

# Fighting Antisemitism and Keeping Guns out of the Hands of Terrorists and Criminals Amendment Bill 2026

**Submission No:** 013  
**Submission By:** Public Health Association Australia, Queensland Branch  
**Publication:** Making the submission and your name public

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Justice, Integrity and Community Safety Committee  
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Date: 16 February 2026

***Re: Fighting Antisemitism and Keeping Guns out of the Hands of Terrorists and  
Criminals Amendment Bill 2026***

Dear Committee Secretariat, Chair, Deputy Chair and Members,

The Queensland Branch of the Public Health Association of Australia (PHAA) welcomes the opportunity to provide evidence-based observations on Queensland's proposed firearms legislation. We strongly support the Bill's objectives to address antisemitism and prevent terrorism following the tragic Bondi Beach attack on 14 December 2025. However, while Queensland's proposed penalties may represent nation-leading punitive measures, the legislation fundamentally lacks best evidence in public and population health approaches and fails to prioritise prevention as the cornerstone of effective firearm injury reduction.

**Essential Protections for Faith Communities and Religious Freedom**

We acknowledge and support the Bill's important provisions addressing antisemitism, hate crimes, and protection of faith communities. The amendments to prohibit terrorist symbols, introduce new offences for hateful expressions that menace or harass, strengthen protections for places of worship, and increase penalties for wilful damage to religious sites are entirely warranted and represent critical protections for vulnerable communities experiencing unprecedented levels of threat, intimidation and fear. We commend the Government for its swift legislative response to protect Queenslanders' right to practise their faith, celebrate their culture, and live their lives free from fear, hatred and violence.

## **Public Health Framework for Firearm Injury Prevention**

As Australia's peak body for public health, PHAA has long advocated for evidence-based approaches to injury prevention. Internationally recognised best practice in firearm injury prevention is grounded in a public health framework that emphasises a hierarchy of interventions, with primary prevention (reducing access and availability) as most effective.

The World Health Organisation's (WHO) injury prevention framework, which guides public health practice globally, explicitly prioritises preventing the occurrence of injuries through the adoption of safer behaviours and environmental modifications as primary prevention, followed by reducing direct consequences (secondary prevention) and minimising long-term impacts (tertiary prevention). This hierarchy is not theoretical but rather reflects decades of evidence demonstrating that upstream interventions yield the greatest population health benefits.

Evidence from Australia's own experience powerfully supports this approach. Following the 1996 National Firearms Agreement and buyback program, statistically significant reductions in Victorian frequencies of all firearm-related deaths and firearm-related suicides were observed when comparing periods before and after legislative reform. Homicide rates declined most significantly during the two-year collection period (1996-1997) than in any comparable timeframe between 1915 and 2004.<sup>i</sup> This represents one of Australia's most successful public health interventions, and is a model that has been studied and emulated internationally.

### **Current limitations in the proposed legislation**

While Queensland claims penalties will 'deter criminal conduct involving weapons,' international systematic reviews consistently demonstrate that increased incarceration has a minimal deterrent effect on firearm violence. By contrast, reduced firearm availability shows strong causal relationships with reduced firearm mortality across multiple jurisdictions.

The current Bill focuses predominantly on enhanced penalties and enforcement powers, including substantial imprisonment increases across trafficking, supply and possession offences, new offences for reckless discharge and 3D-printed firearms, and enhanced police search powers.

While these enforcement measures may have some utility, they represent a downstream intervention model that responds to offending after firearms have already entered the community. This is tertiary prevention, intervening after harm has occurred or is imminent. Effective public health responses require primary prevention through reduced availability and access.

Of particular concern is Queensland's decision to join the Northern Territory and Tasmania in refusing to participate in the federal government's national gun buyback scheme. This decision

represents a troubling deviation from Australia's historically bipartisan approach to firearm regulation that has been internationally lauded for its effectiveness.

The 1996 Howard government buyback achieved universal state and territory support. That unity was critical to its success. We know that population health interventions require coordinated, comprehensive approaches across jurisdictions. The principle that 'gun laws are only as strong as the weakest state' reflects the reality of interstate movement and the undermining effect of jurisdictional inconsistency.

### **The Public Health Burden of Firearm Violence**

It is important to contextualise firearm regulation within Queensland's broader public health priorities. Firearm violence affects not only direct victims but also reverberates through families and communities, creating long-term mental health and emotional impacts. Beyond criminal and terrorist violence, which understandably captures public and political attention following events such as the Bondi Beach attack and the tragic 2022 Wieambilla shootings, firearms are a significant factor in domestic and family violence and suicide mortality.

In Australia, suicide accounts for approximately three-quarters of all firearm deaths. Men are disproportionately affected, representing over 90% of firearm deaths, and our rural and remote communities bear the greatest burden, with 92.8% of firearm-related suicides occurring in these areas where access to mental health support is already limited. In domestic and family violence contexts, over one-third of firearm homicides involve intimate partners. These are preventable deaths and represent loved family members whose lives could have been saved with the right interventions at the right time.

The current legislation misses critical opportunities to prevent these deaths. There are no provisions addressing firearm access in domestic violence protection orders; no mechanisms linking mental health crisis presentations with firearm prohibition orders; no safe storage campaigns targeting suicide prevention in regional communities; and no screening protocols for healthcare providers working with at-risk populations. The evidence base for such interventions exists.<sup>ii</sup>

This is not to diminish the importance of addressing criminal and terrorist firearm use. Rather, it's about ensuring our response is comprehensive and that the Queensland Government address all the ways firearms contribute to preventable deaths in our community. The Bill's exclusive focus on criminal penalties, while important, misses opportunities for upstream prevention that could save more Queensland lives than enhanced sentencing alone.

## **Recommendations**

Based on WHO best practice frameworks for injury prevention, systematic reviews of international evidence demonstrating the effectiveness of firearm availability reduction, and Australia's own internationally acclaimed success with the 1996 National Firearms Agreement, PHAA respectfully recommends the Committee consider:

### **1. Reconsider National Buyback Participation**

We strongly recommend that the Queensland Government reconsider its decision and participate in the federal national gun buyback scheme to align with federal legislation and achieve measurable reductions in firearm prevalence.

The 1996 buyback demonstrated clear efficacy in reducing firearm-related deaths. Queensland's participation is essential for a coordinated national approach and sends a clear signal about the State's commitment to evidence-based policy. A nationally coordinated response to firearm injury prevention, as achieved in 1996, offers the greatest opportunity to reduce harm across all Australian jurisdictions.

### **2. Establish Quantifiable Public Health Targets**

The legislation should define measurable public health outcomes to enable proper evaluation of its effectiveness, building on datasets Queensland already holds but does not currently integrate for firearm surveillance. This should include:

- Fatal and non-fatal firearm injury rates
- Firearm mortality disaggregated by mechanism (suicide, homicide, unintentional)
- Indicators of illicit firearms activity based on seizures and trafficking intelligence
- Firearm involvement in domestic and family violence incidents and deaths
- Firearm-related suicides (and, where feasible, suicide attempts)
- Routine analysis of geographic and demographic patterns (for example, by remoteness, age, and sex) to identify priority populations and regions for targeted prevention.

### **3. Prioritise Upstream Interventions**

Balance punitive measures with evidence-based supply reduction strategies, including:

- Community-level firearm surrender programs with amnesty provisions and compensation
- Enhanced licensing requirements, including robust fitness assessments, mandatory training, and demonstrated genuine need
- Public education on safe storage, domestic violence risks, and suicide prevention
- Time-limited firearm licenses, requiring active renewal with reassessment rather than perpetual ownership.

#### **4. Mandate Comprehensive Injury Surveillance**

Establish mandatory reporting systems consistent with International Classification of Diseases (ICD) external cause coding for firearm injuries.

Queensland Health should be appropriately resourced to:

- Collect and analyse comprehensive data on all firearm-related injuries presenting to healthcare facilities
- Monitor trends in firearm violence mechanisms, demographics, and geographic patterns
- Evaluate the public health impact of legislative measures
- Report annually to Parliament on firearm injury epidemiology
- Share de-identified data with researchers to enable ongoing evidence development

#### **5. Independent Evaluation Framework**

Require independent public health evaluation of all firearms measures within 24 months of commencement, with:

- Baseline data collection prior to implementation
- Ongoing monitoring of key indicators using established methodologies
- Assessment against comparable jurisdictions nationally and internationally
- Re-examination of provisions demonstrated to be ineffective

#### **6. Domestic Violence and Suicide Prevention Provisions**

Introduce specific provisions addressing firearm access in domestic violence contexts and suicide prevention, including:

- Mandatory firearm surrender during domestic violence protection orders
- Enhanced screening for domestic violence history in licensing applications
- Firearm prohibition orders for individuals subject to protection orders
- Linkages between mental health crisis services and firearm access controls
- Training for healthcare providers on firearm access screening in at-risk populations

#### **Conclusion**

The current legislation, while well-intentioned, represents a tertiary prevention approach to firearm control, intervening after harm has occurred. A comprehensive public health response requires balancing enforcement with proven preventative approaches that reduce firearm availability and address the specific contexts of domestic violence and suicide where firearms contribute significantly to preventable mortality.

Yours sincerely



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*The Public Health Association of Australia is the peak national body for public health in Australia, representing practitioners, researchers, educators, and students across all sectors. The mission of the Queensland Branch is to promote the health and wellbeing of all Queenslanders through advocacy, capacity building, and knowledge advancement.*

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<sup>i</sup> Ozanne-Smith J, Ashby K, Newstead S, Stathakis VZ, Clapperton A. Firearm related deaths: the impact of regulatory reform. *Inj Prev*. 2004;10(5):280-286. doi:10.1136/ip.2003.004150

<sup>ii</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice, Rosenberg D, Martinez RM, Alper J, eds. Integrating Firearm Injury Prevention into Health Care: Proceedings of a Joint Workshop of the National Academies of Sciences, Engineering, and Medicine; Northwell Health; and Peace Initiative. Washington (DC): National Academies Press (US); September 29, 2022. See also Office of the Surgeon General (OSG). Firearm Violence: A Public Health Crisis in America: The U.S. Surgeon General's Advisory [Internet]. Washington (DC): US Department of Health and Human Services (US); 2024. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK605169/>