

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

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I am a survivor of domestic violence, and the perpetrator was diagnosed with schizophrenia following a string of drug induced psychosis. I am also a social worker who works in a preventative program for youth. I have seen first hand the impact that alcohol and other drugs has on members of the community as a victim survivor and as a worker. The common thread among all these experiences is the impact of stigma on AOD users, of which strength-based and trauma-informed practice is the antidote. I do not believe that the removal of the three tiered drug diversion program will lead to meaningful change for users or victims of AOD fuelled crime. If the intention is to reduce crime, criminalising young people for their maladaptive coping strategies instead of treating them as human beings in need of protection, care, compassion, choice and dignity will only lead to further AOD use. Young people are already terrified of engaging in AOD services to reduce, minimise or stop their AOD use due to stigma and the potential of being criminalised. In looking at the stages of change, a crucial model to help seeking behaviour with AOD users, it is clear that a one-strike policy for drug diversion does not align with contemporary research. When young people decide to bravely no longer use substances, they require various levels of informal and formal supports to avoid lapse or relapse. Protective factors to avoiding a lapse or relapse include engaging in meaningful engagement in employment, community, education, hobbies and pro-social supports. This legislation would have the power to interrupt these engagements if they were to be criminally charged while relapsing or in a lapse. A strength-based and collaborative approach is crucial for ensuring they remain engaged in these activities, and removing barriers of criminality will further support their re-entry into the action and maintenance phase of not using substances. If a young person is engaging in the above activities, and experiences a lapse that leads to criminalisation, they may feel shame and may lose their hard-fought for positions within them. Additionally, what is not spoken about in any legislation for Adult Crime, Adult Time, is the impact of child criminal and sexual exploitation. Vulnerable young people are often coerced into AOD use and criminal behaviour by adults, which leaves a lasting impact on them. Young people are impressionable, and rely on the adults around them to keep them safe, yet this Act is failing them and contributing to these vulnerabilities by vindicating them for experiencing traumatic and abusive experiences. If a victim of this exploitation is found to be in possession of drugs due to this abuse, or engaging in anti-social behaviour at the direction of their abuser and is criminalised, they lose many opportunities to engage in education and employment that is genuinely meaningful to them. Additionally, I do not believe I would have been saved from the abuse I experienced had these laws existed then. My abuser became criminalised at a young age, and has been in and out of the justice system since. I still hold onto hope that he will recover. Had he not been criminalised, and had not been stigmatised, I truly feel that he would have sought help and changed his behaviour.

Thank-you for considering my submission. I hope that my story as a worker and survivor holds weight here. I urge this government to consider the impacts of stigma and the contemporary research from peak bodies for AOD use.