



7 September 2026

Committee Secretariat
Legislative Scrutiny Committee
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Dear Secretary,

TRAFFIC LEGISLATION AMENDMENT (DRINK AND DRUG DRIVING AND HOONING) BILL 2026

The Association of Alcohol and other Drug Agencies Northern Territory (AADANT) thanks the committee for the opportunity to provide a response to this Bill.

AADANT is the peak body for Alcohol and Other Drugs treatment services in the Northern Territory (NT). As an independent, membership-driven, not-for-profit association, we work with our members to support and strengthen Alcohol and Other Drugs (AOD) service delivery for people who experience harmful substance use in the NT.

Alcohol and drug-impaired driving create significant risks to drivers, passengers and the community. Effective enforcement, supported by prevention, early intervention and accessible treatment, has an important role in reducing this harm. We therefore support the intent of the Bill in strengthening measures to address drink and drug driving. However, we have concerns about some aspects of the proposed combined drink and drug driving offence, roadside testing arrangements and the significant increase in penalties.

The Bill should distinguish between the presence of a drug and actual impairment. This is particularly to ensure that people taking prescribed medicines, including methadone and other opioid substitution treatment, are not subject to disproportionate penalties when they are not impaired. The Bill should also be considered alongside investment in AOD prevention, early intervention and treatment. Enforcement alone cannot address the underlying drivers of alcohol and drug-related road trauma.

1. Combined drink and drug driving offence – presence is not impairment

The Bill proposes a new section 20A making it an offence to drive with a high-range breath or blood alcohol concentration while also having a prohibited drug in the body. We support addressing the risks associated with combining alcohol and other drugs. However, there is an important distinction between this rationale and its proposed operation.

The Explanatory Statement describes the rationale for the new offence as addressing the additional impairment associated with using alcohol and drugs together. However, the proposed section 20A does not require proof that the prohibited drug caused impairment. The offence is established by high-range alcohol concentration together with the presence of a prohibited drug. This creates a particular concern where the detected drug is a prescribed

medicine. A substance may remain detectable in a person's body after its impairing effects have subsided. Consequently, detection of a drug does not necessarily establish that the person was impaired by that drug when driving.

The interaction between the proposed offence and prescribed medicines requires particular attention. The existing section 28 offence concerns the presence of specified drugs in a person's body. Section 29 provides a defence in circumstances where the person was not impaired, and the relevant drug was taken as prescribed by a medical practitioner.

This defence recognises an important balance between road safety and the right of people to access necessary medical treatment without unreasonable restrictions on their ability to travel. It is particularly relevant to people receiving opioid substitution treatment, including methadone. We are concerned that it is unclear whether the section 29 defence will apply to the drug component of proposed section 20A. This should not be left to interpretation.

Recommendation 1. Amend proposed section 20A so that the legislation clearly distinguishes between the presence of a prohibited drug and impairment by that drug and does not impose the enhanced combined offence and penalty when a lawfully prescribed medicine is detected where the person was not impaired.

Recommendation 2. Amend proposed section 20A to expressly provide that the section 29 prescribed-medication defence applies to the drug component of the new combined offence. Provide clear legislative and operational guidance confirming that people receiving opioid substitution treatment and people using other prescribed medicines are not subject to enhanced drug-driving penalties solely because a prescribed substance is detected, where the person was not impaired.

2. Roadside testing – screening is not evidentiary testing

AADANT supports effective roadside testing as an important enforcement and deterrence measure. The Bill expands random roadside testing so that police may require a driver, without reasonable suspicion, to undergo a passive breath test, breath test or saliva test.

The proposed passive breath test appears to formalise a preliminary alcohol-screening approach that can be conducted without the disposable mouthpiece used for conventional breath testing. We support efficient preliminary screening, provided it remains clearly distinguished from evidentiary testing and is followed by appropriate testing where alcohol is indicated. However, drug testing requires particular care because saliva testing identifies the presence of a substance, rather than (as above) establishing impairment at the time of driving.

This distinction is especially important where a positive drug screen can contribute to the new section 20A offence and its substantially higher penalties. It should therefore be made clear that roadside screening is a detection mechanism and that a positive drug test does not, by itself, establish the degree to which a person was impaired. Appropriate confirmatory testing and evidentiary safeguards are also necessary before a person is convicted of an offence carrying substantial penalties.

Recommendation 3. Ensure that implementation of expanded roadside testing is accompanied by clear public education and transparent procedures for confirmatory testing, evidentiary assessment and the treatment of prescribed medicines, including opioid substitution treatment.

3. Proportionality of penalties including licence sanctions and vehicle impoundment

AADANT is concerned about the scale of the proposed penalties for section 20A. The Bill proposes a maximum penalty for a first offence of 30 penalty units (\$5,822) or 18 months' imprisonment, increasing to 50 penalty units or two years' imprisonment for a second or

subsequent offence. By comparison, the current maximum penalties for the individual offences are:

- 5 penalty units (\$970) or three months' imprisonment for the drug-presence offence;
- 10 penalty units (\$1,940) or 12 months' imprisonment for high-range drink driving.

We accept that the combination of alcohol and other drugs can increase road-safety risks. However, the enhanced section 20A offence does not require proof that the drug contributed to impairment. The proposed penalty can therefore be imposed where the drug is detected but additional drug-related impairment has not been established.

Higher penalties may be appropriate where there is evidence of greater culpability, including actual impairment. They are more difficult to justify where the additional drug element is established solely through detection of a substance that may have been lawfully prescribed and may not have impaired the person.

Recommendation 4. Reconsider the maximum penalties for proposed section 20A so that they are proportionate to the conduct established and do not significantly exceed the combined maximum penalties applicable to the underlying high-range drink-driving and strict-liability drug-driving offences.

The Bill also provides for significant licence consequences following conviction under proposed section 20A, including automatic cancellation and minimum periods of disqualification. We recognise that licence sanctions are an important road-safety measure, particularly for serious and repeat offending. However, the same proportionality considerations apply to these sanctions.

Where the drug component arises from lawful prescribed medication and the person was not impaired, the legislation should not produce an unintended escalation of sanctions. Ensuring that the section 29 defence expressly applies to section 20A would help address this concern. The Bill also extends vehicle-impoundment powers to repeat high-range drink driving, including a proposed 14-day impoundment period.

Recommendation 5. Ensure that licence cancellation, disqualification and vehicle-impoundment provisions are proportionate to the conduct established and do not result in enhanced sanctions where the drug component of an offence arises solely from lawful prescribed medication and the person was not impaired.

4. Enforcement should be accompanied by prevention and treatment

AADANT supports measures that improve community safety through effective drink-driving countermeasures. NT road-safety data indicate the significant contribution of alcohol to road trauma, with alcohol identified as a key contributing factor in nearly half of NT road deaths and almost one-third of serious injuries between 2014 and 2024.¹ The World Health Organization's SAFER initiative identifies advancement and enforcement of drink-driving countermeasures as one of five evidence-based alcohol policy interventions.²

However, enforcement should form part of a broader public health response, in line with the the 'Three Pillars of Harm Minimisation' in the National Drug Strategy.³ Accessible AOD prevention, early intervention and treatment services can reduce the likelihood that people will drive while affected by alcohol or other drugs in the first place. This is particularly important for people experiencing dependence or other complex AOD-related problems.

This approach is consistent with the principle that road safety is improved not only by detecting and penalising impaired driving, but also by reducing the circumstances in which people are likely to drive while affected by alcohol or other drugs.

Recommendation 6. Strengthen investment in AOD prevention, early intervention, treatment and harm-reduction services as part of the NT's road-safety response, alongside enforcement measures.

5. Consultation

AADANT is concerned that the consultation period for the Bill was only one week. This is insufficient time for community organisations and specialist services to properly consider complex legislative changes and their practical implications. The concern is compounded by the limited explanation in the Explanatory Statement of the intended policy outcomes and practical operation of some provisions. Meaningful consultation enables affected organisations to identify unintended consequences and improve legislative design before enactment.

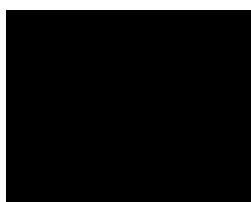
Recommendation 7. Provide adequate consultation periods for significant future legislative reforms affecting AOD policy and services, allowing community organisations and specialist stakeholders sufficient time to assess proposals and provide informed feedback.

AADANT supports effective action to reduce drink and drug driving and the road trauma associated with alcohol and other drugs. The Bill should nevertheless be amended to ensure that stronger enforcement powers and penalties are proportionate, evidence-based and fair.

The most important issue is the distinction between the presence of a drug and actual impairment, particularly for people using prescribed medicines and those receiving opioid substitution treatment. The recommended amendments would allow the Bill to strengthen road safety while avoiding unintended consequences for people lawfully accessing essential medical treatment.

We also wish to endorse the submissions to this inquiry by the Alcohol and Drug Foundation (ADF) and the Foundation for Alcohol Research and Education (FARE).

Yours sincerely,



Stephanie Holmes

Chief Executive Officer

Association of Alcohol and Other Drug Agencies NT (AADANT)

¹ NT Government (2026) *Road Safety NT – Lives Lost on NT roads*; <https://pfes.nt.gov.au/newsroom/road-toll>
Clifford, S. et al. (2025) *Pedestrian deaths and serious injuries in the Northern Territory*, Menzies.
https://www.menzies.edu.au/page/Research/Projects/Alcohol/Pedestrian_deaths_and_serious_injuries_in_the_Northern_Territory/

² World Health Organization (2026), *The SAFER initiative: A world free from alcohol related harm*.
<https://www.who.int/initiatives/SAFER>

³ Commonwealth of Australia (2017) *National Drug Strategy 2017-2026*
<https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>