

Drug Use and Possession Offences Reform Bill 2022

A Bill for an Act to reform drug use and possession offences in Victoria. This Bill, through its programs and facilities, shall aid offenders in recovery and provide them with long-term skills and strategies to integrate back into society.

By changing the priority from imprisonment to rehabilitation, recidivism shall be reduced, and offenders shall be supported rather than shamed – helping to break the stigma. The drug offence system currently in place is not effectively reducing drug offences. The current system focuses more on imprisonment than rehabilitation, which does not improve the wellbeing of offenders or society. This Bill aims to change that.

A Bill for an Act relating to Drug Use and Possession Offences Reform to be enacted by the YMCA Victoria Youth Parliament;

PART I—Preliminary

Clause 1 Purpose

The main purposes of this Act are—

- (a) To help drug offenders break out of their cycle more effectively;
- (b) To replace the current sanctions for drug use and possession;

Clause 2 Commencement

This Bill shall commence four years after receiving assent from the Youth Governor of Victoria.

Clause 3 Definitions

In this Bill—

- (a) **Drug offences** means to be found in possession of or using an illegal drug;
- (b) **Contact hours** means time spent at the facility participating in the program, which includes therapy sessions, education, socialising time, exercise time and meal time;
- (c) **Rehabilitation** means the process of restoring someone to soberness from drugs, and health or normal life through therapy and training after addiction;
- (d) **Addiction** means a neuropsychological disorder characterised by persistent use of a drug;
- (e) **Recovery** means the process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential after addiction.

PART II—Establishment

Clause 4 Establishment of Victorian Drug Treatment and Recovery Program and Treatment Centres

- 4.1 The Victorian Drug Treatment and Recovery (VDTR) Program shall be the mandated sanction instead of fines, community corrections orders, and imprisonment for drug possession or use.
- 4.2 The VDTR Program shall be responsible for the following;
 - (a) Aiding people in their recovery;
 - (b) Providing them with long term skills and strategies to integrate them back into society.
- 4.3 The VDTR Program shall be run and facilitated by a team of practitioners who shall;
 - (a) Be licensed in the following disciplines;
 - (i) Psychology;
 - (ii) Psychiatry;
 - (iii) Nursing;
 - (iv) Nutrition;
 - (v) Case management;
 - (vi) Professional fitness coaches.

- (b) Have a minimum of three months' experience in their disciplines;
 - (c) Preferably be experienced within drug abuse cases and recovery, where applicable to their discipline.
- 4.4 VDTR Treatment Centre facilities shall be established in every Local Government Area (LGA) in Victoria.
- 4.5 VDTR Treatment Centres shall be open from 6.00am until 11.00pm.
- 4.6 Each treatment session at a VDTR Treatment Centre shall last between 2 hours and 8 hours.

Clause 5 Programs and Services

- 5.1 The VDTR Program shall provide a range of programs and services to support patient recovery.
- 5.2 The VDTR Program shall offer schooling education, consisting of;
- (a) Secondary education;
 - (b) Teaching trades for job-ready skills;
 - (c) Helping patients gain qualifications for recognition of those skills.
- 5.3 The VDTR Program shall conduct therapy sessions delivered by licensed psychologists and therapists, including but not limited to the following varieties of therapy;
- (a) Talk therapy;
 - (b) Art therapy;
 - (c) Music therapy;
 - (d) Dance therapy.
- 5.4 The VDTR Program shall teach patients mindfulness exercises.
- 5.5 The VDTR Program shall teach patients strategies to cope with post-treatment experiences, including;
- (a) Re-adapting to life outside of the VDTR Treatment Centre;
 - (b) Refraining from relapsing;
 - (c) Social exclusion.
- 5.6 The VDTR Program shall provide patients with nutritious meals, wherein;
- (a) Meals shall be provided during each session;
 - (b) All dietary requirements shall be catered for;
 - (c) Meals shall be prepared by qualified nutritionists and chefs;
 - (d) Patients shall be able to partake in the cooking process;
 - (e) Recipes shall be given to patients.
- 5.7 The VDTR Program shall facilitate socialising time during each session.
- 5.8 Mealtimes during the VDTR Program shall have a duration of one hour and shall be held in a shared, social environment.
- 5.9 Gymnasiums shall be provided in all VDTR Treatment Centres, which shall be accessible to patients during most sessions.

Clause 6 Introduction of the 'Traffic Light' Tier System

- 6.1 At sentencing, all cases shall be classified into a 'Traffic Light' tier system based on severity.
- 6.2 Red shall indicate the highest classification of cases with the most rehabilitation services required, wherein;

- (a) Patients shall uphold a minimum total of 15 contact hours per week with the VDTR Program;
 - (b) Patients shall be assigned to classification Red if they are found using or possessing more than;
 - (i) 100g of marijuana;
 - (ii) 100g of opium;
 - (iii) 3g of cocaine;
 - (iv) 3g of heroin;
 - (v) 3g of ketamine;
 - (vi) 3g of methamphetamine;
 - (vii) 3g of ecstasy.
- 6.3 Yellow shall indicate the second highest classification of cases and shall require rehabilitation wherein;
- (a) Patients shall uphold a minimum total of 10 contact hours per week with the VDTR Program;
 - (b) Patients shall be assigned to classification Yellow if they are found using or possessing within the range of;
 - (i) 50g - 99g marijuana;
 - (ii) 50g - 99g opium;
 - (iii) 2.00g - 2.99g cocaine;
 - (iv) 2.00g - 2.99g heroin;
 - (v) 2.00g - 2.99g ketamine;
 - (vi) 2.00 - 2.99g methamphetamine;
 - (vii) 2.00 - 2.99g ecstasy.
- 6.4 Green shall indicate the lowest classification of cases, requiring the least amount of rehabilitation, wherein;
- (a) Patients shall uphold a minimum total of 5 contact hours per week with the VDTR Program;
 - (b) Patients shall be assigned to classification Green if they are found using or possessing within the range of;
 - (i) less than 50g marijuana;
 - (ii) less than 50g opium;
 - (iii) less than 1.99g cocaine;
 - (iv) less than 1.99g heroin;
 - (v) less than 1.99g ketamine;
 - (vi) less than 1.99g methamphetamine;
 - (vii) less than 1.99g ecstasy.
- 6.5 Patients at all classification levels shall remain in the state of Victoria, unless written permission is provided from their mentor and VDTR Program supervisors.

Clause 7 Pets in Rehabilitation

- 7.1 A patient with a pet shall be permitted to bring their pet to their rehabilitation sessions under the following conditions;
- (a) The patient registers their pet with the rehabilitation centre and obtains approval;
 - (b) The patient is able to keep their pet contained or on a leash during their time at the VDTR Treatment Centre.
- 7.2 Service dogs and cats shall be provided to centres for those without pets, wherein;

- (a) Patients shall be able to apply to have the company of a service dog or cat during sessions;
 - (b) Service dogs or cats shall be able to attend group sessions.
- 7.3 Throughout the duration of sessions that involve pets or service animals;
- (a) Animals shall remain restrained or contained in some form;
 - (b) A professional who is trained to control animals shall be present.
- 7.4 There shall be pet-free zones in all VDTR Treatment Centres, such as;
- (a) All kitchen and dining areas;
 - (b) All gymnasiums;
 - (c) Patients shall have access to social areas that are pet-free.

Clause 8 Specialised Programs for Post-Treatment Reoffences

- 8.1 In the case that a patient reoffends after completing the VDTR Program;
- (a) A re-assessment of the past treatment programs they have received shall be conducted;
 - (b) A specialised program shall be designed to address their individual needs;
 - (i) According to the degree of severity of their reoffence;
 - (ii) In alignment with the Traffic Light tier system outlined in Clause 6.
- 8.2 Specialised programs shall include additional time spent with a patient's assigned licenced psychiatrist in a one-on-one capacity.
- 8.3 Specialist programs shall continue until a patient has;
- (a) Obtained a qualification through tertiary education studies;
 - (b) Maintained a job for three months.

Clause 9 Failure to Attend Onsite Treatment

- 9.1 In the case that a patient fails to show up to the VDTR Program, the patient shall commence in-home treatment through one-on-one sessions with a visiting psychiatrist.
- 9.2 Varieties of therapy practised during in-home treatment sessions shall include, but not be limited to;
- (a) Talk therapy;
 - (b) Mindfulness;
 - (c) Strategies to refrain from relapsing;
 - (d) Strategies to cope with social exclusion.
- 9.3 Visiting psychiatrists shall reserve the power to include additional licensed physicians during in-home patient treatment sessions.
- 9.4 Time spent in in-home treatment sessions shall contribute to a patient's total hours of rehabilitation.
- 9.5 Patients shall be strongly encouraged to attend as many treatment sessions at VDTR Treatment Centres as possible.
- 9.6 Patients shall be offered any accessibility support services they require to help them access VDTR Treatment Centres, including;
- (a) Financial aid;
 - (b) Material aid.

- 9.7 Patients shall reserve the right to refuse accessibility support services at their discretion.

Clause 10 Victorian Drug Treatment Regulation Authority (VDTRA)

- 10.1 The 'Victorian Drug Treatment Regulation Authority' (VDTRA) shall be established.
- 10.2 The VDTRA shall consist of 24 members who fall into the following categories;
- (a) Victorian State Public Servants who;
 - (i) Preferably have lived experience with relation to drug usage.
 - (b) Past offenders of drug possession laws who have;
 - (i) Been sober for a period of 5 or more years;
 - (ii) A demonstrably small chance of experiencing a relapse.
- 10.3 The role of the VDTRA shall be to provide the following;
- (a) Oversight of the VDTR Program, including;
 - (i) The consistent monitoring of the progress of the participants;
 - (ii) The evaluation of offences committed by those suggested for the program in order to assess their compatibility with the VDTR Program.
 - (b) A support network for patients of the VDTR Program, including;
 - (i) Regular check-ins with patients;
 - (ii) Ensuring that the wellbeing of patients is maintained to a high standard.
- 10.4 The VDTRA shall undergo biannual assessments by an independent body to ensure it is upholding the roles and responsibilities outlined in Clause 10.