

**Traveller Specific**  
**Drugs**  
**Awareness**



**Training Manual**

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**Traveller Specific**  
**Drugs**  
**Awareness**

**Training Manual**



Clondalkin Travellers Development Group (CTDG) would like to thank everyone for their support and involvement in the design and delivery of the Drugs Awareness Training Manual.

We would like to specifically thank Andrew Chapple and Carina Fitzgerald who worked with C.T.DG in 2008 and Tim Costigan with the Clondalkin Drugs Task Force for their work in delivering this Programme and compiling the information so that it can be used by other organisations.

The Traveller community continues to find it difficult to discuss drugs misuse within their own community because of the sensitivity of addiction issues. This training manual is designed to make it possible, with the relevant supports, to build awareness, create dialogue and discussion within the Traveller community on this issue.

We see the development of this manual as a significant step in providing the tools we need to support Travellers in addressing addiction issues and we hope that its use will make a significant difference to Travellers in Clondalkin.

CTDG is committed to supporting Travellers to address the drug issues that affect their lives using a range of approaches, strategies and actions. We hope that we can continue to build on this work in to the future. We look forward to working in partnership with all of the Agencies and Organisations in Clondalkin and nationally, to find appropriate and effective solutions to the drug issues that Travellers face.

**Grainne O'Toole**  
Chairperson



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# Introduction

## Clondalkin Travellers

### Development Group (CTDG)

CTDG was established in 1989 to provide support and improve the opportunities for the Travelling community living in Clondalkin. CTDG aims to promote the social, economic, civil, political and cultural rights of Travellers as a nomadic ethnic group within Irish Society. The organisation is a partnership between Travellers and non-Travellers working to promote the rights of Travellers.

It is a mechanism through which Travellers can collectively address the issues that affect them. The organisation uses a community development approach to support members of the Travelling community in accommodation, health care, and education needs. CTDG also run youth programmes including drug prevention programmes for young people and adults and information provision through the resource centre.

A member of the Clondalkin Travellers Development Group (CTDG) youth team is currently funded by the Clondalkin Drugs Task Force through the Emerging Needs Funding. This is a Drugs prevention programme established from the recommendations in Community Technical Aid's research "Responding to the needs of young male Travellers in Tallaght and Clondalkin" (2006). The initial funding proposal cited drug awareness and education as an area that needed attention.

### Clondalkin Drugs Task Force

The Local Drugs Task Forces were set up to develop and implement a drugs strategy for their areas which co-ordinates all relevant programmes and addresses any gaps in services. Of equal importance, the Task Forces provide a mechanism, which enables local communities to work closely with State and voluntary agencies in designing and implementing that strategy.

The overall aim of the Government's drugs policy is to provide an effective, integrated response to the problems posed by drug misuse.

### The key objectives of that policy are:

- To reduce the numbers of people turning to drugs in the first instance, through comprehensive education and prevention programmes;
- To provide appropriate treatment and aftercare for those who are dependent on drugs;
- To have appropriate mechanisms in place at national and local level, aimed at reducing the supply of illicit drugs;
- To ensure that an appropriate level of accurate and timely information is available to inform the response to the problem;
- To support measures aimed at reducing the harm to those actively using drugs;
- To support families and communities affected by drugs.

This training manual was designed in partnership between the Clondalkin Travellers Development Group and the Clondalkin Drugs Task Force.

### Background and rationale for the programme

The following information is provided in order to give the reader/trainer an overview of the drugs issue within the Travelling community and why culturally appropriate Traveller Specific training needs to be developed.

Drug use and problem drug use is a relatively recent issue within the Traveller community, however it has been growing in the last eight years and in some cases stigma and denial continue to be attached to drug use and misuse within the community (*Pavee Point 2009*). This has led to some Travellers who are using drugs, particularly heroin, no longer living within the local community.

Both Traveller organisations and drug service providers have stated that Travellers are underrepresented within drug treatment services. However as noted in a recent submission to the National Drugs Strategy.

"with no statistical data available on their access, participation or outcome from services, there is an information deficit in this regard... new and innovative approaches are needed..., particularly in the case of Travellers who are drug users and their families" (*Pavee Point, 2009*).



According to the combined national Traveller organisation's submission to the development of the National Drugs Strategy 2009-16 the following drugs trends and patterns are noticeable within the Traveller population:

- An increase in recreational use of cocaine within the Traveller community, particularly among Traveller men;
- The age profile of Travellers using drugs becoming younger;
- Increased misuse of prescription drugs by Travellers;
- Increasing numbers of Traveller women and under 18s presenting to drug services as evidenced by drug services themselves;
- The fact that many Travellers are still not accessing mainstream drug services and not being targeted by mainstream drug services;

In addition it has been noted that the level of drug awareness within the Traveller community is quite low (Fountain, J. 2006).

The main barriers to accessing drug services as identified in the above research and as noted in the national Traveller organisations submission to the development of the National Drugs Strategy 2009-16 were:

- The lack of awareness of the existence and nature of drug services among Travellers;
- The lack of formal education e.g. literacy skills in terms of drug education programmes or filling in forms in drug services;
- Stigma and embarrassment about drug use among Travellers which can result in drug users not telling their family about their drug use, the family knowing but hiding it from other Travellers and finally drug users and their family not wanting to access services;
- Drug services not being culturally appropriate for Travellers;
- Racism, discrimination and stereotyping on the part of drug services in relation to Travellers (Pavee Point, 2009).

Because Travellers as a group experience multiple levels of social exclusion and discrimination it is vitally important that the approaches chosen are culturally appropriate and based on consultation with the community. In this sense it

is important that these interventions are matched by other social inclusion strategies across a range of areas of concern including education, accommodation and health.

In this respect a report undertaken for the National Advisory Committee on Drugs (NACD) in 2006 clearly identifies the need for collaboration between and across government departments that have sectoral responsibility for policy relating to Travellers and broader social policy contexts. While a number of drug related structures such as the Local and Regional Drug Task Forces are making concerted efforts to support Traveller inclusion within their structures and drug policy arenas, the NACD notes that "...much of the work to date has been 'ad hoc' and not applied across the board in a uniform and strategic manner" (Fountain, J. 2006).

As the national Traveller organisations have observed- "While national policy in relation to drugs has begun to increasingly consider the specific needs of Travellers, particularly over the last three years... the only official government policy recognition of Travellers within current national drug policy is Action 98 of the National Drug Strategy to carry out the NACD research" (Pavee Point, 2009).

In this regard the combined National Traveller Organisations' submission to the development of the National Drugs Strategy 2009-16 has called for the inclusion of a dedicated section within the next national drug strategy on Equality and Intercultural issues, to include, how they would be rolled out at a national, regional and local level.

With regard to the need to design and deliver culturally appropriate Traveller Specific training a number of recent reports have indicated the necessity of utilising adult peer education models developed in a collaborative way with the Traveller community and drug and alcohol experts that includes education, prevention, treatment and policy development (see, McCarthy, D. 2005; Hurley, L. 1999; Fountain, J. 2006).

At a practical level the experience of the Clondalkin Traveller Development Group (CTDG) is extremely useful. As



# Programme Overview

drug use is an extremely sensitive issue within the Traveller community they noted the importance of building up relations with local Travellers before initiating any drug specific training programme.

During 2006 the CTDG Youth team worked with the Clondalkin Local Drugs Task Force to develop a once off introduction to Drugs and Drugs issues. Each one off seminar lasted approximately 2-3 hours and was aimed at informing people about the risk and preventative factors associated with drug use. However, despite the fact that Traveller parents were concerned with the issue and that a lot of outreach work was undertaken prior to these sessions, the turnout was poor.

As a result of this and from discussions between CTDG, the Local Drugs Task Force and the local Traveller Community, it was agreed that the best approach would be to try to engage Travellers in a broader training course to be held over five weeks. The programme was developed using adult education and community development principles with an emphasis on peer led learning and course content development. As the background research had noted the need for Travellers to be involved in delivering these types of programmes, it was decided that participants would be offered the opportunity to progress onto further training in drug and alcohol issues.

## Overview of Programme

The primary aim of this programme was to develop and deliver an innovative and targeted adult drugs awareness-training model for the Traveller community that would: Create a culturally appropriate safe space for members of the Traveller community to deepen their understanding of this sensitive issue;

Raise the participants level of knowledge of drugs and drug use issues;

Develop a partnership approach with the mainstream services in response to drug issues in the Travelling community, in this case Clondalkin Drug Task Force and local drug service providers;

Develop a transferable educational model for use by other Traveller organisations;

Lead to Traveller participants being trained to deliver drug awareness training to their peers in the community;

Progress participants onto further drug and alcohol study, specifically the Community Addiction Studies Course conducted by Clondalkin Drug Task Force.

The programme was delivered one morning a week over 5 consecutive weeks with each session lasting 3 hours.

## Module 1 Values, Attitudes, Prejudice and Labels

## Module 2 Drug types, Signs and Symptoms

## Module 3 Types of Drug use

## Module 4 Risk and Preventative factors

## Module 5 Presentations from local drug services

To date the course has been run three times by Clondalkin Travellers Development Group and once by the Traveller Visibility Group, Cork.

In two of the courses run by CTDG participant's were paid out of pocket expenses of €25 per session for attending the course. Funding was initially secured from the Clondalkin Local Drugs Task Force and subsequently from the Clondalkin Partnership.

It was found that the course works well with a group of 10-12 participants.

## Initial Comments for Organisations and Facilitators

This is a Traveller Specific Programme which necessitates a comprehensive understanding of Traveller Culture;

Travellers need to be involved in all aspects of the process from the outset. This will include preliminary outreach and



where possible have a Traveller as a facilitator;

There is a need for a partnership between the local Traveller organisation, Travellers, the local Drugs Task Force and other relevant service providers;

Local service providers need to be informed of the course and its approach prior to its commencement, and it is of the utmost importance to involve local drug services in the delivery of the course;

Some parts of this course require specialised training in addiction studies or a drugs related qualification. Links need to be developed with personnel involved in drugs education;

Two facilitators are needed for each session - a community/youth worker and definitely an expert in the area of drugs;

The Programme is an evolving one which needs constant summarising of what has been learnt and what it is hoped to achieve;

At the start of each module and individual session state what the aims and objectives are, what it is about and what one is trying to achieve. Summarise as you go along and end the module by drawing out what has been achieved. At the start of each module, briefly recap on the previous one before repeating the process outlined above. In addition explain the linkages between the modules and that we are trying to build on what has been learnt. This is important in order to ensure that we are constantly reinforcing what has been learnt, building knowledge and challenging ideas.

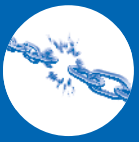
Facilitator input into the course is very important especially for group work where they will need to steer the discussion. Remember to get across the idea that this programme is a challenge for all concerned, both participants and facilitators.

## **Further consideration for groupwork activities -**

- It is better to allow participants to initially choose who they wish to sit with;
- Male-female mix and the effects this may have on the dynamics of the group;
- When facilitating the wider group discussions try to prevent any particular individual from dominating;
- Consider giving some participants responsibilities (time keepers, note takers); and remind note takers to use buzz words rather than detailed notes;
- Make sure that the room is of an adequate size and has appropriate heating and/or ventilation.

## **Introduction - Facilitators notes**

- Introduce all the facilitators and participants to each other;
- Ask everyone to state briefly what they hope to get out of the course;
- Give an overview of the complete programme;
- Negotiate and agree ground rules for the duration of the course: These may include:
  - Break times and duration;
  - The importance of confidentiality;
  - Neither participants or facilitators to mention specific names or places;
  - Phones on silent;
  - The need to respect peoples opinions;
  - One person to speak at a time;
  - Not to take things personally;
  - No one should be put under pressure or put on the spot.



# Module 1

## Values, Attitudes, Prejudice and Labels

### Aim:

To introduce the participants to the course and using discussion, group exercises and presentations to familiarise the participants with the concepts of Values, Attitudes, Prejudice and Labels. To enable participants to explore the impact of both personal and community attitudes, values and prejudices on drug use within their community.

### Materials:

Flipcharts, Markers, Pen and Paper. Definitions and Examples for Values, Attitudes and Prejudice.

### Exercise 1.1 Crocodile River

#### Aim

During this exercise we are starting the process of exploring why people view things differently. It also introduces the participants to a particular style of delivery: namely working and discussing issues within a group setting.

#### Process

The participants are broken up into a number of groups ranging in size from 3-5. They are then read the story (See Appendix A) and asked to rate each character from 1 to 5 (with 1 being good and 5 being bad). Each group must discuss and agree on the rating for each individual. They then report back to the larger group and the findings of each group are recorded on the flipchart. Each group is asked to explain the thinking behind their decisions before the discussion is widened out to the entire group.

#### Facilitators Notes for Exercise 1.1

Participants are looking at a range of characters some of whom are "bad" while others are "good"; some are idle, while others are actively involved. We are asking the participants to decide who is 'bad' and who is 'good'. It is important to add that there is no real right or wrong

answer in relation to how the characters are viewed.

The reality is everyone will view a situation differently depending on their overall viewpoint and this is also the case when it comes to the area of drugs. Someone might look at a young drug user and say "the poor devil how did he get involved in this" while another might say "scumbag".....why?

### Exercise 1.2 What are Values, Attitudes, Prejudice and Labels

#### Aim

To explore why people view situations differently depending on the above concepts.

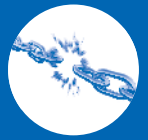
#### Process

The facilitator gives a brief introduction to the above concepts. The participants are then broken up into a number of groups ranging in size from 3-5 and asked to discuss the concepts. They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group.

#### Facilitators Notes for Exercise 1.2

While all these concepts had been in play in the first exercise they had not been verbalised. Now that they have been introduced and defined, we are trying to get participants to explore these issues in more detail and gain a deeper understanding of their meaning. Try to get the groups to come up with examples of each concept.

- **Values** are what we believe in as the way we want to live our lives;
- **Attitudes** are our opinions about issues and circumstances. Attitudes are usually based on a value system;
- **Prejudice** means to pre-judge. It arises when a negative value or attitude is used to view a particular person, group or situation; and;



- **Labels** are attributed to groups and individuals experiencing prejudice.

## Exercise 1.3

### Impact of Value and Beliefs

**Aim:** Group exercise to show how our values and beliefs impact different situations.

**Process:** The participants are broken up into a number of groups ranging in size from 3-5. Each group are given the same list of 10 people (see Appendix B). The idea is that the group must pick 5 people who will go on to start a new community. Later the group are given additional information on each individual (see Appendix C) and asked to repeat the process.

Both sets of results are recorded on the flipchart. The groups are then asked to explain:

Why they chose the first 5 individuals?

In the second round, were there changes?

Who was added or left out and why?

### Facilitators Notes for Exercise 1.3:

The important point to remember during this exercise is that we are trying to demonstrate how our attitudes to individuals can change in both a positive or negative way depending on the amount of information we have at a given time. The participants should realise that opinions are based on what we know and understand however they are not fixed in stone and can change over time with more information.

## Exercise 1.4

### Traveller Specific Scenario

**Aim:** This is an ongoing exercise, which will be built upon over the course of the five weeks of the programme. The purpose is to demonstrate how our views can change and develop given additional information.

**Process:** The participants are broken up into a number of groups ranging in size from 3-5. The scenario (see Appendix D) is read to the small groups who are then asked to answer the following three questions.

- Why is there drug use?

- Why is nobody saying anything?

- Why are his family behaving like this?

They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group.

### Facilitators Notes for Exercise 1.4:

This is the first exercise that will deal with a drugs issue. Up until now the exercises have focused on non-drugs issues to ease the participants into the course.

The following are some of the types of answers and issues which might be raised as part of the discussions:

#### Why is there drug use?

Boredom and depression; drugs are easy to get; peer pressure; experimentation; unemployment and lack of education; they make you feel better; family issues; an opportunity to make money;

#### Why is nobody saying anything?

People are afraid to interfere; afraid of being evicted; shame; do not want to admit there is a problem; do not want to cause conflict; protecting their own family and/or their own reputation by not getting involved; afraid to go to the doctor; not aware of the services that are available; lack of education on the issue of drugs; don't know what the right thing to do is.

#### Why are the family behaving like this?

They may be in denial that a problem exists; they might believe it will pass with time; while they realise that the wider community knows about the problem they are embarrassed to openly admit it because they feel the community will turn their back on them; if there is drug use in the family they may not think there is a problem; by acknowledging the problem it may interfere with future marriage arrangements.

The Facilitator rounds up this exercise and recaps on Module 1

### Key questions:

- Do our attitudes, values and beliefs have an impact on people in the community who are using drugs?

- Can we change our attitude, values and beliefs? How?



# Module 2

## Drugs Types, Signs and Symptoms

### Aim

To increase the participants understanding of drug types, signs and symptoms.

### Materials

Flipcharts, Markers, Pen and Paper, Drugs Kit, Drugs Facts sheets

**Note:** A drugs kit is a small case of fake samples of the various drugs. These kits are available through several UK suppliers and can be found online. Specialist knowledge of the pharmacology, effects, history, and way of use and current prevalence of each drug is useful to this module.

Recap on Module 1 and reinforce group rules

### Exercise 2.1

#### Aim

To explore and increase participants knowledge in relation to drugs.

#### Process (Part A)

The participants are broken into a number of groups ranging in size from 3-5. Each of the smaller groups is given two drug samples that are commonly known from the drugs kit. These could include Cocaine, Speed, Ecstasy, Cannabis (Hash & Grass), Heroin, Methadone and LSD. Each group is asked to discuss:

- What are the street names for the drugs?
- What is the street value of the sample?
- How is it used or taken?
- How does it make people feel?
- How would you know if somebody took it?

They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group.

#### Process (Part B)

The facilitator works with the group to create a definition of what a drug is:

e.g. A drug is any substance that when absorbed into the body of a living organism, alters normal bodily function

#### Process (Part C)

The facilitator gives a presentation on each of the drugs to the entire group under the following headings: Stimulants, Hallucinogens, Cannaboids and Opiates.

The participants are broken into groups ranging in size from 3-5. Each of the drugs is then discussed under the following headings:

- Category background and history
- Street names
- How it is used
- Signs and symptoms
- Effects
- Consequences

They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group.

#### Facilitators Notes for Exercise 2.1

It is vitally important that the facilitator for this session is an expert in the area of drugs and has an in depth knowledge of the subject. The facilitator needs to be as creative as possible in delivering this exercise, as it can be tiring for the participants to sit through if it is a lecture style.



## Exercise 2.2 Traveller Specific Scenario

### Aim

To build and expand on the previous discussion based on additional information and what has been learnt to date.

### Process

The participants are broken into groups ranging in size from 3-5. The scenario (see Appendix E) is read to the small groups who are then asked the following questions.

- What are the changes they have noticed?
- Which drugs might be used?
- What is happening now to the family?
- What is happening now in the community?

They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group.

### Facilitators Notes for Exercise 2.2:

We are now trying to use the knowledge from the earlier exercise. We need to ensure that the information is getting across to the participants e.g. if the changes they have noticed is that Sam is very giddy, hyperactive and going to raves every weekend the drug he is using may not be hash. With regard to the wider discussion we are trying to tease out some of the connections between certain types of drugs and what to expect with regard to behavioural changes. Try to get a deeper understanding of what is happening within the family and the wider community. How are they feeling? What do they think should be done?

The following are some of the types of answers and issues that might be raised as part of these discussions:

### What are the changes they have noticed?

The individual might have mood swings, be withdrawn, sitting alone, tired, aggressive, hot tempered, giddy, dopey and/or have become difficult to live with. Their general appearance may have become poor; they may have changed friends and started to stay out late.

### Which drugs might be used?

Could be E, Hash or alcohol. It is also possible that there are no drugs involved.

### What is happening now to the family?

They may be in denial, may not want to get involved or they may not know what to do. It may be causing conflict within the family and they might convince the person to try and detox at home.

### What is happening now in the community?

They might choose to ignore it and may be afraid to get involved in the situation. They might ask the individual to leave the site, and/or cause him/her harm.

The Facilitator rounds up this exercise and recaps on Module 2

### Key questions:

- Why is it important to understand drug types and signs and symptoms?
- Does all drug use have the same symptoms or are there differences?

### Aim:

To increase the participants understanding of drug types and their use.

**Equipment:** Flip Chart, Markers, Pens and Paper,

Recap on Module 2 and reinforce group rules

## Exercise 3.1 Types of Substance Misuse

### Aim

To increase the participants understanding of drug types and their use.

### Process

The participants are broken into groups ranging in size from 3-5. They are then asked to discuss one or more of the following four types of substance misuse (Experimental, Recreational, Problematic, and Dependant) and to answer the questions:



# Module 3

## Types of Drug Use

### What does the term mean?

- What kind of drugs would be used in this type of drug use?
- What problems may exist for the person?
- What problems may exist for the community?

They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group.

### Exercise 3.2 Experimental, Recreational, Problematic, Dependant

#### Aim

To build on the previous exercise and to widen the discussion.

#### Process

The facilitator will give an input on the four types of substance misuse (Experimental, Recreational, Problematic, Dependant), using the feedback from Exercise 3.1.

Working with the entire group they will then undertake the following in relation to each of the four types:

Firstly, create a definition for what a drug is;  
Discuss the types of drugs associated with each type  
Discuss the issues and problems associated with each type across the following headings:

- Legal
- Family
- Personal/Health
- Community

#### Facilitators Notes for Exercise 3.1 and 3.2:

It is vitally important that the facilitator for this session is an expert in the area of drugs and has an in depth knowledge of the subject. Dependent upon the perceived levels of knowledge of the participants the facilitator may

give an initial input at the start of exercise 1 or wait until exercise 2. The associated factors with the various types of substance misuse and issues that arose from previous courses are:

### Experimental

Teenagers tend to be curious by nature and experiment with many things not just drugs. They are not really concerned about the health risks and individuals, particularly teenagers, may be subject to peer pressure across all socio-economic groups. Experimentation can happen with any drug, especially Hash, Alcohol, Cocaine, E, and Cigarettes.

### Recreational

This type of use is mainly associated with Cocaine, Alcohol, Cigarettes, Hash and E. It is usually social and casual in nature and is done from time to time and at weekends.

#### Some of the associated issues are:

**Illegal:** Because most drugs are illegal they are getting involved in criminal activity which could possibly lead to a court appearance and/or criminal record. This could have implications in the future with regard to applications for travel visas and seeking work. Driving under the influence of drink or drugs might lead to a conviction.

**Family:** This type of activity can create tension within the family and can lead to a breakdown in communication. It creates an unhealthy environment for people including children and relationships can become strained. It can cause issues around money and ultimately people can become violent.

**Personal/Health:** There may be a risk of addiction and it could be a gateway to other drugs. The personal health of the individual may be affected. Many household accidents happen when under the influence of these types of drugs.



**Community:** This can range from little or no effect within the community to wider and more harmful damage and conflict.

## Problematic

This tends to happen after a period of recreational use when it is being used more often and is starting to become a problem. The main types of drugs are Cocaine, Speed, E, and Heroin.

## Dependant

At this stage the individual needs the drug to survive and function normally, the quantity of the drug needed to do so also increases. Heroin, Alcohol, cocaine, crack and methadone are drugs associated with this type of use.

### Some of the associated issues are:

**Illegal** All of these drugs are illegal and there is a greater chance of being caught as they are using the drug more often. It may also lead on to further criminal activity in order to feed the habit and the associated risk of going to prison.

**Family:** The drug use is now more visible. This is associated with increased levels of conflict and arguments. Money is now a more serious issue and it may affect the ability to pay the rent, buy food and go on holidays. Family life may become more anxious; the atmosphere more unhealthy and there may be emotional difficulties. At this stage one may witness the first signs of stealing and the individual might be asked to leave the home, due to a loss of trust and/or respect. At an extreme level the family may be evicted from their home, and/or be subject to increased use of Anti-Social Behaviour Orders (ASBOs). Overall the family can fall apart with the resultant deep emotional pain

**Personal/ Health:** Physical health starts to suffer more and there is increased weight loss. Individuals are now taking greater risks, are increasingly likely to be mixing with other drug users, will find it difficult to cope with their job if they are in employment and they may develop mental health issues. Ultimately, they might start to deal in the drug and there is a much greater risk of taking an overdose. The family may not be able to source the treatment for the drug user due to lack of services

(there are currently 24 detox beds for 1,500 Heroin users). Individuals may require hospitalisation due to the associated health problems.

**Community:** The activity is now much more visible in the community; there are higher levels of anti social behaviour including stealing and greater use of ASBOs. There might be problems with drug dealers in the community.

## Exercise 3.3 Traveller Specific Scenario

### Aim

To build and expand on the previous discussion based on additional information and what has been learnt to date.

### Process

The participants are broken into groups ranging in size from 3-5. The scenario (see Appendix F) is read to the groups who are then asked the following questions.

- What will the community do?
- What will Sam's family do?

They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group.

### Facilitators Notes for Exercise 3.3:

The facilitator will try to explore in greater detail the types of responses that both the family and the community might make in this situation. There is a real opportunity here to learn about how we can be influenced to possibly change our minds about a statement as well as understanding other people's points of view on the issue. It can also be used to tease out what might happen as a result of a given response. For example, if the family over reacts what are the implications?.

The answers given during the previous courses were:

### What will the community do?

There might be a total lack of activity due to fear. In contrast, they might jump to conclusions resulting in a possible feud and/or dangerous situation developing.



# Module 3

## What will the family do?

They might deny the problem entirely. If they thought the situation was dangerous they might leave the area, or get Sam out of the area possibly to England.

The Facilitator rounds up this exercise and recaps on Module 3

## Key Questions:

If a young person experiments with drugs will their use become problematic and eventually dependent?  
What is the danger of individuals or communities jumping to conclusions about drugs and drug users?





# Module 4

## Risks and Preventive Factors

### Aim:

To increase the participants understanding of the risk and preventative factors and to begin the process of looking for solutions

### Equipment:

Flip Chart, Markers, Pens and Paper,  
Chapter 4 "Risk and protective factors for problematic drug use amongst Travellers" By Jane Fountain (NACD)  
[www.nacd.ie/publications/NACDTravellerReportFinal.pdf](http://www.nacd.ie/publications/NACDTravellerReportFinal.pdf)

Recap on Module 3 and reinforce group rules

### Exercise 4.1 Walking Debate

#### Process

This involves the entire group in what is called a walking debate. Everyone is asked to stand and to move between one side of the room and the other depending on how strongly they feel about a set of statements. Standing by the wall to the left means you agree with the statement, by the right wall if you disagree and in the middle if you don't know, are not sure or you can stand anywhere in between depending how strongly you feel.

- Any child who experiments with drugs will become addicted?
- Alcohol is less harmful than illegal drugs?
- Parents can stop their children using drugs?
- In the society we live in today drug taking is part of growing up?

Each statement is done individually and participants are asked to discuss why they are standing where they are.

### Facilitators Notes for Exercise 4.1

The idea here is twofold. Firstly, it gets the participants out of their chairs and having to do something physical to express how they feel. Secondly it gets people thinking and talking about why they chose to be where they.

### Exercise 4.2 Risk Factors for Drug Use

#### Aim

Increase participant's knowledge in relation to risk factors involved with drugs.

#### Process

The participants are broken into groups ranging in size from 3-5. They are asked to explore the risk factors to individuals taking drugs. They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group.

An input is given by the facilitator on the risk factors.

### Facilitators Notes for Exercise 4.2:

This input needs to be given by a facilitator with an expertise in the area of drugs. While Risk and Preventative factors are opposites of the same coin, it tends to be easier if they are dealt with separately as part of the training process.

Depending on the level of knowledge of participants the facilitator may wish to give an input on the risk factors before or after the small groups discussions take place.



# Module 4

Answers to the Risk factors which were given during the previous course were: Fun; Recreation; Education; Family; Health; Social networks; Employment; Boredom; Accommodation; Environment; Criminal justice system, and Previous drug use

## Risk Factors come under three headings:

### Personal

These can be related to issues of abuse and/or low levels of self esteem. They might also be recreational in nature and related to the wish to experiment, feel good and/ or peer pressure. Stress, bereavement and the need to get away from ones problems also fall under this area. Previous drug use, lack of education and unemployment are also factors.

### Family

If there is abuse within the family, very bad lines of communication and/or existing drug use within the home the risk is increased.

### Social

If your friends are using drugs, if drugs are in your social environment and are easy to access then the risk factor is increased.

## Exercise 4.3 Walking Debate

### Process

This is another walking debate similar to Exercise 4.1 where the following statements are considered:

- The area you live in influences whether you will take drugs?
- A family should be able to solve a drug problem in the family?
- If a young person knew the risks associated with drugs they would not take drugs?
- If a dealer is caught selling drugs, the person should be given a mandatory life sentence?

Each statement is done individually and participants are asked to discuss why they are standing where they are.

## Exercise 4.4: Preventative Factors for Drug Use

### Aim

Increase participants knowledge in relation to preventative factors involved.

### Process

The participants are broken into groups ranging in size from 3-5. They are asked to explore the preventative factors to individuals taking drugs. They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group

An input is given by the facilitator on the preventative factors.

### Facilitators Notes for Exercise 4.4

Depending on the level of participant knowledge the facilitator may give an input on the preventative factors before or after the small groups discussions take place.

As with Risk factors the Preventative factors fall into three broad categories: Personal, Social and Family

**Personal:** A healthy self-esteem and family life with good lines of communication and continued support through the education system are important factors.

**Family:** Parents need to not only love their children but also to be genuinely interested in what they are doing and how they are feeling. They must make an effort to talk to them. All of these factors will have a positive impact on children.

**Social:** There needs to be a much higher level of awareness within society in relation to the areas of drugs and alcohol. After school support and homework clubs for young people as well as support groups for parent are preventative factors. So too are the existence of youth clubs and good role models within the area, as well as the possibility to receive support and counselling where needed.



The facilitator will summarise the first four exercises, which have taken place and use the knowledge gained as a lead in to the final exercise of this module.

## **Exercise 4.5** **Traveller Specific Scenario**

### **Aim**

To bring together what has been learnt over the 4 modules

### **Process**

The participants are broken up into a number of groups ranging in size from 3-5. The original scenario (see Appendix G) is read to the small groups who are then asked to explore solutions to the situation. They then report back to the larger group where their findings are recorded on the flipchart before the discussion is widened out to the entire group.

### **Facilitators Notes for Exercise 4.5**

The purpose of this exercise is to see to what extent the group have learned over the weeks and to try to get them to work together to see if they can come up with ideas as to how the situation might be resolved. Ideally we would like to see the group talk about prevention, dialogue within the family, using local drug services etc.

Some of the answers which were given during the previous course were: The need for dialogue within the family; to acknowledge the problem and act on the issue; not to jump to conclusions; to seek help and/or go to a doctor or local services; to go to a youth worker/ community worker/ social worker for support.

The Facilitator rounds up this exercise and recaps on the session

### **Key Questions**

- Why is good communication within the family a preventative factor?
- Why is it difficult for communities to openly speak about drugs issues?





# Module 5

## Local Drugs Services

### Aim

To increase the participants understanding of drug services for users and families in the local area.

### Equipment

DVD player and NCAD DVD on 'Nature and extent of Drug misuse in the Travelling community', available from NCAD or Pavee Point.

Guest speakers from Local services.

Before starting this module it is important that the facilitator recaps on the first 4 modules and summarises the lessons learnt by the group as a whole.

Recap on Module 4 and reinforce group rules

### Exercise 5.1 Group Discussion

#### Aim

To bring together the knowledge gained over the first four weeks and to have a broad discussion on the area of drug use within the participants own community.

#### Process

This exercise can be done with the wider group and they are asked to discuss:

What is the drug situation in our community today?

The findings are recorded on the flipchart.

### Exercise 5.2 National Advisory Committee on Drugs DVD

#### Aim

To present the findings of the Report on Drugs use within the Traveller Community

### Process

Introduction to the NACD DVD. This video is about 25 minutes long and after the group has watched it they are asked:

What can be done about the drug situation in the Traveller community?

The findings are recorded on the flipchart.

### Exercise 5.3 Guest Speakers from Local Services

The module ends with presentations from local drug services. When running this programme in Clondalkin the following services were asked to give presentations.

#### (1) C.A.S.P. (Clondalkin Addiction Support Programme)

C.A.S.P. provides holistic drug treatment services focusing on the psychological, physical, social and spiritual needs of drug users and their families in North Clondalkin. They aim to provide creative and flexible responses to the needs of those presenting through the provision of:

- Outreach to active users
- Detoxification and Maintenance Programmes
- Group Work - Day activities
- Family Support
- Counselling
- Aftercare and Mentoring
- Health Care
- Community/Prison Links
- Community Development

Management Committee comprises representatives of local community, voluntary and statutory, and private industry, which meet monthly.

Contact Information: on page 25



## **(2) Bawnogue Youth and Family Support Group**

Community drug team offering support to drug users and their parents, partners and siblings. They offer one to one support and group work in a safe and confidential environment. They provide information, advice support and referrals. Services include rehabilitation and aftercare, education and prevention programmes, counselling, information and alternative therapies. Drop-in Service Monday to Friday, also homeless drop-in Mon-Fri 9am-9.30am for breakfast and Mon 8pm-10pm. Parent support group meetings weekly. s 8pm-10pm.

### **Target group:**

Drug users and their families, including people in recovery.

### **Area served:**

South west Clondalkin

Contact Information: on page 25

## **Facilitators Notes for Module 5**

The last module is a vital component in the overall programme. The reality is that while there is an open door policy from drugs services, Travellers are often not aware of the services and therefore do not avail of them. As noted in the introduction it is very important that all local services are informed and where possible involved in the programme.

It is also important to stress to the local services that they emphasise that Travellers are very welcome to use the services and that they need not worry about being turned away or about literacy. The reality is that Travellers are used to being turned away. Meeting with local drug services in this setting could be used as a platform to organise further meetings or information sessions with the community.

### **Course Evaluation**

At the end of the course the participants were asked questions concerning the course and the answers from Clondalkin Travellers Development Group and the Traveller Visibility Group in Cork are summarised below.

In general terms participants felt that the overall course was extremely worthwhile and that it greatly increased their knowledge in relation to drugs. In particular they noted how unaware they were, regarding how our attitudes and values played such a major role and that these were subject to change dependent on the level of information and knowledge we had at our disposal in relation to the individuals concerned and the background situation.

With regard to the specifics of the course content and layout, participants seemed to particularly enjoy the walking debates and the ongoing scenarios in relation to Sam. They noted that the use of group work ensured that everyone was sharing opinions and that this added value to the exercises. Participants felt that the inclusion of a module which allowed service providers to address the group and to answer questions was very worthwhile. In this way many of the specific questions and ideas that participants had as a result of the course were teased out and answered.

Looking at ways in which the course might be improved in the future participants suggested that the emphasis needs to be on practical activities and group discussions with as little as possible in the way of lecture style presentation by facilitators. It was also noted that a longer course could provide a greater depth of knowledge and that the course should be targeted at younger participants. There was a need to ensure that the number of participants on any given course was kept to a maximum of ten and that the level of involvement of service providers in the course might be increased.

At a wider level there is a need to target male and young Travellers to participate in the course and local drug services should visit halting sites and provide them with information. In addition, participants expressed an interest in meeting with parents who have dealt with drug and/or alcohol issues.

Finally, it was suggested that participants who have undertaken the course in different locations might be brought together to share their ideas and to exchange information



### Crocodile River

Once upon a time there was a woman called Doris who was in love with a man called Stephen, Stephen lived on the shore of a river and Doris lived on the opposite shore.

The river that separated the two lovers is teeming with man-eating crocodiles and Doris wants to cross the river to be with Stephen. Unfortunately the bridge that joined the two shores has been washed away in a storm.

Doris went to ask Jimmy who owns a boat, to take her across. He said that he would be glad to but only if she would go to bed with him before the trip. She promptly refused his offer and went to another friend called Mike to explain her plight. However Mike didn't want to be involved in the situation at all. Doris then felt that the only alternative was to accept Jimmy's offer. Afterwards true to his word, Jimmy fulfilled his promise and delivered her into the arms of Stephen.

But when Doris told Stephen about her escapade in order to get across the river, he dumped her immediately. So, heartbroken and forlorn, Doris turned to her ex-boyfriend Connor with her tale of woe. Connor feeling a certain amount of compassion for Doris went to find Stephen and proceeded to beat him senseless. Doris was overjoyed at the sight of Stephen getting his due. As we leave the story Doris is smiling as Stephen lies in a heap on the ground.



**Priest**

**Engineer**

**Ex-drug user**

**Doctor**

**Politician**

**Midwife**

**Pregnant woman**

**University professor**

**Teenager with  
disability**

**Electrician**



## **Priest**

In his home country of Nigeria it was found that he misappropriated funds

## **Engineer**

May have links with a terrorist organisation

## **Ex-drug user**

is on a methadone programme and has recently received an award for developing an effective drug rehab centre

## **Doctor**

is 70 years old

## **Politician**

is also a medical doctor

## **Midwife**

is a Muslim man

## **Pregnant woman**

is a lesbian

## **University professor**

is the CEO of an organisation that has done great work in third world development

## **Teenager with disability**

has a visual impairment and wears glasses

## **Electrician**

has a drink problem



## **Traveller Specific Scenario**

Sam is a young Traveller man of 16 years old who is using drugs. He buys the drugs and sells them to his friends who live on the same site. All the young men have been using drugs for some time. His family are aware that he is using drugs but say nothing. The community where they live know that Sam is using drugs and selling them to the other young men but no one says anything.



### **Traveller Specific Scenario**

Sam is a young Traveller man of 16 years old who is using drugs. He buys the drugs and sells them to his friends who live on the same site. All the young men have been using drugs for some time. His family are aware that he is using drugs but say nothing. The community where they live know that Sam is using drugs and selling them to the other young men but no one says anything. Sam's parents are now concerned about his behaviour as they have noticed changes in him and also changes in the other boys.



## **Traveller Specific Scenario**

Sam is a young Traveller man of sixteen years of age who uses drugs. He buys drugs and sells them to his friends. His family are aware that he is using drugs and the community where he lives are aware that he is using drugs and selling to the other boys but no one says anything. A 12-year-old child has been found unconscious on the site. The child is rushed to the hospital. The community is extremely concerned with this and many feel that it is drug related.



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McCarthy, D. (2005) Responding to the needs of young Traveller Men at risk in Tallaght and Clondalkin area

Pavee Point. (2009) "Pavee Point Travellers Centre, the Irish Traveller Movement and the National Traveller Women's Forum Submission on the development of the National Drug Strategy 2009-16".



# Useful Addresses

## **C.A.S.P. (Clondalkin Addiction Support Programme)**

Ballyowen Meadows,  
Fonthill Road, Clondalkin, Dublin 22.  
Tel: 01 - 616 6750  
E-mail: [casp@iol.ie](mailto:casp@iol.ie)  
Web: [www.casp.ie](http://www.casp.ie)

## **Bawnogue Youth and Family Support Group**

Unit 11 & 13, Bawnogue Shopping Centre,  
Bawnogue, Clondalkin, Dublin 22.  
Tel: 01 - 457 2938











