

Traveller Substance Use in Ireland: A National Study



PAVEE POINT
TRAVELLER AND ROMA CENTRE



Prepared for: Eastern Region Traveller Health Unit

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Key Findings

Quantitative Findings from the National Drug Treatment Reporting System (NDTRS)
Treated Problem Drug/Alcohol Use data (2008-2004)

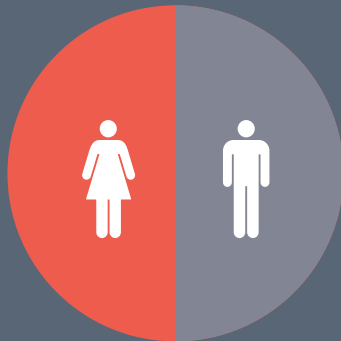
Travellers are less than
 **1%** of the population

but account for

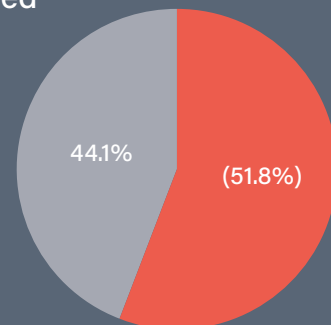
 **2.5%** of all cases on the NDTRS

Average age of first drug use among Travellers:

15 years old



More than **half of Travellers** recorded are already parents by the time they seek treatment



Travellers reporting higher rates of **polydrug use** (51.8%) compared to 44.1% of non-Travellers

Over **1 in 3 Travellers** completed drug treatment compared to almost 1 in 2 non-Travellers from the general population

Alcohol and opioids are main problem drugs for Traveller men and women:

- Incidence of **problem alcohol use** reported highest for Traveller men
- Incidence of **opioid addiction** highest for Traveller women

Significant rise in Travellers accessing treatment for

cocaine



Travellers are nearly



3X more likely to enter addiction treatment through prison services

12.6% of Traveller referrals come through prisons

Key Findings

Qualitative Data (Travellers, Traveller organisations and Service Providers)



Social Determinants of health

Unemployment, overcrowding and poor living conditions, without proper facilities as contributing factors to drug use, especially among young Travellers.



Racism and discrimination

Impacts of systemic racism and the social determinants of health and their role acknowledged in relation to Traveller substance use.



Traveller women

- Experience of shame and fear children taken into care if accessing services
- DSGBV and marriage break up identified as a key issue



Barriers to services

- Mistrust and lack of confidence in services to meet the needs of Travellers
 - Waiting lists and availability across all counties
- Need for awareness raising & targeted messaging



Impact on the individual, family and community

- Individual: Poor mental health and higher suicide rates
- Family: Breakdown of relationships and support networks
- Community: Increased violence, drug debts, and the impacts of criminality.



What's needed?

- Effective implementation of current policy
 - Strengthened partnership working
 - Mainstreaming and targeting
- Support and resourcing for Traveller organisations and Traveller workers

Foreword



As Chair of the Eastern Region Traveller Health Unit, I am pleased to see the publication of this important national research on Travellers and substance use. This research was funded by Genio and

commissioned as part of the Eastern Region Traveller Health Action Plan which highlighted the need for a more comprehensive and up-to-date analysis on Travellers and substance use. It also builds on ongoing work through the Traveller Health Unit and Social Inclusion Team, IHA Dublin North City & West to support a regional coordinated response in relation to Traveller substance use and addiction.

Substance use and addiction continue to have a profound impact on all communities and families across Ireland. For many years, shared concerns have been raised on the growing complexity and visibility of Travellers and substance use. This national study, grounded in a mixed-methods, community-driven research approach, confirms these lived realities for the Traveller community.

The findings are stark: Travellers are disproportionately represented in addiction treatment data, despite comprising less than one percent of the national population. They also reveal some concerning shifts in patterns of drug use, including rising cocaine use among Traveller men and increasing reliance on prescription medication among women. Yet, behind these statistics are deeper stories of Traveller women, men and families—stories of trauma, racism, poverty, discrimination and exclusion. For some Traveller women, the research highlights very specific challenges- of being mothers and caregivers and highlighting feelings of shame and stigma.

Accompanying all these stories are stories of resilience and persistence, of recovery and hope.

This research reiterates Traveller substance use cannot be understood in isolation from the broader social determinants of health. The report details the impact of anti-Traveller racism, poor accommodation, educational

disadvantage, unemployment, and intergenerational trauma. These key determinants are central drivers to driving improvements in all determinants of Traveller health inequalities.

Crucially, Travellers with lived and living experience of addiction took part in this research. Their insights, along with those of Traveller organisations, the HSE and frontline service providers, shine a light on the urgent need for culturally appropriate, trauma-informed, and accessible services across the country. Their participation reminds us that behind every statistic is a person, a family, and a community navigating significant challenges with dignity and courage.

I commend the Eastern Region Traveller Health Unit, the HSE, Pavee Point and the research team at Trinity College Dublin for their committed collaboration. However, this report would not have been possible without the courage and honesty of the Travellers who shared their experiences. Their voices guide this report, and their contributions must shape our collective response.

The challenge ahead is not simply to recognise the findings of this study but to ensure robust implementation in partnership with all stakeholders. Addressing Traveller substance use requires a whole-of-government approach, meaningful implementation of existing commitments, and long-term investment in approaches that are currently working- building upon these to support sustainability into the future. Collectively, it requires us to confront discrimination, strengthen services, and build systems that do not leave people behind.

This report provides a comprehensive roadmap for policy, services and Traveller organisations. It is now our collective responsibility to work in partnership to ensure that its recommendations lead to effective change—advancing equality, dignity, and health justice for all Travellers across Ireland.

Mellany McLoone

Eastern Region Traveller Health Unit Chair

Executive Summary

Substance use in the Traveller community has been increasingly identified as a key issue by Traveller families, local and national Traveller organisations, as well as drug services around the country.¹

In 2024, the Eastern Region Traveller Health Unit (ER-THU), Health Service Executive and Pavee Point Traveller and Roma Centre ('Pavee Point') commissioned national research to examine Traveller substance use, its prevalence, causes, impacts, and the current gaps in support and services. The purpose of the research was to provide an evidence-based understanding of the current challenges and provide clear recommendations for change in line with Action 13 in the Eastern Region Traveller Health Action Plan, 2023-2027.²

The research was undertaken by Trinity College Dublin, using a mixed methods approach, and confirms what Pavee Point, other Traveller organisations, and drugs services have reported: that substance misuse is a significant issue for Travellers across Ireland. Key findings include:

- Travellers account for 2.5% of all treatment episodes recorded in the Health Research Board's (HRB) National Drug Treatment Reporting System (NDTRS) between 2008 and 2024. This is concerning when we consider that Travellers represent less than 1% of the total population in Ireland. It means that they are overrepresented in addiction treatment data. Furthermore, the figures are also likely an underestimation of the true problem most likely due to difficulties accessing services and reluctance to self-identify their ethnicity.
- More than half of Travellers recorded in the NDTRS treatment data are already parents by the time they seek treatment.
- A lower proportion of Travellers completed treatment (35%) compared to the general population (47%).
- NDTRS data also shows changes in trends in drug use: with Travellers reporting higher rates of polydrug use and a significant rise in Travellers accessing treatment for cocaine.
- Travellers who participated in the qualitative study spoke of the normalisation of drug use in the community. Their reflections mirrored the NDTRS quantitative data, citing significant changes in the types of drugs that people are taking, a concerning rise in cocaine use (particularly for men), and a rise in prescription opioid use for women.
- The qualitative findings also highlighted personal causes and impacts such as poor mental health and high suicide rates, as well as the negative community consequences such as increased violence, drug debts, and the impacts of criminality.
- Key stakeholders acknowledged the impacts of structural racism and the social determinants of health and their role in Traveller substance use, as well the barriers they create for Travellers seeking support.
- Stakeholders discussed the need for effective implementation of current policy, as well as greater support for community organisations, particularly Traveller organisations and Traveller workers.

Introduction and Background

Policy Context

Previous research³ has shown that substance use is a significant concern for Travellers in Ireland. This reflects the findings of global studies,⁴ showing higher rates of drug related harm for Indigenous and minority ethnic groups, often using substances to manage mental health challenges, trauma, isolation, racism, discrimination, and social exclusion. Findings also point to specific barriers to accessing and engaging with treatment and support services, including stigma, lack of trust in services and lack of culturally appropriate services.

Traveller health, substance use and their wider social determinants are addressed at a national level in national targeted Traveller policy,⁵ as well as targeted actions within mainstream health and drug policy.⁶ However, to see real change on the ground for Travellers, robust implementation of these policies with accurate data and adequate resourcing will be required.

In recent years there has been a growing movement towards use of a public health or health-led approach to drug use and this seeks to reduce the health, social and

economic harms of drug use to individuals, families and communities. In 2023, Ireland held a Citizen's Assembly on Drug Use which recommended the development of a comprehensive health-led response to drugs, including decriminalisation for people found in possession of drugs for personal use. It also made specific recommendations for increased resources and supports for marginalised groups (inclusive of Travellers). The draft National Drugs Strategy 2026-2029 was published on 5th February 2026 and is currently undergoing public consultation by the Department of Health.

Purpose of the research

In 2010, the All-Ireland Traveller Health Study (AITHS)⁷ reported that 66.3% of Travellers considered illicit drug use to be a problem within the community, and this was a consistent pattern for both men and women and across age groups. The Study also noted that drug abuse was perceived as a major health threat to Traveller men in the future, with Traveller men expressing helplessness in the face of increasing drug use. It was also noted that the problem was only getting worse, and exacerbated further by poor living conditions, poor educational outcomes, racism, and lack of mainstream employment opportunities, making Travellers particularly vulnerable to addiction.



In the 15 years since the All-Ireland Traveller Health Study, Travellers across Ireland and Traveller organisations identify that drug use has become even more visible and is a widespread problem. At the 2023 Citizen's Assembly on Drug Use, a Traveller worker described it as a "pandemic of substance misuse"⁸ affecting many Traveller families. However, since the AITHS, there has been a significant gap in research/literature on Traveller substance use and/or the development of evidence-based responses.

This research report aims to provide a comprehensive picture of Travellers and substance use in Ireland today, with concrete recommendations to address this issue and its wider causes and impacts.

Methodology

This is a mixed methods study, collecting both quantitative and qualitative data, using a community-driven research approach. The principles of the qualitative approach are grounded in the principles of community development in partnership between the Eastern Region Traveller Health Unit and Trinity College Dublin.

The research includes analysis of data from the Health Research Board's (HRB) National Drug Treatment Reporting System (NDTRS), Ireland's national epidemiological database on treated problem drug and alcohol use. The NDTRS records treatment episodes (cases) rather than unique individuals, and while it provides valuable trend information, the data should not be interpreted as a measure of overall prevalence.

Key Recommendations

Targeted and Mainstream Policy and Research Responses

- Rapidly finalise and publish the next **National Drugs Strategy** and associated Action Plan, inclusive of a robust implementation and monitoring plan with clear targets, indicators, timeframes and budget lines, and targeted actions to address the intersectional needs of Travellers and other minority ethnic groups. Stronger monitoring mechanisms are needed, with greater representation of Travellers and other 'communities

of interest' on the National Oversight Committee and Drug Task Forces across the country.

- Fully implement the **National Traveller Health Action Plan**, with increased resources for Traveller organisations/PHCTPs to support targeted and mainstream measures related to substance use and addiction.
- Prioritise and **mainstream Traveller health inequalities** (including addiction) within the Department of Health and across the HSE, and in existing and forthcoming health policy and service developments.

Access, Participation and Outcomes in Addiction Services

Based on the findings, it is clear that Travellers face additional barriers to accessing, fully participating in and achieving successful outcomes within addiction treatment, services and supports. Action is needed, in collaboration with Travellers and Traveller organisations, to:

- Provide a **health-led response to addiction** that is culturally appropriate and addresses health needs of Travellers, including decriminalisation for personal use on all occasions (as recommended by the Citizen's Assembly).
- Provide **anti-racism training** (inclusive of anti-Traveller and anti-Roma racism) to all relevant agencies and services.
- Implement **ethnic equality monitoring**, (including use of a standardised ethnic identifier) across all relevant data sets for addiction, using a human rights framework. This is in line with the Sláintecare vision for population-based health planning and resource allocation. It will provide an evidence base to inform Traveller health policy, service utilisation and provision, and the tackling of Traveller health inequalities. It will also ensure that the HSE and associated funded agencies comply with the statutory requirements under Section 42 of the Irish Human Rights and Equality Act 2014.

- Ensure **gender-responsive and culturally appropriate treatment options** are available which acknowledge that Traveller women and men experience substance use differently, both in the substances they use and the services they access, and in the additional support needed. Traveller women particularly need trauma informed services and accessible and appropriate childcare.
- Expanded access to **substance specific treatment options** for both Traveller men and women, given the rise in cocaine and sedative use, with expanded access to stimulant-specific treatment modalities, as well as a review of prescribing practices for sedatives, particularly for Traveller women.
- Drug services to provide **in-reach to Travellers**, in collaboration with Traveller organisations, and with a view to creating roles for **Traveller community** within their services.
- Create an **integrated referral system** that links, when needed, targeted prevention to primary care, social services, hospitals, and the justice system and supported by Traveller workers. Explore direct linkages and referrals with local Traveller organisations/PHCTPs.
- Provide **structured aftercare** that includes accommodation, employment support, ongoing therapy, and community based recovery groups for Travellers. Regular follow-up at set intervals post-discharge should be available to track progress and intervene when relapse occurs.



Supporting a Community Sector Response

Substance use and addiction are having a far reaching impact on Travellers and their extended families. In order to see real change, a wider community response is needed, a response that draws from the expertise of Traveller organisations and community workers, and functions alongside the work of the HSE and broader drugs services. Supports and resources should include:

- **Traveller organisations working at the local and national level, on issues of substance use and the wider social determinants, to be funded and supported** in their direct work with Travellers. Traveller workers must be recognised as important partners in a community/health led response.
- Holistic prevention efforts must be more targeted and begin earlier. Comprehensive and **evidence-based prevention programmes** should be both age-appropriate and culturally appropriate, and meet young Travellers where they are (through Traveller organisations, schools, and youth projects).
- Further build on **resource development and Traveller-specific awareness campaigns** that are relevant to the issues faced by Travellers and reflect the rising threat posed by substances (some of which are prescribed).
- Ensure a proactive **community-based policing response** to drug dealing in partnership with Traveller organisations and the Traveller community.

Addressing the Wider Social Determinants

Traveller substance use cannot be dealt with in isolation and wider measures are needed to tackle systemic anti-Traveller racism and the stark inequalities faced by Travellers in Ireland:

- Ensure **measures to tackle racism**, inclusive of anti-Traveller and anti-Roma racism are mainstreamed across national policies and programmes, using a whole of Government approach.

- Ensure the **full implementation of NTRIS II**, including actions on addressing the inequalities faced by Traveller and Roma women, with a robust implementation plan and effective monitoring process, and with actions being resourced and implemented by all relevant statutory agencies.
- Implement and **fully resource the National Traveller and Roma Education Strategy** and develop and resource a comprehensive Traveller and Roma Training, Employment, and Enterprise Plan with clear targets, timelines and allocated resources.
- Fully **resource and implement the accommodation actions** included in the National Traveller and Roma Inclusion Strategy, the Expert Group on Traveller Accommodation, and Local Authority Traveller Accommodation Plans (TAPs), and meet new commitments made in the recent Housing Plan - Delivering Homes, Building Communities 2025-30.⁹
- Identify and **address the contributing factors to the overrepresentation of Travellers in prison** and expand community-based alternatives for short sentences and non-violent offences (particularly for primary caregivers).

“Social justice is only a dream if we don’t put health justice at the centre of it.”

Dr Mike Ryan

“The so-called War on Drugs has destroyed countless lives and damaged entire communities. These policies are simply not working, and we are failing some of the most vulnerable groups in our societies.”

UN Human Rights Chief, Volker Türk

Introduction

Substance use in the Traveller community has been increasingly identified as a key issue by Traveller families, organisations, as well as community organisations, and health and drug services around the country. This mixed methods, community-based, participatory research aims to build on and update previous research, such as the All-Ireland Traveller Health Study, and aims to provide a comprehensive picture and evidence-based understanding of Travellers and substance use in Ireland today. The report also provides concrete recommendations to address Traveller substance use and its wider causes and impacts, while considering the wider social determinants.

Commissioned by the Eastern Region Traveller Health Unit (ERTHU), Health Service Executive and Pavee Point, the research includes:

- An overview of the policy context as related to Travellers, Substance Use, and Addiction (mainstream and Traveller-specific policy).
- A review and analysis of relevant and up-to-date quantitative data as related to Travellers and substance use, focusing on the NDTRS data.
- Qualitative Findings (individual semi-structured interviews and focus groups with Travellers who have lived or living experience of drug use, Traveller community workers, key stakeholders and service providers).
- Key Recommendations and identification of ways forward in addressing the research findings.

Methodology

The study is grounded in the principles of Community-Based Participatory Research (CBPR), and a community-driven research approach.¹⁰ CBPR is recognised as a collaborative research strategy designed to build partnerships. The research team co-designed the piloting and planning of each step of the research methodology. Pavee Point, as a national Traveller and Roma organisation, has developed and refined this particular methodology, one that emphasises community-based participatory research.¹¹ The methodology informed the study's guiding principles and approach. Data collection and analysis were also carried out in partnership with Pavee Point: ensuring a national reach, through a network of Traveller organisations across the country through the National Traveller Drugs Network.

A mixed methods design was adopted, including secondary quantitative data from the National Drug Treatment Reporting System (NDTRS) at the Health Research Board (2008-2024). Aggregated analysis of these data were provided by the HRB.

Primary qualitative data was collected in early 2025 using individual semi-structured interviews with Travellers who had lived or living experience of drug use (n=20), and stakeholders and service providers (n=10). Three focus groups were also conducted (n=23) with Traveller community workers employed in Traveller organisations: they brought their own experiences as Travellers, and their collective analysis as workers within their communities.

Retrospective quantitative analysis of secondary data from National Drugs Treatment Reporting System (NDTRS) plus review and analysis of Traveller specific and mainstream policies and strategies in relation to Traveller substance use. Secondary data, literature, policies and strategies were also examined to establish the current landscape.

Qualitative engagement with Travellers, Traveller organisations, service providers and stakeholders to establish the lived experience, attitudes and understanding of Travellers in relation to substance use.

Integration of mixed methods data findings in the provision of evidence-based recommendations to advise future actions and planning.

Figure 1: Research Design Process

Quantitative Data

The National Drug Treatment Reporting System (NDTRS) is the national epidemiological database on treated drug and alcohol misuse in Ireland. Treatment is provided by services: including general hospitals; psychiatric hospitals; community-based services; residential centres; and prisons. An episode of treatment is recorded by a service provider whenever a person enters treatment for the first time in their life, or if they returned to treatment after a defined period of time. The data recorded by service providers on the NDTRS include demographic and socioeconomic information; referral and assessment details; history of previous treatment for problem drug or alcohol use; up to five current problem substances; risk behaviours (e.g., injecting drug use); treatment interventions provided; and details of treatment outcomes at the time of discharge. The quantitative data analysis was possible due to the HRB's inclusion of an ethnic identifier across their datasets in the National Drug Treatment Reporting System in 2008 (work supported by Pavee Point). This epidemiological surveillance data, spanning seventeen years, includes records returned to the national system by GPs, low threshold services, and outpatient and inpatient services providing drug treatment to those who self-identified as Travellers. Descriptive analysis allowed us to analyse demographics and trends, in relation to substance use, within the Traveller community over the time period, as well as make some comparisons with data from non-Travellers.

It must be noted that there are limitations to this dataset and that the figures do not represent the true number of Travellers experiencing problem drug use or accessing treatment. The figures are deemed to be an underestimation due to the known barriers Travellers face accessing addiction treatment. Travellers may not self-identify when accessing services due to previous experiences of racism and discrimination, and fear that disclosure may mean adverse treatment; as well as gaps in the data where services may not have asked questions about, and/or entered information, on ethnicity.

Qualitative Data

In order to get a true picture of the current issues, the qualitative data includes: Travellers with lived and

living experience of drug use; Traveller workers and organisations with a collective analysis of Traveller substance use and wider issues; as well as other key service providers and stakeholders with knowledge of the current substance use/addiction/Traveller health landscape.

Deductive thematic analysis¹² was used on the qualitative data: identifying emerging themes, and informed by the literature, relevant policies and additional key findings from both the quantitative data and the qualitative interviews.

Research Advisory Group

In the context of complex and community-engaged research projects, the establishment of a time-limited Research Advisory Group was also a critical mechanism for enhancing the quality, relevance, and ethical rigor of the study. The primary purpose of the advisory group was to oversee the research process, advise on the methodology, and to support the analysis. By assembling a multidisciplinary group of experts including academics, practitioners, and Traveller organisations, the advisory committee ensures that the research remains robust. This is generally a standard practice for community-based research conducted.

Context: Literature Review

Travellers in Ireland

Census 2022¹³ reports the Irish Traveller population to be 32,949, although this is considered to be an underestimation. The Department of Housing, Local Government and Heritage (DHLGH) also conduct an Annual Traveller Family Count,¹⁴ with a reported 12,367 families in 2023. Considering the average Traveller family size is four, the Health Service Executive suggests an estimated Traveller population is closer to 50,000.¹⁵ For the purpose of this report however the population will be taken as the official CSO report for 2022. The age pyramid of the Traveller population is more reflective of a developing country (Figure 2); with higher rates of fertility and mortality, across all ages and genders, and a shorter life expectancy.¹⁶

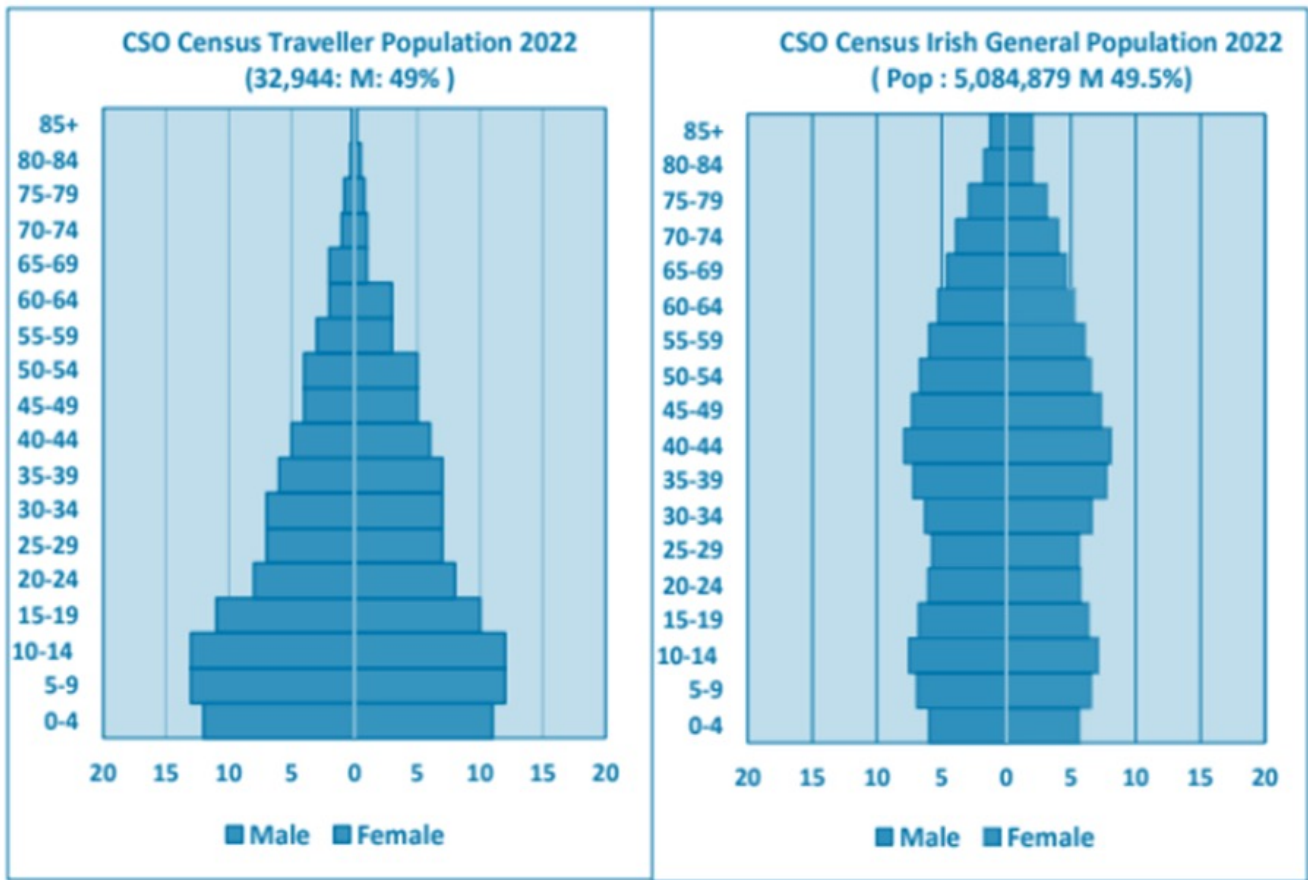


Figure 2: Traveller Age Population Pyramid (Quirke, 2024)



Impact of Anti-Traveller Racism and Discrimination

As a minority ethnic group, Travellers experience persistent racism and discrimination on the basis of ethnicity, gender and other grounds. As a result, Travellers are among the most marginalised and excluded individuals and groups in Ireland. The issue of institutional anti-Traveller racism persists.

In 2024, the EU Fundamental Rights Agency (FRA)¹⁷ found that 75% of Travellers in Ireland say they were discriminated against in the year before the survey, and 50% had experienced hate-motivated harassment such as offensive comments on the street or online. This reflects the 2023 ESRI survey,¹⁸ with 47% of the general population surveyed stating they would feel uncomfortable living next door to Travellers (compared to 4% for white Irish). The survey also showed 57% would be uncomfortable with their child being in a relationship with a Traveller.

INAR's iReports on Racism¹⁹ in Ireland have consistently found low levels of reporting from Travellers. In 2022, Travellers reported 6 percent of crime or other racist incidents. Research from the UK²⁰ highlights that racist incidents against Travellers often go under-reported due to barriers such as low language and literacy levels, and distrust of authorities. Also, the research reported that when Travellers and Roma do report these incidents, there was a low level of response due to institutional racism.

This institutional racism is evident across the health system, with 67% of health care professionals admitting that anti-Traveller racism and discrimination exists in their service,²¹ and 40% of Travellers reporting experiences of discrimination when accessing health services.²²

According to the World Health Organisation, discrimination directly affects health in several ways: it leads to poorer mental health, lowered self-esteem, heightened stress, trauma symptoms, diminished sense of agency, restricted freedom, and exposure to violence. It also creates obstacles to accessing health services, and often results in lower-quality care. On a broader level, systemic racism and discrimination negatively

influences key social determinants of health. It deepens poverty and limits access to education, employment, healthcare, and other essential services. It limits access to safe, high-quality living environments.²³

Traveller Health

Travellers face stark health inequalities, with much poorer health outcomes when compared with the general population. This was highlighted in the All-Ireland Traveller Health Study in 2010, which documented the health gap experienced by Travellers in Ireland, particularly in regard to the extent of poor mental health. The Study identified Travellers as a 'high-risk' group in relation to suicide and poor mental health, with a much higher burden of mental illness and suicide when compared to the non-Traveller population:

- Life expectancy for both Traveller men and women is less than in the general population: 15 years less for Traveller men, and 11.5 years less for Traveller women.
- Traveller infant mortality is estimated at 14.1 per 1,000 live births. This compares to 3.9 per 1,000 live births among the general population.
- Travellers experience the same health problems as the general population, however the rates of certain conditions are different.
- Suicide for Traveller men is 7 times higher than the general population, and is most common amongst young Traveller men aged 15-25. Suicide for Traveller women is 5 times higher than the general population.

Structural inequalities and failure to address the social determinants of health, such as discrimination, poor living conditions, low educational outcomes, high unemployment and difficulty accessing health services, contribute significantly to Traveller health inequalities, including experiences of substance use and addiction.

The Social Determinants of Traveller Health

According to the World Health Organisation, the social determinants of health are more influential on health than healthcare and lifestyle choices, and must be addressed to reduce long term health inequality.²⁴ Social determinants play a crucial role in shaping Travellers' experiences of health. Healthcare, employment, education, racism and discrimination inform these experiences. In order to promote better health outcomes for Travellers a more holistic approach, which considers wider factors, is needed.

Social Determinants of Traveller Health

- **Racism:** 39% of Travellers report racism in accessing mainstream health services in Ireland.²⁵
- **Education:** Approx 26% of Travellers Versus 90+% of non-Travellers complete the senior cycle in second level education.²⁶
- **Employment:** Only 20% of Traveller men and 16% of women are in employment.²⁷
- **Overrepresentation in Detention:** Although Travellers account for 0.6% of the overall population in Ireland, they account for 8% of men in prison, 21%

of children detained, and 22% of the female prison population.²⁸

- **Homelessness:** Research suggests that approximately 39% of Travellers meet the European definition of homelessness.²⁹
- **Poverty:** 96% of Travellers in Ireland are at risk of poverty and 40% report living in severe material deprivation.³⁰

Traveller Substance Use

In 2010, the All-Ireland Traveller Health Study (AITHS)³¹ reported that 66.3% of Travellers considered drug use to be a problem within the community. The study also noted that drug use was perceived as a major health threat to Traveller men in the future. It was also noted that the problem was only getting worse. Notwithstanding this, and in the 15 years since the All-Ireland Traveller Health Study, there remains a significant gap in research. Travellers and Traveller organisations identify that drug use has become more visible and is a widespread problem, affecting many Traveller families and further entrenched by the Covid-19 pandemic.³²



International Research on Drug Use and Minority Ethnic Groups

Globally, rates of drug related harm are higher for Indigenous and minority ethnic groups, according to research from Canada, the USA, Australia and Aotearoa New Zealand.³³ Indigenous people and people from other racialised or minority ethnic communities face racism on top of stigmatisation for drug use. A recent study in the UK,³⁴ on minority ethnic groups and their experiences of substance use, found that participants were using substances to manage mental health challenges, including those influenced by trauma, isolation, discrimination, and social exclusion. Many also faced specific barriers to accessing and engaging with treatment and support services, including stigma, lack of trust in services and lack of culturally competent services.

Current Policy Landscape

Traveller/Roma Specific Policies

Across the current national policy landscape, and in the areas of health, education, accommodation and social inclusion, there are a number of strategies which aim to address systemic racism, marginalisation and inequalities faced by Travellers. The National Traveller and Roma Inclusion Strategy 2024-2028³⁵ (NTRIS II), recognises anti-Traveller racism as systematic, and is accompanied by a two year action plan, with clear actions to address Traveller inequalities across nine core themes (including health). However, the action plan does not have specific actions to tackle Traveller substance use or addiction. This is a clear gap in the strategy, with a need for a clearer connection between the National Traveller and Roma Inclusion Strategy and wider, mainstream, addiction policies such as the National Drug Strategy.

The previous NTRIS strategy 2017-2021³⁶ had included an action (Action 64) in relation to Addiction Peer work, stating: "The Health Service Executive will facilitate the establishment of a network of regional Traveller peer support workers through Traveller organisations and/or primary healthcare projects to support service users in accessing addiction rehabilitation services". While there was some recruitment of peer workers scattered throughout different HSE health areas, there wasn't a

nationally consistent approach.

The National Traveller Health Action Plan (NTHAP) 2022-2027³⁷ uses a social determinants approach to health and provides a clear framework for the implementation of targeted, and mainstream, measures to address Traveller health inequality. The NTHAP contains 45 key actions, of which two of these (Action 17 and Action 33)³⁸ relate to substance use and addiction. Under action 33, the plan echoes the commitment in the previous NTRIS to establish a network of Traveller drug workers. Although the actions in NTHAP are welcome, the plan is an overarching health action plan and fails to cover new and emerging trends in the growth of substance use, and fails to address the rise in related dual diagnoses and drug related suicide.

The National Traveller and Roma Education Strategy³⁹ 2024-2030 adopts a holistic approach to addressing the deeply entrenched educational inequalities faced by Travellers in Ireland, and identifies problems in the education system, including systematic racism and discrimination, low educational expectations; barriers to education pathways; and lack of dedicated support.

While these policy developments are positive, further work is required in order to address key health differentials. Full implementation of these strategies, with accurate data and adequate resourcing, is required.

Inclusion of Travellers in Mainstream Drug/Addiction Policy and Service Provision

Travellers have been named as a target group within some relevant mainstream policies including the National Drug and Alcohol Strategy⁴⁰ and Sharing the Vision, A Mental Health Policy for Everyone.⁴¹ However, Travellers remain largely invisible and, where Travellers are included, actions are generally combined with other 'groups of interest'. Implementation to date has been slow. During the midterm review of the National Drug Strategy,⁴² the only remaining action⁴³ that mentioned Travellers, along with other groups, was deemed as complete, and yet the complex and devastating effects of addiction in the Traveller community continue. The previous monitoring mechanism of the National Drug Strategy was the 'strategic implementation groups', which were tasked

with developing and overseeing strategy actions. Even though they contained Traveller inputs, there are no actions specifically that look at addressing Traveller addiction alone, and there was no Traveller representation on the main National Oversight Committee (NOC) of the NDS.

Targeted Supports, using peer workers (i.e. Traveller Workers), is acknowledged in the National Drug Strategy (2017-2025) as a method particularly effective in addressing key issues in relation to Traveller addiction and mental health work. Traveller Health Workers have unique access, analysis and expertise in their own community, and work with mainstream services to support Traveller access; reduce drug-related harm; support people into recovery; as well as support family members and the wider community. An example of this can be seen in Dublin North City and Dublin North County, where a community development and partnership approach has been adopted with Traveller organisations, HSE Social Inclusion and HSE addiction services across Dublin North County, coming together to enhance cohesion amongst the Traveller community and mainstream addiction services. Many Travellers face barriers accessing mainstream services. To address this, an addiction service with experience working with the Traveller community (Coolmine Therapeutic Community) set up a service within five Primary care centres across North Dublin. Part of this team were two Traveller outreach workers tasked with engaging meaningfully with the community, and with promoting the service and its benefits. These workers were essential as part of the service model design, implementation and evaluation, with 100% of attendance at these services coming from these workers' engagements and referrals. An oversight implementation group oversees the service delivery, ensuring an inter-agency mechanism and monitoring tools across all stakeholders.

A Global Move Towards a Health Led/Harm Reduction Approach to Substance Use

Drug use is a global issue, however, each country has its own policy approach tackling the problem. Responses can vary from purely public health/harm reduction approaches to purely criminal justice approaches.

In recent years there has been a growing movement towards use of a public health or health-led approach,⁴⁴ which seeks to reduce the health, social and economic harms of drug use to individuals, communities and society. According to UN estimates,⁴⁵ over 30 countries have decriminalised drug possession for personal use in some form. In Europe, Portugal decriminalised all drugs in 2001 and, more than twenty years on, evidence shows drug deaths have declined in Portugal, while rising across the EU.

Ireland's Approach to Substance Use and Addiction

In 2023, the State held a Citizen's Assembly which published 36 key recommendations on the national response to drug use. The Citizens' Assembly recommended that the State adapts its current approach and develop a comprehensive health-led response to drugs, including decriminalisation for people found in possession of drugs for personal use. The Citizens' Assembly also highlighted that drugs services should be better resourced and coordinated, and drugs policy should be given greater priority by the Government. Recommendation 3.8 recognises that drugs policy must prioritise the needs of marginalised groups (including Travellers). This new approach to drug use should inform the new National Drugs Strategy, currently undergoing public consultation.

Decriminalisation and a health led response to drug use could be a significant policy shift for Travellers, alongside other marginalised groups, considering the disproportionate levels of criminalisation due to drug use amongst Travellers and other groups. A 2017 national survey of Travellers⁴⁶ found that 48% of respondents felt discriminated against by the Gardaí in the last year. More recently, in 2024, the European Fundamental Rights Agency reports that in Ireland, only 23% of Travellers tend to trust police (compared to 76% of the general population).⁴⁷ Travellers are also overrepresented in Irish prisons. In 2021, Travellers made up 10% of the adult prison population. The percentage of young Travellers in Oberstown juvenile detention fluctuates, at one point reaching 40% from January to September 2022, and on average sits at 22%.⁴⁸

Retrospective Drug Treatment Episodes Recorded in the NDTRS Analysis

Number of cases self-identifying as traveller on the NDTRS 2008 -2017, 2018-2024 (including proportion of all cases)				
Year Range	2008-2017		2018-2024	
	n	%	n	%
Traveller	3832	2.3%	3525	2.7%
All other ethnicities	162195	97.1%	127140	96.4%
Ethnicity not known	1084	0.6%	1174	0.1%

In the NDTRS, and as above, we can see that over a sixteen-year period from 2008 to 2024, there were a total of 7,357 episodes of drug and alcohol treatment for Travellers. This accounts for 2.5% of all cases. When we consider that Travellers represent less than 1% of the total population in Ireland, it is clear that Travellers are disproportionately represented in the figures. It is likely that this is an underestimate of Travellers who have accessed treatment, as not all Travellers

may self-identify when accessing services due to experiences of racism and discrimination, as well as gaps in the data where services may not have asked or/entered information on ethnicity. Also, we know from previous research⁴⁹ that Travellers face additional barriers in accessing health services due to institutional racism and discrimination, and therefore only a small percentage of those experiencing issues with substance use will access treatment.

Demographics of Travellers Accessing Treatment

Age groups of treated cases and number of cases with children, by gender, for travellers recorded on the NDTRS; 2008-2017 and 2018-2024									
	2008-2017				2018-2024				
	Male		Female		Male		Female		
	n	%	n	%	n	%	n	%	
Age									
Person treated is under 18	201	7.4%	48	4.5%	92	3.7%	31	3.0%	
Person treated is between 18 and 39 years	2167	79.3%	852	79.1%	1789	72.5%	754	72.5%	
Person treated is 40 years and over	363	13.3%	177	16.4%	586	23.8%	255	24.5%	
Children									
Has no children under 18 years	NA		NA		1213	49.0%	455	43.7%	
Has children who are under 18 years	NA		NA		1264	51.0%	586	56.3%	

NA = Not Available

As referenced in the literature review, Travellers have higher rates of fertility and mortality across all ages and genders, and have a shorter life expectancy, with only 3% of Travellers reaching 65 years and over. This is notable in the NDTRS demographics for Travellers accessing treatment. Most are aged between 18 and 39, with a lower number of those over 40 accessing treatment. Also, more than half of those accessing

treatment were parents with children aged under 18 years of age. This has an impact in terms of caring responsibilities and the need for family friendly services.

Age first used any drug

The mean age of first drug use for Travellers was 15 years.

Education

The data on educational attainment is reflective of the wider educational inequalities faced by Travellers in Ireland.⁵⁰ From 2008 – 2024, nearly 3% (n=204)

had never attended school. Of those recorded: 23% (n=1664) had completed junior cert education; 5.8% (n=426) had completed the leaving cert; and 1.0% (n=70) had completed third level education. The most common age of leaving education for the first time was 15 years (12.8%, n=1151), with 73.0% (n=5367) of all cases having left education by the time they were 16.

Trends in Traveller Drug Use

Polysubstance Use

Polysubstance use of all cases recorded on the NDTRS; 2008-2017 and 2018-2024												
Year Range	2008-2017						2018-2024					
	All others		Traveller		Not Known		All others		Traveller		Not Known	
	n	%	n	%	n	%	n	%	n	%	n	%
Use one substance only	94746	58.4%	1846	48.2%	434	40.0%	71008	55.9%	1684	47.8%	722	61.5%
Uses more than one substance	67449	41.6%	1986	51.8%	650	60.0%	56132	44.1%	1841	52.2%	452	38.5%

Between 2008-2017, 51.8% of Travellers in treatment were using more than one substance. This is higher than the general population (41.6%). In the time period

2018-2024, this increased slightly to 52.2% of Travellers reported engaging in polydrug use.

Top 5 reported substances, by gender, for Travellers recorded on the NDTRS; 2008-2017 and 2018-2024				
Year Range	2008-2017		2018-2024	
Gender	Male	Female	Male	Female
Top 5 main problem drugs	Alcohol (1084)	Opioids (566)	Alcohol (823)	Opioids (379)
	Opioids (876)	Alcohol (334)	Opioids (584)	Alcohol (294)
	Cannabis (379)	Hypnotics & sedatives (81)	Cocaine (494)	Hypnotics & sedatives (151)
	Cocaine (186)	Cannabis (51)	Cannabis (316)	Cocaine (120)
	Hypnotics & sedatives (171)	Cocaine (24)	Hypnotics & sedatives (237)	Cannabis (68)
Number of episodes identifying as male or female	2744	1080	2477	1041

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	Cocaine (186)	Cannabis (51)	Cannabis (316)	Cocaine (120)
	Hypnotics & sedatives (171)	Cocaine (24)	Hypnotics & sedatives (237)	Cannabis (68)
Number of cases identifying as male or female	2744	1080	2477	1041

Across the time period, alcohol and opioids are listed as the main problem drugs for Traveller men and women, with the incidence of problem alcohol use reported highest for Traveller men, and the incidence of opioid addiction highest for Traveller women. Between 2018 and 2024, NDTRS data indicate an increase in the proportion of Traveller treatment cases where cocaine was reported as the main problem drug, particularly

for Traveller men. This is reflective of wider trends across the general population.⁵¹ There is also a notable increase in treatment cases among Traveller women where hypnotics or sedatives were reported as the main problem drug. The proportion of cases reporting alcohol as a main problem was higher among older age groups when compared to other drugs.

Routes to Treatment for Travellers

The data shows that Travellers' routes to treatment can also differ to the general population, with almost three times as many Travellers accessing and attending treatment through prison services.⁵² This is reflective of the overall disproportionate representation of Travellers in the criminal justice system,⁵³ as well

as potential barriers to accessing supports through other mainstream routes such as GP/other health services. Prison based data currently reflect counselling interventions only. From 2025 onwards, NDTRS will include referrals from prison medical units, which may affect future trend interpretation.

Ethnicity and referral from prison for all cases recorded on the NDTRS 2008-2017, 2018-2024								
	2008-2017				2018-2024			
	All others		Traveller		All others		Traveller	
	n	%	n	%	n	%	n	%
Prison	8146	5.0%	525	13.7%	5233	4.1%	443	12.6%
All Other referrals	154049	95.0%	3307	86.3%	121907	95.9%	3082	87.4%

Number of cases of treatment provided in prisons by ethnicity, NDTRS 2008-2017, 2018-2024								
	2008-2017				2018-2024			
	All others		Traveller		All others		Traveller	
	n	%	n	%	n	%	n	%
Treatment Unit In Prison	8293	5.1%	644	16.8%	5339	4.2%	644	18.3%
All other service provider types	153902	94.9%	3188	83.2%	121801	95.8%	2881	81.7%

Data collected over both time periods reflects mostly counselling treatment within prisons in Ireland

Treatment Outcomes

Ethnicity and treatment outcomes for cases with a recorded outcome on the NDTRS 2018-2024				
Ethnicity	2018-2024			
	All others		Traveller	
	n	%	n	%
Completed treatment <i>(Completion refers to cases discharged as treatment completed)</i>	54221	46.8%	1155	35.6%
Did not complete treatment	49635	42.9%	1398	43.1%

Less than 36% of Travellers in the NDTRS data completed their treatment. This is lower than the general population (at almost 47% completion).

Experiences in treatment, and the barriers to completing treatment programmes, will be explored in the qualitative research.



Qualitative Findings on Traveller's Experience of Drug Use

Who we interviewed

The voice and perspectives of Travellers with lived and living experience of drug use were vital in informing this research. In total, twenty semi-structured, one-to-one, interviews were conducted with Travellers with lived/living experience of drug use. The interviews took place in early 2025 across nine counties. In total eleven Traveller men and nine Traveller women were interviewed. The interviewees ranged in age from 19 to 50+, with the average age being 40 years. Participants included Travellers who were homeless and/or currently living in residential treatment centres. Eleven Travellers interviewed had first-hand lived and living experience of problematic drug use. The remaining interviewees (n=9) had direct family and community experience of drug use. Second generation interviewees explained that they had been significantly impacted by family addiction.

In addition to these individual interviews, three focus groups were conducted in the North, South and East of the country with Traveller workers employed by Traveller organisations. These focus groups provided a deep insight and collective analysis of the evolving challenges of the key social determinants of addiction, including racism and discrimination. The focus groups were co-facilitated by Pavee Point. In total, 23 people participated in the focus groups, ten Traveller men and thirteen Traveller women. As outlined in the methodology, deductive thematic analysis was used to track latent themes and concepts across qualitative interviews and focus groups.

Summary of Key Findings: Qualitative

Traveller participants with lived or living experience of drug use were on average 16.5 years of age when drugs were first used, with the youngest participant being 12. In most cases, alcohol and cannabis were the first experience of substance use and, in all cases, interviewees reported a quick escalation to cocaine use (n=8), followed by street pills (n=5), and heroin (n=2).

No participants reported a history of injection use. Five participants (25%) reported a history of diagnosed mental illness, and several interviewees reported numerous suicide attempts during their active drug use (as well as losing many relatives to addiction and suicide/suspected suicides in recent years).

Traveller staff confirmed the rising addiction presentations and the changing norms across the community, based on their work on the ground. Historically, it was noted that alcohol was generally the primary substance used by Travellers, often linked to important social events like weddings, christenings and funerals (similar to the general population). However, especially cocaine, cannabis, and prescription medication, were reported as becoming somewhat normalised and accepted. Social media was also cited as having an enormous impact on young Travellers in relation to the normalisation of drugs, and the perceived glamorous lifestyle that came with cocaine use. This was understood differently from heroin and other drugs.

“Cocaine is kinda seen as cool, it’s kinda for people with money. They have fancy cars and designer gear, and looking at social media, they are all taking coke now. They don’t even bother drinking any more. They used to just hold the beer bottles. They don’t even bother doing that now: it’s a lifestyle they are chasing.”

- Traveller participant

Racism, Discrimination and Impacts of Trauma

Racism and discrimination were described and recalled by participants from their early childhood through to adulthood shaping experiences with education, health services, and broader society. One participant described how he felt growing up, and how the stigma and exclusion created by systemic racism contributed to substance use.

“You were different and you were treated differently. So yeah. So, your experience of being a Traveller child wasn’t a very good one.” - Traveller participant

Traveller workers in focus groups also reported frequently experiencing racism in everyday social settings, including accessing health services, and this made people hesitant to seek support. Anti-Traveller stereotyping by the media reinforced the negative public perception, which was deeply ingrained in society and institutions in general, described “as the last form of acceptable racism in Ireland” by one participant. The groups discussed the criminalisation of drug use and its impacts on Travellers who are disproportionately represented in the criminal justice system, and how this impacts Travellers and their ability to recover from addiction.

Intergenerational trauma was also identified as one of the root causes of drug use within the Traveller community. Many interviewees shared stories of harm rooted in childhood, and most often in the education system: with experiences of bullying, alienation and low expectations recounted by educators. But this trauma does not begin and end with the individual. The experiences of today’s young people often mirror those of their parents and grandparents. Each generation is shaped by the same systems.

Importantly, when participants spoke of childhood trauma, they stressed that it was vital not to isolate it as a personal or family failing. The trauma experienced by parents must also be acknowledged. Stakeholders interviewed suggested that blaming families or communities risked replicating the very judgment and exclusion that caused the trauma in the first place. Instead, a generational lens would allow stakeholders to see the cumulative effects of systemic racism, neglect,

and state violence, and help shift the focus from blame to accountability and care.

“One of the problems with trauma in childhood, they use it for an escape. Also, you know, when you’re isolated from a “normal” community, you just have your own little circle, and then if that circle is doing what you’re doing, what you want to do, then you’re going to be in that circle; and it’s just, I would say mental health is the main reason.”

- Traveller participant

Accommodation and Living Conditions

Participants described how poor accommodation directly impacted, and in some instances, exacerbated Traveller substance use. Overcrowding and poor living conditions, without proper facilities, were cited as contributing factors to drug use, especially among young Travellers. One interviewee explained the attraction to drug use.





“I just think there’s a lot of stuff involved ...overall living conditions, I think, where a lot of people are living. And if you wake up in the morning and just look out and there’s just all concrete walls, and there’s nothing to do, or you’re on the social welfare you can’t get a job, your education is poor, you try to fill that void somewhere. And drugs is one of them ways of filling that void.”

- Traveller participant

“It’s all normalised now, that’s it, you know, to do it in a very open way, doing it without any social events. It’s just a daily occurrence, a daily occurrence, in the open, unchallenged.”

- Traveller participant

An interviewee explained how overcrowding and poor living conditions of Travellers were an ideal environment for the exacerbation of drug related problems.

A ‘Normalisation’ of Drug Use

Participants described their daily lives and the impact of the “normalisation of drug use.” Cocaine in particular was cited as being for “the big lads.” Several participants talked about the openness of drug use on some sites, or side of the road, during the day, “without rhyme or reason, its visibility and accessibility, its use is very open.”

“Obviously issues like peer pressure, you know, on the sites, because we live within an extended family; that’s our structure; that’s our system; where it’s a nuclear family within the settled community. So, when something happens in our community, when something takes off, like drugs, it becomes embedded very quickly, and then you’ll have kind of a domino effect.”

- Traveller participant

Educational Inequality and Experiences of Bullying

Participants consistently cited educational disadvantage, discrimination in school, and early school leaving as major contributors to poor life and health outcomes, along with their own personal families' substance use. Many described traumatic school experiences marked by exclusion and bullying:

"I was always just left at the back of the class, even for school trips, no one talked to me, I was never included, I was very shy and there was girls there too. At fifteen I had enough, I still could not read proper. I come from a quiet family, but by 16, I was in big trouble, robbing cars and running around, it was the courts what sent me here (to treatment)."

- Traveller participant

Young adults described how they were never invited to non-Travellers birthday parties and sleepovers how they never had school friends visit, and how they never went to other children's houses. Participants told stories of being called derogatory names and being bullied, describing school years as being "a very rough time." On reflection, one interviewee in his late teens, having already been through the juvenile and prison system, tried to explain the school situation from a young man's point of view.

"[y]ou don't feel like you're wanted in school. You are being taught nothing. You can barely read, then there's that stigma as well. Then what kicks in is a "defence mechanism", it's probably classed as bad behaviour and stuff like that; but that's your self-defence mechanism, because you don't know what you are supposed to do, and no one wants to help you. So that leads to mental health problems, next thing you're living on the streets (rough sleeping/homeless), and you're only 14."

- Traveller participant

There were multitudes of stories and examples of very poor educational expectations by the school system and society in general. Poor literacy, stigma, and the absence of Traveller history or culture in education, led to disengagement and early school leaving. This further reduced employment opportunities and exacerbated labour market disadvantages.

Lack of Awareness/Education on Drug Use/Addiction

Many interviewees described the information gap in relation to Traveller awareness around addiction itself, which was cited as a barrier to accessing treatment. The work of Traveller organisations and community organisations, and some services, were acknowledged as bridging the gap. However, participants still felt there was more work to be done to address the deficit in knowledge across the community in relation to addiction and recovery.

"[.] the community does not understand the power of addiction and, like, family would say to me: "Do you think you'll be ready by next May for the confirmations like?" It doesn't work like that, yeah, do you know what I mean; it's not a pain in my tooth."

- Traveller participant

This often impacted Travellers in recovery, as friends and family did not have an understanding of addiction: what it means and how best to support them.

"I think that for me, there needs to be a kind of an educational piece for family members: just what is addiction and how it works. Because, for someone to say to me, you're 12 months off the beer now, I think you can go for a few pints. I'm not putting myself in that space. Then it's not, I don't trust myself. I nearly lost everything. I have too much going on for me now."

- Traveller participant

Poverty, Unemployment, and the Impacts of Drug Debt

Unemployment and poverty were also identified as significant risk factors for Traveller substance use. The focus groups discussed Travellers hiding their ethnicity to get work, and being dismissed when it was discovered they were Travellers with limited employment opportunities. Travellers were often reliant on social welfare, falling into a poverty trap:

“It’s a vicious circle, you’re on the social welfare, your education is poor, you can’t get a job, no one wants to hire a Traveller, you try to fill that void somewhere. And drugs is one of them ways.”

- Traveller participant

With a lack of employment prospects and no way to support their family, one participant in the focus group discussed how young Travellers may be particularly vulnerable to getting involved in criminality, and were often groomed by drug dealers, and enticed by ways to make a living. Others spoke frankly about the allure of drug dealing in the face of poverty and limited employment prospects.

“If you’re dealing drugs for a whole year, you can buy a house. This is the dream. You can buy all the luxury cars. How long are you getting in jail? Nine months. That’s nothing to these boys. It’s nothing to them. They’re brutalised their whole life. Yes, they’re brutalised their whole life. So, it’s worth the risk, of course, it is, but it’s nothing to them”.

- Traveller participant

Parents and grandparents also reported the additional financial hardships they now face because of drug debts, and which also included a level of violence. One focus group attendee explained what they called “a common situation.”

“It impacted greatly on our family, because the parents has to fork out the payment, probably struggling themselves, not wanting their son or their daughter to be hurt if you don’t hand over this money. So, there’s a huge fear out there, and people are handing over money that you just don’t have”.

- Traveller participant

Wider Family and Community Impacts

The impact of drug use on the daily lives of Traveller participants and their immediate and extended families, was far-reaching and deeply damaging. It infiltrated every aspect of life: fuelling interfamily conflict; domestic abuse; child welfare concerns; drug dealing; criminal activity; financial hardship; suicide; and shame and isolation. Beyond the physical and mental health consequences for individuals and families, the escalation of substance use compounded these wider issues in the community.

Traveller participants spoke about the importance of culture as strongly family-centred, which creates both protective and risk factors. Large extended families can support individuals through difficult times, but they can also perpetuate cycles of addiction and violence. A young man in treatment spoke of the stress he had caused his parents and his younger brothers.

“[b]ringing trouble to our road, the guards coming to the door looking for me; coming in the house; six o’clock in the morning; brothers in the house, blowing the doors off; looking for me, like, and also people coming I owe money to: big impact on me family.”

- Traveller participant

The fear for future generations was a recurring concern for mothers and grandmothers. This highlights the anxiety parents feel about their children being involved in, or affected by, addiction and the associated violence and criminality, which in many cases result in prison sentences.

“Oh my God. What did we do? What brought this into our home? It was the worst punishment, because I had seen my family members, my brothers and sister’s children going through this. I had seen the effects that it had on their homes, like some of them were left penniless. They were up all night, going through the streets, going through the towns. Looking for their children.”

- Traveller participant

Impacts of Criminality and Drug Related Violence

Families also experienced heightened fear and stress due to the potential for violence linked to addiction, as well as connected criminal activity.

“[y]ou have people that are supplying the drugs coming up: targeting families; threatening to break the windows. Maybe people only on social welfare wouldn’t have a huge income and are letting bills run up. And then people that are coming in from the outside, and I suppose Travellers within our own communities, are dealing and selling as well, and it’s having a massive impact on Travellers and our families. The whole extended family.”

- Traveller participant

One participant described how alliances with gangs who are non-Travellers created risk and instability, while others admitted selling drugs to sustain their own addictions causing immense shame to their families. Parents often took on their children’s drug debts to prevent harm.

“[w]here they get into the drug scene and start to have a few bob. But it does not end there, there is only one way out of that lifestyle, a bullet to the head or prison.”

- Traveller participant

The Impacts of Mental Health, Suicide and Grief

Suicide was described as a heartbreaking consequence and cause of addiction, touching nearly every family.

The interviewees discussed the importance of mental health support, and the need for Travellers to talk more openly about the struggles associated with addiction in the family, and the resulting problems. While there has been some progress in this area, further work is to be done. Several interviewees admitted feeling suicidal at points in their lives, but also suggested that, for others, death was not intentional but the result of an accidental drug overdoses.





“[we] all know about the suicide rates, but I know of some situations: young men who it wasn’t suicide; was just an accident, overdose or bad batch of drugs, right? No, these people didn’t want to die, right, you know, and just left families completely devastated.”

- Traveller participant

One interviewee with lived experience commented on their struggles with grief and loss, and their own complex mental health problems and addiction.

“I think mental health is sky high for Travellers: big thing and suicide. I lost, I lost family members left, right and centre.”

- Traveller participant

Several participants described persistent suicidal ideation and the overwhelming burden of grief and mental health challenges. In fact, mental health, trauma and grief were frequently discussed as underlying accelerators to what was described as the current drug “epidemic” among the community. Focus group participants gave examples of Travellers who had identified childhood trauma, grief, domestic violence and the continual

presence of discrimination as key drivers of addiction. Traveller Primary Health Care Projects in the focus groups spoke of Travellers’ constant struggle to find purpose and meaning in a life which was often plagued by loss and grief, something that they are challenged with given their direct work on the ground with Traveller families. The lack of availability of mainstream mental health services for those with a dual addiction and mental health diagnosis was identified as a common frustration:

“They just stuff you with medication... that’s not the answer for it. You can’t get in if you’re on drugs, and you can’t get off drugs if you can’t get in. Mental health won’t deal with your addiction and addiction service can’t deal with your mental health.”

- Traveller participant

One participant spoke about her mental health and her relationship with prescription medication which she had been taking for over 17 years, first for depression and anxiety, then for pain, before eventually receiving mental health care in her late thirties.

"[f]or me it was about loss, all the loss in my life....I was diagnosed with a mental health condition only last year, more family members died, I was not a drinker but then I started drinking as well, there just was too much loss."

- Traveller participant

Trust in Health Services

Barriers to seeking help with addiction were systemic, complex and rooted in experiences of racism and discrimination, with an underlying fear of Traveller needs being misunderstood. This is illustrated in the quotes below.

"I've always said it, you know: Travellers have a huge mistrust of the institutions of state and for very good reasons. Because of centuries of oppression and persecution. You know, I think you know that suspicion and trust issues is very well grounded, yes? And one of the things I've always said: not the only way, but one of the best ways of developing that trust, and that relationship, is when you look at the service or an institution, you need to see your own face and culture. And we don't see enough of our own faces looking back on us."

- Traveller participant

Traveller women reported particular challenges when accessing health services, with their health needs not taken seriously.

"...they assume that we don't want help, they assume that we're just happy to keep taking pills for years and walk out the door. We're not interested in working; we're not interested in education. We want to keep having children. Want to keep doing what we're doing."

- Focus Group

Some Traveller participants spoke about fears of being "locked up and institutionalised", particularly in psychiatric facilities. The trust of the mental health services was also compounded by experiences of discrimination and health inequality. One interviewee described feeling unsafe and unheard in psychiatric services, which they had been admitted to many times.

"I had very, very severe mental health. I spent time in the jail after several suicide attempts... It's just, it's just, it's all just coming into the one thing you know: the drugs and the homelessness, and your kind of seen as nobody. You don't get the help that everyone else is getting; you see other people getting along. People think "they're a hopeless case."

- Traveller participant

Timely Access to Treatment

Those interviewed also spoke about the lack of access to mainstream services due to waiting lists. Prior to accessing treatment, when a commitment to seek treatment was eventually made, some of those interviewed stated that they still had to wait months for a place. This waiting was often the cause of some just giving up.

"It's a long time to be out in an environment where there is drugs and you're trying to keep clean; you're trying to give a clean urine sample, and you have to wait to get in for help. Yeah, I think you're ready to go today and you're ready to go; you want to go today; you really want to. But it's the wait, and I think sometimes the wait can be a little bit too long, lads just give up."

- Focus Group

The process of accessing treatment was discussed at length and described as complex for Travellers who may be living in unstable living conditions or difficult circumstances. The lack of understanding and information about the process; literacy barriers; and the relentless preparation for admission was exhausting for the family and the individual.

“I came up to Dublin every week: 3 hours each way, every Wednesday; my Da drove me. They gave up a lot to get me here, but there was times, I was so hopeless, I nearly gave up, no real suitable stabilisation down the country. Every week felt like a year trying to stay away from all me friends and everyone I knew: and everyone at home afraid to say a word.”

- Traveller participant

Those working in Traveller organisations spoke of the effort and resources needed to support those to seek treatment. The preparation and stabilisation were explained by a member of one of the Focus Groups.

“We would have had one person, who we were working on them for a year. Eventually they said, look, I need help. Set it up: brought them down to put them in and those benzo in their system; they will never ever go there again. They had their bags ready. They were all geared up for it, and then nothing, a wasted year.”

- Traveller participant

One participant reported that his friend advised him that if he had outstanding criminal charges, that “it would be the fastest way to get off the street, and into treatment: to actually hand yourself in to get a bed”. Even post-treatment services were considered a barrier as individuals considered their situation after a period of residential treatment, having to consider the options of returning to their home or remaining drug free.

“I’ve nowhere to go from here. No beds available. I have to go back home, staying with family. There could be somebody else [family member] in the house that’s still an active user, and the risk of relapse, you know, it’s probably inevitable I’m going to relapse. Then you’re back to square one, back to a level where you’re only getting ready for detox again. That’s a massive issue. There’s not enough money going into beds and having beds available for people like me, who really wants to turn my life around.”

- Traveller participant



Women's Experiences of Drug Use and its Impacts

The evidence in both the quantitative and qualitative data shows that intersectionality is really important when considering the needs of Traveller women, with Traveller women reporting experiencing drug use and access services in a different way to Traveller men. For some Traveller women, marrying at a younger age, having larger families, and assuming care responsibilities can create high levels of expectation and pressure. One interviewee acknowledged, "the huge pressure on young Traveller women to marry early and take on significant responsibilities".

One man with children, working on his own recovery, admitted to the pressure he placed on his wife:

"We were only two children ourselves sure when we got married first. I still had a single boy's attitude, kind of, so instead of me being a husband, to be honest, I was another child for the wife. Like she was minding me, then when we had children, then she was minding all of us. I just kind of left everything to her."

- Traveller man participant

Traveller women interviewees cited mental health, financial pressure, homelessness and grief as elements which increased their risk of problematic drug and alcohol use, as well as some citing pressure from their partners to try drugs.

Many young Traveller women turn to drugs as a coping mechanism, especially in abusive marriages, and they are living in pure poverty because of drugs.

Like in the general population, drug use in a family setting or intimate relationship can exacerbate or coincide with domestic and/or sexual violence, and can lead to marriage/relationship break up. Conflict was exacerbated by financial hardship under the strain of addiction and debt.

"Where I live, like there's a local post office, and I would see two, three Traveller women they're coming out every week and just handing over their social welfare payment, and people (dealers) looking for them. So it is; it is happening."

- Traveller woman participant

This pressure did create internalised shame and a real fear for women that they could lose their children to the child protection system. This was discussed at a number of focus groups.

"You could lose your children. Your family could disown you. Your family could think that you're an embarrassment. You could end up getting involved with social work department. Social Work department could remove your children, and it could be very hard to actually get your children back into your own care. Down to maybe holding your family name against you as well... This is what you're dealing with, and this is the discrimination."

- Traveller woman participant

Prescription drug addiction among Traveller women was also noted as a growing concern, often starting with prescribed medication initially from GPs at an early age, which became a reliance, and then escalating through adulthood. This was discussed across several focus groups.

"[t]he amount of painkillers that Traveller women are taking in the last five years. We've had two women die in our area, and it was only when they arrive at hospital that the level of pain killers they were using was known; their livers had failed from all the damage from all the tablets."

- Traveller woman participant

Stakeholder Interview Findings

Systemic Discrimination

All stakeholders, Travellers and non-Travellers, confirmed that systemic racism and discrimination remains a deeply embedded social issue in Ireland in relation to Travellers. One stakeholder spoke of the misbelief that Travellers are responsible for their own disadvantage. This belief contributes to widespread prejudice, and creates significant barriers to Travellers inequality of access, participation and outcomes in relation to education, social and health services, and drug treatment services. This analysis obscures the real, structural inequalities, at play and serves to legitimise inaction and underinvestment in meaningful support.

“I think the problem with people’s views on Travellers, and how they feel so comfortable with being so discriminatory towards Travellers, is a bit the same reason, but maybe to a lesser degree: I don’t know in relation to class. So, if you look at the discrimination around social class. There’s similar intersections, and it’s really because if you dig a little bit deeper with people, they think people choose to live a certain way, be a certain way. They don’t see the systematic nature of it and they blame the person for their own poverty.”

- Service Provider

One stakeholder spoke of his experience working with young Traveller men also and how they are often facing a crisis of identity, due to an erosion of the Traveller way of life due to historical assimilation policies, as well as a lack of opportunities.

“I know I’m a Traveller, but I’ve lost the language, the moving around, all of the things that it means to be a Traveller are gone, right? But also, we don’t have anything else to replace it because we still are hated: we still can’t get a job.”

- Service Provider

The Need for Intercultural, Inclusive, and Community Based Approaches

All stakeholders suggested that for services to be truly effective they must move beyond generic, mainstream models, and incorporate intercultural and inclusive approaches, with the direct involvement of Travellers and Traveller organisations .

“[s]aying that people have to do group work can sometimes be a difficult space. If you’re from a Traveller community, or a particular family that maybe don’t speak openly about feelings, that’s going to be a really challenging situation. So, I think there’s other smaller things that services can do to make sure that people are comfortable in how they engage with support and help.”

- Service Provider



While it was accepted that what current services are offering may not be appropriate, it was acknowledged that a culturally responsive approach requires creativity, flexibility, and non-discrimination from service providers. Interviewees also noted that this involves building relationships based on trust and understanding, and partnership working. This could mean offering alternative forms of engagement: peer-led; one-to-one support; or trauma-informed methods tailored to specific needs. It's not just about what is delivered but how, by whom, and in what context.

One interviewee stated that efforts to tackle drug use often start in the wrong place, focusing on the individual and the substances they consume, rather than the social and structural conditions that drive people toward drug use in the first place. A long serving service provider suggested that "when we talk about addiction, what we are often really talking about is pain": pain caused by poverty, exclusion, racism, trauma, and lack of opportunity. For many, drugs are not the root problem, but a response to deep, ongoing harm.

Participants consistently highlighted how policy tends to focus too narrowly on service provision — methadone clinics, treatment beds, counselling — without addressing the reasons why people are using drugs in the first place. While these services are undoubtedly important, they cannot resolve the broader issues of systemic inequality. One interviewee suggested that in communities with entrenched disadvantage there will always be a "next person" impacted, unless the root causes are addressed.

It was also highlighted that, to be effective, community-based and culturally responsive, approaches must be done in partnership with Travellers and Traveller organisations.

"[w]e need partnership, partnership all the way, you know, as we also need a replication of the Primary Healthcare Programme for Travellers in all the health services."

- Service Provider

The Role of Drug Policy

Stakeholders also expressed a growing and well-founded concern that drug policy in Ireland is becoming increasingly centralised, with a shift away from partnerships and collaborative governance with the community and voluntary sector. This shift was cited as having significant implications, not only for how services were delivered, but for how policy decisions were made, whose voices were heard, and whose interests were served.

This approach has led to growing frustration among some stakeholders. Many service providers, particularly those working with Travellers and other marginalised groups, noted that despite the proliferation of policies and strategies, implementation was slow and often fragmented. The gap between policy and implementation is also reflected in poor interagency working across key determinants e.g. housing, health, education, addiction. Many public sector agencies continue to operate in silos, and with little coordination. Some stakeholders noted that this was regressive and had the potential to undermine progress and, as one stakeholder reflected, had limited the effectiveness of any single intervention.

"We are probably the greatest country in Europe when it comes to good policy, good legislation, but the lack of implementation to those legislations and policies is failing, you know what I mean?"

- Service Provider

Ultimately, participants argued that progress would not come solely from more services or solely from policy. Stakeholders with responsibility for policy development suggested that the community sector must be equally regarded as vital partners in addressing key issues. One stakeholder advocated that Travellers, Traveller organisations, and the broader community sector, must be supported and resourced in their role as advocates, organisers, and agents of change.

“We need to look at policies that provide care and intervention, while still looking at the wider context in terms of what is it in society; and social policy that continues to compound generations of harm in communities. I think that’s the wider question.”

- Service Provider

Barriers & Enablers to Accessing Services

Based on all participant interviews (including Travellers with lived experience, Traveller organisations, and other relevant stakeholders), the following key barriers and enablers for accessing services were identified:

Systemic Racism and Discrimination: It was acknowledged that due to a lack of services, particularly in certain parts of the country where services do not exist, all groups seeking support and access to drug treatment services faced barriers. However, accessing these same services is particularly difficult for Travellers because of systemic racism which is well evidenced in the literature. This was noted as the most frequent barrier to both seeking treatment and completing treatment.

“First interventions and first interactions, which I suppose a lot of us would know from working in services, are crucial, and the first impression somebody gets at the first contact, that is made with them, is going to kind of dictate whether they return the second or third time.”

- Service Provider

Travellers reported the need for culturally appropriate, trauma-informed support and treatment: delivered in partnership with Traveller organisations, in a safe environment which considers and respects culture and ethnicity.

Provision of Appropriate Childcare: While the provision of childcare was essential for all women seeking to

enter addiction treatment, this was particularly true of Traveller women, considering that Traveller women in addiction were more likely to be mothers. Some also reported being estranged from their family or partners. In such situations, the lack of suitable care for their children was considered a real barrier to seeking treatment for their recovery.

“I think it’s much harder for women to come forward. Especially when it may involve child welfare”.

“It’s quite rare when an Irish Traveller woman would just present themselves to an addiction service. Women, if going into an addiction service, you have to work with them, I think on something else, before you get them into the addiction service”.

- Service Provider

Awareness and Understanding of Addiction

The normalisation of drug use was also considered a barrier to treatment. Families’ and communities’ understanding of addiction and recovery was limited, particularly the idea where individuals could return to their family and community post-recovery, where active drug use or key triggers still existed. Stakeholders discussed the role of education and support from family and community in helping to prevent addiction and support recovery. One individual suggested that it was “important that addiction was addressed as a health issue not a criminal issue”.

Traveller Workers Enabling Timely Access to Services

The primary enabler for accessing services was to have services which were more culturally appropriate and provided by Traveller workers (where they existed) with experience and/or knowledge of drug use/addiction.

“In Traveller health you rely on the Traveller health workers and infrastructure that are there, and then you’re relying on kind of like allies and champions in mainstream services”.

- Service Provider

Services which were timely were also cited as a critical enabler, as Travellers often only reached out to services where they were at rock bottom or ordered by the courts. Many believed that to wait for 3-6 months for a place was often the breaking point in the substance journey, which could result in higher risks of overdose and suicides.

“We should have wrap around supports for the person with the addiction and then wrap around support for the families too, and that could be financial supports. It’s the cost of getting them into a place too.”

- Service Provider

Family support and childcare were also cited as key enablers, especially for women.

“Understand the critical role that young mothers play in childhood and that can lead to development of supports or, you know, support, even community support for young mothers.”

- Service Provider

“We know that they are marginalised and that they tend to live in poverty, and we know that they would have elevated levels of childhood trauma. So, I suppose that’s from my perspective. They’re the main reason for drug use, so therefore I tend to believe that’s why Travellers have elevated levels of drug use”

- Service provider



Conclusions

It is clear from the findings of this study that substance use is a significant issue facing Travellers today. The quantitative NDTRS treatment data from the Health Research Board's shows that Travellers are disproportionately represented in NDTRS data. This is concerning when you consider that these figures are likely an underestimation of the true problem. Traveller participants in the study spoke of the normalisation of drug use in the community, and the changes in the types of drugs that people are taking, with a significant rise in cocaine use (particularly for men); and a rise prescription opioid substances for women. They also highlighted the links to wider issues, such as poor mental health and high suicide rates, as well as the negative community consequences, such as increased violence, drug debts and involvement in criminality.

The study shows that Traveller addiction must be understood within the wider context of Travellers' experiences of systemic racism, inequality, and intergenerational trauma. Using a social determinants of health lens acknowledges that, in order to address the issues of Traveller substance use and addiction, a holistic approach is needed that incorporates the broad and interdependent spectrum of sectors: health, accommodation, education, and employment. This analysis must also take an intersectional approach, with due regard to the needs of Traveller women, lone parents, Travellers with a disability, LGBTQI+ Travellers, etc.

Now is a crucial time for positive change, with a clear mandate within targeted Traveller policies, that include the National Traveller and Roma Inclusion Strategy II and the National Traveller Health Action Plan. There exists the opportunity to work with and include Travellers in a meaningful way with clear, resourced actions and where Travellers are named as a target group within the upcoming National Drugs

Strategy. A comprehensive, health-led, response is needed that goes beyond punitive or siloed approaches. Reform must address the root causes of substance use while promoting equity, dignity, and recovery for all individuals affected, including support for their family. This includes taking on board the recommendations of the recent Citizens' Assembly recommendations, and recognising drug use among Travellers as a complex social and health issue, rather than solely a criminal justice concern.

A strengthened national response should prioritise **prevention efforts grounded in early intervention, education, and community empowerment**, particularly among those who are further marginalised within the Traveller community, which is not a homogeneous cohort. Equality of access, participation and outcomes within mainstream service must be a priority and integrated across all regions. Crucially, **recovery must be supported as a long-term, community-embedded process**, with adequate investment in accommodation, employment, peer support, and mental health services. **The important role of Traveller organisations and Traveller drugs workers** as partners in the response must also be recognised, resourced and supported.

Moreover, reform must be underpinned by **robust governance, interagency collaboration, and meaningful involvement of Travellers with lived and living experience**. Addressing systemic barriers such as systemic racism and discrimination, stigma, and service fragmentation will be key to reducing harm and improving health and social outcomes.

By embedding these principles into multi-department policies and practice, Ireland can build a more resilient, humane, and effective response to Traveller drug use: one that ultimately enhances individual recovery, strengthens communities, and upholds public health and social justice.

Recommendations

Targeted and Mainstream Policy and Research Responses

To address the complex issue of Traveller substance use, it is vital that a bifurcated approach is taken, through targeted Traveller health provision and through social policy. Along with the full inclusion of Travellers within mainstream responses to substance use and addiction.

- Rapidly finalise and publish the National Drugs Strategy and associated Action Plan, inclusive of a robust implementation and monitoring plan with clear targets, indicators, timeframes and budget lines, and with targeted actions to address the intersectional needs of Travellers and other minority ethnic groups. Stronger monitoring mechanisms are needed, with greater representation of Traveller organisations on the National Oversight Committee and Drug Task Forces across the country.
- Fully implement the National Traveller Health Action Plan, with increased core funding for Traveller organisations to support targeted measures related to substance use and addiction.
- Prioritise and mainstream Traveller/Roma health inequalities (including addiction) within the Department of Health, and across the HSE, into existing and forthcoming health policy and service developments.

Access, Participation and Outcomes in Addiction Services

Based on the findings, it is clear that Travellers face additional barriers to accessing, fully participating in, and achieving successful outcomes within addiction treatment, services and supports. Action is needed, in partnership with Travellers and Traveller organisations:

- Provide a health-led response to addiction that is culturally appropriate and addresses the health needs of Travellers, including decriminalisation for personal use on all occasions, as recommended by the Citizen's Assembly.

- Provide anti-racism training (inclusive of anti-Traveller and anti-Roma racism) to all relevant agencies.
- Implement/improve ethnic equality monitoring, including use of a standardised ethnic identifier across all relevant data sets for addiction, and using a human rights framework. This is in line with the Sláintecare vision for population-based health planning and resource allocation. It will provide an evidence base to inform Traveller health policy, service utilisation and provision, as well as tackling Traveller health inequalities. It will also ensure that the HSE and associated funded agencies comply with the statutory requirements under Section 42 of the Irish Human Rights and Equality Act 2014.
- Ensure gender-responsive and culturally appropriate treatment options are available which acknowledge that Traveller women and men experience substance use differently: both in the substances they use and the services they access, and additional support needed. Traveller women particularly need trauma informed services, and accessible and appropriate childcare support.
- Expanded access to substance specific treatment options for both men and women, given the rise in cocaine and sedative use, and expanded access to stimulant-specific treatment modalities, as well as a review of prescribing practices for sedatives, particularly for Traveller women.
- Drug services to provide active outreach to Travellers, in collaboration with Traveller organisations, and to create roles for Traveller community drug workers within their services.
- Create an integrated referral system that links, when needed, targeted prevention to primary care, social services, hospitals, and the justice system, with the support of Traveller community workers.
- Provide structured aftercare including accommodation, job support, ongoing therapy, and peer recovery groups for Travellers. Regular follow-up at set intervals post-discharge should be available to track progress and intervene when relapse occurs.

Supporting a Community Sector Response

Substance use and addiction are having a far reaching impact on the wider Traveller community and, in order to see real change, a wider community response is needed (with the expertise of Traveller organisations and community workers acknowledged):

- Traveller organisations at the local and national level to be funded and supported in their direct work with Travellers, and to be trained on the issues of substance use and the wider social determinants. Traveller workers must be recognised as important partners in a community/health led response.
- Holistic prevention efforts must begin earlier and be more targeted. Comprehensive, evidence-based prevention programs should be age-appropriate and culturally relevant, and meet young Travellers where they are (through Traveller organisations, schools, and youth projects).
- Develop Traveller awareness campaigns that are relevant to the issues faced by Travellers, and reflect the rising threat posed by substances: some of which are prescribed.
- Ensure a proactive community-based policing response to drug dealing, in partnership with Traveller organisations and Travellers.
- Create an integrated care pathway for Recovery in line with Sláintecare, population-based approach, that is accessible and inclusive of Travellers.

Addressing the Wider Social Determinants

Traveller substance use cannot be dealt with in isolation and wider measures are needed to tackle systemic anti-Traveller racism, and the stark inequalities faced by the community:

- Ensure measures to tackle racism, including anti-Traveller and anti-Roma racism, are mainstreamed across national policies and programmes using a whole of Government approach.
- Ensure the full implementation of NTRIS II, including actions on addressing the inequalities faced by Traveller and Roma women, with a robust implementation and monitoring processes: with actions being resourced and implemented by all relevant statutory agencies.
- Implement and fully resource the National Traveller and Roma Education Strategy with clear targets, timelines and allocated resources.
- Fully resource and implement the accommodation actions included in the National Traveller and Roma Inclusion Strategy; the Expert Group on Traveller Accommodation; and Local Authority Traveller Accommodation Plans (TAPs).
- Identify and address the contributing factors to the overrepresentation of Travellers in prison, and expand community-based alternatives for short sentences and non-violent offences, particularly for primary caregivers.



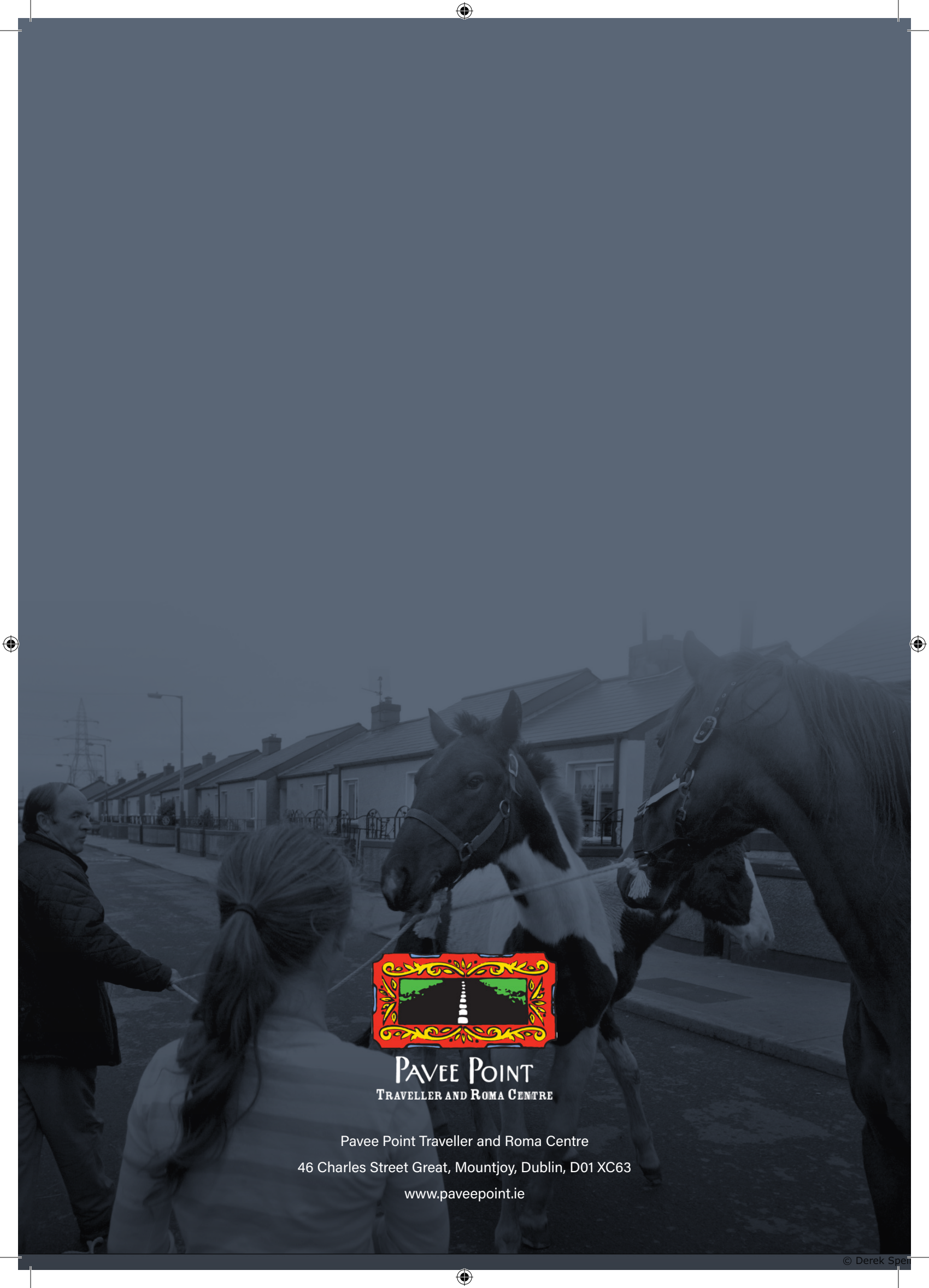
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52. This is also likely an underestimation as it only represents data on counselling in prison. This data will expand in 2025 to include referrals from prison medical units.
53. In 2021 Travellers made up 10% of the adult prison population, and the percentage of all young people in Oberstown juvenile detention fluctuates, and at one point reaching 40% from January to September 2022 and on average sits at 22%.





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