



18 March 2026

Committee Secretary

Justice, Integrity and Community Safety Committee

Parliament House

George Street

Brisbane QLD 4000

Dear Committee Members,

Thank you for the opportunity to provide a submission on the *Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-social Behaviour Amendment Bill 2026*. Queensland Injectors Health Network (QuIHN) Ltd submission is attached.

QuIHN Ltd is a non-government organisation that works to address a range of issues relating to substance use in the community. QuIHN is firmly established as a state-wide service that supports and promotes the health and well-being of people who currently use drugs/those who have used drugs, including associated mental health concerns, and members of the community touched or affected by substance use. QuIHN has provided innovative and specialised dual diagnosis services (substance misuse and mental health comorbidity) since 2005.

QuIHN is pleased to provide further information or discuss any aspect of this submission. Please don't hesitate to contact me at [gdavey@quihn.org](mailto:gdavey@quihn.org).

Yours sincerely

A handwritten signature in black ink, appearing to be 'GDavey', written over a light blue background.

Geoff Davey BHlthSc (PH), MPH, MBA, GAICD, AFACHSM CM

**Chief Executive Officer**

**QuIHN Ltd**

17/03/26



***Submission to the Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill 2026***

*18 March 2026*

QuIHN welcomes the opportunity to provide feedback on the *Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-social Behaviour Amendment Bill 2026* (the Bill), which recognises the importance of continuing to prioritise diversionary pathways for people who use drugs and attempts to strike an appropriate balance for first time and low risk cases. This submission focuses on the notable risks and impacts at both the individual and systemic level of the changes proposed by the Bill. For individuals, especially those from vulnerable groups, there is a heightened risk of disproportionate impacts. For the broader system, the new framework may create additional burdens for police, courts, and service providers, and could lead to uneven implementation as well as challenges related to broader human rights and fairness implications. It will be crucial to carefully monitor and address these risks. QuIHN is also a member of the Queensland Network of Alcohol and Other Drug Agencies (QNADA) and supports the position of the submission provided by QNADA.

The Bill substantially reconfigures Queensland’s drug diversion framework by narrowing access to drug diversion and re-positions repeat low-level drug possession primarily as a compliance and enforcement issue rather than a health-led intervention. This presents elevated risks in system cost-shifting, equity impacts, and legal consistency. This shift may result in an increased likelihood, particularly for vulnerable groups and cohorts with problematic substance use and/or substance dependence, of low-level cases of drug possession entering the criminal justice system, and subsequent policing, enforcement, court and corrections, and service system burden.

Removing the initial warning or caution and limiting diversion to a single opportunity may reduce early intervention effectiveness for individuals with emerging chronic substance use issues. Evidence from addiction medicine indicates that relapse are common features of substance dependence.<sup>1</sup> While the justification that focusing diversion on first-time, low-risk offenders is understandable, the risk is that repeat people with low-level drug offences or those with prior minor drug possession convictions will be automatically pushed into the criminal justice system, even if they would benefit from drug rehabilitation. This creates an ethical quandary about fairness: individuals who may be equally in need of help will not have access to the same alternatives, potentially increasing recidivism and negative life outcomes for those barred from diversion.

The “one-strike” nature of the new framework also poses risks to individuals who struggle to comply with the diversion requirements. Under the minor drug offence pathway, a person issued a Penalty Infringement Notice (PIN) has 28 days to act (pay the fine, opt for court, or elect and complete a drug program). If the individual fails to respond within 28 days or doesn’t finish the program in time, the Bill provides that criminal proceedings may then be initiated for the drug offence, or the unpaid fine can be sent to SPER for enforcement and non-compliance leads directly to formal penalties.

---

<sup>1</sup> Beaulieu, M., et al. (2021). A systematic review and meta-analysis of the efficacy of the long-term treatment and support of substance use disorders. *Social Science & Medicine*, 285(SUPPL. 12), 114289.

It is positive that the Bill includes the requirement that police officers must still consider alternatives to commencing proceedings against a child (*Youth Justice Act, s11*). It is also noteworthy that for this group no timeframe has been provided for within the Bill to complete a drug diversion program, either through the minor cannabis offence or the minor drug diversion pathway. This is intended to ensure that there is sufficient flexibility to extend timeframes if required and accommodate appointment availability. In recognition of this, accommodations should be included in the information notice (IN) issued by police to clarify the process for rescheduling an appointment without penalty, in circumstances where a person is unable to attend due to legitimate disruptions (for example because of a medical appointment or personal or family emergency).

The loss of an initial warning or caution is disappointing as it provided an effective means of reducing officers time commitment as they were not required to take any further action beyond the initial intervention. The United Nations Office of Drugs and Crime (UNODC) estimates that globally, 88-89% of people who use illicit drugs don't experience substance dependence or require a drug treatment intervention.<sup>2</sup> AOD treatment and harm reduction services are therefore delivered across the broader spectrum of harm, in recognition that no or minimal intervention may be required for people who occasionally use substances or do not experience intensive or dependent use. This is also generally consistent with the World Health Organisation (WHO) International Classification of Disease (ICD) 11<sup>th</sup> Revision that recognises that substance use disorders exist along a spectrum of single-episode harm, through to more defined patterns of harmful use and substance dependence.<sup>3</sup> The retention of the provision for a warning or caution could fit well within the current intent of the draft Bill by ensuring first time and low risk cases are appropriately dealt with and a balanced approach is taken.

Data from the Queensland Police Service (QPS) on the existing Police Drug Diversion Program (PDDP) shows that over an 18-month reporting period most people provided with a Drug Diversion Warning had no further contact with the program (83%), with only 17% also accessing the Initial Drug Diversion Assessment Program.<sup>4</sup> Research on cautioning for cannabis offences has further shown that there is no difference in cannabis use for those who had received a cannabis caution compared to those who had been charged with an offence, but there was a significant difference in cost.<sup>5</sup> Pursuing charges (\$733) was found to be almost twice as expensive as issuing a caution (\$388)<sup>6</sup>. Adult cautioning can provide savings to the criminal justice system where it avoids court costs and any other costs that result if an individual escalates through the criminal justice system.<sup>7</sup> Simple estimates by PwC show that

---

<sup>2</sup> United Nations Office on Drugs and Crime, "World Drug Report Booklet 2: Global Overview of Drug Demand and Supply: Latest Trends, Cross-Cutting Issues," World drug report 2018 (Vienna: United Nations, 2017).

<sup>3</sup> Saunders JB. Disorders Due to Substance Use. In: Tyrer P, ed. *Making Sense of the ICD-11: For Mental Health Professionals*. Cambridge University Press; 2023:70-85.

<sup>4</sup> Qld Police Service, Policy and Performance Division, provided 18 November 2025.

<sup>5</sup> Shanahan, M., Hughes, C.E., McSweeney, T., & Griffin, B. (2017) Alternate policing strategies: Cost effectiveness of cautioning for cannabis offences, *International Journal of Drug Policy*, 41: 140-147.

<sup>6</sup> *Ibid.*

<sup>7</sup> Queensland Productivity Commission [QPC]. (2020). *Inquiry into imprisonment and recidivism: Final Report* (Issue August). <https://apo.org.au/node/273991>

each caution that prevents court proceeding would save \$2,105 per diversion.<sup>8</sup> Based on available QPS data on the PDDP there were nearly 15,821 drug diversion warnings issued in an 18-month period.<sup>9</sup> This represents around \$33.3 million in system cost savings. This is consistent with evidence that shows simple cautions that divert first-time or infrequent low harm offenders generates significant savings in police and court-processing costs, estimated to be around 4.3% of criminal justice system costs (\$32.5 million per year).<sup>10</sup> For this reason, cautioning can provide a prudent, effective and fiscally responsible response to people who use drugs who come into contact with police.

By contrast, the investment required to enforce illicit drug possession laws in Queensland is significant and growing, and has been estimated to cost approximately \$222 million per year.<sup>11</sup> Compared with criminal justice system responses, health-based responses to problematic substance use are more effective and have a strong return on investment. It is estimated that for every dollar invested in AOD treatment and harm reduction services, there is a seven-dollar return via improved health status, improved psychological wellbeing, and participation in the community.<sup>12</sup> Similarly, a cost benefit analysis of the potential scale up of harm reduction services, undertaken by the Australian Capital Territory (ACT) Government, demonstrated that for every \$1 spent this returns around \$11 in avoided health and social costs.<sup>13</sup>

Street-level law enforcement strategies that seek to deter people from using drugs have also consistently been proven to be largely ineffective at the individual or population level.<sup>14</sup> In recognition of this, the Australia New Zealand Policing Advisory Agency (ANZPAA) have highlighted the importance of better delineating where police may, or may not be, best suited to lead responses to complex social issues such as substance use.<sup>15</sup> ANZPAA have also emphasised that changing community attitudes around AOD use is contributing to a heightened public discourse, which is likely to shape the operational policing environment into the future.<sup>16</sup> A health response is always the most effective response to individual drug use and increasing investment in drug harm reduction and treatment services will always be a better investment for the community and individual taxpayer.

This is also in-step with community expectations. For example, The *National Drug Strategy Household Survey 2022-23*, a comprehensive population level survey by the Australian Bureau of Statistics (ABS), demonstrates that there has been a continued reduction in public support for prison sentences and law enforcement responses to illicit drug use, with a preference for allocating funding to education and treatment; and that there have been associated increases in

---

<sup>8</sup> PricewaterhouseCoopers 2009, Economic evaluation of the court integrated services program (CISP), final report, November.

<sup>9</sup> Qld Police Service, Policy and Performance Division, provided 18 November 2025.

<sup>10</sup> Queensland Productivity Commission [QPC]. (2020). *Inquiry into imprisonment and recidivism: Final Report* (Issue August). <https://apo.org.au/node/273991>

<sup>11</sup> Queensland Productivity Commission, (2019) "Inquiry into Imprisonment and Recidivism."

<sup>12</sup> Alison Ritter et al., "New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia," (Sydney: University of New South Wales, 2014).

<sup>13</sup> Bowring A, Olsen A, Tidhar T, Bourke K, Bailey C, Keane H, Dietze P, Scott N. (2025) Australian Capital Territory harm reduction cost-benefit analysis. Canberra ACT: Australian National University and Burnet Institute.

<sup>14</sup> Mazerolle L, Eggen E, Higginson A. Street-level drug law enforcement: An updated systematic review. *Trends Issues Crime Crim Justice*. 2020; September(599):1–20.

<sup>15</sup> Australia New Zealand Policing Advisory Agency, (2019). "Megatrends Impacting Police".

<sup>16</sup> *Ibid.*

the proportion of people who preference a caution/warning or no action for people found in small quantities of selected illicit drugs.<sup>17</sup> A diversion framework that reflects community expectations, and is better informed by the evidence, provides significant opportunity to improve health and wellbeing outcomes for Queensland families and communities, while also achieving substantial budget savings and ensures police resources are appropriately allocated to keeping the community safe from serious and violent offenders, thereby reducing serious crime victim numbers.

Research indicates that a higher income is associated with an increased likelihood of drug use<sup>18</sup>, yet socio-economically disadvantaged population groups are more likely to have contact with the justice system for drug offences.<sup>19</sup> At the individual level, implementation of the narrower eligibility criteria and increased police discretion may adversely impact young people and adults who use drugs from vulnerable groups. Although on face value the reforms in the Bill might appear neutral, these reforms will likely disproportionately affect:

- Aboriginal and Torres Strait Islander peoples,
- people with chronic substance dependence,
- people with persistent and severe mental illness (including untreated mental ill-health), and
- people from lower socioeconomic groups, particularly those experiencing homelessness, unstable housing, unemployment, and/or domestic and family violence.

These groups are more likely to:

- experience ongoing and repeat contact with police and be subject to search and arrest,
- fail to complete fine-based penalties,
- to be charged for minor drug offences,
- to be convicted if charged, and
- disengage from treatment once criminalised.

A range of vulnerable groups are already over-represented in the criminal justice system, and implicit biases or systemic disadvantage could also mean they become less likely to be offered diversion. Relying on broad discretion from frontline policing on whether to divert or charge may also lead to groups being inequitably diverted into or from the criminal justice system. Of particular concern, Aboriginal peoples are historically and currently overrepresented in justice statistics in Queensland, so any tightening of diversion eligibility could result in a relatively larger number of First Nations Australians facing criminal charges or fines instead of diversion. The risk of indirect discriminatory application of the law is therefore heightened under the Illicit Drug Enforcement and Diversion Framework (IDEDF), potentially exacerbating existing inequalities and violating the principle of equal treatment.

---

<sup>17</sup> Australian Bureau of Statistics (2025) National Drug Strategy Household Survey 2022-23

<sup>18</sup> Louisa Degenhardt et al., "Toward a Global View of Alcohol, Tobacco, Cannabis, and Cocaine Use: Findings from the Who World Mental Health Surveys," PLoS Medicine 5, no. 7 (2008).

<sup>19</sup> Queensland Productivity Commission, "Inquiry into Imprisonment and Recidivism.", (2019).

Neutral laws can still produce disparate impacts, especially when police discretion and eligibility rules filter who benefits. While it is understood that this open-ended discretion is intended to give police flexibility, it presents a risk of inconsistent or biased decision-making. Under the proposed IDEDF, bias (conscious or implicit) can creep in, influenced by factors that can reflect social biases and historical disadvantage. Put plainly, two people in similar circumstances might be treated differently based on an officer's perceptions of their background and/or attitude. This raises both social justice and human rights concerns, given Queensland's obligations to ensure equality and non-discrimination (*Human Rights Act 2019, s.15*) and to protect cultural minorities. In effect, jeopardising the consistency and fairness of the law's application and undermining trust that the system treats everyone equally. Even a facially neutral policy can produce disproportionate harm to certain groups in practice, and penalty infringement notice schemes also risk disproportionately affecting those in financial hardship or who are otherwise vulnerable. The net effect of this is likely a disproportionate effect on vulnerable groups, including:

- risks of exacerbating existing justice system over-representation,
- reduced access to early health-based interventions for high-need cohorts, and
- potential inconsistency with *Closing the Gap* and other policy objectives.

This inconsistent application across regions can arise due to:

- subjective assessment thresholds,
- legislative complexity, and
- variable training and operational guidance.

Inconsistent application may also stem from the complex eligibility rules for diversion pathways. Diversion is precluded for certain categories of offenders, for instance, anyone with any prior minor drug diversion is deemed ineligible for the new diversion scheme. Likewise, if police find a person in possession of multiple different drugs at once, the individual cannot be diverted under the IDEDF. At the level of front-line policing, for certain types of drugs (e.g., powder and/or liquid form) it can also be near impossible to distinguish whether a person is in possession of a substance that is the same drug or whether they possess multiple different drugs, without chemical analysis of the drugs. Additionally, no clear basis has been provided for the Bill in differentiating between a minor cannabis offence, minor drug offence, and drug utensils offence. Nor is it clear why there is an option for a PIN for a minor drug offence and the drug utensils offence, but not for a minor cannabis offence. Failure to complete a drug diversion program within the specified timeframe can also result in a person being charged with a new offence for failure to comply with a police direction. This adds unnecessary complexity to the program, there are potential benefits for streamlining and simplifying the proposed approach through the introduction of a single offence, and by retaining use of a caution instead of a fine. Diversionary options should be extended for people who come to the attention of police for low-level offences involving the possession of a drug utensil.

The Bill retains and expands provisions requiring a "reasonable belief" regarding personal use and eligibility. Systemically, the high degree of police discretion and new criteria in the IDEDF raise the possibility of uneven application across different regions or individual officers. The

replacement of a standardised multi-chance diversion program with a case-by-case decision-making model means outcomes will very likely vary depending on how each officer interprets eligibility and uses their discretion. Some police divisions or individual officers might be more inclined to issue PINs or offer diversion, while others might default to charging offenders. This variability can result in a “postcode lottery” effect where the likelihood of diversion versus arrest for a given minor drug offence depends on where the offence occurs and/or which officer is involved. Decisions to refuse diversion may be vulnerable to review where courts are required to independently assess the reasonableness of beliefs underpinning police decisions. This creates uncertainty for frontline officers and may discourage diversion in borderline cases.

Specific and ongoing training will be required for police in relation to the overarching intent of the IDEDF. Maintaining comprehensive training and clear guidelines for police will help to minimise this risk to some degree. However, even in the presence of the implementation of clear operational guidance, scenario-based training, and periodic auditing of diversion decisions; there still exists risks of inconsistent application. Police training cannot adequately equip frontline police to understand complex patterns of substance use and/or substance dependence. It is also important that long-standing operational protections to prevent police from targeting health facilities, including opioid substance dependence treatment and other harm reduction services (e.g., Needle and Syringe Programs), continue to be maintained and upheld.

In turn these issues raise the potential consequences for:

- uneven access to diversion and unequal treatment,
- increased complaints and internal review requests,
- reduced confidence in the fairness and predictability of the scheme,
- additional Magistrate court time spent on threshold diversion issues, and
- operational uncertainty for frontline police officers.

The loss of the warning/caution step will likely bring increased opportunity costs for frontline police, as it reduced their time commitment to the interaction itself, with no follow up activity required. The framework relies heavily on frontline police discretion in determining eligibility for diversion, for example, officers may choose whether to issue a PIN for a minor drug offence or proceed with criminal charges. This places significant weight and subsequent administrative burden on front line policing assessments, including:

- whether possession was for “personal use”,
- individual eligibility for diversion, and
- whether to issue an infringement or proceed to charge

Implementing the new framework may therefore introduce significant administrative complexity for police. Frontline police officers will need to determine eligibility for diversion on the spot, checking an individual’s criminal history to see if they have prior disqualifying drug offences or prior minor diversions (including under the existing PDDP). This necessitates up-to-date record-keeping and quick information retrieval. The framework also requires additional steps: issuing comprehensive information notices (IN) about diversion options,

preparing cannabis diversion agreements, and coordinating with health service providers for drug education programs. Furthermore, the information-sharing system between police, diversion program providers, and SPER must be maintained to track program completions and enforcement of unpaid fines. All these processes could increase the workload for frontline police officers and QPS support and administration staff, potentially diverting time and resources from other duties.

It is acknowledged within the explanatory notes that delivering the IDEDF will incur additional costs to support technical system upgrades, roll out to police officers, and to operationalise the new police PIN's which will be accommodated through existing budget processes. This fails to recognise the resourcing impacts on officers' time, and the associated impact on officers' capacity to respond to other more serious calls for service. This is particularly problematic in an environment where the QPS, and other jurisdictions are struggling to recruit and retain officers. Not only does it also fail to meet the overarching current government priority of ensuring community safety, it is also disconnected from community preferences. Significant QPS time and resources expended on low-level drug possession reduces opportunities for front line policing to address and focus on more serious offending.

From a resourcing perspective, the new policy might also shift burdens onto courts and enforcement agencies. Replacing diversion with PINs or prosecution for repeat minor possession may increase downstream demand on courts and penalty systems. The IDEDF "one strike rule" means that repeat minor drug possession cases are more likely to face formal charges or SPER processes sooner. Additionally, individuals unable to pay fines or comply with infringement requirements are more likely to enter escalation pathways, including enforcement action under SPER. This is likely to have anticipated consequences, such as:

- increased administrative and enforcement costs,
- disproportionate impacts on people experiencing financial hardship, and
- potential increase in licence suspensions, warrants, or custodial outcomes for low-level drug possession offences.

Fines have been evidenced to neither deter nor increase the likelihood that people who use drugs will commit another use or possession offence.<sup>20</sup> The use of fines have also been shown to result in a net widening effect, where more people are caught up in the criminal justice system than otherwise would have been.<sup>21</sup> By replacing diversion with penalty infringement notices (fines), and criminal charges for repeat possession the Bill risks re-routing people with minor drug offences back into an already expensive and overburdened justice system. This is particularly so for people with an inability to pay fines, especially so for vulnerable members of the community experiencing social disadvantage and socioeconomic adversity (e.g., people experiencing homelessness, those with chronic mental illness, and people impacted by poverty). This mirrors known SPER escalation pathways, where unpaid fines result in licence

---

<sup>20</sup> Alexeev, S. & Weatherburn (2022) Fines for illicit drug use do not prevent future crime: evidence from randomly assigned judges, *Journal of Economic Behaviour and Organization*, 200: 555-575.

<sup>21</sup> DPMP Team. (2024) Removing or reducing criminal penalties for drug use – what is the evidence? DPMP Evidence hub for the NSW Drug Summit 2024. Social Policy Research Centre, UNSW.

suspensions, warrants, or imprisonment. This could increase the number of minor drug cases that police must prepare for prosecution and that courts must process, counteracting some of the program's intended resource savings.

A key goal of diversion is to reduce pressure on courts and prisons by resolving minor offences outside the traditional justice system. The new framework continues this to an extent (by keeping first offences out of court), but the more restrictive eligibility means that fewer offences will qualify for diversion, and failures to comply will boomerang back into the court and justice system. Ultimately leading to an increase in caseloads for prosecutors and courts dealing with minor drug offences that previously might have been handled administratively. Likewise, the requirement for police to follow up on non-compliance (e.g. initiating charges after a missed program) imposes additional duties. There may also be downstream impacts such as a potential rise in prison admissions if more individuals, including those with underlying substance dependence issues, are convicted for repeat low-level drug offences once their one diversion opportunity is used up. Funnelling people with substance dependence into the criminal justice system may fuel further custodial overcrowding and fails to address the root causes of drug use. These outcomes could strain correctional resources and could incur higher long-term costs (e.g. incarceration costs vs. drug treatment programs). This ultimately results in cost-shifting, and possible cost-escalation, rather than cost-saving across systems and an increase in enforcement load generally.

There may also be added costs and logistical demands on providers that deliver the required drug diversion sessions, as more first-time offenders (including those who formerly would have just received a caution) will now be directed into programs. Ensuring sufficient capacity and funding for these programs is essential; otherwise, backlogs or delays in program availability could lead to more individuals "failing" to complete diversion through no fault of their own. Additionally, increased escalation of financially disadvantaged individuals into PINs is likely to result in higher uptake of Work and Development Orders (WDO), with participants seeking to discharge SPER debts through AOD counselling and treatment. As approved Hardship Partners are predominantly mainstream AOD services rather than specialist diversion providers, this shift may increase demand across the broader AOD service system.

In Australia it is conservatively estimated that the AOD system is only able to treat between 30% and 48% of the population who would seek and benefit from AOD treatment due to a lack of funding and resourcing.<sup>22</sup> There is a baseline insufficient supply of treatment and harm reduction services in Queensland. The recent *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* (2022) highlighted the need for further investment in mental health and AOD services which includes increased funding and the implementation of agreed accountability mechanisms.<sup>23</sup> To support effective relationships and engagement, services also need to be voluntary and delivered in a way that ensures people feel safe, including by limiting the type of information that can be shared between police and program

---

<sup>22</sup> Ritter, A., & O'Reilly, K. (2025). Unmet treatment need: The size of the gap for alcohol and other drugs in Australia. *Drug and Alcohol Review*. <https://doi.org/10.1111/DAR.14008>

<sup>23</sup> For example see recommendations 1, 2, 37, 38, 39, 41 and 42 of the final report of the Mental Health Select Committee.

providers. By ensuring that AOD services are available and accessible across Queensland, we can ensure that those people who require assistance with their substance use are able to obtain the support they require. For this reason, any associated budgetary allocations around the implementation of the revised framework, should also have regard to the current funding gap within AOD services.

Finally, it is noted that the existing PDDP was originally subject to formal and independent evaluation, due in May 2026. These legislative changes are being implemented prior to the completion of any formal evaluation of the existing PDDP. Modifying or discontinuing elements of the program before evaluation findings are finalised limits the evidence base available to assess comparative effectiveness and limits the ability to formulate evidence-based public policy. This highlights a key opportunity to support the proposed changes through the establishment of a strong, independent monitoring framework, agreed performance indicators and public reporting. It would also ensure the identification, and prompt response to, any emergent trends or issues. A strong monitoring framework, which includes representation from peak bodies, other stakeholders, and people with a lived-living experience, would help to build public confidence in the changes being implemented and support the current government's overarching commitment to deliver for Queensland.