

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

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Health Consumers Queensland organisational submission

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

Proposals to amend the *Drugs Misuse Act 1986, Drugs Misuse Regulation 1987, Penalties and Sentences Act 1992, Police Powers and Responsibilities Act 2000, Police Powers and Responsibilities Regulation 2012, State Penalties Enforcement Act 1999, State Penalties Enforcement Regulation 2014, Youth Justice Act 1992* and the legislation mentioned in schedule 1 for particular purposes.

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About us

Health Consumers Queensland (HCQ) is the peak organisation representing consumers of the health system, their loved ones and carers in Queensland. By amplifying the diverse voices and lived experiences of consumers, and by advocating on their behalf, we are building more responsive public and private health services and systems for all Queenslanders.

Consumers are people who use, or are potential users of, health services including their family and carers. Consumers may participate as individuals, groups, organizations of consumers, consumer representatives or communities.

HCQ is a leader in consumer engagement and participation, and we address emerging challenges faced by the health system and the evolving needs of consumers. At HCQ, we represent and include the lived experiences of diverse groups of people who come from different backgrounds, cultures, genders, sexualities, bodies, and abilities, recognising that these perspectives are essential in shaping our health service delivery, planning, and evaluation.

Health Consumers Queensland is a not-for-profit organisation and a registered health promotion charity, and we believe in improving health outcomes for people in Queensland.

Health Consumers Queensland Submission

Our organisation welcomes the opportunity to provide a written organisational submission to proposed amendments within the following Acts pursuant to the *Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill 2026*:

1. *Youth Justice Act 1992 (Qld)*
2. *Criminal Code Act 1901(Qld) – s311(b)*

Introduction

Since our inception in 2008, Health Consumers Queensland (HCQ) has led a partnership approach to issues of access, safety, quality and engagement regarding the health and wellbeing of Queensland’s health consumers, their carers and loved ones.

HCQ has partnered with several non-government organisations in the development of our organisational response, and notes these shared interests are intended to reflect the impact these amendments will have across social, health and civil society.

Youth Justice Act 1992 and Criminal Code Act 1901

1. Assisting Suicide

HCQ raises significant concern for proposed amendments to s 175A of the *Youth Justice Act 1992* (YJA) that seek to introduce amended sentencing provisions for the offences captured within s 311 of the *Criminal Code Act 1901* (CCA) which have not previously applied to children or any person captured by the age thresholds of the YJA.

Critically, HCQ does not support the proposed sentencing amendments as they relate to **s311(b)** – *counsels another to kill himself or herself and thereby induces the other person to do so*. Whilst the act of inducing or counselling another to suicide is a serious issue, to mandate a life sentence on a child for comments that may be misplaced or poorly informed by virtue of age, neurological development, vulnerabilities or other relevant factors is disproportionate and flawed. Nothing in the accompanying documents provides a clear context or evidentiary basis for this amendment which, when considered against the severity of the proposed penalty, renders any objective review of these proposals deficient.

HCQ notes that the recent passage of the amendments to the *Online Safety Act 2021* – Online Safety Amendment (Social Media Minimum Age) Bill 2024 – are intended to age restrict access to social media platforms for any person under 16 years. With greater education, consideration of a vilification reform agenda, community and local engagement these safeguards can be conduits to safe, respectful and age-appropriate dialogue that reduces the risk of this behaviour occurring while also reducing the stigma young people experience as a person with a mental illness or part of a family or kinship experiencing mental ill-health or other compounding circumstances.

Amending penalties commensurate with adult penalties fails to recognise the neuro-developmental differences between adults and children and misses an opportunity to support and correct assumptions or immature behaviours that will allow any young person to thrive in adulthood.

These amendments are also inconsistent with existing frameworks and policies¹ which adopt a whole of community approach that promotes inclusive and respectful language, early and appropriate service access, reducing distress and vulnerability and working in partnership with community members (including those with lived and/or living experience) to reduce stigma, build resilience and strengthen proactive and responsive service models. These frameworks and strategic policy implementation processes focus suicidality and community behaviours towards mental ill-health as a public health need. Nothing in these resources supports criminalising young people for their behaviours, many of which can be corrected or prevented through evidence-based public health initiatives.

HCQ supports the reform principles contained within the cited resources most of which have been informed by lived and living experience advocates and their communities. HCQ also supports initiatives and program of ongoing work that are jointly led by peak and government bodies to stem bullying behaviours within cohorts of young people and their schools. These programs of work continue to enhance the opportunities for our young people to find positive and affirming ways to engage with each other and their community in ways that create productive and positive futures. Proposing to criminalising behaviour without recognition of this context or continued program of works that are intended to improve the overall mental health of young people also limits the human rights of this cohort and their right to be at the centre of decision-making.

In not supporting these amendments, HCQ recommends that priority should be given to current work(s) that are underway to promote inclusivity and prevent mental illness and suicidality.

¹ Queensland Mental Health Commission. (2019). *Every Life – The Queensland Suicide Prevention Plan 2019 – 2029. Phase One*. Queensland Government, Brisbane; Queensland Mental Health Commission. (2023). *Every Life – The Queensland Suicide Prevention Plan 2019 – 2029 – Phase 2*. Queensland Government, Brisbane; Queensland Mental Health Commission. (2023). *Shifting Minds – The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategy Plan 2023 – 2028*. Queensland Government, Brisbane; Queensland Government. (2021). *Suicide Prevention Framework for working with people impacted by domestic and family violence*. Queensland Government, Brisbane.