Forrest Road	20	28
Forrest little lower	Halting site	Forrest Road	(as above combined)	as above combined
Gardiners Hill	Halting site	Balbriggan	4	13
Lissenhall Green	Group housing	Swords	15	27
Seabank	Unofficial site	Balbriggan	not in use	not in use
St Macullins Park	Group housing	Balbriggan	11	13
Turvey Ave	Halting site	Swords	1	0
Moyne Park	Halting site	Baldoyle	10	16
Private housing known		Balbriggan	5	2
Private housing estimate			25	not known
		Total	117	

YOUNG TRAVELLERS

According to the 2002 census 42% of the Traveller population are under 15 years of age, with 63% under 25. Given the estimates for the North Fingal Traveller population, 115 families, with 632 individuals, this would account for 265 young people under the age of 15, and 398 under the age of 25.

Due to the fact that the majority of young Travellers, in particular young men, are still leaving school before they are 15, and that these young men are often then unemployed, it is important that young Travellers have access to youth work services. These young Travellers, out of school, out of work are often doing 'nothing' and as such are at risk of extreme social marginalisation and all of the concurrent disadvantages that go along with that situation, including problematic drug use.

There are a number of issues facing young Travellers at present.

- Lack of access to youth services
- Discrimination when trying to access commercial recreational services
- The need to reinforce cultural identity
- The need to have increased participation in decisions that affect their lives
- An increased drug use in the community

⁸ Figures provided by the Traveller Programme of Cooperation Fingal from Census work conducted by the Primary Health Care Programme.

In 1995 the Task Force Report on the Traveller Community noted that youth work with Travellers should:

"Assist in the development of individual and collective self-esteem through services which are based on standards of excellence, are non-judgemental, accepting, culturally appropriate, encouraging yet challenging."

In the North Fingal area there is almost a total lack of social, recreational and economic outlets or focus for young Travellers.

5. DRUGS AND NORTH FINGAL

The newly established Regional Drugs Task Force, which includes the area of North Fingal, conducted some research on the levels of drug use within the Fingal County Area.⁹

Essentially, what was initially identified was the impossibility of obtaining accurate information on levels of drug use within a particular community. Problems obtaining data on the prevalence of drug use include; services may not count their waiting lists, individuals may be attending more than one service (resulting in double counting), and of course, not all drug users are attending services.

The central point being that accurate information on prevalence rates for drug use, simply do not exist. There is no accurate data collection, even for those drug users who are in service provision, and this problem gets even worse when you wish to obtain data on a specific group, such as Travellers, as data is simply not collected on the ethnicity of clients.

The research conducted by the RDTF¹⁰ compiled figures that were available for the North Fingal area (and areas including North Fingal), these include:

- 29% of respondents in the Northern Area Health Board reported having ever taken illegal drugs, a prevalence rate higher than the national average.¹¹
- The Survey of Lifestyles, Attitude and Nutrition (SLAN 2002) reported an increase in cocaine use.
- Of those in drug treatment in June 2006 5.6% (or 454 persons) gave addresses which fell into the Fingal Electoral division.¹²
- The Health Service Executive (HSE) estimates that there are 15 people in the North Fingal area (including Swords) seeking treatment, and 8 in other areas looking to transfer to get their treatment in the area.
- Probation and Welfare have approximately 100 clients in the Swords and Howth area, 75% have drug problems.
- There are currently 38 clients from the North Fingal area in treatment in Swords.

Also from the RDTF report, anecdotal evidence would indicate that levels of drug use are much higher. It has been suggested that the problem is hidden due to the nature of the area, people are more reluctant to seek services, therefore, the figures are difficult to access and present. Issues raised in the RDTF report included:

- There is a growing problem with cocaine and tablets
- There are high suicide rates
- Inhalants have become a growing problem
- And there is no specific treatment for these non-opiate addictions

⁹ Fingal County Coverage Research RDTF Draft Report September 2006

¹⁰ Fingal County Coverage Research RDTF Draft Report September 2006

¹¹ The NACD/ Drug and Alcohol Information Research Unit (DAIRU) survey of drug use in Ireland and Northern Ireland 2004

¹² Central Treatment list of Drug Treatment Centre Board

This report also outlined the paltry service provision in the North Fingal area. In short there are hardly any services in the North Fingal area, and almost all of the services that are available are in the LDTF areas of Fingal. The service provision that is in the wider Fingal area includes:

- A treatment clinic in Swords, with a newly opened clinic in Donabate
- One Outreach Worker
- One Addition Counsellor, (28 hours per week)
- One Education Officer (shared with Finglas, Cabra and Blanchardstown)
- Two Rehabilitation and Integration Officers
- The RDTF is also now funding two development workers

A new clinic has been opened in Donabate (opened Autumn 2006).

It should also be noted that there are also long waiting list for these services.

There is only one treatment facility in North Fingal, one dispensing pharmacy, only one outreach worker for all of North County Dublin and very few community organisations looking at the issue of drugs.

The RDTF report outlined a need for massive improvements in service provision including:

- The need for a treatment centre in both Donabate and Balbriggan
- Access to local GP services and pharmacies
- A needle exchange
- An increase in counselling services, and an urgent need for more suitable premises to host counselling
- A holistic clinic needed, treating a wide range of issues experienced by drug mis-users and providing services such as meals, washing facilities etc.
- A need to deal with waiting lists
- A need for good quality information

6. RESEARCH AND POLICY CONTEXT

INTRODUCTION

The issue of drug use among the Traveller community has begun to be discussed in earnest over the last three to four years. Prior to this and the establishment of the Traveller Specific Drugs Initiative (TSDI) in 2000 the issue was barely acknowledged. For example, *the Report of Task Force on the Travelling Community*, 1995, makes no reference to illegal drug use within the community.¹³ As the issue is becoming more of a problem it is being discussed more openly. The last two to three years have shown increasing levels of drug use within the community. The TSDI have identified that the drug use levels are increasing and increasing at faster rates, with younger Travellers and more women getting involved in drug use. There are also more increasingly complex and inter-related issues developing, including issues within prisons, homelessness and violence.

As drug use is a relatively new issue for Traveller organisations to tackle, they are only starting to work with Travellers on drug related issues in the last two to three years. Concurrently, responses to the drugs issue nationally and locally are also only beginning to acknowledge and respond to the needs of Travellers.

Travellers experience marginalisation and social exclusion as a result of racism, and it is acknowledged that difficulties associated with problematic drug use are concentrated within communities that are disadvantaged and socially excluded. What is of concern is that the reality of Travellers' experience places the community at risk of drug use, as the pattern of drug use had started, the real concern is that it will develop and become more and more of a problem for the community.

NATIONAL DRUG STRATEGY

The Government's National Drugs Strategy *Building on Experience, National Drugs Strategy 2001-2008*, was the first time that a national policy clearly named Travellers amongst the at-risk groups for drug use.

Although Travellers were named, the National Drug Strategy does not explicitly address the needs of Travellers and there are no policy commitments relating to Travellers, apart from the action to carry out research. And, although the overall strategic objective for the National Drug Strategy 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 also no explicit targets relating to equality or diversity within the strategy.

Travellers have only recently been named as a target group in the work of Drug Task Forces, specifically, Travellers are a target group within the remit of Regional Drug Task Forces. In a review of the Regional Drugs Task Forces¹⁴, it has been identified that eight out of the ten RDTF mentioned Travellers. This is much improved on the start up phase of the work of the LDTFs and is likely due to instruction from the National Drugs Strategy team to specifically target Travellers in the work of the RDTF.¹⁵

¹³ The use of solvents among homeless/in care Traveller children was identified in the 1980s and services such as Exchange House specifically responded to their needs.

¹⁴ Conducted by the Traveller Specific Drugs initiative, carried out in December 2006

¹⁵ National Drugs Strategy Team, 2002 *The Establishment of Regional Drugs Task Forces: Guidelines*, 2002, these guidelines identified Travellers as a target group.

In the guidelines establishing the RDTFs, it was envisioned that they would serve 'diverse communities,' and in conjunction with the LDTF co-ordinate the planning and policy making as well as development of services for groups such as Travellers.¹⁶

TRAVELLER SPECIFIC RESEARCH AND LITERATURE

In 2006 the National Advisory Committee on Drugs (NACD) launched the research *An overview of the nature and extent of illicit drug use amongst the Traveller community: an exploratory study*. This study, which was developed with support of Traveller organisations, is a comprehensive examination of the issues of Travellers and drug use in Ireland. This was a nationwide study and as such, had established a good template and context for the analysis of local needs and work. The study itself was the result of a specific recommendation within the National Drug Strategy.

The aim of the study was to provide an overview of the nature and extent of illicit drug use amongst the Traveller community, to identify patterns of problematic drug use and drug related risk behaviours and finally to describe what interventions are needed to prevent and deal with the harmful health consequences of illicit drug use.

The main findings of this research are outlined below, but what it is also important to note is that this research identified that questions of prevalence, or how many and the exact extent of drug use within the Traveller community, is not a computable phenomena at present. Therefore, the evidence that we have at national level is evidence gathered based on perceptions.

The overarching message from the research findings were:¹⁷

- Travellers' drug-using patterns appear little different than those of the settled population in Ireland
- The social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring
- However, overall, 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.

¹⁶ National Drugs Strategy Team, 2002, *Establishment of Regional Drugs Task Forces: Guidelines*

¹⁷ Presentation given by Jane Fountain, reported in McCarthy D. (2006). Diversity and Drugs: exploring drug issues amongst New Communities and the Traveller Community: A Seminar hosted by Merchants Quay Ireland and Pavee Point Travellers Centre. Draft

Preliminary research conducted by Pavee Point identified a number of key contextual issues, which put young Travellers at risk of exclusion and marginalisation. The issues raised and findings included:¹⁸

- The Traveller community has a very young age profile.
- Traveller families often live and/or socialise in extended family networks, such tight knit communities could easily facilitate the spread of drug use.
- Travellers experience both direct and indirect discrimination, in all areas of life such as health, education, accommodation, employment, and access to goods and services.
- Travellers' educational experience is poor.
- Due to Travellers' cultural differences, approaches and strategies to service the settled population may not be appropriate for Travellers.

As ethnicity is not recorded in the routine collection of statistics relating to drugs, there is no accurate information on the prevalence of drugs in the Traveller community. However, the evidence presented in the report reveals that while the level of drug use is lower within the Traveller community than the general population, it is a growing phenomenon.¹⁹

The drugs most widely used as reported in the study were cannabis, alcohol and prescription drugs, the next most used drugs were cocaine and ecstasy, the drugs least often used were heroin, crack cocaine, LSD and solvents. The level of injecting drug use amongst Travellers who are drug users was perceived to be lower than the general population.²⁰

The age groups who were thought to be affected by drugs ranged in age from adolescence to early thirties. More Traveller men than Traveller women are perceived to be using drugs, however drug issues relating to women were identified as the hidden nature of drug use among women and prescription drugs being inappropriately used.

- Travellers interviewed in the study found it difficult to distinguish between drug use and problematic drug use.
- Drug use is presented in the report as widespread within prisons including amongst Travellers in prisons.
- It was noted in the report that drugs appear to be widely available to Travellers.

The evidence for this study shows that disadvantage in the nine areas named above characterise social exclusion and the risk factors for problematic drug use. The position of Travellers, especially young Travellers mean they are at risk of problematic drug use.²¹

¹⁸ Hurley, L. (1999). *Drugs and the Traveller Community*. Youthstart, Pavee Point.

¹⁹ NACD (2006) *An overview of the nature and extent of illicit drug use amongst the Traveller community: an exploratory study*.

²⁰ *ibid*

²¹ *ibid*

Central issues that came out of the NACD research included:

- One of the main issues for Travellers who are drug users is exclusion from family and community along with health related issues similar to those for other drug users.
- Travellers felt that drug use in the community further stigmatised the wider Traveller community, and it was named by Travellers as a concern, particularly in relation to how the general population views Travellers.
- Travellers feel that drug use has become 'normalised' in the community, as in it is normal to see drugs being taken. This was a concern in relation to young Travellers growing up in the Traveller community.
- Other concerns Travellers discussed were the increase in drug related crime and the challenge that drugs bring to Traveller culture and the Traveller community itself.

Many Travellers were concerned about drug use in their community but were not clear on how to address the issue due to a lack of knowledge about drugs themselves and drug services.

Barriers to accessing drug services include:

- The lack of awareness of the existence and nature of drug services among Travellers;
- The lack of formal education e.g. literacy skills in terms of drug education programmes or filling in forms in drug services;
- Stigma and embarrassment about drug use amongst Travellers which can result in drug users not telling their family about their drug use, the family knowing but hiding it from other Travellers and finally drug users and their family not wanting to access services;
- Drug services not being culturally appropriate for Travellers and finally;
- Racism, discrimination and stereotyping on the part of drug services in relation to Travellers.

Report's Recommendations:

- Develop procedures on ethnic monitoring within drug treatment reporting systems and drug service planning systems.
- Carry out equality proofing of drugs policy and of drug service planning and delivery.
- Increase awareness amongst Travellers of drugs, drugs related issues and drug services.
- Adapt the organisational culture of drug services to consider the cultural diversity of Ireland by considering Travellers' drug service needs in terms of the importance of the family, outreach work, nomadism, specific and generic services, literacy skills, appointments, waiting lists, social exclusion and work force development.
- Implement an effective Traveller community engagement programme through a collaborative model of the Drug Task Force process.
- Conduct further research on prevalence and patterns of drug use amongst Travellers.

What is also important to note is that this is a rapidly changing situation. Even the evidence gathered in the recently published research is old at this stage, as the field work was carried out in July 2003-Nov 03. Over the last two years, the TSDI note with concern increasing levels of drug use and problematic drug use in the Traveller community and rapidly changing drug trends, TSDI note²²

- the age profile of Travellers using drugs is becoming younger,
- increasing numbers of Traveller women presenting to drug services,
- drug issues for homeless Travellers,
- Travellers in prison who are drug users,
- Travellers with co-existing mental health and drug issues,
- the fact that many Travellers are still not accessing mainstream drug services, and
- increasing numbers of Travellers who are injecting heroin users.²³

SOCIAL EXCLUSION, RACISM AND DRUG USE

The correlation between drug use and social exclusion and the multiplicity of issues that face the Traveller community adds layers and complexities to the issue. This means any response would need to take cognisance of these issues. Travellers face a multitude of issues as a result of racism and discrimination and denial of their ethnic and cultural identity and these all interact and fundamentally affect all areas of their lives, in particular:

- Accommodation
- Health
- Education
- Employment
- Drug issues

Travellers who are drug users experience multiple disadvantages. Travellers who are drug users are marginalised and excluded within their community, as a result of their drug use and the stigma and shame attached to drug use. As Travellers they continue to experience all of the disadvantages that Travellers experience on a day to day basis as well as the disadvantages that are experienced by drug users.

DATA ISSUES

Adequate data is necessary for proper planning of services, but at this point this does not exist in relation to basic socio-economic information on Travellers, as good quality data disaggregated on the basis of ethnicity is not, by and large, collected in Ireland. This issue is most stark when referring to health issues and drugs. The most recent national health data on Travellers still dates back to 1987, at this stage a totally unreliable twenty years old. Even basic data is poor as highlighted by the issues raised with the census. As a result the discrimination and exclusion that Travellers experience is often invisible to policy and decision makers. This makes it difficult to develop policies to combat discrimination.

²² Traveller Specific Drugs Initiative Synopsis Paper

²³ Traveller Specific Drugs Initiative Synopsis Paper

WIDER POLICY ISSUES

In relation to the wider issues of diversity and racism, the policy context has changed and is changing, and is beginning to incorporate the concepts of diversity and interculturalism. These changes are increasingly acknowledging the different experiences of Travellers and other minority ethnic communities. There are opportunities to use this developing policy agenda to ensure that it is inclusive of issues pertinent to minority ethnic communities.

There are a range of policy opportunities including:

- The National Traveller Health Strategy, *Traveller Health-A National Strategy 2002-2005*
- The National Action Plan Against Racism *Planning for Diversity: The National Action Plan Against Racism 2005-2008*
- The proposed intercultural health strategy
- The National Drugs Strategy

In 2002 *Traveller Health-A National Strategy 2002-2005*, was launched. This Strategy acknowledges the factors influencing Traveller health, including social exclusion, living conditions, as well as individual and institutional discrimination. It also examines the issues of alcohol and drug use and identifies the need to ensure Traveller inclusion within the National Drugs Strategy. Specific concerns outlined include:²⁴

- The ongoing need to promote awareness between the Local and Regional Drugs Task Forces of the issues for Travellers in relation to drug use.
- The need to ensure the inclusion of the Traveller community in the plans and strategies developed by Local and Regional Drugs Task Forces as appropriate.

Specific drug related recommendations of the Traveller Health Strategy include²⁵:

- Research into patterns of drug and alcohol use among the Traveller community.
- Traveller involvement in the design and delivery of targeted substance misuse prevention programmes. Critical to this will be the central involvement of the Traveller Specific Drugs Initiative, Traveller organisations and Traveller community health workers.
- Local and Regional Drugs Task forces, in preparing, implementing and updating their plans will examine issues, including Traveller drug misuse, which should be dealt with in an integrated and coherent manner.
- Travellers require a culturally appropriate response to drug use within their own community, this includes education, prevention, treatment and policy development.

The current government policy commitments in *Planning for Diversity: The National Action Plan Against Racism 2005-2008* (NPAR) cover five key areas, protection, inclusion, provision, recognition and participation. Pertinent to this report the NPAR plan outlines what appropriate service provision should include;

‘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... health’.

²⁴ *Traveller Health-A National Strategy 2002-2005* Chapter 13

²⁵ *Traveller Health-A National Strategy 2002-2005* page 94

Under the NPAR there is an intercultural health strategy being developed, within that there should be provision to incorporate diversity and look at the issue of drugs. This development of this strategy should help support the push to ensure that the next drugs strategy is compliant with the NPAR ethos. Therefore, this should also promote and support the development of intercultural drug services in an Irish context.

The current National Drugs Strategy finishes in 2008 where a new strategy will have to be developed. In the context of changes and increased awareness of issues such as diversity and interculturalism, it is important that the new National Drugs Strategy should include an intercultural and equality strand.

DUBLIN NORTH CITY AND COUNTY REGIONAL DRUGS TASK FORCE

At a local level the RDTF has made a number of commitments, including:²⁶

- The RDTF is committed to providing capacity building opportunities that empower and enhance the participation of individuals and communities in the decision-making, planning and implementation of its work. By using a community development approach the RDTF can ensure, where it doesn't exist, that suitable infrastructure will be developed to support the direct work of initiatives undertaken.
- The RDTF will identify effective working models locally, nationally and internationally to adapt them to particular needs by gathering evidence based research and information. The RDTF is committed to defining and promoting models of best practice within service provision and community based responses and resourcing new and innovative projects.
- This strategy is committed to equipping young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development.

All of these national and local policy initiatives offer an opportunity for work at local level to forward best practice. The implementation of national policy can be fraught at best, but it does support organisations at a local level to demand and aim for best practice and seek funding along the recommendations as outlined at national level.

²⁶ North Dublin City and County Regional Drugs Task Force, *Working Collectively for a comprehensive response to problematic drug use, Strategic Plan 2005-2008*

7. TRAVELLER PROJECT RESPONSES TO DRUGS ISSUES

CURRENT MODELS OF WORK

Slowly projects are developing that are responding to drug issues within the Traveller community, within the greater Dublin area (including north Wicklow) there are currently six²⁷ local projects as well as the national programme in Pavee Point. There are other Traveller groups who are carrying out work on the drug issue, such as training and awareness, but the five projects outlined below have staff and a specific focus on the issue of drugs.

- Exchange House
- Trav Act (formerly Northside Travellers Group)
- Bray Travellers Development Group
- Tallaght Traveller Community Development Project
- Clondalkin Travellers Development Group

EXCHANGE HOUSE

Exchange House Travellers Service was originally set up in 1980 to address the needs of young Travellers who were misusing solvents in the Dublin area. Since then, the service has changed in line with the needs of the service users, and currently Exchange House provides a wide range of services to the Traveller community in Dublin. These services include family support, youth services, Money Advice and Budgeting Services, (MABS), after-schools programmes, adult education provision and addiction counselling.

Exchange House submitted a proposal to the South Inner City Local Drugs Task Force for funding for a pilot project in response to the growing problem of misuse of drugs within the Traveller community served by Exchange House. Funding was provided towards the end of 2003, a Drug Addiction Counsellor with Exchange House was appointed, working as part of the Family Support team.

Aim: The project aims to pilot a response to the needs of Travellers in the South Inner City who are at risk of becoming involved in drug misuse and addiction.

Objectives:

- To develop an appropriate response to drug misuse among the Traveller community in the South Inner City.
- To look at the existing services for the needs of Travellers who misuse drugs.
- To identify gaps in current provision.
- To liaise with statutory, voluntary and community agencies working with drug users to raise awareness of the needs of Travellers in drugs related provision.
- Where appropriate, to provide addiction counselling in-house and on an outreach basis.
- To refer clients to appropriate agencies.
- To support clients in attending mainstream facilities and sustaining treatment.
- To pilot information and education initiatives at specific target groups i.e., parents, young people etc. within the Traveller community.
- To develop an appropriate information strategy for use with the Traveller community, taking account of literacy levels.

²⁷ A new project being developed by STAG (Southside Traveller Action Group), the details have not been included in this research.

- To report and make recommendations to Exchange House and to the South Inner City Local Drugs Task Force.

Key components of the work include:

- Outreach Counselling service
- Outreach intervention
- Advocacy
- The piloting of specific responses to the needs of Travellers who are at risk of becoming involved in drug misuse

TRAV ACT (FORMERLY NORTHSIDE TRAVELLERS SUPPORT GROUP)

A Drug Education Worker/Outreach Worker has been employed by TravAct and funded by the Dublin North East Drugs Task Force.

The role of the worker includes providing drugs education and outreach work to the Traveller community in Coolock. The project is managed by a steering committee.

The central role is as a development worker with a focus on drugs, and what is particular about this position is that the worker is a Traveller man.

This project is currently being reviewed.

BRAY TRAVELLERS DEVELOPMENT GROUP: THE DAISH PROJECT

This project is funded by the Bray LDTF and employs two project workers, one of whom is a Traveller man. The work of this project was reviewed in 2005.

Some of the aims of the Daish project include;²⁸

- To address the issues of substance misuse among young Travellers,
- To carry out outreach work to engage young Travellers at risk,
- To disseminate information on drugs to Traveller families and particularly young Travellers, both male and female,
- To provide activities such as education/prevention programmes for all Travellers, particularly those at risk.

Areas of work that the project is engaged in include:

- The project engages and supports Travellers who are drug users, including Travellers who are in prison or homeless.
- Works with young Travellers who are at risk of drug use.
- Provides education and education work.
- Works directly with drug services and advocates for Travellers.

²⁸ The information was provided by the Daish Project at the National Day Event on Drugs Issues hosted by The TSDI, and subsequently reported in a Newsletter of the same title, Autumn 2006

The project provides one to one support to families of drugs users as well as drug users themselves, advocacy and referrals and harm reduction information and outreach work. They are also involved in networking with other local services and agencies within the Bray area.

Some of the learning of the project has included:

- The need to build trust within the Traveller community and the time that this takes.
- Trying new things and being prepared to take new approaches.
- The value and need of employing a Traveller peer worker, the community knowledge makes the building of trust and establishing relationships much easier.
- Need for flexible funding lines.

TALLAGHT TRAVELLERS COMMUNITY DEVELOPMENT PROGRAMME: FEENS YOUTH GROUP

In Tallaght Traveller CDP there is one youth worker who is funded through the LDTF. The programme also has two Traveller peer workers who are funded through the Traveller Health Unit and are receiving training as youth leaders, one is also involved as a literacy assistant. This project runs a variety of initiatives which include;

- Progression programme, this is run two days a week with young Traveller men and includes literacy, life coaching, one to one work, IT tuition, and a drug prevention training programme, (delivered in conjunction with the TSDI).
- Direct youth work, which includes a programme called Futsal with the FAI and South Dublin County Council. This includes playing in five a side football leagues.
- Football Futsal with the older group of men, men from this group have gone forward for football trials with other clubs.
- Swimming
- Hiking trips
- Employment initiative with Dublin Bus
- Community TV, involved in making a documentary and learning production skills.
- Training in Digital Literacy
- Representational work, including representation on the LDTF, and the Education and Youth Subgroups of the Irish Traveller Movement.

CLONDALKIN TRAVELLER DEVELOPMENT GROUP (CTDG)

Clondalkin Traveller Development Group Youth Service has a community youth worker that is funded through the LDTF through the Emerging Needs funding. The Youth Service works from a social critical model of education. CTDG youth service also has a community youth worker funded through NATTC.

The focus of the Youth Service includes youth work, drug prevention and diversionary work.

A key focus of the Youth Service is outreach work. The programme aims to reach 90% of its potential target population each week and as such spends considerable time conducting outreach work on site. This helps support attendance, as well as provide parents and members of the Traveller community with information on wider issues.

Specific work that the Youth Service provides includes:

- Community programme. To work with the target group to encourage and support them into accessing mainstream services, including local sports services.
- Specific Youth Programme on one of the sites in Clondalkin. This would include support work, often at a one to one level with young Travellers on the site.
- Soccer Programme, working in conjunction with an FAI coach. As part of this work the young people have participated in leagues and two have moved onto mainstream soccer clubs. This programme is also used as an opportunity to provide information on wider issues to the group, on issues such as health and drugs.
- Employment programme, working in consultation with the Local Employment Service (LES), in particular encouraging an outreach approach from the LES.
- Drugs education seminars are organised and provided for local Traveller parents, in conjunction with the LDTF. The aim is to conduct seminars regularly so that all Traveller parents in the area will have the opportunity to attend. This also involves outreach to the community to encourage attendance, raise the issue and discuss any issues that emerge as result of the seminars.
- Older Girls Programme which includes leadership training and accessing community recreational services.
- Younger Girls Programme provides recreational activities and other programmes such as dance, and arts and crafts.
- Representational work, including representation on the LDTF, and the Education and Youth Subgroups of the Irish Traveller Movement.

THE TRAVELLER SPECIFIC DRUGS INITIATIVE (TSDI)

The Traveller Specific Drugs Initiative was established in November 2000 funded through the National Drugs Strategy Team.

The central focus of this initiative is the promotion of Traveller inclusion into the 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.

The work of the initiative concentrates on four keys areas:

- Working with Travellers and Traveller organisations to support their access to existing and proposed local and regional initiatives addressing drug issues.
- Traveller inclusion working with Local Drug Task Forces, Health Boards, Traveller Health Units and a range of vocational groups in order to impact on personnel and services, e.g. Prison Staff, Gardai, Visiting Teachers, Youth Services and other relevant structures in order to raise their awareness and understanding of the distinct needs of Travellers and to promote their commitment to meeting those needs in an appropriate manner.
- Research. Source funding and promote research into Travellers and drug use, research that would promote the goals of the Traveller Specific Drugs Initiative and promote inclusion and sensitivity to Travellers and Traveller issues in non-Traveller specific research that is being carried out into drug use.
- Impacting on policy work at a national level to ensure positive outcomes for Travellers in any existing and emerging new structures which impact on policies, procedures and services.

A network of Traveller organisations involved in drugs work had its inaugural meeting in Pavee Point in July 12th 2006. This group is open to all Traveller organisations that have drug projects (these can be educational/prevention or treatment and rehabilitation) or groups who have Traveller representatives on LDTFs or RDTFs.

MODELS IN LITERATURE

The current and historical experience of Travellers in Ireland is one of racism and discrimination which in turn has led to social exclusion. As a result Travellers experience many of the risk factors that are well documented as contributing to problematic drug use in many other disadvantaged communities e.g. Black and minority ethnic communities internationally.²⁹

The UK have been grappling with the issues of diversity and service provision in the area of drug use longer than here in Ireland. As such there is some literature developed which outlines some of the issues and key recommendations for models of work for responding to the needs of minority ethnic communities. Some of the salient points from this literature is summarised in this section.

- Drugs workers require training on not only ethnicity, but also wider equality issues; and the need for better targeting and design of services to attract clients from Black and minority ethnic communities.³⁰
- There is an inability in drug services to respond to distinct patterns of drug use shown by Black and minority ethnic communities;³¹ and a more general inability to respond to different needs. These failings were seen to be particularly acute in specialist residential services.
- Respondents including those from Black and minority ethnic communities commonly reported that drug use is heavily stigmatised within such communities, as it is within the Traveller community.
- Recognition that not all Black and minority ethnic clients would necessarily want to access a Black and minority ethnic services.
- The most significant barrier to seeking help for drug use was the lack of knowledge of existing drug services and what these services have to offer.³²
- Long waiting lists also acted as a deterrent to accessing drug services, especially in relation to methadone maintenance programmes.
- Group work often alienates drug users from new communities as they feel uncomfortable attending groups, where the majority of participants are Irish. This has been noted also as a deterrent for Travellers where all of the participants are settled.
- Drug service provision in Ireland focuses on injecting opiate use. Therefore there is a lack of treatment options for drug users from new communities who are smoking heroin, smoking cocaine and snorting cocaine.³³

²⁹ Traveller Specific Drugs Initiative Synopsis Paper.

³⁰ Black and minority ethnic communities in England: a review of the literature on drug use and related service provision.

³¹ *Delivering Drug Service to Black and minority ethnic communities*, 2001. Deborah Sangster, Michael Shiner, Kamlesh Patel and Noreen Sheikh. Public Policy Research Unit, Goldsmith College, University of London. Ethnicity and Health unit, University of Central Lancashire.

³² *Drug use among new communities in Ireland an Exploratory study*, Merchants Quay, NACD, 2004

³³ *Drug use among new communities in Ireland an Exploratory study*, Merchants Quay, NACD, 2004

The basics of good practice in developing drug services for Black and ethnic minority drug users include:³⁴

- To address institutional racism, it is imperative that anti racist training is provided for staff and clients in drug services to enable them to become more aware of issues surrounding race and ethnicity.
- It is crucial that mainstream services are geared towards meeting the needs of diverse communities.
- The need for cultural competence, which is an umbrella term describing the ability to meet the needs of diverse communities; and cultural sensitivity and cultural specificity form the building blocks for culturally appropriate ways of working.³⁵
- Cultural ownership and leadership within a service, including a team made up of people from different ethnic backgrounds, and Black and ethnic minority representatives within its management structure.
- The drug service must diversify in terms of the substances/modes of use. The continued focus of services on opiate injecting is an important source of institutional racism.
- Alternative forms of help for drug users that go beyond a narrow medical approach to drug treatment and which understand that drug use may be an escape from social deprivation.
- Images and posters should be displayed in drug services which promote diversity.³⁶
- Community engagement should be promoted in the design and delivery of drug services in Ireland. In their review of drug service provision for Black and ethnic minority communities in England, Fountain et al (2003) found that the most significant way forward in terms of drug service development was community engagement. This also leads to “cultural ownership and leadership” within drug services (Sangster et al., 2002).³⁷

TARGETED AND MAINSTREAM MEASURES

There is a need to ensure that Traveller specific responses, or specific responses to any minority ethnic community, do not become the only response for that community. What is crucial is that while specialist services may have an important role in supporting the community with whom they work and providing a culturally appropriate response, the role should be essentially complimentary. Mainstream providers should develop appropriate ways of working with minority ethnic communities, including Travellers. Essentially, the existence of a Traveller specific or targeted response should in no way be an excuse to let a mainstream service ‘off the hook.’ Mainstream services have a responsibility to provide good quality service provision to all, including minority ethnic communities, which include Travellers.

³⁴ Delivering Drug Service to Black and minority ethnic communities, 2001. Deborah Sangster, Michael Shiner, Kamlesh Patel and Noreen Sheikh: Home Office Briefing Document Paper 16.

³⁵ *ibid*

³⁶ *Drug use among new communities in Ireland an Exploratory study*, Merchants Quay, NACD, 2004

³⁷ *ibid*

Targeted and mainstream services should work in partnership, with targeted providers often having a key role as referral agents, or supports for the communities with whom they work, by providing a 'gateway' into mainstream provision.

This is an issue for Traveller specific workers as they often end up with all of the aspects of drug use and prevention work. The programme would then be set up to fail as often the drugs services do not exist to back up the work, targeted responses cannot create what is not there.

8. KEY FINDINGS

This section outlines the results of the consultation, which includes comments on perceptions of the levels of drug use within the community, barriers and issues in relation to services and Traveller specific issues and concerns.

As noted in the methodology section, it was difficult to organise consultation with young Travellers despite considerable work and resources. The difficulty of getting young people involved in the consultation process for this report is a finding in itself and highlights the urgent need to provide services and an outlet for these young Travellers, to establish ongoing contact and a relationship with this part of the Traveller community.

As addressed in the literature section, the exact extent of drug use within the Traveller community is not a computable phenomena at present, as data is not collected accurately on a general level, and specifically data on ethnicity is not collected at all. As the data is not collected, and therefore not available the evidence that we have at a national level is evidence gathered based on perceptions, this is also the only way we can gather the evidence locally. From a statistical and accuracy point of view this is not sound in terms of estimating prevalence, but it does develop our understanding of levels of drug use within the community. Until the data becomes available, or in-depth, developmental work, which includes building and establishing trust over a period of time is done, the actual prevalence figures will remain elusive.

Therefore, what is outlined below is based on perceptions, and as such must be taken as that, at times anecdotal, but nevertheless of intrinsic value as it is the only information we have. This information develops our understanding of what are the needs and issues for Travellers and the Traveller community in relation to drug use.

TRAVELLER RESPONSES

As outlined within the methodology, three focus groups were conducted with Travellers living in the North Fingal area, two with adult Traveller women and one with Traveller young people. The responses from the three groups will be discussed together in order to protect the confidentiality of those who took part, in cases where it is relevant the issues identified by the specific groups of Travellers will be noted.

PERCEPTIONS OF THE LEVEL OF DRUG USE BY TRAVELLERS IN NORTH FINGAL

In general the adult respondents felt that there was indeed a problem with drug use amongst Travellers within North Fingal, but the exact nature of this problem is difficult to define.

The respondents felt that drug use among Travellers is just as much a problem within the North Fingal area as it is elsewhere in Dublin. What was argued was that it was not as obvious in North Fingal, as in some other areas, such as Finglas, as Travellers are not living on large sites, the community is spread out which means that people are private and keep to themselves. It was felt that there has been a reluctance to accept that there is a drug problem in the area whereas in other places, it is very obvious so people have no choice but to acknowledge and accept it.

It was felt by the older respondents that drug use has become very easy to notice at occasions such as weddings, christenings etc. where there is a sense that they are being used.

You might not think someone is on drugs at a wedding but you always hear about it a few days later because people do talk and they say did you see such a body yeah they were taking drugs the other night.³⁸

The women noted tell tale signs such as people constantly going to the toilet. Whether this is because of genuinely high levels of use, or a high level of fear is difficult to determine. But what was clear is that the women were fearful of drug use, in particularly how it impacts on children. Women said that younger children, including boys, would not be allowed go to the toilet on their own.

Another fear that was discussed was the danger of drinks being spiked at functions and occasions.

There is also fear of your drink being spiked. People are buying more bottles and keeping their thumbs over them. People are spiking drinks thinking it's funny to see people reacting when they are on drugs.

Some respondents felt that drug taking can become very evident at weekends with one participant saying how she has noticed groups of men congregating on a Friday evening. She believed that the group of men are taking drugs over the weekend and this is increasing in popularity.

This issue of drug use and schools was also raised. This is an area that has always been a cause of concern for Traveller parents, where they worry about their children mixing with settled children, and learning 'bad habits' from their settled peers. This was a fear often expressed in relation to sex and sexuality but more recently is being expressed as a fear in relation to drug use. Some of the respondents felt that drug use is also becoming more common in schools, with respondents saying that they know of a few children who have been expelled recently for taking drugs in the schools. It was stated that this was both Traveller and settled children.

The younger Travellers raised an aspect of drug use that was not referred to by the older groups, and would be of serious concern. They referred to younger Travellers being involved in solvent abuse. The group referred to knowing young Travellers who abuse solvents.

Throughout the discussion it was very difficult to identify if the respondents were talking about the local area, but it was clear that they were making comments about where Travellers live generally.

During the discussion a number of other issues in relation to Travellers and drug use emerged. In discussions about what is a drug, the use of alcohol and prescriptions drugs were barely acknowledged as drug use. While the older groups in particular would cursorily refer to them as drugs, it was clear that they are not considered problematic to the same or even similar extent as illegal drugs. This is particularly true for alcohol. There is a significant lack of understanding of the impact of alcohol abuse and abuse of

³⁸ Direct quotes from focus groups.

prescription drugs (legal drugs); the legal status appears to determine the sense of danger with the drug.

The older group would very much include hash along with other illegal drugs as 'problematic drugs,' and often had very minimal understanding of the differences between these drugs, how they are taken or indeed anything concrete about them.

The younger age group had quite extensive knowledge about hash, and there was one reference to tablets, but again the knowledge of drugs was very weak when discussing any of the other illegal drugs. Again alcohol was barely acknowledged to be a drug, and the main difference with the younger group was that hash was not considered as problematic as the older group would have identified it. Alcohol is culturally acceptable, even heavy drinking, as it would be in Ireland as whole, and during one focus group discussion the women were surprised to hear how damaging it is to drink when pregnant.

All of the respondents did refer to the ostracisation of Travellers who are drug users. The young group referred to not playing with Travellers they know who abused solvents while the older groups said that Travellers who are involved in drug use would be avoided. They were avoided because respondents were afraid. Afraid for the children, but also, quite clearly afraid for their own reputations, in that they did not want to be seen associating with known drug users. This is a key point as the use of illegal drugs is shameful, and a stigma.

"If you knew someone on drugs you would keep away from them and not let any of your family near them. Would be afraid of someone on drugs but also the shame of being associated with someone on drugs".

The respondents gave an overview of which drugs they believed were most prevalent, cannabis/ hash was felt to be very common. It was also a significant preoccupation of the focus group discussion of the older groups.

"It's also mostly hash with Travellers".

"There is peer pressure to take hash".

Cocaine use and the use of prescription drugs were also thought to be common, in the case of prescription drugs being very commonly used. The women said that prescription drugs were regularly shared and knowledge and understanding about the issues and dangers of prescription drugs were not understood. Ecstasy was also thought to be commonly used, but in fact there was no discussion of its use in the general focus group discussions.

Heroin use was not really referred to at all, in terms of specific use by Travellers locally. Either they are not aware of any Travellers using heroin locally or they were unwilling to mention that they were. It could be surmised if there are Travellers involved in heroin use in the area, the numbers are very small.

The younger focus group also referred to solvent use. This is important given the easy access to and highly dangerous nature of solvent abuse. It is clear that the young people are aware of young Travellers who abuse solvents, but their level of awareness of the danger of solvent abuse is not as clear. The older group referred to solvents, and were aware that they can be abused, but did not raise the abuse of solvents as a significant concern.

WHO IS TAKING DRUGS?

The older respondents felt that young Travellers are the main group of users and are most at risk of becoming users. It was agreed that the 14 to 16 year olds know what drugs are and the 16 to 25 year olds are using. However, it was felt that older people are also beginning to take drugs now too. (Older is very subjective, young Traveller women of 21/22 consider 30 to be old!) It was clear that the younger group had more knowledge of drugs, and that solvent use is definitely an issue for this age group. The younger Travellers are very much at risk of hash, solvent and alcohol use/abuse.

It was suggested that many older people use drugs such as cannabis on a regular basis. The younger people are looking up to them and begin to think that it's acceptable to use cannabis then also. The problem here is that these younger people then go on to take stronger and more dangerous drugs. Respondents felt that many Travellers believe that cannabis is not dangerous so do not condemn its use saying;

"It's only a bit of hash".

It was felt that women use drugs to a lesser extent than males; however the respondents believed that drug use is becoming more popular amongst young Traveller women compared with ten years ago. They are taking more cannabis and drinking large amounts of alcohol. It was also argued that many older women are very dependent on anti-depressants (Roche/Valium) and many are beginning to mix these tablets with alcohol. It was said that in the past, many doctors did not have proper monitoring systems and would prescribe large amounts of these drugs at the one time for patients leading to dangerous amount of tablets for women to be able to access over a short period of time. Things have improved but there is still a problem here for Traveller women. One doctor in north Dublin was named as used by Traveller women as he easily provided prescription anti-depressants without asking questions.

The respondents felt that really it could be anyone using drugs, pregnant women, younger and older men, but overall it was felt mainly to be younger men, often starting before they are married, but continuing to use when they are married. It was also noted that many start their drug use with settled peers.

"You wouldn't hear much about women doing it although some women do take drugs. If a fella was doing drugs and he let the wife smoke some of the joint he would say don't tell anyone I let you have that. Sometimes men and women are smoking in the same areas that children would be in trailers".

A number of key issues emerged from the discussion about who uses drugs, addiction and how drug users are perceived.

Drug use was identified as very shameful, and disgusting. Derogatory and often not very understanding attitudes to Travellers who are drug users were made. The language that the women used when they are discussing drug users could be very negative, describing them as junkies and how they don't care about themselves.

“Women would be ashamed to say someone in the family is using drugs also if one person in the family is on drugs other families would not marry anyone in that family so it brings shame on all of them”.

This was particularly true when the respondents were discussing drug use and women. Clearly, women were thought to know better, and have responsibilities that meant they could not use drugs without detriment to their roles as mothers and wives.

“She (a pregnant woman) was smoking a joint it was totally disgusting”

“I think its because the woman is supposed to have more sense and pull the husband back from doing it. Its very shameful for a woman to do drugs they should know better”.

Overall there was a weak understanding of addiction, even though at times there was very open and frank discussions of alcohol addiction, which was identified as more acceptable. The women understood addiction to be.

“When it gets out of hand. When people can’t function anymore when it affects your health and the family and children. When it affects the money in the home if they are spending all the money on drink they don’t care once they have enough money for drink first. Its very hard when everyone depends on that person for money”.

There was also a very strong sense that you could just stop and that a drug user, particularly if they are a woman with responsibilities, could and should just stop taking drugs when they caused a problem.

ACCESS TO DRUGS

The respondents felt that Travellers are getting drugs through both the settled community and their own, it is a mix.

The group believed that Travellers are beginning to become more influenced and more like the settled community in many ways. The old traditions are not quite as strong anymore. Travellers are beginning to hang around more and it is becoming harder for parents to control and supervise their children as they are out on ‘street corners’. Influences are also coming from the media and the television encouraging bad habits.

“In the past Traveller families mixed with their own, people with similar views, opinions and values. They all stayed together and looked out for one another. Today this is changing and children are becoming less accepting of authority”.

Overall the group felt that it only takes ‘one bad family’ who are involved in drugs to ruin a halting site and give it a bad name.

DEALING WITH DRUG USE

“If someone within your community is taking drugs, it is usually kept hidden as it is generally seen as shameful and they wouldn’t want anyone else to know. So in some cases they just let the person to continue on taking the drugs... let them be.”

“Bury their heads in the sand is how most Travellers deal with the drug issue”

Because there is such a big stigma attached to drugs amongst the Traveller community the group felt that overall Travellers are very reluctant to deal with the issue and ‘hide it under the carpet’ instead.

Options for dealing with drug use within the community or if it happened within families often centred on keeping it hidden. Doing nothing or moving away from the area, moving away to get away from the drugs (as the problem was someone else’s influence) but it would also seem to escape the shame.

It was argued by some that drug use within the community is often blamed on settled people, it will be blamed on who they are hanging around with.

One very Traveller specific response to addiction is the use of the priest. This was traditionally used for alcohol where a Traveller would take the pledge to stop drinking. (In a particularly Traveller specific response to using this method, they often have the pledge lifted specifically for occasions so the pledger can have a drink and then have it put back on. Priests who work with Travellers operate this system.)

The system for taking pledges has also started as a measure to prevent drug use when a problem arises, although the method of taking the pledge on and off was not referred to.

TRAVELLERS ACCESSING DRUG SERVICES

The respondents believed that Travellers do and would access drug services, however the respondents argued that many Travellers do not realise the extent of their problem and don’t realise that they need help. The services that Travellers said that they would access are not traditional responses to drug use. They referred to using the Public Health Nurse on the Primary Health Care Programme, their local GP or a priest. Overall the respondents believed that privacy would be a big part of accessing any services; they would not wish to discuss their problems openly.

“Lots of Travellers would hide it so wouldn’t go anywhere. Maybe you might ask your GP or go to the priest”.

What was very evident was that they had no idea, even basic knowledge about drug services. There was no understanding of types of services, or any understanding of what they do or where they are. Harm reduction services such as needle exchanges were not heard of, and the notion of harm reduction was not understood.

The understanding of what constitutes drug services came from the media and seemed to consist solely of rehabilitation.

“Sometimes you might go to rehab”

The only understanding of drug services was residential rehabilitation, which it was believed someone could access as soon as it was needed. The respondents had no understanding of the idea of waiting lists or concept of non-residential treatment options, or different treatment approaches for different drugs etc.

In terms of targeting a response to drug use, two key groups were identified by the respondents, mothers and young people. It was believed by one of the groups that parental involvement is the best preventative measure. This would lessen the likelihood of the children becoming involved in drug taking in the first place.

“Mothers are the best people to target in prevention. But they need to be trained in what to look out for, i.e., what are the different types of drugs, their causes and effects, the after use symptoms”.

It was argued that targeted work needed to be developed slowly, and the approach used thought through. If Travellers are targeted straight away they will become very defensive and will not wish to engage.

The women identified a number of key approaches that should be employed to respond to drug use:

- Work would need to be done with Travellers on sites
- Information would have to go to everyone and not be targeted at those using drugs
- There is a need for a mobile clinic
- Travellers working in the services
- Target the mothers
- More information on the signs and symptoms of drug use

WIDER ISSUES

Two issues emerged from the focus groups that are of wider interest, they are the issues of gender and violence, both separately and together.

The issue of women and the power of women within the community was raised, in particular reference to the lack of power women have in challenging men who maybe involved in drug use. It was argued by one of the groups that men are in control and have the power within the community and women have no say and cannot stand up to a male within their community who is taking drugs.

An aspect of this lack of power was violence, and although not discussed in detail it was suggested that a woman could not or would not challenge such an issue with a man for fear of a violent response.

There was also the issue of women who are involved in drug use. It very clearly emerged that women who are drug users are further stigmatised for being women who use drugs. This was articulated as women should know better, they have child rearing duties which they would be neglecting, and in fact if they are using drugs there are not fulfilling their role as protecting their children from others who maybe using drugs. There was also a suggestion but not openly discussed that a woman who uses drugs is somehow not only a bad mother but has loose morals.

“Travellers may not want to visit her if she is drinking, they would think that she is making a fool of herself”

Within the gender roles there were very clearly articulated fears about children, and the caring of children.

“Women are concerned that they would be seen as a wino, and that their children would be taken into care, fears that they would be seen as a bad mother, she would be concerned about her relationship with her husband going bad”.

“Others would see it as her own fault; she could get off if she wanted to”

In relation to the violence, this was not an issue discussed at length and therefore not enough information was gathered, but there are definitely issues about how some responses to drug use may come in the form of violence.

“They close their doors and bate the young fella”

“Women are also afraid if someone is using in the family or their husband because they would be afraid of being beaten”.

SUMMARY OF KEY FINDINGS:

There are significant issues with:

- Denial of drug use and what is understood to be problematic drug use
- Lack of basic information on drugs and drug use
- Isolation for Travellers who are involved in drug use
- Shame and stigma
- Additional shame and stigma for women
- Violence
- Issues about children

Significantly, there is visible drug use within the community and it is getting more obvious.

This last point should be taken with caution as it is difficult to distinguish between what is a fear of drug use and what are perceptions of actual levels of drug use.

SERVICE PROVIDERS REPOSES

There were fourteen service providers interviewed during the course of this project.³⁹ Some of the respondents work in projects based in the North Fingal area, some focusing specifically on drugs, while others work specifically with Travellers. The other respondents work in the area of drugs, and four specifically on the issue of drug use within the Traveller community outside of the North Fingal area. As such, some of those interviewed have local knowledge while others are commenting on issues in a more general way.

ISSUES FOR TRAVELLERS IN NORTH FINGAL

A number of key issues for Travellers in the Fingal area were identified by the respondents. These included:

Transport is a huge issue and in particular for Travellers. Traveller parents will not let their children go anywhere without transport; this is a huge cost for any project and a barrier to it being run smoothly. Without private transport in parts of North Fingal you cannot get anywhere.

Another key issue is the accommodation of the Traveller programme, at the resource centre in Matt Lane. It is a great resource but not ideally located, i.e. you need private transport to get to it, and there are security issues. It can be very isolating for workers particularly if someone was on their own, or doing evening work, which youth work would necessarily demand. There is an excellent caretaker, but security remains an issue.

Accommodation, as outlined elsewhere is also an issue. There is not enough Traveller specific accommodation and many Travellers are living in private rented accommodation which is unusual for Travellers and often means that many of the Travellers in the area are isolated and not living within the community or in appropriate accommodation. Many of these Travellers are not engaging with Traveller specific responses, they are hidden as are their issues.

Another issue for Travellers is trust, with service providers and programmes. When the Traveller programmes were fully staffed they did run a summer project which was a great way of building up trust and relationships with Traveller parents. But it takes a lot of work, and therefore staff; it would be important to develop this work again.

What cannot be ignored is the overall discrimination against Travellers within the community, both directly and indirectly; this is the experience for Travellers nationally.

YOUTH SERVICE FOR TRAVELLERS

In partnership with the CYC a youth group was being run with young Travellers by the Traveller Programme of Co-operation Fingal. This was running once a week and was very successful, but the budget for transport was used up and the programme could no longer be supported. Youth work has been successful when there is funding and there is a relationship with the CYC to continue youth work. Those involved in the Traveller specific work are concerned that the on and off again youth service is not adequate. It was strongly argued by respondents working with Travellers in the area that young Travellers are crying out for youth work, work that needs to be structured and planned.

³⁹ A full list of those interviewed is available in the appendix.

These young Travellers are very marginalised and excluded from mainstream provision and often doing little or nothing. When there is a service available they want to participate and when it is ending they are disappointed.

It was argued that there is a need for continuous funding rather than year to year to plan services and to restart the summer programme which is a huge success both for the young Travellers but also to build trust and relationships within the community. There is a need to develop and build these relationships to work with young Travellers and even begin to broach the issue of drugs. This was highlighted by the difficulties in arranging ad hoc consultation sessions with young Travellers to facilitate this research. The young Travellers have not developed a trusting relationship within which difficult issues can be raised and addressed and yet clearly there is a need to provide them with these outlets.

While there are a limited number of other youth services within the area they are not working with Travellers at present. Young Travellers are engaging with some educational services, such as Youth Reach Rush, which currently has three young Travellers enrolled, but young Travellers, in the main do not seem to be engaging with mainstream social youth provisions.

LEVEL OF DRUG USE BY TRAVELLERS LIVING IN NORTH FINGAL

It was felt by most of the respondents that they did not know enough about levels of drug use within the area among Travellers to make any clear or accurate estimate on levels of use. Either they didn't have information or they had not come across anyone who was identifying themselves as a Traveller. It was noted that overall, within the North Fingal area that the levels of drug use among Travellers can be hard to identify due to the dispersed nature of the community and the large amount of Travellers living within standard accommodation.

However, some noted clearly that although they cannot give specifics that there is a drug use problem within the Traveller community and that it is on the increase. Three respondents identified that there were a small number of Travellers involved in heroin use in the area, some of whom are on methadone treatment, (who were presenting for treatment out of the area.)

It was also noted that there is a progressive increase in the level of drug use within the North Fingal County. It may not be as large scale a problem as in other areas of Fingal; however, it is on the rise.

The problem was identified as most obvious with the young men, in that young men were the most at risk or most likely to be involved in drug use themselves. The issue with legal drugs was raised by two of the respondents, one referred to alcohol and one to prescription drugs. Both of these were identified as big problems within the community and the need to look at addressing them was raised.

There is also a significant issue in relation to the hidden nature of drug use within the Traveller community in this area. It was felt that denial of the issue is a problem. Services/agencies noted that the issue is stigmatised within the Traveller community and as such this can affect the community's response and capacity to respond, particularly when the stigma results in denial. For example, Traveller parents will often blame others for their own child's drug use, *"It is not my son it is the crowd he is with"*.

Traveller groups and organisations who are not based in the area discussed the levels of drug use among Travellers, but not specific to the area. Young males in the 15/16 age group were seen to becoming more involved in drug use, such as cocaine. It was also identified that the age group getting involved in drug use is getting younger.

The drugs that people are using were identified as primarily alcohol, hash and prescription drugs, with the majority of the respondents identifying that these were the three main drugs used. Also noted were smaller levels of use of heroin, ecstasy and cocaine.

Other drug issues identified:

- Women in particular were identified as using prescription drugs. It was argued that there is a significant abuse of anti-depressants such as valium and other sedatives. Travellers all know of a GP in north Dublin who prescribes 'nerve' drugs without any link into mental health services.
- The issue of alcohol use and the use of prescription drugs, particularly among older Travellers, was identified as an issue, where these are often not seen as drugs or as a problem.
- Poly drug use was also noted.
- The use of illegal steroids, which was not raised by Traveller themselves, was raised as an issue, with a potential link to violence.
- It was raised that there is a need to strengthen the protections that Travellers have, for example the strong family networks, against problematic drug use.

ACCESS TO DRUGS

Access to drugs came from both the Traveller community and from the settled community. It was acknowledged that some Travellers are involved in dealing, although not necessarily Travellers living locally, as well as getting their drugs from settled dealers.

TRAVELLERS ACCESSING DRUG SERVICES

A key contextual issue in relation to Travellers accessing services, is the paltry level of service provision within the area. As the respondents identified, there are so few services available in the area whether they are appropriate or not is almost a mute point. The services that do exist are totally over stretched and are responding almost at an emergency level, this hinders their ability to develop proactive engagement strategies with populations such as Travellers.

Some respondents felt that Travellers who are drug users were going as far as Merchants Quay to obtain services.

Specifically, it was argued by some of the respondents that drug services that are available are too generic and themselves are only beginning to tackle and address issues of diversity, including responding to the needs of specific marginalised communities, such as Travellers.

Also drug treatment centres are so busy that they don't have time to deal with the multiple issues and Travellers specific issues, for example literacy problems. There is no cultural understanding within the drug services, and among Travellers there is very little trust of the drugs services, and a lot of fear, fear of discrimination, with a fear of being labelled. There is also no understanding among Travellers of waiting lists, and like many drug users, they want a response immediately.

In relation to the services, it was also argued by one respondent that the drug services were so understaffed and over stretched they cannot do outreach, and can barely deal with who comes to them. Therefore, they are not reaching the communities that do not come in. Without outreach approaches they cannot get at 'hard to reach communities'; therefore this work needs to be resourced.

It is also important to note that there does remain an approach articulated by some of the respondents which suggests that there are no barriers to accessing services for Travellers. It could be identified that some organisations/workers do not acknowledge the need to accommodate diversity.

But overall it was argued that there was an urgent need to improve services, including:

- There is a need to develop all aspects of service provision in response to an increase in drug use in the Traveller community, in particular prevention and education.
- It is crucial to get the preventative message across to Travellers (which is very difficult because of literacy problems.)

Respondents identified a number of ways in which services in general could adapt to the needs of Travellers. Points raised include:

- Using local Traveller organisations and their contacts with the community.
- Employing Travellers within the organisations.
- Training all members of staff on the needs of Travellers and other minorities.
- An urgent need for Drugs Awareness Programmes for all Travellers.
- Advocacy work with Travellers and their families who are actively involved in drug use.
- A need for Traveller specific services.
- Need an emphasis on outreach work employing both Travellers and settled people.
- Need to work with the Traveller community to raise awareness, but this can cause problems if there are then no services for the community to link into.
- Services should name specific groups, such as Travellers, in their service plans and identify how they can attract them to use their services.
- The stigma associated with drugs needs to be lessened and Travellers need to learn to be more open to the issue.
- It was also argued that all addiction services need to improve their services, giving more priority to the issue of equality, in particular to rigorous equality proofing of services.
- A need to link in with young Travellers in particular who are not engaging with anything.

9. CONCLUSION: DEVELOPMENT OF A DRUG AWARENESS PROGRAMME FOR TRAVELLERS

KEY ISSUES

- Social exclusion of Travellers puts them at risk of problematic drug use, and there are indications that this is already occurring.
- Young Travellers are at an increased risk of isolation, in particular when taking into account their poor educational employment experience.
- These young Travellers, out of school, out of work are often doing 'nothing' and as such are at risk of extreme social marginalisation and all of the concurrent disadvantages that go along with that situation, including problematic drug use.
- Young Travellers, particularly the older age group 18+, can be difficult to engage without establishing relationships and trust over time.
- Given the estimates for the North Fingal Traveller population, 117 families, with 643 individuals, this would account for 265 young people under the age of 15, and 398 under the age of 25.

NORTH FINGAL

- In the North Fingal area there is almost a total lack of social, recreational and economic outlets or focus for young Travellers.
- The physical area of North Fingal is large and poorly serviced by public transport; therefore transport is a key issue for running services.
- There are minimal drugs services within the North Fingal area.
- The Traveller population is widely dispersed and often living in standard accommodation.

AN OVERVIEW OF THE EXTENT AND NATURE OF DRUG USE AMONGST THE LOCAL TRAVELLER COMMUNITY, WITH A SPECIFIC FOCUS ON YOUNG TRAVELLERS

- At present due to data deficits it is not possible to accurately calculate the prevalence rate of drug use among the Traveller community.
- Significantly, there is visible drug use within the community and it is getting more obvious, but the exact nature of this problem is difficult to define.
- Travellers are involved in taking drugs, both legal and illegal, including hash, heroin, cocaine and alcohol.
- Inhalants have become a growing problem.
- Travellers lack even basic information on drugs and drug use.
- There is extensive denial of drug use and what is understood to be problematic drug use.
- There is an issue of isolation for Travellers who are involved in drug use.
- Illegal drug use among Travellers is very stigmatised, particularly among older Travellers.
- There are wider interrelated issues about gender, children and violence.

THE LEVEL OF AWARENESS AMONG TRAVELLERS OF THE MAINSTREAM TREATMENT AND PREVENTION SERVICES AND IF SUCH SERVICES ARE CULTURALLY APPROPRIATE

- There is currently paltry service provision in the North Fingal Area responding to the drugs issue.
- The services that do exist are over stretched, under staffed and not tackling Traveller specific issues or wider issues of diversity.
- Travellers in the community know very little about drug services and responses to drug use, and importantly they know nothing about local services.
- Travellers lack the information to tackle drug use and problematic drug use.

WIDER ISSUES RE RECOMMENDATIONS

- Peer involvement. Ideally Travellers should be not just involved but deliverers of responses within their own community. This was identified as particularly useful when it came to both peer work and outreach work. This model of work would also ensure community leadership and capacity is developed as well as helping to establish relationships and trust. Therefore, Travellers should be employed in any response being developed.
- Any response needs to be culturally appropriate and developed in ways that supports Traveller culture.
- The importance of outreach work was identified. A key area of outreach work is looking to ensure that information gets out on the ground and within the community.
- Importance of advocacy work was stressed.
- It is important that responses to drug use do not further stigmatise Travellers.

FINAL COMMENTS

- There is a need to be realistic about what can be achieved with existing resources, staffing and time etc.
- There are complex issues between mainstream and targeted services. It needs to be clear that a targeted measure should not let the mainstream services off their obligations, and ignore the need for systematic change.
- All of these national and local policy initiatives offer an opportunity for work at local level to forward best practice. The implementation of national policy can be fraught at best, but it does support organisations at a local level to demand and aim for best practice and seek funding along the recommendations as outlined at national level.

10. RECOMMENDATIONS AND ACTIONS

FOR ENHANCEMENT OF DRUG AWARENESS AND RESPONSES TO DRUG RELATED ISSUES AMONG THE TRAVELLER COMMUNITY

The analysis identified that there is a young Traveller population within the North Fingal area who are not accessing any services and who are in desperate need for youth work. This group are at risk of extreme isolation and associate difficulties such as problematic drug use.

There is a very weak understanding of drugs, the nature of drug use, addiction, responses to drug use and service provision among the Traveller community in North Fingal.

KEY RECOMMENDATIONS

- The establishment of a youth programme with a focus on youth work and developmental work for young Travellers of the North Fingal Area. This programme should have both diversionary and drug awareness focus.
- The development of a wider Drug Awareness Programme for Traveller families in the North Fingal area.
- The inclusion of programme funding, in particular to take account of costs such as transport.

KEY ACTIONS

- The employment of a Youth Worker
- The employment of a Peer Worker
- The development of a Youth Work Programme
- The development of Drug Awareness Programme

OBJECTIVES

- Establish Youth Programme
- Establish Drugs Programme
- Developing relationships and trust with the Traveller community.
- To enhance capacity to support access into mainstream service provision.
- Long term objective to get a bus for the project, and ensure that the staff get bus driving licenses.

YOUTH PROGRAMME ACTIONS

- Induction period, including developing an understanding of the issues for the Traveller community and introduction to the community.
- Developing relationships with Travellers in the community.
- Develop and establish relationships with service providers in the area, in particular CYC.
- Development of a structured youth work programme.
- Models of engagement to include structured youth work, personal development, literacy, capacity building and health.
- To re-establish the summer project.

DRUG AWARENESS PROGRAMME

- Familiarisation and contact with key service providers and agencies in the area and beyond as required, this includes training and education services, treatment services and health services.
- Establishment of formal links with appropriate service providers and agencies.
- Development of a Drug Awareness Programme with Traveller parents and families.
- Establishment of advocacy role. The focus of this role should not be just formally representing Travellers, but empowering them to represent themselves and supporting them to do that in their own lives through education, training and experience.
- Talking up any appropriate representative positions to represent the project on structures and committees as appropriate, such as Drugs Task Forces.
- Link with the TSDI and other useful projects.

WIDER WORK

Develop and seek further funding, in particular to:

- Fund (a) peer worker(s), (Possibly through the Primary Health Funding Traveller Health Unit).
- Enhance programme funds.
- To identify ways of working within a peer methodology.
- To link with the Primary Health Care programmes.
- Gathering and collection of evidence and experience of the community.

PROGRAMME MANAGEMENT

- The programme will be managed by the partnership, Cooperation Fingal.
- The worker(s) would feed into the advisory committee, and be managed by Cooperation Fingal, with a direct line manager for support and supervision.

WIDER RECOMMENDATIONS

These are not necessarily the responsibility of the project, but form a part of wider work of Traveller groups collectively and should form part of the aims and objectives of Traveller groups when engaging with agencies and services providers.

- Employing members of minority ethnic communities.
- Anti-racist training, for staff and clients/participants.
- Outreach to minority ethnic communities, including Travellers.
- Develop procedures on ethnic monitoring within drug treatment reporting systems and drug service planning systems.
- Develop policies that embrace diversity and challenge racism.⁴⁰
- Produce culturally sensitive material clearly highlighting the confidentiality of and range of services provided.⁴¹
- Implementation of recommendations of NACD research.
- Naming of Travellers as a target group in all service provision and policy work.
- Mainstreaming of Travellers and Traveller issues into all policies and services.
- The National Drug Strategy should set up an intercultural/equality sub group/working group to look at issues for ethnic minorities, including Travellers.⁴²

⁴⁰ *Drug use among new communities in Ireland an Exploratory study*, Merchants Quay, NACD, 2004

⁴¹ Pavee Point Quarterly Newsletter, Drugs Edition, October 2005

⁴² Pavee Point Quarterly Newsletter, Drugs Edition, October 2005

11. BIBLIOGRAPHY

- Central Statistics Office, 2002 *Census 2002. Volume 8. Irish Traveller Community.*
- Department of Health and Children, 2002. *Traveller Health, A National Strategy 2002-2005.*
- Department of Justice, Equality & Law Reform, 2000. *Report of the Task Force on the Travelling Community.*
- Department of Tourism, Sport and Recreation, 2001. *Building on Experience. National Drugs Strategy 2001-2008.*
- Hurley, L. (1999). *Drugs and the Traveller Community.* Youthstart, Pavee Point.
- McCarthy D. (2006) (Draft) *Diversity and Drugs: exploring drug issues amongst New Communities and the Traveller Community: A Seminar hosted by Merchants Quay Ireland and Pavee Point Travellers Centre*
- McCarthy D. (2005). *Responding to the Needs of Young Traveller Men at Risk in the Tallaght and Clondalkin area.* Community Technical Aid
- Merchants Quay, NACD, 2004 *Drug use among new communities in Ireland an Exploratory study*
- National Advisory Committee on Drugs, 2006. *An overview of the Nature and Extent of Illicit Drug Use Amongst the Traveller Community: An Exploratory Study*
- National Drug Strategy Team, 2002, *Establishment of Regional Drugs Task Forces: Guidelines*
- Pavee Point *Moving Forward: Exploring Responses to Drug Issues in the Traveller Community A Conference hosted by the Traveller Specific Drugs Initiative, May 2005*
- Pavee Point Quarterly Newsletter, Drugs Edition, October 2005
- Pavee Point Traveller Specific Drugs Initiative *Synopsis Paper*
- North Dublin City and County Regional Drugs Task Force, *Working Collectively for a comprehensive response to problematic drug use, Strategic Plan 2005-2008*
- North Dublin City and County Regional Drugs Task Force 2006 Fingal County *Coverage Research RDTF Draft Report* September
- Traveller Specific Drugs Initiative, *The National Day Event on Drugs Issues* hosted by The TSDI Newsletter, Autumn 2006
- Delivering Drug Service to Black and minority ethnic communities*, 2001. Deborah Sangster, Michael Shiner, Kamlesh Patel and Noreen Sheikh. Public Policy Research Unit, Goldsmith College, University of London. Ethnicity and Health unit, University of Central Lancashire
- Working group on Minorities and Drug Misuse*, Consultants Final report by G.F. van de Wijngaart and F. Leenders 1998
- Black and minority ethnic communities in England: a review of the literature on drug use and related service provision*

APPENDIX ONE: AGENCIES/SERVICE PROVIDERS WHO PARTICIPATED IN DEVELOPING THIS WORK

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