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

Thank you for the opportunity to provide a submission on the Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-social Behaviour Amendment Bill 2026.

The QuIVAA submission is attached.

QuIVAA is the peak peer led organisation representing people who use drugs in Queensland. We advocate for evidence-based policy, harm reduction, and equitable health responses that improve both community safety and public health outcomes. QuIVAA works with public and community-controlled health services and other lived experience organisations across the state. The submission has been prepared in consultation with community and in view of evidence based best practices in harm reduction.

QuIVAA is pleased to provide further information or discuss any aspect of this submission. Please do not hesitate to contact me at [EmmaK@quivaa.org.au](mailto:EmmaK@quivaa.org.au). or by calling 0419 945 932.

Yours sincerely,

Emma Kill  


CEO

## Policy Submission by QuIVAA

QuIVAA welcomes the opportunity to provide feedback on the Queensland Government's intention to reform drug diversion laws by replacing the current Police Drug Diversion Program with the proposed Illicit Drug Enforcement and Diversion Framework (IDEDF) under the *Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill 2026*.

While the Government has stated that these reforms aim to strengthen community safety, QuIVAA is concerned that the IDEDF risks weakening Queensland's existing health-focused diversion approach; creating a corollary impact on those in our communities who are most in need of health supports. People who use drugs already experience significant stigma and discrimination in healthcare settings, public discourse, and interactions with law enforcement. Legislative approaches that emphasise enforcement rather than engagement responses risk reinforcing this stigma and further deterring individuals from accessing harm reduction services or support. This outcome would be inconsistent with the objectives of Australia's National Drug Strategy, which recognises harm reduction as one of the three core pillars of effective drug policy, alongside demand and supply reduction.

The submission focuses on the following:

- Most drug offences in Queensland involve small quantities for personal use, which present limited risk to community safety and are more appropriately addressed through health responses rather than criminal enforcement.
- The Bill expands police enforcement powers, including in designated public and community settings, increasing surveillance and discretionary enforcement for low-level drug offences and utensils associated with drug use.
- Evidence consistently shows criminalisation increases harm, including higher mortality, poorer health outcomes, and long-term social disadvantage.
- Drug diversion is effective and cost-efficient, reducing court workloads, improving health outcomes, and lowering long-term government expenditure.
- Repealing or weakening diversion will disproportionately impact vulnerable groups, including young people, Aboriginal and Torres Strait Islander communities, and people experiencing poverty or trauma.
- Diversion programs provide critical early intervention opportunities, connecting individuals with treatment, housing, and social supports before problems escalate.
- Legislative change is being implemented before completion of the independent evaluation of the expanded diversion program.

QuIVAA encourages the Committee to ensure that any reforms strengthen health-based diversion responses rather than expanding punitive enforcement mechanisms. Maintaining effective diversion pathways supports community safety by reducing repeat contact with the justice system, improving health outcomes, and enabling police resources to focus on serious crime.

### Loss of the caution/warning opportunity

The draft Bill repeals the existing three-tiered diversion system, under which police issued a *warning*, followed by opportunities for referral to drug diversion assessment programs for second and third offences. Under the new IDEDF, first-time diversion is limited to a single opportunity, and subsequent minor offences may lead to fines or criminal charges.

A corpus of evidence indicates that diversion programs help *reduce unnecessary criminalisation and free up police time* to focus on serious drug trafficking and supply [1-.3]

#### Evidence from Lived Experience: 'John', 24-year-old male with substance dependence

In June 2024, John was searched at a train station and found in possession of a syringe and half a gram of heroin. He was offered drug diversion and, grateful to avoid a criminal charge, completed the required education and counselling.

Two months later, John was again found in possession of heroin and was offered a second diversion. During this session, an AOD Peer Support Worker provided information and referral to opioid dependence treatment (ODT), supported him to reenrol in his barbering course, and referred him to a 12week structured Day Program with Lives Lived Well.

**John's reflection:** *"Had I not been allowed three chances, a one-off drug diversion would've been like a tick and flick course. I'm now on Subby [suboxone] and doing an apprenticeship. I haven't used in over a year. I knew I had a problem*

*and was just lucky diversion was available when I needed it - I have mates who are stuck in that life, in and out of jail. It could easily be me."*

**Commentary:** John's experience highlights the importance of allowing multiple opportunities to access diversion. Substance dependence is a relapsing condition, and meaningful change often requires time, repeated engagement, and sustained support. Multiple chances enabled him to stabilise, access treatment, reconnect with education and achieve abstinence goals.

### **Health responses are more effective for personal drug use and possession of utensils**

Recent evidence, produced locally, demonstrates that drug use, particularly possession for personal use, is best treated as a public health issue rather than a criminal offence [4]. The existing diversion framework treated minor drug possession as such and helped many individuals avoid the justice system [5]. Between May and October 2024, more than 26,000 people were diverted from prosecution under the current scheme, with most requiring only the first level of intervention.

Criminalising repeat minor drug offences does not meaningfully address the root causes of drug use, including mental health conditions and social determinants [5]. Instead, it risks driving people deeper into marginalisation while burdening courts and correctional systems, outcomes that are neither health promoting nor cost-effective [5].

#### **Evidence from Lived Experience: 'Sarah', 19-year-old woman using MDMA**

Sarah was referred to drug diversion after being found with a small amount of MDMA at a music festival. She had recently left home due to family conflict and was couch surfing with friends. Although she had no prior contact with the justice system, she was at increasing risk of homelessness and disengagement from education.

Through diversion, Sarah completed an AOD education session and was linked with a youth support worker who helped her access stable accommodation, resume her TAFE course, and receive counselling for anxiety. She has not had any further police contact.

**Sarah's reflection:** *"I thought I was going to end up with a record. The diversion session made me realise how quickly things could spiral. Getting support with my goals made the biggest difference — I actually feel like I'm back on track."*

**Commentary:** Sarah's case demonstrates how diversion can act as a critical early intervention point for young people who are beginning to experience instability. Without diversion, Sarah's situation could easily have escalated into long-term justice involvement, homelessness, or both. Instead, diversion provided a low-cost, high impact opportunity to stabilise her circumstances.

### **Police are not health professionals**

The explanatory notes for the Bill suggest that police will be equipped to identify patterns of drug use and dependence. However, there is no evidence that police training adequately prepares officers to understand or manage health complexities associated with drug use and dependence. Effective assessment of harmful use patterns requires specialist health expertise including clinicians, counsellors, AOD peer workers and allied health professionals which police are not trained to provide. Redirecting this responsibility to police risks inappropriate handling of people with health conditions and may exacerbate harm when health interventions are more appropriate. Police officers are not trained health professionals and are therefore not best placed to assess patterns of substance use or dependence.

The reliance on police "reasonable belief" to determine whether a person possesses a drug for personal use, and whether they are eligible for diversion, is further complicated by the lack of on-the-spot chemical drug identification. Without rapid testing, officers must make decisions based on visual inspection or other preliminary indicators, which can result in misclassification of substances and inconsistent application of the law. This uncertainty amplifies the operational burden on frontline policing, as incorrect classification may trigger infringement notices or criminal charges unnecessarily, leading to downstream escalation into the SPER enforcement system. Individuals diverted incorrectly or denied diversion may face fines, court appearances, or criminal records, while those with substance dependence may be denied timely access to AOD treatment. The cumulative effect is an increased risk of inequitable outcomes, additional pressure on courts, SPER, and community health services, and a

failure to uphold the harm reduction principles that underpin the diversion framework. By not integrating chemical testing or rapid substance identification, the Bill inadvertently shifts responsibility onto police, potentially criminalises low-risk users, and undermines both public confidence and system efficiency.

### **Human Rights, chemical identification, and legislative compliance**

The Bill's reliance on police discretion to determine whether a person possesses a drug for personal use, without on-the-spot chemical identification, raises serious human rights and legislative compliance concerns. Under the Drug Misuse Act 1986 (Qld), accurate classification of substances is critical to determining eligibility for diversion and ensuring proportionality of response. Decisions made solely on "reasonable belief" risk misclassification, inconsistent application of diversion, and arbitrary imposition of penalties, potentially violating the rights to equality and non-discrimination (Human Rights Act 2019, s.15), privacy (s.25), and a fair hearing (s.31). Vulnerable groups - including First Nations peoples, those with chronic substance dependence, and socioeconomically disadvantaged individuals-are disproportionately affected, as errors or inconsistent decisions can lead to criminalisation rather than access to health-based interventions. Incorporating rapid chemical drug identification would support compliance with the Drug Misuse Act 1986, reduce risk of inequitable outcomes, uphold harm reduction principles, and strengthen adherence to Queensland's human rights obligations while maintaining the integrity of the diversion framework.

This approach complements broader efforts to ensure diversion programs are implemented consistently and fairly, while also providing a mechanism to safeguard individuals from unintended criminalisation for minor possession offences. By grounding operational practice in both legislative clarity and human rights obligations, the diversion framework can better achieve its objectives of reducing harm, improving engagement with treatment services, and protecting vulnerable populations.

### **Issues with fines and differential offence treatment**

The Bill's differential treatment of minor cannabis offences, minor drug offences, and drug utensils offences is unclear and inconsistent. While minor cannabis possession may retain access to a diversion pathway, the creation of fines or criminal charges for non-cannabis minor drug possession and drug utensil offences permits no room for a warning or diversion to health-based AOD support.

Fines are particularly problematic for people who use drugs, compounding existing socioeconomic disadvantage. Financial penalties do not address the underlying health and environment issues that contribute to drug use and may instead drive individuals toward further marginalisation, debt, and involvement with the justice system. Additionally, requiring police to book appointments at the time of issuing fines places unnecessary administrative burden on officers and may compromise the quality of subsequent care connections.

### **Harm reduction concerns in relation to drug utensil offences**

The proposed expansion of penalty infringement notices to offences involving drug utensils under sections 10(4) and 10A (1) of the *Drugs Misuse Act 1986 (Qld)* raises significant concerns from a harm reduction and public health perspective. Harm reduction approaches recognise that while some individuals will continue to use substances, the risks associated with that use can be substantially reduced through safer consumption practices and access to appropriate equipment. Items used in the preparation or consumption of substances can help reduce a range of preventable harms including injuries, burns, contamination, unsafe preparation practices, and other health risks associated with improvised or unsafe equipment.

Criminalising the possession of drug utensils or increasing the likelihood that individuals may receive a financial penalty for possessing such items, risks creating a disincentive for individuals to carry or use safer equipment. When people believe they may face police penalties for possessing items associated with drug use, they may avoid carrying safer use implements or instead rely on improvised or unsafe alternatives that carry greater health risks. This may undermine harm reduction efforts undertaken by health services, peer organisations, and community programs that aim to reduce drug-related harm through education and safer-use strategies.

There is also a risk that the operation of section 10A of the *Drugs Misuse Act 1986 (Qld)*, which requires an individual to provide a "satisfactory account" of possession of certain property, introduces a level of

subjectivity that may lead to inconsistent enforcement when combined with penalty infringement notice powers. In practice, enforcement outcomes may depend on individual officer discretion, and individuals may be penalised for possessing items that could otherwise be used for safer consumption practices.

These provisions may therefore create a policy inconsistency in which public health initiatives encourage safer practices to reduce harm, while criminal law simultaneously penalises the possession of items that may facilitate those safer practices. Given that harm reduction is a central pillar of Australia's National Drug Strategy, legislative measures that increase the risk of penalising individuals for possessing safer-use equipment may undermine established public health objectives and lead to increased, rather than reduced, health harms.

### **Police resources should focus on serious crime**

Most drug offences in Queensland involve possession of small amounts for personal use. Personal possession rarely presents a direct threat to community safety. These matters are best addressed through health and social support systems, not routine police enforcement. Punitive measures have been widely criticised by health professionals as ineffective for reducing drug use or enhancing community wellbeing. The previous diversion model recognised this by providing a pathway to health interventions without criminalisation. Removing it risks expanding the reach of the criminal justice system into an area more effectively managed by health services. Police resources are better directed toward serious crime, while investment in treatment, mental health care, housing, and community support delivers far better outcomes for individuals and the community.

### **Drug diversion saves lives**

Increased criminalisation and contact with the justice system is associated with higher rates of all-cause mortality. A 25-year study of 48,670 young people in Queensland found those with contact with the justice system were 4.2 times more likely to die prematurely compared with their peers [6].

Drug diversion connects people with health-based supports that improve long-term outcomes. The AIC reports that diversion reduces overdose risk, reduces contact with the justice system (a known mortality risk factor), and increases engagement with health services [7].

### **Diversion programs are highly cost-effective**

Early diversion away from the criminal justice system is significantly more cost-effective than processing low-level drug possession through police, courts, and correctional systems. Additionally, it lowers downstream costs associated with health crises, unemployment, homelessness, and repeated emergency service use.

Extensive Australian and international research confirms this cost-effectiveness. The Australian Institute of Criminology notes that "diversion programs are considerably less costly than traditional criminal justice responses and deliver better long-term outcomes for individuals and the community" [8]. Evaluations by NDARC similarly conclude that "diversion is a cost-effective strategy that reduces the burden on the criminal justice system and improves health outcomes"[9]. The Productivity Commission has noted that early intervention and diversionary programs generate "substantial cost savings" by reducing court appearances, police processing time, and incarceration costs, while improving social and economic participation [10].

Evaluations of diversion programs across Australia consistently show that:

- Diversion costs a fraction of court processing or enforcement-based strategies
- Participants have lower reoffending rates, reducing future justice costs
- Improved health, education, and employment outcomes generate broader economic benefits

Investing in diversion is therefore a fiscally responsible strategy that delivers measurable savings for government and the community [10].

### **Repealing diversion disproportionately harms the most marginalised**

As with most drug legislation, the groups most affected are often those facing socio-structural disadvantage or who are already disproportionately targeted by law enforcement, including:

- Young people (25 and under)
- Aboriginal and Torres Strait Islander people
- People experiencing homelessness or housing instability
- Individuals facing unemployment or poverty related stress
- People affected by domestic and family violence
- People with histories of adverse childhood events ('ACE's') or institutional abuse
- People with mental health challenges, depression and anxiety

Drug diversion is not aimed at violent offenders or people with extensive criminal histories - these groups are ineligible. Instead, diversion provides an early, health focused intervention for people who have recently begun using substances, whose use has recently increased, and for young people who are not yet involved in the criminal justice system.

The impact of a criminal conviction can include (and is not limited to):

- A permanent criminal record
- Barriers to Worker Screening clearances and Background checks
- Employment termination and/ or severely limited employment and study options - further entrenching economic disadvantage
- Housing barriers –a criminal record can impact rental accommodation applications
- External labelling – social stigma, changes to social standing, being exiled by family and community
- Internal labelling – negative self-perception, shame and loss of identity
- “Forbidden fruit” effect – the documented effect of making the substance seem even more special and important to obtain, thus increasing substance use and dependence [11]
- Restricted travel overseas and possible visa complications

This all in addition to the punishment itself- fines, incarceration or community-based orders.

Whilst a drug diversion order does not appear on a criminal history, it remains visible to police via QPRIME (police records and information management system).

### **Repeal of drug diversion increases risk of harm to people who use drugs and the broader community**

Historically, strategies based on criminalisation or law enforcement have often *increased* harm to people who use substances and had little or no impact on the number of people who use drugs [12]. Drug diversion is one of the few ways to ensure people who have recently started using substances receive harm reduction education and support, including blood borne virus prevention, testing and treatment, and overdose prevention education.

The ANCD concludes that restricting harm reduction interventions leads to higher rates of preventable illness, crime, and social disruption, saying “failure to support harm reduction approaches results in increased health and social harms that extend well beyond people who use drugs.” [13].

### **Drug diversion provides a critical intervention point for people facing intersecting challenges**

People who use drugs often experience multiple, overlapping forms of disadvantage - including mental health concerns, domestic and family violence, homelessness, poverty, trauma, and coercive control. These intersecting challenges frequently go unaddressed because individuals may not feel safe engaging with mainstream services, or may fear criminalisation, child protection involvement, or retaliation from partners or family members [4].

Drug diversion creates a rare, low threshold opportunity for people to disclose these issues in a confidential, nonpunitive environment. Diversion appointments are often the first point at which individuals feel safe enough to seek help, enabling practitioners to identify risks, provide brief interventions, and connect people with specialist supports. This is particularly important for:

- Women experiencing domestic and family violence
- Young people facing homelessness or family challenges
- Individuals with unsupported mental health concerns
- Families

- People who avoid services due to stigma or previous negative experiences
- People experiencing coercive control, exploitation or abuse

By offering a health based, trauma informed pathway, drug diversion can interrupt cycles of harm before they escalate into criminalisation, crisis, or long-term system involvement [14]. It is one of the few intervention points that reliably reaches people who are otherwise disconnected from support systems and, as the following case studies show, can be lifechanging.

**Evidence from Lived Experience: ‘Zoe’, 29-year-old woman experiencing DV**

Zoe was found in possession of half a gram of a methamphetamine (ice) and referred to drug diversion. Zoe attended a counselling session as part of her drug diversion, and it was her first contact with a health service that she felt safe with. She disclosed to her counsellor that her children were recently removed due to DV. As a result of the disclosure, Zoe was supported to create a safety plan and supported to speak to a DV crisis service. She was placed in emergency accommodation that night. She has now regained care of her 2 children and is linked into supports and services in her community.

**Zoe’s reflection:** *‘Without the diversion appointment, I’d probably be in jail for my ex. My partner’s use was really heavy, and he was coercively controlling me without me even knowing it at the time. He’d already been to jail, so I was conditioned to think I had to put my hand up for his charges if we ever got pulled up. That one appointment began my pathway out’.*

**Commentary:** Drug diversion also provides opportunities to seek support for underlying or intersecting problems faced by PWUD. Women who use drugs (or whose partners use drugs) face multiple barriers to seeking legal protection against DFV. Drug diversion provides a key intervention point where PWUD/ WWUD can access DFV support via a confidential, alternative pathway.

**Evidence and evaluation risks: Premature policy change before evaluation**

It is noted that the expanded drug diversion program was still subject to formal and independent evaluation, due in May 2026. These legislative changes are being implemented prior to the completion of formal evaluation of the expanded diversion framework. Modifying or discontinuing elements of the program before evaluation findings are finalised limits the evidence base available to assess comparative effectiveness. Legislative change in advance of evaluation findings creates:

- a weak evidence base, reducing the ability to demonstrate policy outcomes and formulate sound policy,
- exposure to future policy reversal, and
- political risk if outcomes deteriorate following implementation of the legislative changes.

**Reliance on aggregate drug-use indicators as partial justification for policy change**

The Government has cited wastewater drug monitoring data to justify tougher laws. However:

- such data measures consumption, not harm, treatment access, or justice outcomes, and
- caution should be exercised in using wastewater drug monitoring as a proxy for diversion effectiveness, as there are no established statistical or scientific evidence-based associations.

It is also noted that the expanded diversion framework remains subject to formal independent evaluation, due in 2026. Implementing significant legislative change prior to completion of this evaluation limits the available evidence base to assess the program’s effectiveness and may reduce the ability to make fully informed policy decisions. QuIVAA also recommends that the implementation of the new framework be supported by an independent monitoring and evaluation process, including transparent data collection and public reporting on diversion uptake, enforcement practices, and impacts on vulnerable communities. Ongoing monitoring will help ensure the reforms operate fairly, consistently, and in line with Queensland’s public health objectives. QuIVAA acknowledges the important role police play in maintaining community safety. Ensuring that responses to personal drug use remain health-focused will allow police resources to be directed toward serious crime while supporting more effective health and social outcomes for individuals and the broader community.

## Recommendations

QuiVAA urges the Committee to recognise the importance of maintaining health centred responses for drug use and resist a shift toward punitive enforcement for minor drug possession. The loss of the critical caution/warning stage will increase demands on police without delivering improved outcomes, undermine harm reduction frameworks, and risk criminalising people for substance use, impacting their capacity to access employment, housing and full civic participation. We recommend that diversion remain health focused, that police focus on serious crime, and that investment in treatment and support services be prioritised over fines and criminal penalties.

Please contact us if you have any further questions or if we can contribute in any other ways that could be helpful in this process.

## References

- [1] Hughes C, Ritter A. A summary of diversion programs for drug and drug-related offenders in Australia. Sydney: National Drug and Alcohol Research Centre; 2008 Feb.
- [2] Hughes C, Shanahan M, Ritter A, McDonald D, Gray-Weale F. Evaluation of the Australian Capital Territory drug diversion programs. Kensington: University of New South Wales, National Drug and Alcohol Research Centre; 2013.
- [3] Hughes C, Seear K, Ritter A, Mazerolle L. Criminal justice responses relating to personal use and possession of illicit drugs: The reach of Australian drug diversion programs and barriers and facilitators to expansion.
- [4] Piatkowski, T., Kill, E., Keating, C. Understanding the experiences of new drug diversion policy among people who use drugs in Queensland, Australia (2024). Brisbane, Australia: Queensland Injectors Voice for Advocacy and Action, and Griffith University. <https://hdl.handle.net/10072/434551>
- [5] Piatkowski T, Kill E, Keating C, Brown G. Understanding the Experiences of People who use Drugs Participating in a New Drug Diversion Program in Queensland, Australia. *Journal of Drug Issues*. 2025 Jun 27:00220426251356909.
- [6] Kinner, S.A., Calais-Ferreira, L., Young, J. T., Borschmann, R., Clough, A., Heffernan, E., & Sawyer, S.M (2025). Rates, causes, and risk factors for death among justice-involved young people in Australia: a retrospective, population-based data linkage study. *The Lancet Public Health*, vol.10, (4), April 2025. [10.1016/S2468-2667\(25\)00042-8](https://doi.org/10.1016/S2468-2667(25)00042-8)
- [7] AIC. (2013). *Police Diversion for Drug Offenders: Impact on Health and Criminal Justice Outcomes*. Canberra: Australian Institute of Criminology.
- [8] Australian Institute of Criminology (AIC). *Drug Use Monitoring in Australia (DUMA) and Diversion Program Evaluations*. Canberra: AIC.
- [9] Shanahan, M., & Ritter, A. (2014). *Cost Effectiveness of Harm Reduction and Diversion Programs*. NDARC, UNSW.
- [10] Productivity Commission. (2020). *Report on Government Services: Justice*. Canberra: Commonwealth of Australia.
- [11] Johnstad, P. G. (2025). *Does drug criminalization increase harmful drug use? A scoping review of underlying mechanisms*. *Drug Science, Policy and Law*, 11, 1–25. <https://doi.org/10.1177/20503245251348260>
- [12] Hughes, C. E. & A. Stevens (2010). "What can we learn from the Portuguese decriminalization of illicit drugs?" *British Journal of Criminology* 50(1): 999-1022. Gonçalves, R. et al. (2015) "A social cost perspective in the wake of the Portuguese strategy for the fight against drugs". *International Journal of Drug Policy* 26(2), 199 – 209
- [13] Australian National Council on Drugs. (2013). *Harm Reduction and the Law*. Canberra: ANCD.
- [14] AIHW. (2020). *Alcohol and Other Drug Treatment Services in Australia 2018–19*. Canberra: AIHW.
- [15] Australian Government Department of Health, Disability and Ageing. (2017). *National drug strategy 2017-2026*. Commonwealth of Australia.
- [16] Queensland Government. (2019). *Human Rights Act 2019 (Qld)*. Office of the Queensland Parliamentary Counsel.
- [17] Queensland Government. (1986). *Drugs Misuse Act 1986 (Qld)*. Office of the Queensland Parliamentary Counsel.