East Sussex Alcohol Strategy 2014-2019

...for a healthier and safer East Sussex
Have you ever thought about how much you really drink?

Do you know how many units of alcohol and calories are in your usual drink?

Do you know where to get advice or support if you have concerns about these things?

What’s in your drink?

Alcohol units and guidelines

There are recommend guidelines to help you chose to drink within safe limits they are:
Men - No more than 3-4 units per day on a regular basis:
Women - No more than 2-3 units per day on a regular basis

More information is available at [www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life)
1. Foreword

Eighty-five percent of adults in East Sussex drink alcohol. It is estimated that 1 in 4 people are drinking at a level that is risking or causing damage to their health and wellbeing.

It is without doubt that alcohol is part of East Sussex life; it contributes significantly to our social and economic landscape. Locally, the alcohol industry employs over 4000 people in pubs, bars and in eleven breweries, producing over £45 million in wages.¹ Many of those venues are also an integral part of the local tourism industry.

However, alcohol also contributes to significant health and social problems within our county. The negative impact on individuals, families and communities can be devastating. Locally, alcohol-related illness is on the rise. A significant proportion of crimes including domestic abuse, sexual offences and anti-social behaviour are alcohol-related and alcohol can be a significant factor in poor parenting and family breakdown.

This is the third alcohol strategy for East Sussex, and comes at a challenging time for public and community services. Whilst East Sussex has continued to make considerable progress in developing responses to alcohol-related harm, especially with regards to alcohol treatment services, it is recognised that there is still further work to do to prevent harms.

The formation of Public Health England, Clinical Commissioning Groups, the East Sussex Health and Wellbeing Board, and the transfer of responsibility for Public Health to East Sussex County Council, has brought greater opportunities for joint strategic working and the sharing of responsibilities to promote health improvement. And there are new opportunities to work with the Sussex Police and Crime Commissioner to identify and respond to our communities’ concerns and needs around alcohol-related crime and disorder.

Our aim is to make East Sussex a safer and healthier place by ensuring that all stakeholders share the responsibility to respond to alcohol misuse confidently and effectively to prevent and reduce the harms caused.

¹ Beer and Pubs Association: Regional Study 2010/11
2. Executive Summary

Alcohol is a complex issue, it is the most widely used drug in the world and has a significant and highly valued economic and social role. Locally in East Sussex, alcohol consumption and harm is spread across the population, amongst different age and socio-economic groups. However, although alcohol misuse can have an impact on all kinds of people - there are substantial differences in the health consequences between affluent and deprived communities. The majority of alcohol-related crime and anti-social behaviour disproportionately occurs in the more deprived areas of our county. Alcohol problems cannot be tackled in isolation, they need to be joined up with the work to reduce health inequalities and to improve our neighbourhoods.

The harms caused in East Sussex each year are considerable, we estimate that:

- 23% of adult drinkers are drinking at a level that is damaging their health and wellbeing
- there are more than 5,000 alcohol-related crimes and anti-social behaviour incidents per year
- there are approximately 300 ambulance call-outs per month for matters associated with alcohol misuse, and
- 1,691 alcohol-related hospital admissions per 100,000 population (2011/12).

In developing this strategy the East Sussex Drink Debate sought to find out what local residents think about alcohol and the harms it can cause. Alongside analysis of local data about alcohol misuse and alcohol-related crime, this strategy draws together those issues raised in the Drink Debate.

This strategy aims to deliver better health and community safety outcomes for individuals, families and communities impacted by alcohol misuse. Working with all our partners we want to encourage a culture that supports people to drink without harming their health and wellbeing; offer support and advice to those impacted by risky drinking; encourage communities to have a say in how alcohol impacts on their neighbourhoods, and work with all stakeholders to create better and safer socialising environments.

We have identified three priority areas to focus on to make improvements in preventing and reducing harms caused by alcohol misuse:

Priority 1 – Develop individual and collective knowledge, skills and awareness towards alcohol

The Public Health England ‘Alcohol Stocktake’ self-assessment tool recommends broad prevention messages to help people to choose to drink within safer limits and be aware of alcohol harms. We are keenly aware that alcohol is more affordable now than in previous years; socially and culturally alcohol has become an everyday commodity, advertised widely and easily available. Enabling people to develop their knowledge and understanding of
the impact of alcohol, is essential to encourage people to choose to drink without harming their health and wellbeing.

Key objectives
1.1 Increase knowledge, understanding and awareness of healthy drinking limits
1.2 Reduce acceptability of risky and harmful drinking
1.3 Influence workplace alcohol policies and cultures
1.4 Develop alcohol champions amongst key public, organisational and community roles - such as chief officers, councillors and school governors
1.5 Increase staff information and training on alcohol awareness and harms
1.6 Ensure services and partnerships keep informed and up-to-date, and benchmark against available evidence and NICE guidance

Priority 2 - Provide early help, interventions and support for people affected by harmful drinking

Targeted interventions will enable resources to be available for those who need most help, whether it is early help or specialist intervention. We want to make sure that we reach more people in the community, work and various social settings to identify and assess their needs. This is for adults, parents, children and young people.

Key objectives
2.1 Targeted delivery of the alcohol Identification and Brief Advice Model (IBA) to increasing and higher risk drinkers
2.2 Secure commitment of using the IBA model in health and non-health settings
2.3 Increase availability of IBA in Children, Family and Young persons settings
2.4 Increase alcohol awareness across Family Keyworking networks
2.5 Promote effective alcohol education in schools
2.6 Ensure the Drug and Alcohol Service meets local demand
2.7 Increase the utilisation of specialist treatment for adults and young people

Priority 3 - Create better and safer socialising

There is a range of crime and disorder issues associated with alcohol misuse including violent crimes, sexual assaults, drink driving and anti-social behaviour. Alcohol is widely available at both on and off licensed premises and effective use of enforcement against individuals and businesses helps to control and minimise the impact of alcohol misuse. However, alongside working to improve individual responsibility, we also aim to work with local alcohol retailers and licensnees to promote greater responsibility and management of alcohol in the community.
Key objectives
3.1 Tackle alcohol-related anti-social behaviour and crime, including sexual offences; and ensure that domestic abuse issues are addressed, as appropriate, across all services
3.2 Enhance existing work to control where and how alcohol is available
3.3 Improve the management of night-time socialising environments through use of partnership schemes
3.4 Develop partnership schemes with retailers and licensees to promote responsible sales
3.5 Reduce under-age sales, including proxy sales, and sales to those who are intoxicated
3.6 Reduce alcohol-related road traffic incidents and casualties
3.7 Improve data sharing on Accident + Emergency and Ambulance attendances

We will seek to maximise our resources and partnership approach to deliver a co-ordinated action plan, and will put in place an outcomes focused performance management framework to monitor progress.
3. Approaches for preventing and responding to alcohol harm

National Guidance

The Government’s Alcohol Strategy 2012 sets out proposals to cut ‘binge’ drinking, alcohol fuelled violence and the number of people drinking to damaging levels. The Government’s Drug Strategy 2010, sets out the ambition to increase effective treatment and support full recovery for those suffering from addiction, including alcohol.

In 2013, Public Health England (PHE) produced the ‘Alcohol Stocktake Self-Assessment Tool’\(^2\) which is designed to provide a structure for local areas to review their systems for responding to alcohol-related harm. The key themes and components have been used throughout the aims and objectives of this strategy, including: strategic leadership, primary prevention, secondary prevention, hospital based alcohol services and tertiary prevention.

The Department of Health has identified categories of drinking patterns which define the level of health risk facing the individual drinker\(^3\):

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
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</thead>
<tbody>
<tr>
<td><strong>Lower Risk</strong></td>
<td><strong>No more than 3-4 units per day on a regular basis (or no more than 21 units per week(^*))</strong></td>
</tr>
<tr>
<td><strong>Increasing Risk</strong></td>
<td><strong>More than 3-4 units per day on a regular basis (or more than 21 – 50 units per week)</strong></td>
</tr>
<tr>
<td><strong>Higher Risk</strong></td>
<td><strong>More than 8 units per day on a regular basis (or 50 units per week)</strong></td>
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</table>

There is clear evidence to support two key interventions to change individual drinking behaviour - Alcohol Identification and Brief Advice and specialist treatment services, alongside enforcement and control measures. Within East Sussex prevention and treatment are part of a continuum of interventions to reduce alcohol harm. From a health improvement perspective our focus is engaging with people before they require treatment.

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\(^2\) Public Health England Alcohol Stocktake self assessment tool 2013 at [www.gov.uk](http://www.gov.uk)

\(^3\) The Government’s Alcohol Strategy 2012 states it has requested a review of alcohol guidelines
Alcohol Identification and Brief Advice

The evidence shows that individuals drinking at increasing and higher risk levels (but not dependent drinkers) benefit from a brief intervention or an extended brief intervention using the alcohol Identification and Brief Advice (IBA) model.

IBA can in theory be delivered by anyone in a helping position, trained in using the approach. Settings include both health and non-health settings; such as GP practices, community pharmacy, dental practices, children and family centres, probation services, courts, prison, police custody, disability and elderly services, fire & rescue, housing and leisure services. This strategy maintains that normalising the use of IBA in health and non-health settings would do much to change the prevailing drinking culture.

The local NHS Health Check programme includes alcohol IBA for adults 40-74 years. There is further opportunity to embed brief advice for alcohol through local ‘Make Every Contact Count’ (MECC) activity; this is an approach within the NHS and voluntary and community sector settings to use each contact with individuals to offer appropriate brief advice on staying healthy.

Specialist Alcohol Treatment and Recovery focused communities

Those drinking at dependent levels are best supported by specialist alcohol services. Specialist services work with moderately or severely alcohol dependent clients to provide psychosocial and medical interventions. Services are provided in the community, in hospital and residential care settings and in prisons. Services help clients to become free from alcohol dependence and achieve a long-term sustainable recovery.

The Department of Health recommends that 15% of the estimated alcohol-dependent population should access treatment each year.

A substance misuse commissioning strategy and treatment plan describes local priorities for alcohol treatment. The strategy emphasises developing ‘recovery communities’ through peer support and encouraging more peer-led activities beyond treatment.

Services for Young People and Families

A substance misuse service for young people Under 19 provides one-to-one support workers for young people misusing alcohol and other substances. The SWIFT service, a jointly commissioned East Sussex Adult Health and Children’s service, provides a specialist service for families with adults who have a drug or alcohol treatment need who are in the child protection process.

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4 East Sussex Substance misuse commissioning strategy 14/15 at www.safeineastsussex.org.uk
5 East Sussex Treatment Plan 14/15 at www.safeineastsussex.org.uk
Enforcement and Licensing

The Licensing Act 2003, as amended by the Police Reform and Social Act 2011, gives local licensing authorities greater powers including:

- doubling the fine for persistent underage sales to £20,000
- introducing a late-night levy to help cover the cost of policing the late-night economy
- suspension of premises licences if annual fees are not paid

The 2011 Act also gives health authorities a statutory role in the licensing process.

The Government’s Alcohol Strategy 2012 promotes local alcohol action areas – encouraging the use of the amended Licensing Act to put in place local restrictions. There is also an emphasis on the local industry taking more responsibility in terms of its management of alcohol and involvement in local partnerships, through the likes of ‘Best Bar None’ and ‘Community Alcohol Partnerships’. The strategy also promotes the use of local democratic processes to empower local people to have more say in local licensing issues and decisions.

The ‘Anti-Social Behaviour, Crime and Policing Bill’ reforms the powers available for dealing with anti-social behaviour. The reforms provide opportunities for dealing with perpetrators of alcohol-related crime and anti-social behaviour, through adding the use of positive requirements into Injunctions and Orders as well as prohibitions. Other opportunities within the criminal justice system exist through activities such as Alcohol Diversion schemes - this offers brief treatment as an alternative to an £80 fine for low level offences, having alcohol workers based in custody cells, and the use of court orders such as the Alcohol Treatment Requirement.
4. Impact of alcohol misuse in East Sussex

Alcohol consumption is spread across the East Sussex population, amongst different age and socio-economic groups. Alcohol misuse can impact all kinds of people - but there are substantial differences in the health consequences between affluent and deprived communities; with the latter being likely to suffer greater harm. While difficult to interpret, this increased level of harm appears to correlate with lifestyle factors, such as smoking, unhealthy diet, physical inactivity and living in more deprived areas.6

The majority of alcohol-related crimes and anti-social behaviour disproportionately occur in the more deprived areas of our county also. Alcohol is associated with a range of crimes – most significantly domestic abuse, sexual offences, violence, criminal damage, drink driving and anti-social behaviour.

Alcohol problems cannot be tackled in isolation, they need to be joined up with the work to reduce health inequalities and the work to improve our neighbourhoods.

East Sussex Drink Debate

The East Sussex Drink Debate 2013 asked over 1,500 local residents their views on alcohol-related problems and what could be done about them.

Many residents were concerned about alcohol-related crime and anti-social behaviour, the impact of alcohol related harm for services (including A&E, Police patrols etc), families and communities; and would like to see more action to address problems caused. Many people thought that reducing or limiting availability and increased enforcement around alcohol retailing would help deal with alcohol problems. Many also thought that offering more advice and support was important to ensure that problems did not escalate for individuals and families.

Over a quarter of respondents to the Drink Debate survey said they had experienced alcohol-related anti-social behaviour in the last week, and a fifth in the last month. 49% of respondents said they avoided certain local areas at night because of the behaviour of other people being drunk or drinking.

The findings from the Drink Debate have helped shaped this strategy.

East Sussex Alcohol Needs Assessment

An Alcohol Needs Assessment was produced for East Sussex in 2013.7 This has analysed a range of alcohol-related health and crime data to identify priority areas for action. The key findings include:

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6 NHS Information Centre, Lifestyle statistics (2010)
7 East Sussex Alcohol Needs Assessment is available at [www.eastsussexjsna.org.uk](http://www.eastsussexjsna.org.uk)
• Adults

23% of the total adult population in East Sussex is estimated to increasing and higher risk drinkers. There is an estimated 6,635 dependent drinkers in East Sussex.

<table>
<thead>
<tr>
<th>Drinking behaviour estimates by borough and district</th>
<th>Eastbourne</th>
<th>Hastings</th>
<th>Lewes</th>
<th>Rother</th>
<th>Wealden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstainers from alcohol (% of total adult pop)</td>
<td>16</td>
<td>16</td>
<td>14</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Increasing &amp; higher risk drinkers (% of total adult pop)</td>
<td>22</td>
<td>22</td>
<td>23</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>Lower risk drinking (% of drinkers)</td>
<td>74</td>
<td>74</td>
<td>73</td>
<td>74</td>
<td>73</td>
</tr>
<tr>
<td>Increasing risk drinking (% of drinkers)</td>
<td>19</td>
<td>19</td>
<td>20</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Higher risk drinking (% of drinkers)</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

• Young People

A survey of 4,526 Year 10 students (age 14-15) in East Sussex\textsuperscript{8} (2012) found that:

• 35% of students said they had drunk alcohol in the past week, compared to 39% in 2007 and 48% in 2004. There has been a decrease in the number of young people saying that they had drunk in public places

• 65% said they didn’t drink alcohol, this compares with 73% in the wider nationwide survey. Overall drinking among young people is above the national average in some parts of East Sussex.

The needs assessment has highlighted the following issues for all of East Sussex:

• The financial cost of alcohol related healthcare costs in East Sussex is estimated at £32.9m\textsuperscript{9}

• Alcohol-related hospital admissions in East Sussex are rising in line with England and regional rates; seeing an increase in 5% from 2010/11 to 2011/12

• There were 1,691 alcohol-related hospital admissions per 100,00 population (2011/12)

\textsuperscript{8} Young People in East Sussex Schools, A report on health related behaviour of young people aged 14-15 in 2012, Schools Health Education Unit, Exeter for ESCC

\textsuperscript{9} Alcohol Concern’s Alcohol Harm Map
• An analysis of alcohol specific admissions, (those conditions directly caused by alcohol misuse), included 59% for mental and behavioural disorders and 34% were for liver disease
• There are around 300 ambulance call-outs per month for suspected alcohol related matters, which are most likely to occur on a Saturday (21%) or Sunday (19%)
• In 2012/13, a total of 129 young people were admitted to Accident and Emergency under the influence of alcohol, with 8 young people being re-admitted during this period
• Almost 2,500 reported crimes were attributable to alcohol within the county during 2011/12
• Alcohol was thought to be a contributory factor in nearly 12% of reported anti-social behaviour during 2012/13
• 28% of recorded serious sexual offences have involved either the offender or victim under the influence of alcohol. It should be noted that serious sexual offences are under-reported
• 23% of perpetrators of domestic abuse crimes and incidents occurred whilst the offender was under the influence of alcohol.

Summary of District and Borough level impact

Locally there is variation as to the extent of alcohol related harm.

**Eastbourne**
Compared to the England average, Eastbourne has a significantly worse rate of alcohol-attributable violent crimes, and a higher rate of alcohol-related hospital admissions than East Sussex. It is estimated that 22% of the total adult population in Eastbourne are increasing and higher risk drinkers, with almost 1 in 10 adults drinking every day. 1 in 5 adults who drink report that in the past 12 months they had seriously tried cutting down how much they drink. 11% of Year 10 students report having got drunk in the last 7 days.

**Hastings**
Across a number of alcohol indicators Hastings is significantly worse than the England average, particularly for hospital admissions, crime and alcohol-attributable deaths for males. It is estimated that 22% of the total adult population in Hastings are increasing and higher risk drinkers, with 8% of adults drinking every day. 17% of adults who drink reported that in the past 12 months they had seriously tried cutting down how much they drink. 23% of Year 10 students report having got drunk in the last 7 days.

**Lewes**
Lewes has significantly better rates for alcohol-related hospital admissions and crime. It is estimated that 23% of the total adult population in Lewes are increasing and higher risk drinkers, 61% of adults in Lewes are drinking alcohol every week and 1 in 10 (10%) doing so every day. Around 19% of adults who drink reported that in
the past 12 months that had seriously tried cutting down how much they drink. 37% of Year 10 students report having had an alcoholic drink in the last 7 days and 13% having got drunk in the last 7 days.

**Rother**
Rother has significantly better rates of alcohol-related hospital admissions and crimes. It is estimated that 22% of the total adult population in Rother are increasing and higher risk drinkers. Just over half (53%) of adults in Rother are drinking alcohol every week, with more than 1 in 10 (12%) doing so every day. 15% of adults who drink reported that in the past 12 months they had seriously tried cutting down how much they drink. 32% of Year 10 students report having had an alcoholic drink in the last 7 days and 14% having got drunk in the last 7 days.

**Wealden**
Wealden has significantly better rates than the England average for alcohol-related hospital admissions and crime. It is estimated that 23% of the total adult population in Wealden are increasing and higher risk drinkers. More than half (59%) of adults in Wealden are drinking alcohol every week, with 1 in 10 (10%) doing so every day. 16% of adults who drink alcohol reported that in the previous 12 months they had seriously tried cutting down the amount of alcohol they drink. 39% of Year 10 students report having had an alcoholic drink in the last 7 days and 16% having got drunk in the last 7 days.
5. Priority areas for action

The overarching aim is to make East Sussex a safer and healthier place by ensuring that all stakeholders share the responsibility to respond to alcohol misuse confidently and effectively to prevent and reduce the harms caused.

The aims and objectives of this strategy correspond well with aims of the East Sussex Health and Wellbeing Strategy 2013-2016 - specifically the priority area of ‘enabling people of all ages to live healthy lives and have healthy lifestyles’. It is likely that alcohol harm reduction will contribute to positive outcomes in the other priority areas of the Health and Wellbeing Strategy.

This strategy also supports the outcomes of the the Police and Crime Commissioners Plan 2013-2017, in which it is recognised that alcohol is a contributory factor for a number of community priorities.

The broad aims of the alcohol strategy are to:

1. Develop individual and collective knowledge, skills and attitudes towards alcohol
2. Provide early help, interventions and support for people affected by harmful drinking
3. Create better and safer socialising

There are cross-cutting themes that will be woven through the priority areas including preventative measures, early intervention and treatment, and enforcement and control measures.

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Develop individual and collective knowledge, skills and attitudes towards alcohol</th>
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The Public Health England ‘Alcohol Stocktake’ self-assessment tool recommends broad prevention messages to help people to choose to drink within safer limits and be aware of alcohol harms. We are keenly aware that alcohol is more affordable now than in previous years; socially and culturally alcohol has become an everyday commodity, advertised widely and easily available. Enabling people to develop their knowledge and understanding of the impact of alcohol, is essential to encourage people to choose to drink without harming their health and wellbeing.

**Key objectives**

1.1 Increase knowledge, understanding and awareness of healthy drinking limits
1.2 Reduce acceptability of risky and harmful drinking
1.3 Influence workplace alcohol policies and cultures

1.4 Develop alcohol champions amongst key public, organisational and community roles such as chief officers, councillors and school governors

1.5 Increase staff information and training on alcohol awareness and harms

1.6 Ensure services and partnerships keep informed and up-to-date, and benchmark against available evidence and NICE guidance

**Key outcomes**

- Increased knowledge and health awareness around alcohol consumption
- Reduced number of young people and adults drinking above safe limits
- Increased workers confidence and ability to respond to alcohol issues
- Improved community discussion about alcohol influences, behaviour and policy

<table>
<thead>
<tr>
<th>Priority 2</th>
<th>Provide early help, interventions and support for people affected by harmful drinking</th>
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</table>

Targeted interventions will enable resources to be available for those who need most help, whether it is early help or specialist intervention. We want to make sure that we reach more people in the community, work and various social settings to identify and assess their needs. This is for adults, parents, children and young people.

**Key objectives**

2.1 Targeted delivery of the alcohol Identification and Brief Advice model (IBA) to increasing and higher risk drinkers

2.2 Secure commitment of using the alcohol Identification and Brief Advice model in health and non-health settings

2.3 Increase availability of alcohol Identification and Brief Advice in Children, Family and Young persons settings

2.4 Increase alcohol awareness across Family Keyworking networks

2.5 Promote effective alcohol education in schools

2.6 Ensure the Drug and Alcohol Service meets local demand

2.7 Increase the utilisation of specialist treatment for adults and young
Key outcomes

- Identify more people in need
- Reduced alcohol-related hospital admissions
- Create better support for children and young people affected by parental alcohol misuse
- Create better utilisation of services and resources for children, parents and professionals

Priority 3 Create better and safer socialising

There is a range of crime and disorder issues associated with alcohol misuse including violent crimes, sexual assaults, drink driving and anti-social behaviour. Alcohol is widely available at both on and off licensed premises and effective use of enforcement against individuals and businesses helps to control and minimise the impact of alcohol misuse. However, alongside working to improve individual responsibility, we also aim to work with local alcohol retailers and licensees to promote greater responsibility and management of alcohol in the community.

Key objectives

3.1 Tackle alcohol-related anti-social behaviour and crime, including sexual offences; and ensure that domestic abuse issues are addressed, as appropriate, across all services
3.2 Enhance existing work to control where and how alcohol is available
3.3 Improve the management of night-time socialising environments through use of partnership schemes
3.4 Develop partnership schemes with retailers and licensees to promote responsible sales
3.5 Reduce under-age sales, including proxy sales, and sales to those who are intoxicated
3.6 Reduce alcohol-related road traffic incidents and casualties
3.7 Improve data sharing on Accident + Emergency and Ambulance attendances

Key outcomes

- Develop safer drinking environments
- Reduced demand on emergency services
• Reduced community impact from alcohol-related crimes and anti-social behaviour
• Increased community engagement on licensing issues
6. Governance and Delivery

The aims of the strategy will be achieved through delivery of a co-ordinated action plan. The action plan and the strategy will be reviewed and refreshed annually.

A copy of the current action plan will be available at www.safeineastsussex.org.uk

This strategy will focus on improving outcomes. We will be monitoring the outcomes, including those identified in the Public Health Outcomes Framework,\(^{10}\) as well as using identified targets where relevant to identify the progress we make.

The action plan will be reviewed and refreshed accordingly to monitor and identify gaps in alcohol improvement work.

The alcohol strategy is overseen by a partnership Alcohol Steering Group and partners are held to account for their contribution. We will look to review the membership and operation of the Alcohol Steering Group to ensure key organisations are adequately represented to improve the way the partnership is responding to alcohol-related harm. This group reports to the East Sussex Drug and Alcohol Action Team (DAAT) Board. Additionally, the recent reforms made to the public health systems partnership provides new structures to work with the East Sussex Health and Wellbeing Board and Clinical Commissioning Groups.

This alcohol strategy will complement a number of other strategic plans that deal with specific and related alcohol issues, including:

- Government’s Alcohol Strategy 2012
- East Sussex Substance misuse Treatment Plan 2014-2015
- East Sussex Developing Recovery Communities Plan 2012-2015
- Sussex Partnership Trust Dual Diagnosis Strategy 2011-2016
- East Sussex Domestic Abuse Strategy 2014-2018

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\(^{10}\) Public Health Improvement Framework available at www.gov.uk
Signatories

Achieving the aims of this strategy requires commitment from all partners who have signed up to it. These partners are:

East Sussex County Council
Sussex Police
Surrey and Sussex Probation Trust
East Sussex Fire and Rescue Service
East Sussex Health Trust
NHS England Surrey and Sussex
NHS Sussex Partnership Foundation Trust
South East Coast Ambulance Service
Clinical Commissioning Groups (CCG) for:
   Hastings and Rother CCG
   Eastbourne, Hailsham and Seaford CCG
   High Weald, Lewes, havens CCG
HMP Lewes
Eastbourne Community Safety Partnership
Safer Hastings Partnership
Lewes Community Safety Partnership
Safer Rother Partnership
Safer Wealden Partnership

Acknowledgements

We would like to thank the organisations listed above and the members of the Alcohol Steering Group who worked on the development of the strategy.

Special thanks go to:
   Participants of the East Sussex Drink Debate 2013
   Members of the recovery community
Help and Advice

Adults
Community Alcohol Team – Action for Change
Visit:  www.action-for-change.org
Phone: 0300 111 2470 (Correct up to 31st March 2014)

Young People
The East Sussex ‘Under 19’s Substance Misuse Service’ helps young people and their families affected by drugs and alcohol.
Visit:  www.connexions360.org.uk
Email:  Under19sSMSDuty@eastsussex.gov.uk
Phone: 01323 464 404

East Sussex Recovery Alliance - There is a range of recovery support run by and for people with drug and alcohol issues to support each other on their paths to recovery, you can find out more information about these and when meetings take place at www.safeineastsussex.org.uk.

Alcoholics Anonymous - a fellowship which aims to help the recovery of alcoholics by group meetings and individual support. For details of local meetings:
Phone: 0845 769 7555 or Visit:  www.alcoholics-anonymous.org.uk

Al-Anon Family Groups - provide support and understanding to anyone whose life is, or has been affected by someone else’s drinking. For details of local groups:
Phone: 020 7403 0888 or Visit:  http://www.al-anonuk.org.uk/

National services and helplines

Drinkline are a national service and give counselling, support, advice and information about alcohol:
Phone: 0800 9178282

NHS Change4Life - Visit the www.nhs.uk/Change4Life for a range of tips and advice on how to lead a better and healthier life.