# Galway City Strategy to Prevent and Reduce Alcohol Related Harm 2013-2017

## Evaluation Findings

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# Overview

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# Background



GALWAY CITY STRATEGY TO PREVENT AND REDUCE ALCOHOL-RELATED HARM 2013-2017


Galway Healthy Cities

- Galway Healthy Cities Programme - WHO Healthy Cities

- First city in Ireland to develop an alcohol strategy

- Driven by Galway Healthy City Alcohol Forum (GHCAF)

- Community action approach

- Evidenced-based

# Strategy



GALWAY CITY STRATEGY TO PREVENT AND REDUCE ALCOHOL-RELATED HARM 2013-2017

Galway Healthy Cities

- Prevention

- Supply, access and availability

- Screening treatment and support services
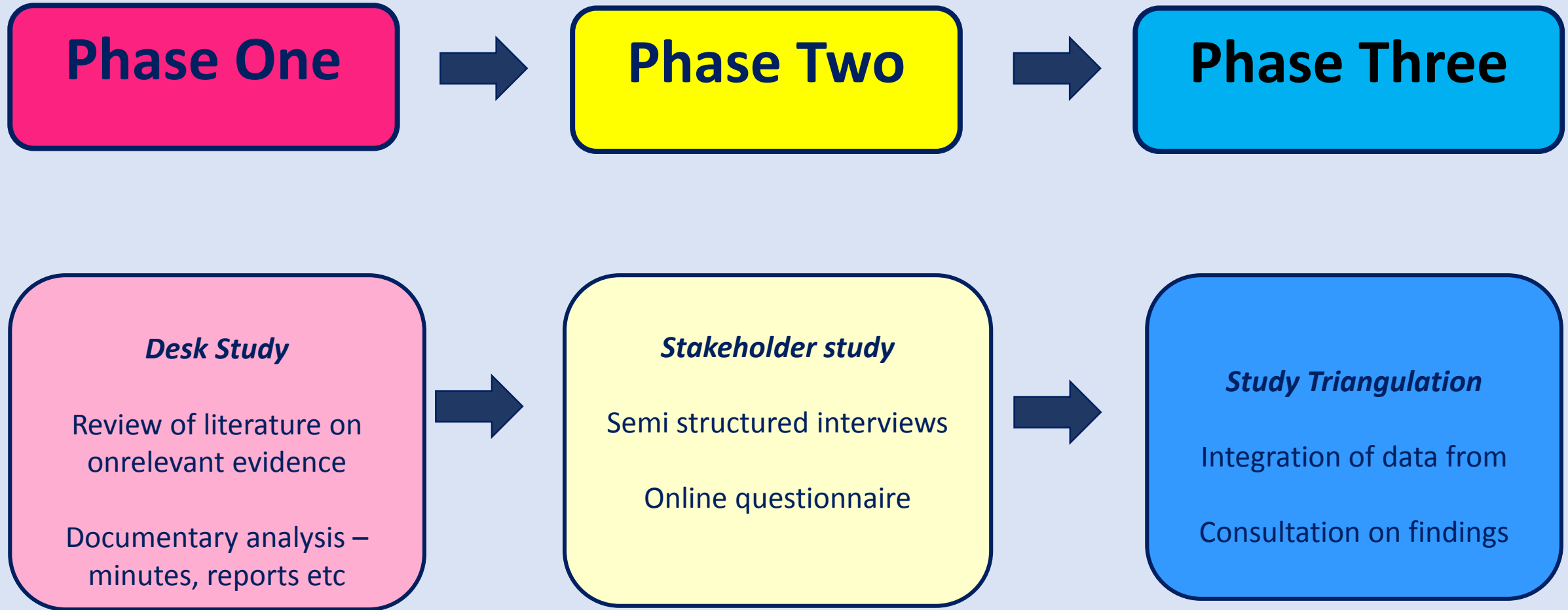
- Research monitoring and evaluation ➡️ Incl. evaluation by research team at the HPRC at NUI Galway in 2017

# Aims and Objectives

To evaluate the implementation of the Galway City Strategy to prevent and reduce alcohol related harm in order to:

1. Examine the **role of stakeholders** in the implementation of the alcohol strategy
2. Examine and appraise the **structures, practices and procedures** adopted and compare these with **best practice examples**
3. Determine what **goals and strategic actions** have been achieved
4. Identify the **barriers and enablers** to the implementation of the alcohol strategy
5. **Make recommend**ations that will strengthen achievements and support the development of the strategy going forward.

# Methodology

**Phase One** ➜ **Phase Two** ➜ **Phase Three**

| *Desk Study* | *Stakeholder study* | *Study Triangulation* |
|---|---|---|
| Review of literature on onrelevant evidence | Semi structured interviews | Integration of data from |
| Documentary analysis – minutes, reports etc | Online questionnaire | Consultation on findings |

# Role of Stakeholders

## Who?

- **Core Stakeholders** – HSE Health Promotion and Improvement , Western Region Drug and Alcohol Task Force  (WRDATF)

- **Galway Health Cities Alcohol Forum** (GHCAF) –An Garda Siochana, Galway City Council, Addiction Services (HSE), Health Promotion and Improvement (HSE), Western Region Drug and Alcohol Task Force, NUI Galway, Public Health (HSE), Environmental Health (HSE), Galway City Chamber of Commerce, VEC/Galway Roscommon Education and Training Board, Galway Mayo Institute of Technology and Galway City Community Forum.

# Role of Stakeholders

## Experience?

Involvement - Broad range / level of involvement (2012-2017)

Engagement – direct invitation or direction by managers

Inclusive and welcoming nature of forum

Collaborative process

Some challenges  -  clarity on role

Factors in people continuing their involvement

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# Governance Structures

- Meetings extremely well structured and managed – clear agenda, minutes, etc.

- Regular attendance and accountability

- Strong review process – opportunity to change / re-iterate, identify gaps, etc.

- Good communication strategy - with stakeholders, PR, public advocacy

- Strong Leadership by HSE – need for dedicated person

# Governance Structures

"They were very well run, always on time, there was nothing rushed, there was always time to discuss particular issues and there was always discussions … I thought they were very good productive meetings and I was always keen to make sure I attend them." (SH17)

"I mean the evidence is really really strong around the world … I know that from Health Promotion, you need somebody leading it you need someone that there is on their job spec that they're responsible for it … when you don't have it as the top of somebody's job it doesn't get done, it gets weakened." (SH6)

# Evidence of Best Practice

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## Good practice

## To be addressed

International evidence and data

Multiple approaches to consultation

Transparency on roles, actions, progress etc.

Inter-disciplinary best practice

Logic / conceptual model

Maximising potential synergies

Lack of baseline data

Stakeholders with managerial rank

Clarity on future leadership / home

# Evidence of Best Practice

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"I think part of the problem for some of the initiatives is that they need a higher level of cooperation from senior management and in all the organisations in order to sort of facilitate change. … You need to be careful not to constantly just get the people who agree with you but sell the message to the people who don't". (SH8)

"The one thing about the strategy I think as well was when it was developed is very much coming at looking at evidence based actions … to change things we need to look at marketing, supply and availability, and they are the things that will make an impact with regards to alcohol and alcohol harms." (SHO5)

# Goals and Strategic Actions

- Raising awareness and agenda setting

- Periodic prioritisation of goals - linking actions with evidence

- Valuable progress in linking agencies

- Developing a shared responsibility among services

- Success identified in annual reports - some issues acknowledged as more challenging

- Advocating for implementation of Public Health Alcohol Bill

# Goals and Strategic Actions

"It was good that the different organisations in the area sat down together and voiced their opinions, their problems. When you work in the Guards, or you work in a hospital or wherever you work, you can see your problems in relation to an issue, but you don't necessarily understand other people's problems. So, it was good that we could work together and see if we could help each other". (SH19)

# Barriers and Enablers

## Enablers

Evidence based strategy

Collaborative nature – building and sharing

Excellent communication strategy

Well structured and organised

Comprehensive review process

## Barriers

Support / buy-in from leaders and key organisations

Poor service availability - fragmentation

Lack of baseline data

Ambivalent attitudes to alcohol – local, national and cultural level

Lack of progress on Public Health Alcohol Bill

# Barriers and Enablers

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"...but then you know there's a cliff edge then cause there's no treatment which is painful ... but it is ... it's terrible. You know cause it's very frustrating if you go out and raise awareness for the public and then the public come looking for help and there's no... That's a real road block I think for the strategy." (SH08)

"It comes down to if you don't have the head of the organisation backing what you do then it doesn't happen". (SH6)

"And there are all these different voices coming from so many different perspectives ... they are hearing what the issues are for people trying to operate the strategy in different places". (SH09)

# Stakeholder recommendations

- Develop a **second strategy**

- Further embed the strategy into the **Healthy Ireland** agenda

- Link with **other groups** nationwide working on alcohol policy

- Adopt a **stronger community focus**

- Explore fully **future home** for the strategy should – WRDATF?

- Involve all GHCAF agencies in the **actual implementation** of  actions

- Maintain focus on awareness raising, information sharing and ensuring that **alcohol remains on the agenda**

- Identify local alcohol **prevention champions** to advance actions

- Sustain the focus on the **Public Health (Alcohol) bill.**

| Findings | Agreement | Comment |
| --- | --- | --- |
| **Stakeholders** | 94% | More engagement with local communities and responsiveness to change in context required. |
| **Engagement and collaboration** | 94% | Stakeholders felt 'included' and agreed that the collaborative process adopted was cruicial. |
| **Governance, practice and procedures** | 100% | The need for a dedicated person and agency to provide leadership was stressed. |
| **In line with good practice** | 94% | Least clarity on these points, monitoring progress and leadership were highlighted. |
| **Enablers to implementation** | 100% | The annual review process was emphasised as a learning and networking opportunity. |
| **Barriers to implementation** | 94% | Lack of progress on alcohol services and the public health alcohol bill are central. Greater commitment from some stakeholders needed. |
| **Progress made** | 83% | Raising awareness should impact on the agenda of all stakeholders. |
| **Recommendations** | 94% | Recommendations should be discussed at the GHCAF. |