

Putting an alcohol strategy together is a difficult business when you're competing with so many of the team's priorities. East Sussex DAAT's alcohol strategy officer, Mandy Foyster, shares her diary of how she made sure the strategy emerged.

Diary of a local alcohol strategy

➤ Alcohol is certainly in the news these days! Concerns about the Nation's health and about alcohol related crime and disorder are often expressed in media headlines, and the costs both social and economic are high. With a sound drug strategy in place and robust work going on in the illegal drug field, East Sussex Drug and Alcohol Action team knew that the time was ripe to focus more attention on alcohol.

January 2005

I'm appointed to the Post of Alcohol Strategy Officer, situated within East Sussex Drug and Alcohol Action team. With a background in education and prevention I know that it's going to be a steep learning curve but am clearly unprepared for quite how steep. The structure of the county's management is complex. We have five district and borough councils, four primary care trusts, five crime and disorder reduction partnerships and Sussex Police operate five districts within the county. Needless to say, these bodies don't all share the same boundaries and the various areas are not homogenous and subsequently have widely differing needs and problems.

Within the various districts are wards with high levels of deprivation alongside wealthy, middle class communities. Alcohol, however, affects them all. We are fortunate in having a dedicated voluntary alcohol service but there is no dedicated money for alcohol and uncertainty about how the situation can be improved.

We establish an alcohol group with senior representation from all the key stakeholders. The first meeting is well attended, the terms of reference are agreed and I'm charged with the initial task of an alcohol audit or review, in order to begin the process of shaping a local alcohol strategy for publication early next year.

February

I begin to realise how big this job is. Sometimes it seems a shorter task to list the areas which are unaffected by alcohol than to identify the areas which are! The London Drug and Alcohol Network/Alcohol Concern Toolkit provides an invaluable source of help in structuring my approach, as do various colleagues within the PCTs, Sussex Police, CDRPs and the county council.

Two of our PCTs already have Alcohol Strategies (obviously specific to their own areas). Fora for partnership working are well established across the county but despite this I know that balancing the different agendas will be challenging.

April

Data collection proves an enormous challenge. Action for Change (our voluntary alcohol service), collects basic client data but doesn't have the

resources to carry out outcomes monitoring. They naturally respond to requests for data from their various funders but (unlike illegal drug services) have no duty to provide the DAAT with data. The staff always respond helpfully to my requests but already it is clear that improving data collection and availability will have to be a priority.

Where data does exist, it is often not collected consistently across the county, so comparisons are difficult. One PCT collects information about average unit consumption of alcohol and only information relating to numbers drinking above government guidelines. Charts and tables get bigger and more unwieldy until, in the end, I wonder if they have any value at all!

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May

Alcohol Concern is currently consulting carrying out a consultation exercise about the proposed Models of Care for Alcohol Misuse (MoCAM). We establish a local group in order to collate a county-wide response. As well as identifying various gaps, one of our main concerns is the question of what influence the document will have, especially with commissioners. Despite these concerns we hope the final MoCAM will be published soon, as it has to inform the direction of our local strategy.

July

We hold a consultation event on the final draft of the Review. It is well attended and constructive. By the end of July we are able to complete the final document and post it on our website. This information and the long list of recommendations will form the starting point for our strategy.

The thematic headings for the strategy are agreed. These are: young people, families, adult support, identification and treatment, and crime, disorder and the alcohol industry. There are areas of overlap between each of these, and a significant amount of cross-referencing will be required. Thematic focus group meetings are arranged in order to thrash out our real priorities. This will be very difficult and time consuming work; balancing the aspirational with the achievable.

There is so much potential work that could be done and so little money. Senior colleagues within the county council are currently working with partners on the development of the new Local Area Agreements and exploring the links between the emerging priorities within these and within the alcohol strategy.

August

Some exciting ideas are beginning to emerge. Limited funding does encourage creative thinking and in certain areas we feel we can improve services by reviewing the way they operate and making

operational changes. However, we also want to introduce some new ways of working within the county and hope that these will include a Family Alcohol Service, with dedicated workers able to identify and work with parents with alcohol problems in the context of their family situation. We are also considering how to establish an ambulatory detoxification programme, which would enable more patients to access detoxification on a more cost efficient basis.

October

The focus group meetings go well. Partners are very committed to producing a document which will have real influence across the county. This means demonstrating clearly what the problems are, what we are already doing – and the evidence-base for effective interventions. Once completed, the strategy will run up until 2008, to mirror our drug strategy. We need to be realistic about what is achievable within this timescale and accept that not all our concerns will be addressed. However, one central theme of our understanding is the need for a cultural shift in our relationship with alcohol, which will be required in order to effect real change. We have to accept that this will be a long process and only achievable through concerted efforts, both nationally and locally.

The consultation process never really stops and I attend as many meetings across the county as I am able, making presentations where possible. In between these, the evolving draft document is emailed out to key partners and one-to-one meetings and phone calls are ongoing. The document changes and grows on a daily basis. As local priorities begin to emerge, framed by our partner's key aims and targets, I try to dovetail them to fit with national guidance and legislation.

Leaving the office with a colleague one afternoon, the body of a street drinker is discovered on derelict space adjacent to our building. This is both a shocking and deeply saddening experience for all our team. Over the next few days, various conversations take place and thoughts are exchanged. I detect an increased resolve to improve support for those with alcohol affected chaotic lifestyles.

November

The DAAT Annual Stakeholder Conference takes place at the beginning of the month and in addition to presentations about alcohol, there are opportunities for the delegates to participate in workshops. The day proves invaluable in identifying gaps and inaccuracies and moving the strategy another stage closer to completion.

One of the main challenges in the production of this document has been working in a constantly changing environment and trying to keep abreast of new developments. On the 24th of this month the 2003 Licensing Act comes into force. Our licensing officers have been working hard and rigorously to process all the applications and opinion is divided as to what the impact of the Act will be on our town centres.

At the same time we are anticipating changes within other local structures, including Sussex Police and the primary care trusts. These structural changes will hopefully provide opportunities for establishing improved partnership working, but they also cause some uncertainty. There is still no sign of MoCAM!

December

The final draft of the strategy is completed and the Alcohol Group and ESDAAT Board give their approval subject to some final amendments. We want this document to be easily accessible to all the stakeholders and it has been agreed that the detailed actions required to address our priorities will be set out within the implementation plans which will support the strategy. We identified four existing DAAT subgroups who will each take responsibility for overseeing the implementation of the strategy and monitoring its progress. Formatting and layout of the final document is underway and the document will be formally launched (in one of our local hostels, of course) on 29 March 2006.

All in all, 2005 has been a challenging and stimulating year. I suspect, however, that the real work starts now!