

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

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Submission to the Justice, Integrity and Community Safety Committee

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

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1. Introduction and purpose of submission

This submission is made in response to the *Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill 2026* (the Bill). It draws on frontline prosecution and operational experience to highlight a significant and unintended consequence of Queensland's current drug scheduling and enforcement framework as it relates to **1,4-Butanediol (1,4-BD)**.

The submission focuses on how the **current legislative treatment of 1,4-BD has facilitated its misuse, large-scale supply and market expansion**, despite the substance presenting risks equivalent to high-harm dangerous drugs. The purpose is to assist the Committee by:

- outlining the public health and community safety risks associated with 1,4-BD;
 - explaining how the existing legislative framework has enabled commercial exploitation and reduced deterrence; and
 - identifying why this outcome sits in tension with the objectives of the Bill and broader drug harm-reduction policy.
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2. Background – what is 1,4-Butanediol and why it matters

1,4-Butanediol is an industrial solvent with legitimate commercial uses, including in plastics, solvents and printing inks. Despite this, it has become entrenched in the illicit drug market as a **functional substitute for gamma-hydroxybutyrate (GHB)**.

When ingested, 1,4-BD is rapidly metabolised by the human body into GHB, a **Schedule 2 dangerous drug** under the *Drugs Misuse Act 1986* (DMA). From a pharmacological and health perspective, the substances are effectively indistinguishable. Users commonly purchase and consume the substance believing it to be “G” or “fantasy”, without knowing whether it is GHB or 1,4-BD.

The harm profile is severe:

- the margin between a non-lethal and lethal dose is extremely narrow;
- concurrent alcohol consumption significantly increases the risk of overdose and death; and
- emergency department and intensive care presentations linked to GHB/1,4-BD are increasing, particularly among younger and inexperienced users.

From a community safety perspective, 1,4-BD now represents one of the most dangerous substances circulating in Queensland's illicit drug market, exceeded only by methamphetamine in terms of acute hospital harm.

3. How the current legislative framework has facilitated abuse

Despite its real-world effects, 1,4-BD is listed as a **Schedule 6 controlled substance** under the *Drugs Misuse Regulation 1987*. This classification has produced several unintended and compounding consequences that have facilitated its misuse and commercial exploitation.

First, the scheduling of 1,4-BD has resulted in **penalties that do not reflect the substance's actual harm profile**. Possession offences are commonly resolved through diversionary pathways or modest penalties more appropriate to low-risk substances. This has contributed to a perception within user communities that 1,4-BD is a safer or lesser alternative to GHB, despite evidence to the contrary.

Secondly, the current framework has **reduced deterrence for suppliers**. Because 1,4-BD is not scheduled as a dangerous drug, individuals involved in large-scale possession and distribution are frequently sentenced as low-level offenders. In practical terms, quantities capable of producing tens of thousands of doses can attract penalties comparable to minor drug offending. This has lowered the perceived risk of engaging in commercial supply.

Thirdly, the legislative distinction between dangerous drugs and controlled substances has **created a market incentive**. Emerging suppliers have increasingly turned to 1,4-BD precisely because it occupies a regulatory space that carries significantly lower criminal exposure while delivering an identical intoxicating effect to GHB. The current framework has therefore distorted the illicit market in favour of a substance with a particularly high overdose risk.

Finally, judicial officers are constrained by the existing classification. Sentencing remarks in recent matters have reflected frustration that courts are required to treat 1,4-BD as a lesser substance despite its well-documented harms. This has led to outcomes that are difficult to reconcile with community expectations and the protective purpose of the DMA.

4. Tension with the objectives of the Bill

The Bill seeks to strengthen community safety, improve deterrence, and ensure that penalties better reflect the seriousness of offending and its real-world impacts. In that context, the current treatment of 1,4-BD presents a clear inconsistency.

While the Bill adopts a strong stance on drugs and anti-social behaviour, the continued classification of 1,4-BD as a low-tier controlled substance:

- undermines the Bill's deterrence objectives by leaving a high-harm substance subject to comparatively weak consequences;
- facilitates the displacement of supply from more heavily regulated dangerous drugs to substances perceived as legally safer for traffickers; and
- risks eroding public confidence where outcomes do not align with observable harm.

If left unaddressed, this gap may limit the practical effectiveness of the Bill in responding to emerging drug trends and adaptive offending behaviour.

5. Matters for the Committee's consideration

In considering the Bill, the Committee may wish to reflect on:

1. **Whether the current scheduling framework adequately captures substances that pose high and escalating harm despite non-traditional drug pathways;**
2. **Whether the legislative distinction between dangerous drugs and controlled substances has unintentionally facilitated commercial-level abuse of 1,4-BD; and**
3. **Whether future reform, clarification or policy guidance is required** to ensure that substances with equivalent effects and risks are treated consistently in terms of deterrence and sentencing outcomes.

These considerations are relevant to ensuring the Bill achieves its stated purpose without creating or perpetuating unintended enforcement gaps.

6. Conclusion

1,4-Butanediol presents a clear and growing risk to public health and community safety in Queensland. The current legislative framework has inadvertently facilitated its misuse and large-scale supply by treating it as a low-tier substance despite its severe harm profile.

In that context, the **proposed drug scheduling changes contemplated by the Bill have the capacity to directly contribute to its stated objectives**. Aligning the legal treatment of substances with their real-world harm would strengthen deterrence, reduce perverse market incentives, and better support community safety outcomes. Addressing the current regulatory imbalance would also enhance public confidence that Queensland's drug laws respond proportionately to emerging and adaptive forms of serious harm.

This submission does not seek to prescribe a specific enforcement model. Rather, it highlights a structural issue that sits in tension with the objectives of the Bill and submits that reform to the current scheduling framework would meaningfully support the Bill's intent to take a stronger, more effective stance on drugs and associated anti-social behaviour.
