######  DRUG & ALCOHOL COMMITTEE

**TERMS OF REFERENCE**

1. Committee Name

 Drug and Alcohol Committee (DAC)

**2. Status**

The Drug and Alcohol Committee is a sub-committee of the Kimberley Aboriginal Health Planning Forum (KAHPF). As such:

* The terms of reference of the DAC are to be approved by the KAHPF.
* The DAC will form a standing agenda item at KAHPF meetings.
* A report from the DAC will be made available at each KAHPF meeting by a member who is also a member of the KAHPF.
* The DAC may not speak or act on behalf of the Kimberley Aboriginal Health Planning Forum without prior permission of the KAHPF.

### 3. Objective of the Drug and Alcohol Committee (DAC)

The objective of the DAC is:

To represent a regional view of Alcohol and Other Drug (AOD) issues within the Kimberley.

1. **Values of the Drug & Alcohol Committee:**

In all of its work the Committee undertakes to:

* + 1. Operate in a manner that is accessible, accountable, respectful and inclusive;
		2. Operate in a collaborative manner which builds on existing structures and networks wherever possible;
		3. Work to support actions and initiatives which consolidate and strengthen existing services;
		4. Seek to promote equitable service delivery in the Kimberley region;

v. Maintain our commitment to cultural security.

1. Role of the Drug and Alcohol Committee (DAC)
* Facilitate the sharing of knowledge, expertise, information and resources among stakeholders;
* Enhance communication, coordination and collaboration between stakeholders;
* Identify and monitor emerging issues and trends;
* Provide a mechanism for members to build skills and knowledge;
* Advocate in the interests of community safety and public health;
* Advocate with key decision makers and funding bodies for actions to address identified needs of the Kimberley;
* Promote cultural security in service delivery.
1. **Drug and Alcohol Committee (DAC) Structure, Powers and Membership**

Membership of the Committee is by nomination from stakeholders in the region. However the core membership of the Committee should include representatives from the following services:

* AOD Prevention & Clinical Services (including Community Alcohol & Drug Services)
* AOD Rehabilitation Centres
* Sobering up Shelters
* Night Patrols

Membership can also comprise of representatives from other services whose client groups contain a significant proportion of people affected by alcohol and other drug use.

Please see Appendix 1 for a current list of members.

Other organisations or individuals seeking to join the DAC should write to the Chairperson of the Committee stating their reasons for seeking to join and the contribution they can make to the Committee’s role.

The role of the DAC is to represent the views of consumers and AOD service providers in the Kimberley to ensure that the Committee is as representative as possible of regional views. This will require members to:

* Consult with stakeholders within their local region and/or within their own organisation regarding AOD issues;
* Provide feedback to stakeholders regarding the decisions of the Committee.

The Committee will elect a Chairperson from its members on an annual basis.

Provision of Secretariat functions to the Committee will be undertaken by the Kimberley Mental Health and Drug Service (KMHDS).

Committee members cannot speak on behalf of the DAC without prior endorsement by the DAC. Committee members who act outside the Terms of Reference may be asked to leave the committee.

A member from each core service must be represented when significant decisions occur on behalf of the DAC. DAC related matters including significant decisions can be communicated to DAC members via email.

1. Business Agenda of the Drug & Alcohol Committee

The DAC is a forum where members are free to raise any AOD related matters of concern within the Kimberley region.

Major matters for discussion at meetings should be communicated to the Secretariat for listing as agenda items. The Committee member proposing agenda items should provide relevant information (where appropriate) at least one week prior to the meeting to the Secretariat for circulation to committee members prior to the meeting.

1. Frequency of meetings

The DAC will meet six times per year. Meetings may be face to face or via video or phone conferencing.

Representatives are responsible for their own costs to attend meetings unless a specific offer is made by an agency/department to cover the service’s costs.

Where possible, meetings should be scheduled to occur two weeks prior to KAHPF meetings. This will enable key issues to be tabled at the KAHPF meeting for discussion and/or endorsement.

1. **Role of the Drug & Alcohol Committee Secretariat**

The Secretariat will:

* Organise the meetings, including dates, venues, videoconferencing;
* Prepare the agenda for each meeting, in consultation with members;
* Forward agendas and relevant documentation to all members at least one week prior to each meeting;
* Take minutes;
* Distribute draft minutes to all members no later than two weeks after the meeting for confirmation at the next subsequent meeting;
* Draft any correspondence on behalf of the Committee for circulating for endorsement/arranging for the Chair to sign;
* Circulate incoming correspondence;
* Store all documentation.

10. Review of Terms of Reference

The Committee may review and alter the Terms of Reference at any meeting, provided at least 14 days notice has been given to Group members of the intention. Any changes to the Terms of Reference must be endorsed by the KAHPF.

If there is no consensus on the proposed changes, the matter will be determined by majority vote. In this case, a majority is seventy five percent (75%) of members present.

The terms of reference will be reviewed every 2 years.

###### DRUG & ALCOHOL COMMITTEE

**APPENDIX 1.** Drug & Alcohol Committee Members.

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| --- | --- | --- | --- | --- | --- |
| **Name**  | **Position** | **Service Name** | **Location** | **Service Type** | **Member since** |
| **CORE Membership** |
| Andrew Amor | Chief Executive Officer | Milliya Rumurra Aboriginal Corporation | Broome | AOD Rehabilitation Centre,Sober Up Shelter  | April 2015 |
| Sally Malone | Manager | Cyrenian House Milliya Rumurra | Broome  | AOD Prevention & Clinical Service | April 2015 |
| Thomas King | Manager  | Kullari Patrol | Broome | Night Patrol | April 2015 |
| Peter Frewen | Chief Executive Officer | Jungarni Jutiya | Halls Creek | Night Patrol | April 2015 |
| Robert Potts / Paul O’Neil  | Chief Executive Officer | Ngnowar Aerwah Aboriginal Corporation | Wyndham | AOD Rehabilitation CentreSober Up Shelter Night Patrol | April 2015 |
| Julie Woods | Manager – AOD Rehabilitation Centre |
| Hayley Diver | Manager | Community Alcohol and Drug Service | Kimberley | AOD Prevention & Clinical Service | April 2015 |
| Des Hill | Chief Executive Officer | Kununurra Waringarri Aboriginal Corporation | Kununurra | Sober Up ShelterNight Patrol  | April 2015 |
| Jeannie Roberts | Manager | Sober Up Shelter - Garl Garl Walbu Aboriginal Corporation | Derby | Sober Up Shelter | April 2015 |
| **Other Membership** - Agencies whose client groups contain a significant proportion of people affected by AOD |
| Paul Searle | Consultant | SDERA | Broome | Other  | April 2015 |
| Peter Mitchell | Chief Executive Officer | Mens Outreach Service | Broome | Other  | April 2015 |
| Helen Harrison | Manager | Gija Total Health | Warmun | Other  | April 2015 |
| Sister Theresa | Social Services Coordinator | Warmun Community | Warmun | Other  | April 2015 |