# Inquiry into Victoria’s Criminal Justice System

The Victorian criminal justice system has experienced significantly increased prison populations, costs and recidivism. The criminalisation of alcohol and other drug (AOD) problems is a contributing factor in these increases. The majority of people in detention in Victoria reported having alcohol and other drug problems before they were imprisoned, yet they’ve often received inadequate support for these problems.

Public health issues such as high risk AOD use, poor mental health and disabilities such as Fetal Alcohol Spectrum Disorder (FASD), must be treated as health issues, not stigmatised or criminalised. Punitive responses to health and social issues are expensive and ineffective. Taking an evidence-informed public health approach can both reduce the harm from alcohol and other drugs in the community, and reduce prison populations, costs and recidivism.

Three evidence briefs formed part of this submission; they address:

* Fetal Alcohol Spectrum Disorder (FASD), criminal justice and government responses
* Raising the Minimum Age of Criminal Responsibility (MACR)
* Electronic Monitoring (including for Alcohol-Related Offences)

FARE made 15 recommendations to this Inquiry relating to the intersection between the criminal justice sector and alcohol use and harm.

**Recommendation 1. Implement Recommendations 9, 10 and 22 from the Victorian Ombudsman’s Investigation** into the rehabilitation and reintegration of people in detention in Victoria,in regards to alcohol and other drug programs.

**Recommendation 2. Adopt a public health and human rights approach to reducing alcohol harm.** This can be done by implementing community-based health programs (rather than criminalisation) to respond to problematic alcohol use.

**Recommendation 3.** **Increase investment** in mental health and alcohol and other drug (AOD) trauma-informed throughcare treatment and harm reduction services.

**Recommendation 4.** **Abandon plans to make permanent the temporary COVID-19 changes to liquor licensing,** which increase the density of alcohol outlets and allow for increased takeaway sales and delivery of alcohol.

**Recommendation 5. Amend the Liquor Control Reform Act 1998 (LCRA)** to place common sense, comprehensive restrictions on online sales and rapid delivery.

**Recommendation 6. Restrict alcohol promotion.** Restrict alcohol companies from advertising and promoting alcoholic products that associates the use of alcohol with coping with COVID-19, social isolation or loneliness.

**Recommendation 7. Publish accurate crime data regularly.** Collect, analyse and regularly publish accurate crime statistics, conviction, sentencing and recidivism data, and comprehensive costings for all aspects of the justice system.

**Recommendation 8. Implement recommendations** 12, 23, 24 and 27 of the Senate Inquiry into *Effective approaches to prevention, diagnosis and support for FASD*, that reported to Federal Parliament in March 2021.

**Recommendation 9. Implement Fetal Alcohol Spectrum Disorder (FASD) screening, assessment and support** in paediatric, youth justice and adult criminal justice.

**Recommendation 10.** **Work with the federal government to address the gaps** left by barriers to access and difficult eligibility with both the National Disability Insurance Scheme (NDIS) and Disability Support Pension (DSP). Address the gaps in service and support by the ineligibility of people in detention for NDIS, DSP, Pharmaceutical Benefits Scheme (PBS) and Medicare.

**Recommendation 11.** **Develop FASD professional understanding and capacity.** Educate relevant justice professionals about children with disabilities and cognitive impairment. Invest in professional workforce development to establish capacity for FASD screening, diagnosis and support.

**Recommendation 12. Raise the Minimum Age of Criminal Responsibility (MACR) to at least 14.** Victoria, along with all Australian State and Territory Governments, should raise the MACR in their jurisdictions to at least 14 years old. There should be no exceptions and no exemptions to this, regardless of the severity of behaviours.

**Recommendation 13. Include FASD in alternate pathway model design.** Develop and fund appropriate alternative pathways by referring children that would have come into contact with the justice system for clinical assessment to identify potential neurological disorders (including FASD), and for diagnosis and ongoing adequate support.

**Recommendation 14. Consider voluntary restorative justice in designing the alternative model.** Include voluntary restorative justice processes, where appropriate, in the new model.

**Recommendation 15. Re-assess the purpose, lived experience impact, human rights implications, costs and effectiveness** of any trials and planned implementations of Electronic Monitoring (EM) programs for alcohol-related offences.

[view submission](https://fare.org.au/wp-content/uploads/FARE-submission-to-Vic-Inquiry-into-Criminal-Justice-System.pdf)

View the Evidence Briefs:

* [Fetal Alcohol Spectrum Disorder (FASD), criminal justice and government responses](https://fare.org.au/wp-content/uploads/FARE-Evidence-Brief-on-FASD-Criminal-Justice-System-Attachment-1.pdf)
* [Raising the Minimum Age of Criminal Responsibility (MACR)](https://fare.org.au/wp-content/uploads/FARE-Evidence-Brief-on-Raising-MACR-Attachment-2.pdf)
* [Electronic Monitoring (including for Alcohol-Related Offences)](https://fare.org.au/wp-content/uploads/FARE_Evidence-Brief_Electronic_Monitoring-Attachment-3.pdf)