

- The ARC healthy living centre's ethos is, 'helping people to help themselves,' and we consider that this could/should be the ethos for the commissioning framework on alcohol and drugs. Through the framework we should be encouraging people to take responsibility for their behaviour and supporting them to make positive choices;
- The ARC is supportive of the priorities and outcomes within the framework
- The ARC recognises that many of the outcomes are long-term in nature and recognise that, this is only a 4-year framework. Achieving them will be challenging in the face of today's culture re alcohol particularly.
- There needs to be an understanding that the World Health Organisation (WHO) comment that the actions which are known to make significant impact on alcohol are, **availability, affordability and accessibility**. Whilst DHSSPS/PHA cannot affect these directly it should be recognised that acting on alcohol, in particular in the absence of addressing these issues, will only go so far (more like stemming the tide than building the dam - the framework will only ever be reactive if we cannot address these 3 factors)
- It is correct that the framework builds on evidence-based practice but we shouldn't forget that we are building up a wealth of experience and data here in NI and that practice-based evidence should also be looked at
- It is imperative that the framework recognises that we are seeking to change attitudes and behaviour that have become deeply engrained in our culture (and are fed by the alcohol industry) - the service response and particularly early intervention work therefore needs to acknowledge that cultural change is a long term strategy and is quite often out the control of the Community and Voluntary sector
- It is important that we start to focus on giving a different message, particularly given the amount that is spent on promoting alcohol in our society
- Given that 5 of the 6 counties that make up N.I. have a land border with the R.O.I. an all-Ireland approach is needed in addressing these issues.
- The ARC feels that it is important that this framework sits within the context of the Public Health Strategy - all the strategies need to link to be effective and in particular
- The WHO recognises the importance of Brief and Opportunistic Interventions (BOI) and how BOIs may be delivered in a variety of settings by appropriately trained people. Promoting early intervention and addressing hidden harm the framework should seek to maximise opportunities for brief interventions (and not always by 'specialists' - we need to equip the whole workforce to respond)
- The focus on integrated care pathways and partnership-working is welcome and vital - but this needs to be within a context where all organisations and agencies are clear about their roles within the pathway and that the roles are recognised and valued. To achieve this the framework will require resources. It is right that we should seek efficiency with effectiveness, but efficiency should not be at the expense of effectiveness. All sectors will require resources, but this is particularly pertinent to the c/v sector. Outcomes cannot be achieved if contracts are year-on year. There is an opportunity within the framework to commission four-year funded work which will give security and stability to enable c/v sector to focus on the issues at hand.
- The Strategy has set out many ambitious outcomes - many of which may not be achieved within the four-year period. There ought to be some sense of how the effectiveness will be judged therefore - what does real, achievable success in 4 years look like