

YSAS Feedback on the **Online Safety Amendment (Digital Duty of Care) Bill 2026**

Date: 22 September 2026

Submission made to:

Australian Government,
Department of
Infrastructure, Transport,
Regional Development,
Communications, Sport &
the Arts

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Acknowledgement of Country

Aboriginal and Torres Strait Islander peoples are the Traditional Owners of the lands and waters on which we live, work and provide services. Aboriginal and Torres Strait Islander peoples were the first to establish sovereign Nations on this continent, and that sovereignty has never been ceded. Aboriginal and Torres Strait Islander peoples have a deep connection to Country, culture, family, kinship and Community – these connections are central to social and emotional wellbeing. YSAS would like to acknowledge the ongoing connection to Country, custodianship and care for the land and waterways, the inherent cultural strength, wisdom and guidance of all Aboriginal and Torres Strait Islander peoples. We are committed to supporting Aboriginal and Torres Strait Islander self-determination.

About YSAS

The Youth Support and Advocacy Service (YSAS) is one of Australia's largest, youth-specific community service organisation. Operating since 1998 as Victoria's flagship Youth Alcohol and Other Drugs (AOD) service, YSAS now employs over 400 skilled staff across 18 sites in metropolitan and regional Victoria. While the prime focus of YSAS remains on effective youth AOD services and sector leadership, our organisation also provides a variety of programs, services and supports across areas including harm minimisation (which involves harm reduction), crime and violence prevention, early intervention, youth mental health, social connectedness, research and advocacy.

Introduction

YSAS welcomes the Australian Government's objective of strengthening online safety and supporting a safer digital environment for children, young people and the broader community. As an organisation that provides a range of supports, programs and services to young people, their families and communities, YSAS recognises that young people hold many strengths and resilience, however, can also face a range of challenges, harms and barriers to social participation. YSAS has committed to enhancing service access options including increased opportunities for safe digital and virtual connection. We recognise that online environments provide important opportunities for young people and their families and communities to be connected to supports, receive public health information and education. Online environments may also challenge isolation and enhance service connectivity, particularly for young people in rural, regional and remote areas (Heard, Williams, Crawford & Way, 2026). Further, online services can provide opportunities for young people who experience multiple marginalisations to seek support when concerns about financial cost, confidentiality, geography, discrimination and cultural sensitivities may be barriers to accessing services (Heard et al., 2026).

Online environments, however, may also expose young people to significant harms and misinformation in ways which can compound social and health concerns, impact mental health, wellbeing and safety. Concerns have been raised about risk of exposure and real-life impacts in young people's lives, mental health and wellbeing due to exacerbated algorithmic design and exposure to cyber-bullying, image based abuse, harmful sexual practices, body image and extremist content (Heard et al., 2026).

The presence of such opportunities and extremes offered by digital environments, alongside rapidly evolving technologies highlight the importance of nuance and complexities in this wider conversation. Such nuances include in the ways that "safety" is understood, contextualised and constructed (Volpe et al., 2026), the impacts of removing access to online platforms without investing in alternative supports, and the need for both moderation alongside dedicated strategies for youth-focused critical digital media literacy (Heard et al., 2026). Australian evidence indicates that young people's healthcare journeys are often shaped by decisions of convenience, engagement, effectiveness and affordability, with technology and social media assisting in navigating and accessing a range of intersecting health and social wellbeing systems (Robards et al., 2014). Further, digital health services may act as both primary and secondary forms of intervention or integrated into existing service delivery (Hale et al., 2014), promote health literacy and offer access to online spaces for peer connection and support (Heard et al., 2026). YSAS' submission providing feedback on the Online Safety Amendment (Digital Duty of Care) Bill 2026 seeks to share understandings and information about the ways in which our services reach young people, their families

and communities through digital mediums. We further seek to raise attention to and highlight opportunities for nuanced, youth-centred responses in public health promotion, harm reduction, early intervention, education, linkages to support and broader health service referral and navigation.

Opportunities for support, health promotion and primary and integrated intervention

Digital environments are increasingly important settings for health promotion, early intervention, harm reduction, treatment engagement and service access in YSAS' service delivery settings. Young people may use online platforms to seek information about AOD, understand risks, locate health and support services, identify and be connected to referral pathways, and access peer and lived-experience perspectives. For some young people, particularly those who may experience marginalisation, housing instability, financial strain (Robards et al., 2019), are hesitant and/or unable to engage with conventional services, digital communication can represent an important form of health equity (Robards et al., 2019) and act as an integrated intervention for a range of youth focused health issues including substance use, sexual health and family interventions (Hale et al., 2014). Digital communication is part of contemporary AOD prevention, harm reduction, treatment and engagement at YSAS. Drawing upon the principles of *Australia's National Drug Strategy 2017-2026*, YSAS holds a commitment to harm minimisation. The importance of reducing harmful substance use, providing support for recovery and change and reducing risk behaviours are reflected in the work of the organisation to provide current, evidence informed information that is accessible and readily available to young people who may already be using substances and seeking support, or are worried about their own or someone else's use. YSAS offers a variety of services and information online across a range of digital platforms including the YSAS website, YSAS social media platforms on Instagram, Tik Tok, Facebook and LinkedIn, as well as providing online support, education and referral services such as through the YoDAA (Youth Drugs and Alcohol Advice line). The presence of such information can ensure that young people can access critical evidence informed health information, self-determine service options and be linked into support.

YSAS supports measures that reduce young people's exposure to exploitation, violence, self-harm, extremist and other harmful online material. However, the proposed framework must distinguish between content that promotes harmful behaviour and content that provides evidence-based information intended to prevent harm, support treatment or facilitate access to services. We highlight the importance of digital safety being extended beyond 'protection' to include evidence-informed information about harm reduction, opportunities for self-determined health and treatment decision making by young people. Digital platforms can further hold important roles in providing a range of opportunities for youth empowerment through advocacy, community building, reducing stigma, and ultimately, recovery and healing. In considering such contexts and opportunities, we strongly encourage increased investment in services that provide direct support to young people, as well as innovative approaches that can integrate online support alongside more traditional service delivery options.

Examples of digital resources and support offered by YSAS include:

- YSAS' Youth Drug and Alcohol Advice Line (YoDAA) resources. For example, the '[How long will my drugs last?](https://yodaa.org.au/youth/how-long-will-my-drugs-last/)' resource which provides essential information on the 'half-life' of drugs and how that can increase the risk of overdose, and how this risk can be managed.
<https://yodaa.org.au/youth/how-long-will-my-drugs-last/>
- [YSAS' Naloxone Vending Machines TikTok:](https://www.tiktok.com/@ysasvic/video/7662549461150780680?is_from_webapp=1&sender_device=pc)
https://www.tiktok.com/@ysasvic/video/7662549461150780680?is_from_webapp=1&sender_device=pc
- [YSAS Calling an Ambulance About an Alcohol or Drug Concern:](https://www.tiktok.com/@ysasvic/video/7566185076157877522?is_from_webapp=1&sender_device=pc)
https://www.tiktok.com/@ysasvic/video/7566185076157877522?is_from_webapp=1&sender_device=pc

Concerns and Recommendations regarding the Online Safety Amendment (Digital Duty of Care) Bill 2026.

A significant difference exists between the provision of evidence-informed harm reduction and public health information, advice and support when compared to material that promotes or facilitates harmful behaviour and misinformation. Our concern is that a broad-brushed implementation of these amendments without recognition of nuance and context of youth substance use and digital support environments, may create the risk where legitimate public health information is inadvertently denied, blocked or hidden from the view of young people and their families who may most benefit from it. Consequently, the implementation of the Online Safety Amendment (Digital Duty of Care) Bill 2026 must clearly distinguish between online material that promotes or facilitates harmful behaviour and legitimate public-health communication from authorised service providers that prevents harm, supports recovery and facilitates access to treatment.

It is our concern that without consideration to such nuance, the Online Safety Amendment (Digital Duty of Care) Bill 2026 may have unintended consequences which result in young people, their families and communities having reduced access to current, evidence informed information that reduces risks associated with substance use.

Case study: YSAS' experience with algorithmic suppression of public-health information

YSAS uses TikTok for communicating with young people about health information, drug safety, harm reduction and support services.

On 01.09.26, YSAS published a TikTok video about International Overdose Awareness Day. The video was educational and focused on overdose awareness and harm reduction options in Victoria. It featured terms such as "overdose", "naloxone", "opioids" and "drugs".

Prior to this post, YSAS' preceding 35 TikTok posts had a median reach of 1,070 views. The individual post immediately preceding the suspected change received 1,662. The Overdose Awareness Day post received 319 views. The three subsequent posts received 493, 610 and 725 views, respectively. Across the four posts following the median view count was 551 views, approximately 48.5% below the preceding posts for this year. There is no way to know for certain on TikTok that a shadow ban has been applied to the account, though it can be inferred based on analytics. Additionally, there is no way to challenge this algorithmic restriction or oversight on a restriction's duration and precise cause.

Further, the monitoring and operational obligations experienced by many organisations which provide online information, health and harm reduction education and referral support through digital platforms may face increasingly unworkable obligations. Moderation systems on digital platforms systems may struggle to distinguish "drug promotion" from "drug education". A potential consequence is that AOD organisations providing support and evidence-informed public health information on social media channels may face risks of self-censorship to continue to post critical information. This is already the case for AOD organisations, with many facing 'shadow bans' for including words in videos and closed captions that do not meet existing guidelines of these platforms. Currently YSAS experiences some challenges in promoting evidence-informed public health communications due to removals, restrictions and "shadow bans", and this affects the messages that young people receive as they seek information and support.

It is recognised that although there remain important regulatory obligations to reduce and protect young people from exposure to harmful, exploitative and unsafe online content in digital environments, legitimate evidence informed material about substance use from authorised organisations falls within the remit of public health information and harm reduction. We raise the urgent and critical need for differentiation and distinguishing between misinformation and unsanctioned drug use promotion material, and education that is provided by a range of authorised AOD service providers nationally.

The Online Safety Amendment (Digital Duty of Care) Bill 2026 may have unintended health and wellbeing consequences by limiting access to evidence-based public health and drug harm reduction information.

Without appropriate access to this information young people may inadvertently be at increased risk of harms such as potential drug overdose, exposure to contaminants and medical emergency.

YSAS recommends the Bill:

1. Protect legitimate public-health and harm-reduction content by formally distinguishing between AOD use promotion and evidence-based AOD harm reduction and harm minimisation information.
2. Require the Safety Commissioner to provide guidance for automated moderation tools so that AOD health information is not inappropriately suppressed algorithmically or removed.
3. Provide guidelines that platforms can follow to allow for health and community organisations to challenge unfair 'shadow bans', content removals or restrictions.
4. Establish implementation guidelines to accompany the Online Safety Amendments (Digital Duty of Care) Bill 2026 through development with AOD organisations, youth health services, and young people with relevant lived and living experience expertise to ensure meaningful sector involvement.
5. Includes investment in services and therapeutic programs that can provide support and response to young people and their families who are impacted by online harms such as cyber-bullying and image-based abuse, in ways that expand beyond legal responses to offer therapeutic services for recovery and healing specific to these harms.

Conclusion:

YSAS welcomes opportunity to provide feedback on the Online Safety Amendments (Digital Duty of Care) Bill 2026 through this submission and further consultation. Our feedback highlights our commitment to enhancing service access options including increased opportunities for safe digital and virtual connection. Digital and virtual platforms can act as important sites for increasing health equity, health promotion, early intervention, harm reduction, referral, treatment engagement and service access. Provisions and policy to ensure safety in such environments are critical, however also require nuanced responses that reflect the complexities and contexts in which young people, their families and communities utilise these settings. Applying a universal standard of safety for the broader public without consideration to such nuances, may unintentionally undermine the safety of people with different or marginalised needs, experiences and harm reduction practices. Broad approaches to content moderation, potential penalties and compliance requirements may create additional burden and resourcing implications for health organisations and the onus placed on these organisations to navigate and respond to restrictions. We highlight the continued important opportunity that this feedback process provides to encourage nuance, and to enable the engagement of young people and families with lived and living experience to access online platforms to seek harm reduction strategies, evidence-informed public health intervention, referral and support for intervention, treatment, recovery and healing.

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