

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

**Submission No:** 135

**Submission By:** Drug ARM

**Publication:** Making the submission and your name public

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17 March 2026

Committee Secretary  
Justice, Integrity and Community Safety Committee  
Parliament House  
George Street  
Brisbane QLD 4000

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

Dear Committee Members,

Drug ARM welcomes the opportunity to comment on the *Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill 2026*. We acknowledge the Queensland Government's commitment to reducing victims of crime, improving community safety, and strengthening early intervention.

Our submission responds to the proposed changes to illicit drug diversion. Drug ARM was an original partner in the establishment of Queensland's Police Drug Diversion Program, introduced as part of Prime Minister John Howard's national "*Tough on Drugs*" strategy and implemented in Queensland under the Beattie Government's "*Tough on Crime, Tough on the Causes of Crime*" approach. Both governments sought to intervene early to break the cycle of substance use and offending through structured diversion.

Drug ARM continues to deliver diversion and alcohol and other drug (AOD) treatment statewide. We support accountability and public safety. However, we are concerned that the proposed Illicit Drug Enforcement and Diversion Framework (IDEDF) may unintentionally increase harm, escalate justice system involvement, and reduce early engagement with health supports which are outcomes contrary to the Government's aims.

**A balanced, evidence-informed model would achieve the Government's goals more effectively.** Drug ARM respectfully recommends:

- retaining multi-step diversion options, particularly for vulnerable cohorts such as young people
- pairing diversion with mandatory assessment and follow-up
- maintaining police discretion for minor personal possession
- ensuring health pathways remain the primary intervention for low-risk users exploring accountability mechanisms that do not rely on criminalisation

*These approaches align with the Government's objectives: fewer victims, fewer repeat offenders, and safer communities.*

We offer this submission in a constructive spirit, grounded in decades of community-based treatment experience and a robust body of peer-reviewed evidence. Drug ARM remains committed to working collaboratively with Government, Queensland Police Service (QPS), community organisations and health professionals to strengthen community safety through effective, early intervention.

We would welcome the opportunity to provide:

- additional service data
- summaries of peer-reviewed evidence
- input into implementation design should the Bill proceed
- case studies demonstrating diversion effectiveness

If the Committee would like to discuss any aspect of this submission or requires further information, please contact:

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Our goal is to support a strong, measured, and evidence-informed approach to community safety.

Yours sincerely,



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## Evidence Summary

### Diversion reduces reoffending, improves health outcomes, and strengthens community safety

A substantial body of peer-reviewed research demonstrates that diversion programs:

- significantly reduce recidivism (Hughes et al., 2019; Payne et al., 2021)
- increase access to treatment and early support (Poynton et al., 2016)
- reduce future contact with the justice system
- are more cost-effective for government than court-based responses (Kilmer & Hoorens, 2010)

Drug ARM's internal data aligns with this research. For example, in Mackay, a significant proportion of individuals who undertake a diversion assessment continue with voluntary alcohol and other drug treatment or are referred to other appropriate health services.

Queensland-specific data further reinforces this pattern. The expanded Police Drug Diversion Program (PDDP) has engaged more than 26,000 people in less than 18 months. Of those receiving a Tier 1 warning, 83% had no further contact with the program, indicating that early, health-based responses effectively resolve most low-level possession incidents.

Diversion is not a permissive response. As the Australian Institute of Criminology notes, diversion “promotes accountability while avoiding the criminogenic effects of formal justice system involvement” (AIC, 2020). Diversion supports, rather than undermines, the Government's public safety objectives.

### Diversion delivers demonstrated economic and operational benefits in Queensland

The Queensland Productivity Commission estimated the cost of enforcing drug possession laws at \$222 million per year. In contrast, investment in AOD treatment is approximately \$173 million per year, despite generating substantially higher returns/ Every \$1 invested in AOD treatment returns around \$7 via improved health, reduced crime, and increased community participation.

The expanded diversion program has already avoided:

- \$4.58 million in Magistrates Court costs
- \$2.27 million in police processing costs

These savings reflect only wage costs. Total operational savings would be significantly higher.

By diverting around **50%** of drug possession matters away from the justice system, the diversion program frees police, courts, and correctional resources to focus on violent and high-harm offending.

## **A single-opportunity diversion model is inconsistent with the evidence**

The proposed IDEDF allows one diversion opportunity for minor cannabis possession and none for low-level repeat possession of other drugs.

Evidence shows:

- substance use relapse is common, expected, and clinically normal (Marlatt & Donovan, 2005)
- repeated contact points with health services support behaviour change
- rapid escalation to prosecution worsens outcomes (Werb et al., 2018)

Internationally, single-strike diversion models result in:

- increased justice involvement
- reduced treatment engagement
- poorer long-term outcomes (Hughes & Ritter, 2020)

Queensland data underscores this. People referred to Tier 3 diversion often had prior involvement due to eligibility limits, not unwillingness to change. This reflects the complexity of substance use trajectories and the need for multiple intervention points.

A one-chance model assumes substance use can be resolved through a single intervention. The evidence does not support this assumption.

## **Criminalisation increases harm, particularly for vulnerable Queenslanders**

Peer-reviewed research shows criminal justice responses to low-level possession:

- increase stigma and social exclusion (Livingston et al., 2012)
- delay help-seeking (Fomiatti et al., 2020)
- increase reoffending relative to diversion (Shanahan et al., 2017)

These harms disproportionately affect young people, people experiencing homelessness, Aboriginal and Torres Strait Islander communities, and people with trauma and mental health concerns.

These findings align with recent Queensland trends: despite diversion expansion, police recorded 53,142 possession charges, up from 43,754 the previous year. Diversion did not eliminate accountability, rather, it ensured that half of these matters were managed outside the courts.

## **Police discretion is vital for safety-focused justice responses**

Queensland Police Service has consistently supported discretion in responding to low-level possession. Research shows discretion improves operational efficiency, reduces unnecessary court load and allows targeted resource deployment.

Reducing diversion opportunities makes policing less effective, redirecting police effort from serious crimes toward low-level possession enforcement.

Removing discretion restricts police capacity to respond to vulnerability, divert individuals early, and avoid escalation of minor issues into court matters.

This increases pressure on QPS, Magistrates Courts, and forensic services.

## References

### Peer-Reviewed and Academic Literature

Australian Institute of Criminology. (2020). *Police diversion for drug and drug-related offenders: A literature review*. <https://www.aic.gov.au/>

Ettner, S. L., Huang, D., Evans, E., Ash, D. R., Hardy, M., Jourabchi, M., & Hser, Y.-I. (2006). Benefit–cost in the California treatment outcome project. *Health Services Research, 41*(1), 192–213. <https://doi.org/10.1111/j.1475-6773.2005.00466.x>

Fomiatti, R., Moore, D., & Fraser, S. (2020). The normalisation of addiction. *International Journal of Drug Policy, 76*. <https://doi.org/10.1016/j.drugpo.2019.102615>

Hughes, C. E., & Ritter, A. (2020). Criminal justice responses to drug possession. *Drug and Alcohol Review, 39*(3), 209–214. <https://doi.org/10.1111/dar.13062>

Hughes, C. E., Seear, K., Ritter, A., & Mazerolle, L. (2019). *Monograph No. 27: Criminal justice responses relating to personal use and possession of illicit drugs*. UNSW. <https://doi.org/10.26190/5cca661ce09ce>

Kilmer, B., & Hoorens, S. (2010). *Understanding illicit drug markets, supply-reduction efforts, and drug-related crime*. RAND. <https://www.rand.org/pubs/monographs/MG821.html>

Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of stigma-reducing interventions. *Addiction, 107*(1), 39–50. <https://doi.org/10.1111/j.1360-0443.2011.03601.x>

Marlatt, G. A., & Donovan, D. M. (2005). *Relapse prevention*. Guilford Press.

Payne, J., Macgregor, S., & McKenzie, M. (2021). Diversion from court: Long-term outcomes. *Australian & New Zealand Journal of Criminology, 54*(1), 61–80. <https://doi.org/10.1177/0004865820967854>

Poynton, S., Weatherburn, D., & Jiang, H. (2016). *Police warnings, cautions and youth*. NSW BOCSAR.

Shanahan, M., Hughes, C. E., & McSweeney, T. (2017). *Police diversion for cannabis offences*. AIC. <https://doi.org/10.52922/ti133729>

Shanahan, M., Hughes, C. E., McSweeney, T., & Griffin, B. A. (2017). Alternate policing strategies. *International Journal of Drug Policy, 41*, 140–147. <https://doi.org/10.1016/j.drugpo.2016.12.012>

Werb, D., Kamarulzaman, A., Meacham, M. C., Rafful, C., Fischer, B., Strathdee, S. A., & Wood, E. (2015). Compulsory drug treatment: A systematic review. *International Journal of Drug Policy, 28*, 1–9. <https://doi.org/10.1016/j.drugpo.2015.12.005>

## Queensland-Specific References

360Edge. (2021). *Queensland PHN alcohol and other drug treatment services mapping and investment review*.

Australian Institute of Health and Welfare. (2022). *Alcohol and other drug treatment services in Australia: Annual report*.

Queensland Police Service. (2025). Policy and Performance Division briefing.

Queensland Productivity Commission. (2019). *Inquiry into Imprisonment and Recidivism*.

Queensland Police Service. (2025). *Queensland Police Drug Diversion Program*.  
<https://www.police.qld.gov.au/drugs-and-alcohol/police-drug-diversion-program>

MyPolice Queensland. (2025). *Queensland Crime Statistics*.  
<https://mypolice.qld.gov.au/queensland-crime-statistics/>

QNADA. (2026). *Police Drug Diversion Program Briefing Note*. Queensland Network of Alcohol and Other Drug Agencies.