

03.09.2026

COMMITTEE SECRETARIAT
Legislative Scrutiny Committee
Legislative Assembly of the Northern Territory
GPO Box 3721
Darwin NT 0801

Via email: LSC@nt.gov.au

Dear Secretary,

Re: Traffic Legislation Amendment (Drink and Drug Driving and Hooning) Bill 2026

Menzies supports evidence-based measures that improve community safety, reduce road trauma and deter dangerous driving behaviours. As we have heard repeatedly from communities across the Territory, drink and drug driving and dangerous driving both place road users at risk, and governments have an important responsibility to implement effective measures that prevent injury and save lives. The community's concern is echoed in the data, which shows that alcohol was involved in approximately half of the Territory's road deaths.¹

From a public health perspective, increased roadside alcohol and drug testing can be an effective tool where it increases the likelihood that impaired drivers will be detected and therefore discourages dangerous behaviour. The strength of the evidence is such that enforcement of drink driving legislation is regarded by the World Health Organization as one of the top five most effective and cost-effective measures to reduce alcohol harms globally²⁻⁵ and has been evidenced to influence reductions around Australia and in the NT. Drink driving deterrence is important, especially given the 40% reduction in random breath tests in the NT between 2019 and 2024 (the most recent data available).⁶ This said, the effectiveness of increased roadside alcohol testing rests on its application as a genuinely random and visible deterrent across the broader community, supported by public education and awareness campaigns, and stronger investment in AOD prevention, early intervention and treatment.

Menzies is concerned the strategy to strengthen enforcement via the proposed amendments could undermine the broader aim of reducing alcohol and drug related road trauma. While we acknowledge the road safety objectives of the proposed reforms, we set out below how aspects of the amendments do not address the drivers of AOD related harm, nor consider the broader social, economic and community impacts that may arise.

1. Combined drink and drug driving offence - detection versus impairment

The Bill proposes the introduction of a new offence where a person drives with a high-range alcohol concentration and a prohibited drug present in their system. It does not require any evidence that the detected drug contributed to impairment at the time of driving. Liability arises where a high-range alcohol reading is accompanied by the presence of a prohibited drug, regardless of whether that drug was having any impairing effect.

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This approach raises particular issues in relation to prescribed medications. Certain substances can remain detectable in a person's body well after any impairment has ceased. As a result, the mere presence of a drug does not necessarily indicate that the individual was impaired by that substance while driving.

Consideration should also be given to the interaction between the proposed offence and the existing legislative framework relating to prescribed medicines, which both establishes an offence based on the presence of specified drugs in a person's body (section 28), while providing a defence where the drug was prescribed and the driver was not impaired (section 29).

That defence reflects an important balance between maintaining road safety and ensuring that individuals who rely on legitimate medical treatment are not subject to unnecessary restrictions on mobility. This issue is particularly relevant for people receiving opioid substitution treatment, including methadone, as well as others who take prescribed medications that may be detectable despite not causing impairment.

It is not clear from the current drafting whether the section 29 defence would apply in relation to the drug element of the proposed combined offence under section 20A. The absence of explicit clarification may create uncertainty regarding the treatment of drivers who have lawfully used prescribed medications but were not impaired at the time of driving.

2. Supporting expanded breath testing with stronger police-citizen interactions and public education

The proposed passive breath testing enables affordable expansion of roadside testing but must be distinguished from and paired with evidentiary testing when alcohol is indicated. As above, we note that the detection of drugs via saliva testing does not indicate impairment.

Evidence suggests that expanded random breath testing is most effective when accompanied by public education, awareness campaigns and visible enforcement, and when drivers perceive that anyone can be tested at any time. Random breath testing has also been found to be a method of improving police-citizen interactions. An encounter through an RBT offers an opportunity to improve the sense of procedural justice experienced by the public. We would therefore be concerned if expanded testing powers were used in a way that disproportionately focuses on particular locations, communities or demographic groups, as this may undermine both public confidence and the public health benefits that arise from broad-based deterrence. Appropriate safeguards should be in place to ensure that expanded police powers are exercised transparently and equitably.

Evidence from drink-driving and seatbelt initiatives demonstrates that laws are most effective when they change social norms and behaviours, not merely when they increase penalties. While increased roadside testing may contribute to road safety, the legislation appears heavily focused on enforcement and sanctions. The Government should ensure that any expansion of testing powers is accompanied by well-resourced public awareness campaigns,

particularly in regional and remote communities, to maximise deterrence, promote behavioural change and improve community understanding of the reforms. Research consistently suggests that enforcement measures are most effective when they form part of a broader and multi-pronged public health strategy rather than operating as stand-alone punitive interventions.⁷ A review from the Australian Institute of Criminology⁷ additionally found that recidivist drink drinkers, who contribute disproportionately to road trauma, are less likely to respond to general deterrence measures, and instead benefit from targeted interventions that identify the causes of offending (i.e. rehabilitation).⁷ Genuinely reducing alcohol and drug related road trauma in the NT requires strong investment in AOD prevention, early intervention, and treatment.

4. Concerns about expanded vehicle impoundment provisions

We are concerned about the expanded vehicle impoundment provisions and the consequences these may have for people beyond the offending driver. In our research, Northern Territory communities have told us that especially in regional and remote areas, vehicles are not simply a private asset used by one individual. They are a shared family resource that enables people to get to work, transport children to school, access healthcare, purchase food and essential supplies, attend community obligations, and maintain connections with family and support networks. The burden of vehicle impoundment is therefore often borne by people who have not committed an offence. Children, partners, older people and other family members may experience significant disruption to their daily lives as a result of the actions of a single driver. These impacts are likely to be particularly severe for low-income households, remote communities and Aboriginal families, where access to alternative transport options may be limited or non-existent. Even if vehicle impoundment is retained as a deterrent, policymakers should carefully weigh its benefits against the significant impacts on innocent family members who rely on the vehicle for employment, education, healthcare and daily living. The available evidence is stronger for the deterrent value of increased visible enforcement than for increasingly punitive impoundment measures, particularly where those measures impose hardship on people other than the offending driver. There is evidence to support that for hooning offences, accessible (in terms of cost and geographical access) behaviour change programs may reduce recidivism.⁸

We are also concerned about the proposal to reduce the period available for a vehicle owner to arrange the release of an impounded vehicle before disposal. A seven-day timeframe is unlikely to be sufficient for many families, particularly those living in remote locations, experiencing financial hardship, requiring legal advice, or facing practical barriers to organising transport, payment or administrative processes within such a short period. The consequences of failing to act within seven days could be profound and long-lasting. For some families, the loss of a vehicle may result in reduced access to employment, education, healthcare and essential services, creating hardship that extends well beyond the intended penalty imposed on the offending driver. Where the vehicle is jointly used or relied upon by family members, a compressed timeframe increases the risk that innocent family members lose access to the vehicle permanently. We therefore recommend that the current 28-day period be retained. Four weeks provides some opportunity for owners to obtain legal advice,

arrange payment of fees, organise transport to retrieve a vehicle, or resolve ownership issues. Retaining the existing timeframe would strike a more appropriate balance between enforcement objectives and procedural fairness, while reducing the risk that families permanently lose a critical household asset because they were unable to respond within an unreasonably short timeframe.

5. Strengthening driver accountability

Finally, the Bill represents a missed opportunity to strengthen accountability for drivers involved in pedestrian collisions who leave the scene of an accident, an unfortunately common occurrence in the NT. As highlighted in our research, hit-and-run incidents regularly have devastating consequences for victims, families and communities,⁹ and can significantly undermine public confidence in the justice system. While the proposed reforms introduce additional powers and penalties relating to drink driving, drug driving and hooning, they do not appear to include measures that address the serious harms associated with drivers failing to stop, provide assistance and cooperate with authorities following a collision involving a pedestrian. The Bill also misses an opportunity to address a significant gap in data on driver BAC in pedestrian crashes, for which only 30% of police records have a driver BAC recorded.⁹ We believe a comprehensive road safety reform agenda should address both the prevention of dangerous driving and accountability for those whose actions cause harm on Territory roads.

Ultimately, road safety reforms should improve community safety while remaining proportionate, equitable and effective. We support measures that reduce road trauma and encourage responsible driving behaviour, but we urge the Government to carefully consider the broader impacts of vehicle impoundment on families and communities, particularly in remote areas, ensure that expanded testing and enforcement powers are applied consistently and fairly, and retain safeguards that minimise unintended economic and social hardship for people who have not themselves engaged in offending conduct.

Menzies School of Health Research AoD Program endorses the submissions to this inquiry by the Alcohol and Drug Foundation (ADF), the Association of Alcohol and Other Drug Agencies NT (AADANT), and the Foundation for Alcohol Research and Education (FARE).

We appreciate the opportunity to provide input and welcome any opportunity for further engagement on this matter. If you require more information in relation to the content of this letter, please contact me by emailing [REDACTED]



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