

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

Submission No: 145

Submission By: Queensland Aboriginal and Islander Health Council

Publication: Making the submission and your name public

18 March 2026

Justice, Integrity and Community Safety Committee

By email: jicsc@parliament.qld.gov.au

Dear Committee Members

Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill ('the Bill')

Thank you for the opportunity to provide feedback in relation to the above.

About QAIHC

The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak body for Aboriginal and Torres Strait Islander community-controlled health organisations (ACHHOs) across Queensland. QAIHC's role is to advocate for and support a strong and sustainable Aboriginal and Torres Strait Islander community-controlled health sector.

QAIHC's Membership comprises 35 Member organisations located across Queensland. Our Members play an integral role in the healthcare system, working in partnership with Primary Health Networks (PHNs), Hospital and Health Services (HHSs), other health organisations, and both Queensland and Commonwealth governments.

What are ACCHOs?

Aboriginal and Torres Strait Islander community-controlled health organisations are primary healthcare services operated and governed by local Indigenous communities to deliver holistic, culturally appropriate and comprehensive primary health care.

Our Members understand that the Aboriginal and Torres Strait Islander concept of health is holistic, incorporating the physical, social, emotional, and cultural wellbeing of individuals and their whole community. For Aboriginal and Torres Strait Islander people, health and wellbeing is more than just the absence of disease or illness and is seen as a whole-life-view.

The ACCHO model of care aligns with the Aboriginal and Torres Strait Islander concept of health. It is underpinned by the social and cultural determinants of health that are required for the wellbeing of Aboriginal and Torres Strait Islander people and their communities.

QAIHC's Position

QAIHC's position is informed by the principles of human rights and children's rights outlined in the Human Rights Act 2019 (Qld) and the United Nations Convention on the Rights of the Child. These principles emphasise rehabilitation, access to health services and the use of detention only as a measure of last resort for children.

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

QAIHC has concerns with the Bill's proposed expansion of "Adult Crime, Adult Time" provisions and the new drug diversion approach, which represent a shift away from health-focused and evidence-based responses to youth offending.

QAIHC acknowledges and supports the submission and policy position outlined by the Queensland Network of Alcohol and Other Drug Agencies (QNADA).

Expansion of "Adult Crime, Adult Time" offences

The bill adds 12 additional Criminal Code offences that will trigger adult sentencing for youth offenders (10-17) under s175A of the Youth Justice Act.

First Nations people have long been over-represented in custodial settings in Australia. Reported in the June quarter of 2025, Queensland recorded the highest number of young people aged 10 years and over in detention on an average night and the second highest detention rate nationally for young people aged 10–17 years. Aboriginal and Torres Strait Islander young people make up the majority of those in detention, despite representing only 6.6% of Australia's youth population.¹

Expanding the list of offences subject to "Adult Crime, Adult Time" will increase the number of children receiving adult sentences and spending longer periods in custody. Given the existing over-representation of Aboriginal and Torres Strait Islander young people in the youth justice system, these amendments are likely to disproportionately affect First Nations children. This will further increase incarceration rates among Aboriginal and Torres Strait Islander youth and exacerbate existing health, disability and social support needs among children entering or remaining in custody.

Many young people who come into contact with the justice system experience complex health, mental health and social challenges that require early intervention and support. According to the 2025 Youth Justice Census, 71% of young people in custody in a youth detention centre or watchhouse had at least one diagnosed or suspected disability, 54% had a least one mental health and/or behavioural disorder (diagnosed or suspected). The most identified conditions included Attention Deficit Hyperactivity Disorder (ADHD) (53%), cognitive or intellectual disability (38%), and Fetal Alcohol Spectrum Disorder (FASD) (25%).²

These statistics reinforce the need for a health-based response that ensures all children can access culturally safe and responsive community health services that provide wrap-around supports centred around the social and cultural determinants of health. Greater emphasis should be placed on addressing the root cause and drivers of youth crime before pursuing legislative reforms that increase punitive responses.

¹ Youth Detention Population in Australia 2025. (2025). [online] Australian Institute of Health and Welfare, pp.1–41. Available at: <https://www.aihw.gov.au/getmedia/7b49c5c0-d93d-4b4a-ba18-b8339ad78cb7/youth-detention-population-in-australia-2025.pdf?v=20251210102459&inline=true>.

² State of Queensland. (2024). Youth Justice Census Summary – Youth Justice Custody. Department of Youth Justice and Victim Support. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/a6c6dbcf-b18f-413c-a2fb-9cd1b7bc4c84/yj_census_summary_custody_2018-2024.pdf?ETag=5bbf485bdae5a619f572ac92d294030b

QAIHC recommends the expansion of early childhood development screening programs across schools, primary care and community-based services, including ACCHOs, to support early identification of developmental and behavioural needs.

Evidence from an Australian study led by Professor Ross Homel at Griffith University examining the Pathways to Prevention Project over a 20-year period found that interventions targeting preschool children and their families significantly reduced the probability of serious youth offending later in life. The program also demonstrated strong economic benefits, generating an estimated return of \$7.65 for every \$1 invested through avoided court-adjudicated youth offending.³

Complementing this, a retrospective cohort study of 1,533 Aboriginal children living in remote Northern Territory communities found that hearing impairment in children was strongly associated with records of offending. Among children with a record of an offence, 55.6% of boys and 36.7% of girls had hearing impairment, highlighting that, alongside early intervention programs, addressing underlying health factors such as hearing loss is critical. This pattern also aligns with findings from studies of adult inmates in Darwin and Alice Springs prisons.⁴

Further investment is required in early childhood initiatives such as Thriving Kids and Healthy Kindy Kids, which support the early identification of developmental delay and disability. Strengthening these programs would enable earlier diagnosis, access to treatment, and targeted developmental supports, helping to improve the cognitive, behavioural and social development of children and young people.

To support early diagnosis and support mechanisms, QAIHC encourage meaningful engagement with the ACCHO sector to identify the most appropriate responses for each community. ACCHO's are best placed to address the health and disability needs identified amongst First Nations children and young people in a culturally appropriate and community-led approach. ACCHO's are well positioned to support children and young people who may be at risk of poor health, social disadvantage, or involvement with the justice system.

Repeal the current Police Drug Diversion Program (PDDP) and introduce a new Illicit Drug Enforcement and Diversion Framework (IDEDF)

The Bill repeals the current PDDP and establishes the new IDEDF framework that narrows drug diversion opportunities to first-time and low-risk individuals.

The majority of drug offences in Queensland involve individuals found in possession of small quantities of illicit drugs for personal use. The Police Drug Diversion Program is a legislated initiative that allows police to offer eligible individuals the opportunity to participate in diversion as an alternative to prosecution.⁵

First Nations people experience higher rates of health conditions, mental health challenges, and alcohol and other drug abuse compared with non-Indigenous Australians. Data from the 2022-23 National Aboriginal and Torres Strait Islander Health Survey shows that around 31% of First Nations people in Queensland reported using illicit drugs for non-medical purposes in the previous 12 months,⁶ compared with around 18% of the overall Queensland population.⁷

³ Manning, M., Wong, G.T.W., Homel, R., Allen, J. and Frieberg, K. (2025). Return on investment of the pathways to prevention project from the reduced probability of the onset of serious youth offending. *Children and Youth Services Review*, [online] 179, p.108632. doi:<https://doi.org/10.1016/j.childyouth.2025.108632>.

⁴ He, V. Y., Su, J.-Y., Guthridge, S., Malvaso, C., Howard, D., Williams, T., & Leach, A. (2019). Hearing and justice: The link between hearing impairment in early childhood and youth offending in Aboriginal children living in remote communities of the Northern Territory, Australia. *Health & Justice*, 7(1). <https://doi.org/10.1186/s40352-019-0097-6>

⁵ Queensland Police (2025). Police Drug Diversion Program. [online] [police.qld.gov.au](https://www.police.qld.gov.au). Available at: <https://www.police.qld.gov.au/drugs-and-alcohol/police-drug-diversion-program>.

⁶ Australian Indigenous HealthInfoNet (2025). Latest information and statistics on Illicit drug use - Alcohol and Other Drugs Knowledge Centre. [online] Alcohol and Other Drugs Knowledge Centre. Available at: [https://aodknowledgecentre.ecu.edu.au/learn/specific-drugs/illicit-drugs-general/latest-information-and-statistics-on-illicit-drugs-general/?utm_source=chatgpt.com#a href="#">https://aodknowledgecentre.ecu.edu.au/learn/specific-drugs/illicit-drugs-general/latest-information-and-statistics-on-illicit-drugs-general/?utm_source=chatgpt.com#a href=](https://aodknowledgecentre.ecu.edu.au/learn/specific-drugs/illicit-drugs-general/latest-information-and-statistics-on-illicit-drugs-general/?utm_source=chatgpt.com#a href=)

⁷ Queensland Health (2025). Report of the Chief Health Officer Queensland. [online] Report of the Chief Health Officer Queensland. Available at: https://www.choreport.health.qld.gov.au/our-lifestyle/illicit-drugs?utm_source=chatgpt.com#content [Accessed 13 Mar. 2026].

In 2023–24, Queensland recorded 51,979 alcohol and other drug treatment episodes. Of those, 21% of clients were First Nations people, which is higher than the national proportion at 18%.⁸

The harmful use of alcohol and other drugs among Aboriginal and Torres Strait Islander peoples needs to be understood within the social and historical context of colonisation, dispossession of land and culture and economic exclusion. An effective response is a health-based response that connects individuals with treatment and support services.

The repeal of the Police Drug Diversion Program will limit opportunities for individuals to access early intervention and treatment for alcohol and other drug use. For people experiencing substance dependence, diversion programs provide an important pathway to counselling, treatment and rehabilitation services. Removing this pathway risks shifting individuals away from health-based responses and into the criminal justice system, potentially increasing system costs while failing to address the underlying drivers of drug use. Research indicates that in Australia, approximately 30–48 per cent of people who could benefit from alcohol and other drug treatment access it, highlighting a large unmet need for treatment services.⁹

Further to this, the IDEDF will reduce access to early intervention and treatment pathways for individuals experiencing alcohol and other drug dependence. Introducing financial penalties will also disproportionately affect people experiencing disadvantage. Research examining drug possession cases in New South Wales found that imposing fines for illicit drug use or possession did not reduce the likelihood of future offending, indicating that financial penalties alone are unlikely to deter substance use behaviours and may be less effective than health-based responses.¹⁰

QAIHC recommends increased investment in culturally safe AOD prevention, treatment and rehabilitation services delivered by ACCHOs. ACCHOs provide holistic and culturally appropriate models of care that address the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander people, while also connecting individuals with broader supports such as mental health services, family support, housing assistance and community programs. Expanding ACCHO-led AOD services would strengthen early intervention and treatment pathways and ensure individuals experiencing substance dependence are supported through health-based responses rather than punitive approaches.

Evidence supports the effectiveness of Aboriginal community-controlled AOD treatment services. An Australian evaluation of The Glen, a residential AOD rehabilitation service operated by an Aboriginal community controlled organisation (ACCO), found that participants experienced statistically significant improvements in wellbeing, including reductions in psychological distress and improvements in quality of life. The study also found that participants attending the ACCO-run service were more likely to complete treatment compared with those attending non-community-controlled services, with Aboriginal participants showing particularly higher completion rates. These findings highlight the important role ACCOs play in delivering culturally appropriate treatment and supporting improved recovery outcomes for Aboriginal and Torres Strait Islander people experiencing substance dependence.¹¹

Conclusion

QAIHC reiterates its opposition to the proposed *Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill 2026* as it shifts the response to youth offending and substance use further toward punitive and enforcement-based approaches.

⁸ Alcohol and other drug treatment services in Australia annual report 2023–24. (2025). [online] Australian Institute of Health and Welfare, Australian Institute of Health and Welfare. Available at: <https://www.aihw.gov.au/getmedia/a35dc519-2a93-49df-a9d6-0a50aa6b2994/alcohol-and-other-drug-treatment-services-in-australia-annual-report-2023-24.pdf?v=20260120122854&inline=true> [Accessed 13 Mar. 2026].

⁹ Ritter, A. and O'Reilly, K. (2025). Unmet treatment need: The size of the gap for alcohol and other drugs in Australia. *Drug and Alcohol Review*, [online] 44(3), pp.772–782. doi:<https://doi.org/10.1111/dar.14008>.

¹⁰ Alexeev, S. and Weatherburn, D. (2022). Fines for illicit drug use do not prevent future crime: evidence from randomly assigned judges. *Journal of Economic Behaviour & Organization*, [online] 200, pp.555–575. doi:<https://doi.org/10.1016/j.jebo.2022.06.015>.

¹¹ Kelly, P.J., Coyte, J., Robinson, L.D., Deane, F.P., Russell, S., Clapham, K., Dale, E., Longbottom, M., Solley, R. and Baker, A.L. (2022). Evaluating an Aboriginal community controlled residential alcohol and other drug services: Use of benchmarking to examine within treatment changes in wellbeing. *Drug and Alcohol Review*, [online] 41(4). doi:<https://doi.org/10.1111/dar.13432>.

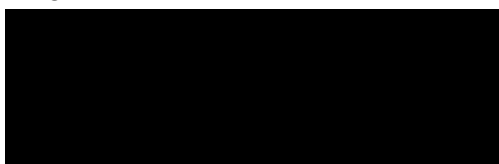
Effective responses to youth crime and substance dependence are early intervention, prevention and access to culturally appropriate health and social services. Coordinated investment in early childhood supports, developmental screening, and community-based services delivered by ACCHOs is the key to address the underlying drivers of offending and alcohol and other drug dependence.

Accordingly, QAIHC recommends that the Queensland Government prioritises health-focused and evidence-based approaches, including strengthening early childhood initiatives, maintaining and expanding diversion pathways that connect individuals to treatment, and increasing investment in culturally safe alcohol and other drug prevention, treatment and rehabilitation services delivered by ACCHOs.

QAIHC would welcome further consultation with the Queensland Government and relevant stakeholders to ensure that policy responses to youth crime and substance use are aligned with the objectives of improving health, wellbeing and community safety outcomes for Aboriginal and Torres Strait Islander peoples across Queensland.

Thank you again for the opportunity to provide our submission.

Regards



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