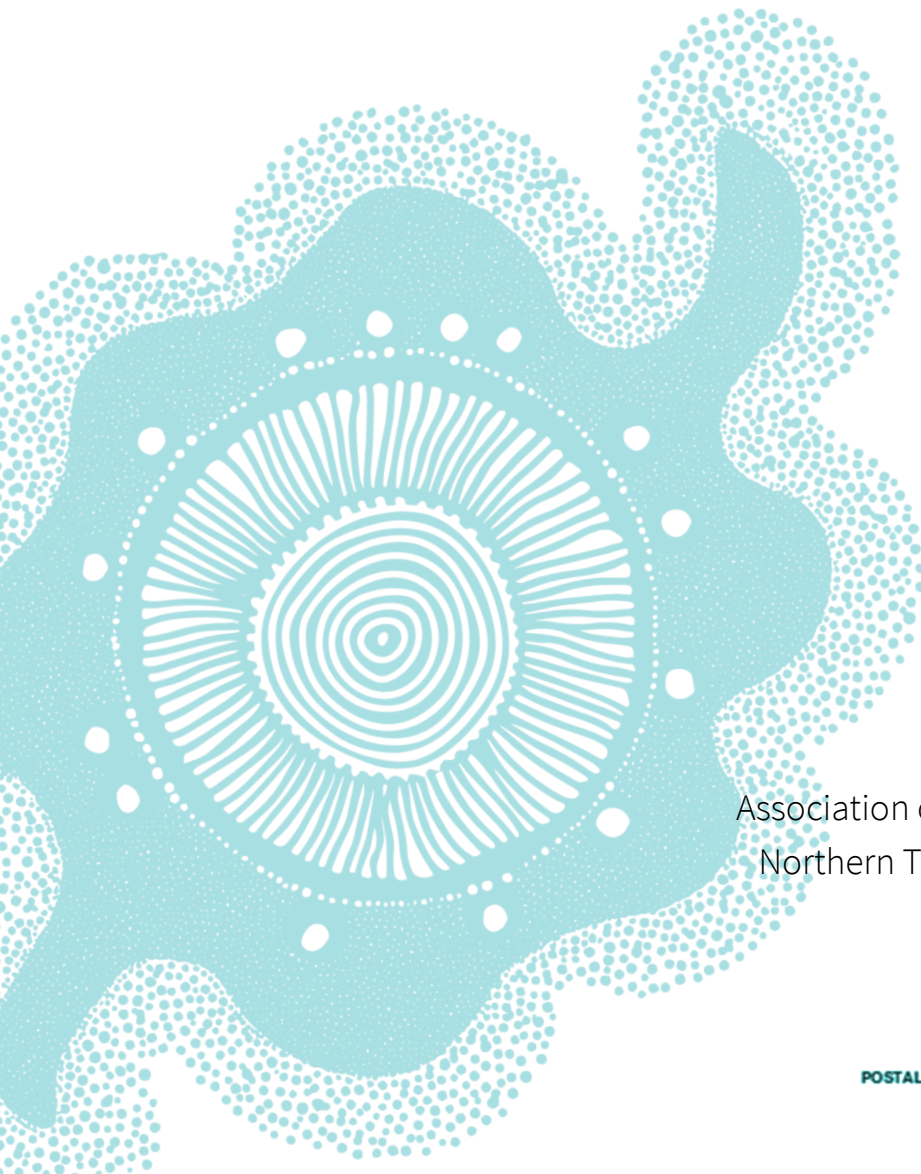




Reducing alcohol-related harm in the Northern Territory: successes, challenges and threats

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Address to the
Association of Alcohol and other Drug Agencies
Northern Territory (AADANT) Conference 2026

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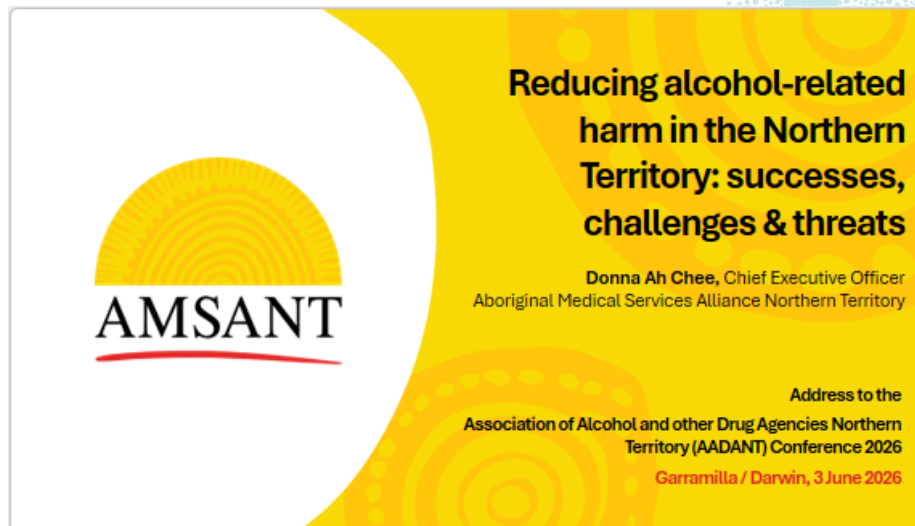


Abstract

There are many reasons to celebrate the successes in reducing alcohol-related harm in the Northern Territory. For the Territory as a whole, alcohol sales and the rate of alcohol induced mortality have fallen since sustained action to reduce supply began ten years ago. The introduction of supply restrictions in Alice Springs in 2023 has resulted in major falls in alcohol-related domestic violence and Emergency Department presentations, demonstrating what can be achieved at a local level.

But significant challenges remain, especially to ensure that all areas of the Northern Territory benefit from best practice policy to reduce the harm that alcohol does, especially to the most vulnerable in society.

Last, there is a significant threat on the horizon, with the potential expiry of Interim Alcohol Protection Areas in early 2027 certain to lead to significant increases in alcohol's health and social harms.



Good morning brothers and sisters, ladies and gentlemen, distinguished guests,

I pay my respects to the Larrakia people, traditional custodians of Garramilla, the sovereign lands on which we are meeting today, and to their Elders past, present and emerging.

I would like to thank the Association of Alcohol and other Drug Agencies Northern Territory for inviting me to speak today.

My name is Donna Ah Chee.

I am a Bundjalung woman from the far north coast of New South Wales, but I have lived in the Northern Territory for over thirty years.

I am speaking to you today as the CEO of the Aboriginal Medical Services Alliance Northern Territory – AMSANT – the peak body for Aboriginal community controlled health services in the Territory.

I would like to acknowledge the work of all the AOD services represented here today in treating people who experience harmful substance use.

As someone who has led a primary health care service for many years, I know how challenging this area of work can be, but also how vital it is to provide compassionate, effective care for those people who have a difficult relationship with alcohol and drugs.

Today, I want to talk about prevention.

And I want to talk about the number one drug of concern in the Northern Territory, which is of course alcohol.

And I will start with celebrating some successes we have had in the Northern Territory in reducing alcohol-related harm.



We cannot be complacent in the face of rising alcohol-related harms.

But we also need to recognise where evidence-based policies to reduce harm have worked.

These policies have been focused on the sensible regulation of the supply of alcohol at a whole of population level.

And these are the kind of approaches that we need to see expanded and applied consistently so that all areas of the Northern Territory can benefit over the long term.

And last I want to alert us all to a significant threat on the horizon with the potential lapsing of the legislated Interim Alcohol Protection Areas in early 2027.

If this is allowed to happen it is certain to lead to significant increases in harms and social disorder such as we have seen before in the Northern Territory.

This is something that we cannot afford – for the human cost that will be paid, but also for the damage that will be done to the Northern Territory’s reputation and economy.

Let me start, though, with some thoughts about the place of alcohol in the Northern Territory.

First, alcohol is not just a problem for Aboriginal people.

Many Aboriginal people consume alcohol responsibly or do not drink at all.

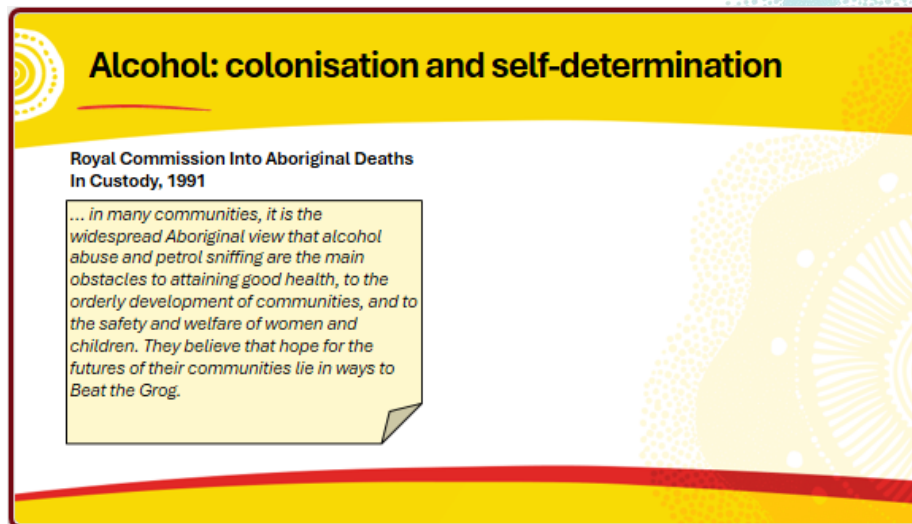
As well, there is a culture of dangerous drinking in some sections of the non-Indigenous population.

Despite this, it should be clear to us all the devastating effect of alcohol in our Aboriginal communities.

This is clear to all Aboriginal people through our own lives and those of our families.

This experience is backed up by the data which tells us that the rate of alcohol-attributable deaths for our people in the Territory is up to 10 times higher than that for non-Indigenous Territorians¹.

Numerous inquiries and reports have described the highly destructive role of alcohol on Aboriginal individuals, families and communities.



For example, thirty five years ago, the Royal Commission Into Aboriginal Deaths In Custody in 1991 stated:

... in many communities, it is the widespread Aboriginal view that alcohol abuse and petrol sniffing are the main obstacles to attaining good health, to the orderly development of communities, and to the safety and welfare of women and children. They believe that hope for the futures of their communities lie in ways to Beat the Grog².

In understanding why this is so, we have to start with the fact that the use of alcohol in the Northern Territory is embedded within the process of colonisation.

Alcohol was all but unknown to the diverse Aboriginal peoples of these lands before Europeans arrived in the middle of the nineteenth century.

The colonists used alcohol – along with tobacco – to trade with Aboriginal people, and to control them through creating dependency and breaking down traditional ways.

The stereotype of Aboriginal people as drunks soon took hold, a stereotype that is still very much alive in public debates today.

However, we know that addiction, including to alcohol, is a common reaction of people who have experienced traumatic experiences such as persistent unresolved grief, racism or family violence.

This is not to say that everyone who experiences such events will become addicted to alcohol, or to other drugs – but at a population level there is a strong link between trauma and addiction.

And the process of colonisation has been deeply traumatic for our communities.

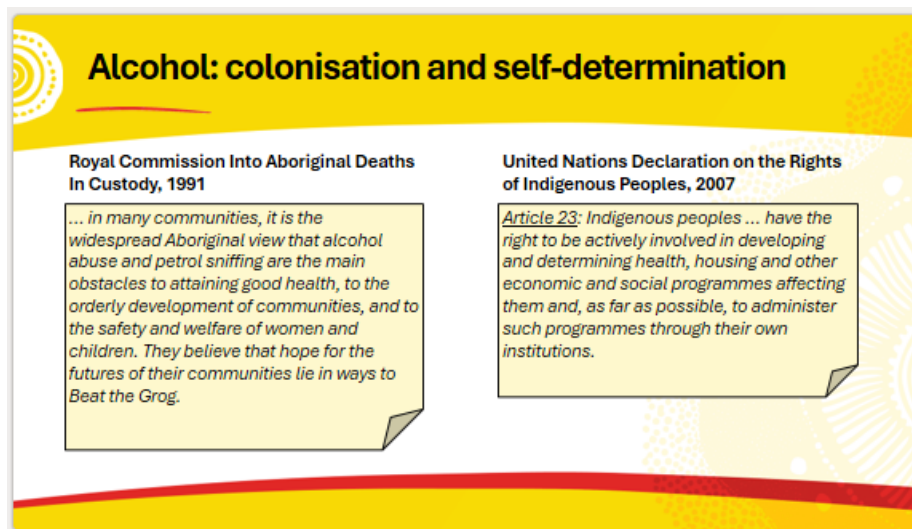
Contemporary Aboriginal families have been deeply affected by dispossession and impoverishment; by the forcible removal of children and its intergenerational effects; by the suppression of culture and language; and by the experience of racism and discrimination.

Aboriginal people continue to live with these effects of colonisation.

It is not in the past.

It is the reality our people live with each day.

We should see the high levels of alcohol use in some Aboriginal ... communities in this context: as a symptom of the underlying processes of colonisation.



Any approach to addressing alcohol-related harm in our communities must recognise this fact, and be founded on the rights of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples*, which states that:

Indigenous peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions³.

For this reason, I want to acknowledge the role of our network of Aboriginal community controlled health services in the NT.

These are self-determinant organisations, set up and controlled by their communities, not just to treat sickness but also to prevent harm, to promote health, and to speak out on behalf of Aboriginal people.

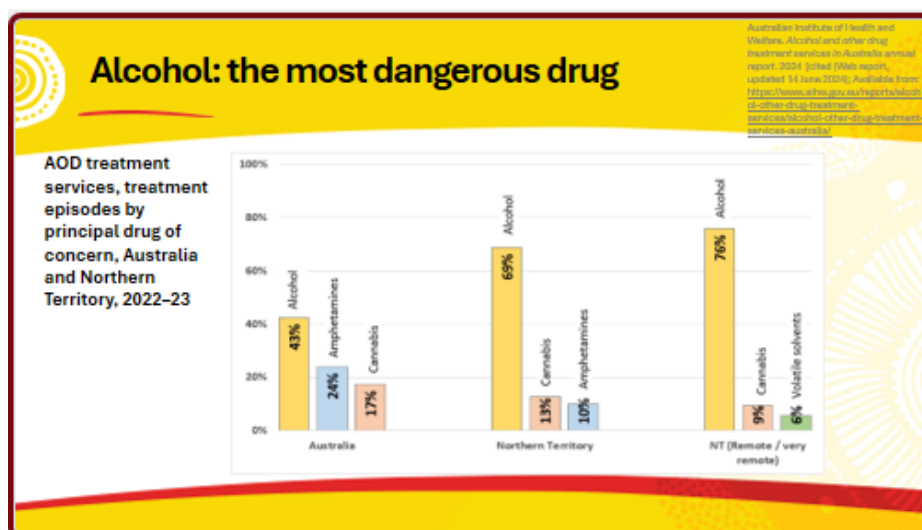
Since its beginnings in the 1970s and 1980s, our sector has recognised addiction as one of the primary drivers of ill health.

We know that treatment and rehabilitation are necessary, but also that we need to take prevention of alcohol and drug related harm seriously at a whole of population level.

There is one further point I would like to make to set the scene for the rest of my presentation.

Many of you here today are from alcohol and other drug services, where you care for people who are struggling with addiction not just to alcohol but also to ICE, to gunja, and to sniffing of petrol or other substances.

Action on harms from the full range of these substances is required.



However, for me and for many in the Aboriginal community, it is clear that alcohol is the most dangerous drug in the Northern Territory.

This graph compares the number of treatment episodes in AOD treatment services by the principal drug of concern, for Australia and the Northern Territory.

It shows what many of you will know from your work in the field: in the Northern Territory over two thirds or 69% of treatment episodes are principally for alcohol.

There are five times as many treatment episodes for alcohol as for cannabis, the next most common presenting substance for which people seek treatment.

And if you look at the graph on the right, you can see that this pattern is even more obvious in remote and very remote areas where over three quarters of treatment episodes are for alcohol, more than eight times the number for cannabis.



These figures clearly show how alcohol is the number one enemy of public health when it comes to AOD in the Territory.

So let me turn now to the successes we have achieved despite this difficult context.

These successes are built on the evidence that by far the most effective – and cheapest – ways to reduce harms is to address the supply of alcohol.

Simply put, to prevent harm – such as alcohol-fuelled violence against Aboriginal women – we have to turn the tap down on the stream of alcohol flowing into the community.

This has been the conclusion of many reports and studies.

Almost twenty years ago, the *Little Children are Sacred* report made a clear call for

‘greater efforts to ... restrict the flow of alcohol into Aboriginal communities and support Aboriginal community efforts to deal with issues relating to alcohol’.

This conclusion matches extensive evidence from across the world that regulating the supply of alcohol is the ‘best-buy’ in terms of preventing alcohol related harm.

However, applying this evidence in the Territory has meant taking on some powerful vested interests.

For many years, any attempt to address supply was strongly resisted by government and by those with a financial interest in selling alcohol.

It seemed easier and more politically convenient to blame Aboriginal drinkers rather than to adopt the kind of system-wide, population-level changes that were needed.

When there were restrictions, they were often local, short in duration, and sometimes not well-designed.

But gradually, policy-makers began to listen when we continued to demand an evidence-based approach.



Finally, during the period 2017-19, the rising levels of alcohol-related harm across the NT led the then Northern Territory Government to introduce a range of reforms.

These included⁴ a Banned Drinkers Register to prevent access to take-away alcohol by those who had committed alcohol-related offences.

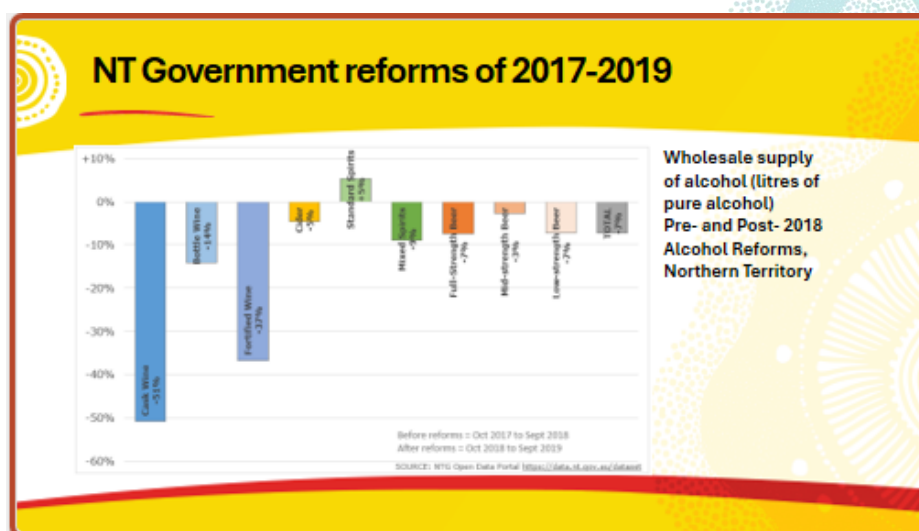
In addition, Police Auxiliary Liquor Inspectors or PALIs were introduced at bottle shops in Alice Springs, Katherine and Tennant Creek to prevent the sale of takeaway alcohol destined for consumption in declared 'dry areas'.

This included many Aboriginal communities and town camps.

There was an exciting innovation based on strong international evidence with the introduction of a Minimum Unit Price of \$1.30 per standard drink.

This prevented the sale of cheap and dangerous alcohol, which until then had been being sold more cheaply than bottled water despite the harms it caused.

Finally the government introduced a new Liquor Act that included risk-based licencing and greater monitoring of on-licence drinking.



Across the Northern Territory, the effect of these reforms was dramatic.

This graph shows the change in sales of different types of alcohol, measured by litres of pure alcohol, in the 12 months after October 2018 when many of the reforms came into effect.

As you can see in the bar on the far right of the graph, in that first year alone, alcohol consumption fell by a total of 7%.

This represents 185,000 litres less pure alcohol being sold and consumed in the Northern Territory.

Sales of the cheapest and most dangerous types of alcohol went down most: cask wine sales fell by 50%, and fortified wine fell by over a third⁵.

There was a slight rise in the consumption of spirits, leading some commentators to argue that there had just been a substitution of one type of alcohol for another.

You still hear that argument today, principally from those in the alcohol industry or their supporters.

In actual fact an independent evaluation found this to be the continuation of a pre-existing trend⁶.

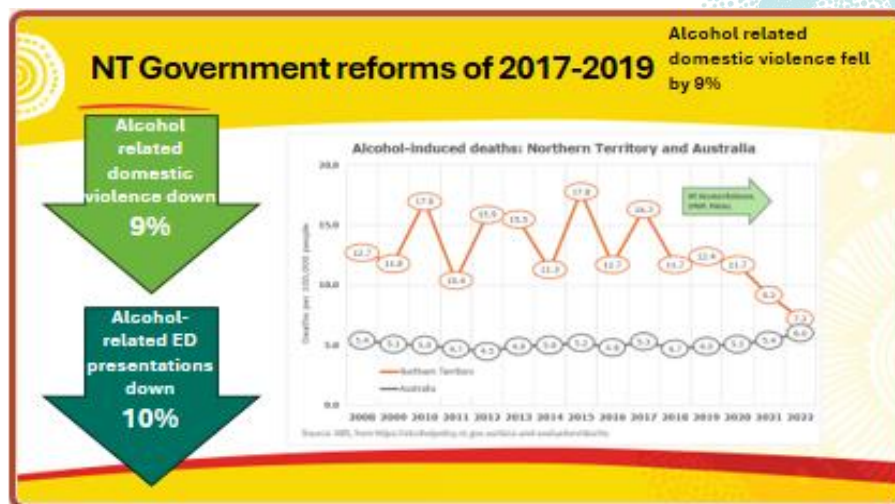
But the most important fact is that the overall consumption fell.

The river of grog had been slowed somewhat.

The tap had been turned down.

That being the case we would expect harms to fall as well.

And this is exactly what we did see.



Comparing the period before the reforms, with the period after their introduction, we saw that the fall in consumption of alcohol in the Northern Territory was associated with similar falls in alcohol-related harms.

Of particular interest to many of our Aboriginal health services, violence against women fell.

Official police stats showed that alcohol-related domestic violence assaults across the NT went down by 9%.

That was about 500 less assaults in the year after the reforms were introduced compared to the year before.

And the number of alcohol-related presentations at our hospital emergency departments fell by 10%.

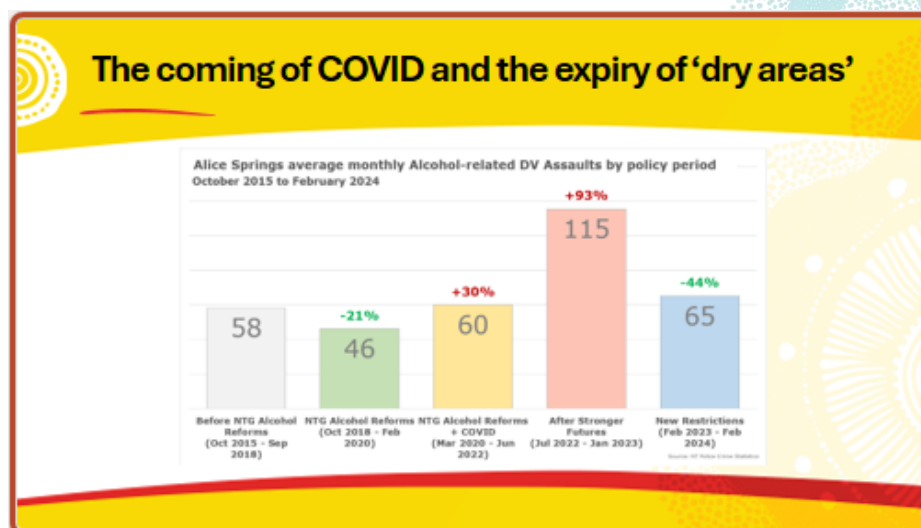
From about this period, alcohol-induced deaths – as counted by the Australian Bureau of Statistics – started falling dramatically.

These deaths include chronic conditions like liver cirrhosis or acute conditions such as alcohol poisoning.

This was at the same time as national rates were rising: the Northern Territory was leading the nation in addressing alcohol-related harm.

Unfortunately, one thing we know from working in the area of alcohol policy is that nothing stays the same for long!

I want to zoom in and use Alice Springs as a case study of what happened next, first with the coming of COVID and then with the lapse of the *Stronger Futures* 'dry areas' provisions.



This graph shows the effect of this new social and policy context on alcohol-related domestic violence assaults in Alice Springs.

You can see the green column shows a 21% reduction in the average monthly number of such DV assaults after the introduction of the reforms in 2018 – the effect in Alice Springs was higher than the effect across the NT.

But the story doesn't end there.

First we had COVID, which increased domestic violence in Alice Springs just as it did all over the world – that's the yellow bar in the graph.

Then in July 2022 the Northern Territory and Federal Government allowed the *Stronger Futures* regulations which kept many Aboriginal town camps and living areas 'dry' to lapse.

Now, there were many issues and problems with Stronger Futures as a whole and its origin in the infamous Intervention.

But AMSANT – along with numerous other Aboriginal community voices – had warned that if these particular dry area provisions were allowed to lapse, there would be a wave of alcohol-related harm.

Unfortunately, the Government of the day ignored Aboriginal community voices.

In July 2022, many communities ceased to be protected by these regulations.

And as you see from the red bar in the graph, alcohol-related domestic violence assaults in Alice Springs sky-rocketed, increasing by 93% over these months.



We saw similar catastrophic rises in other assaults, and in property crime and Emergency Department presentations.

This led to national and even international media attention on alcohol-related violence and disorder in Alice Springs.

Much of the reporting was sensationalist and was driven by a barely concealed racism.

Devoid of context or history, it ignored the role of colonisation in setting up the conditions for addiction and for violence.

The role of profit-taking by the alcohol industry was rarely mentioned.

But those of us living in the town knew there was a reality behind the media panic – it was a very difficult period.

During this time, I was CEO of Central Australian Aboriginal Congress, the Aboriginal community controlled health service in Alice Springs.

In the face of the exponential increases in harms, and led by our elected Board, we intensified our advocacy, speaking out publicly, meeting with policy makers, writing letters, and speaking in the media.

Throughout, we emphasised that Aboriginal culture absolutely does not support violence against women.

And we argued that we needed a “both / and” approach to preventing alcohol related harm.

We need both action on the unrestricted supply of alcohol to Aboriginal communities, and long-term investments to address the drivers of destructive drinking.



Fortunately in January 2023, the Prime Minister stepped in and came to Alice Springs with a number of his senior Cabinet colleagues, demonstrating how seriously the Australian Government was taking the issue.

The Northern Territory Chief Minister also attended, and immediately announced new regulations on the sale of takeaway alcohol in the town.

Most significantly this included two days a week – Monday and Tuesday – when take away alcohol was not available for sale.

The Northern Territory Government also announced its intention to reinstate dry area restrictions on Aboriginal communities and town camps.

This meant that all NT communities previously subject to alcohol restrictions under the *Stronger Futures Act* became dry areas again, where it is illegal to possess or supply alcohol.

These Interim Alcohol Protected Areas – or IAPAs – were to remain in place for four years, until 2027.

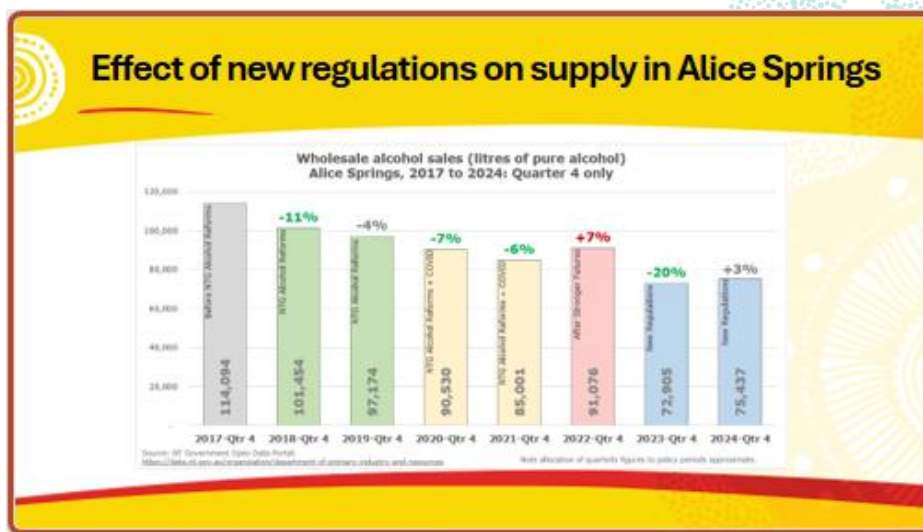
I will come back to this point.

Alongside these NT Government reforms, the Australian Government announced a \$250 million injection of funds into Central Australia to address the drivers of alcohol use and violence.

The effect of the new alcohol regulations was immediate and dramatic, as anyone who lives in the town will tell you.

Alice became once again a normal and pleasant place to live, free from the alcohol-fuelled chaos of the previous months.

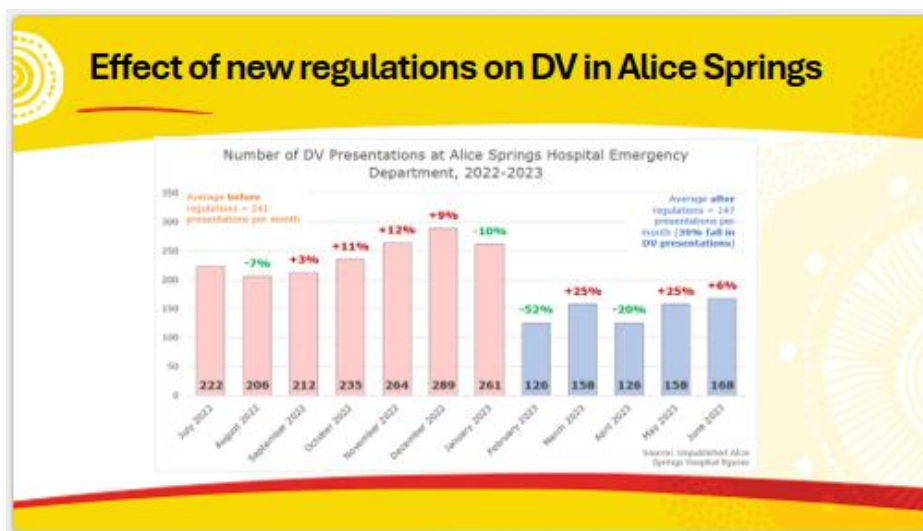
And once again our lived experience was backed up by the data.



This graph shows the amount of alcohol sales in litres of pure alcohol in Alice Springs.

In the last quarter of 2023, alcohol consumption had fallen by 20% compared to the same period in 2022 when the *Stronger Futures* ‘dry areas’ were not in place.

With the fall in consumption came a huge fall in alcohol-related harm, especially the violence experienced by Aboriginal women.



This graph shows a 39% reduction in the number of domestic violence presentations at the Alice Springs Hospital Emergency Department in the five months after the introduction of the take-away free days and ‘dry area’ regulations.

This means that about 100 cases of domestic violence that require hospital treatment were prevented every single month.



But despite their obvious effectiveness, these changes were controversial and difficult for some in the community to accept.

It was not easy.

It meant speaking out publicly, and it often meant conflict: with the media; with spokespeople of the alcohol industry; with politicians who accepted what that industry said without reservation; and yes, with some in the Aboriginal community.

Not all Aboriginal people saw these issues the same way.

But the Congress Board of Directors were firm, and continued that organisation's long-held opposition to the free availability of grog.

They held that the right of people to drink alcohol is less important than the right of the community to live peacefully.

In particular, the right of women and children to be safe was always an overriding concern.

There were also those who argued against the restrictions on the basis that alcohol does not 'cause' domestic and family violence.

Of course, there are many drivers of violence against women such as: intergenerational trauma; racism and the process of colonisation; power relations between men and women; and poverty, to name just a few.

So yes, alcohol by itself is not a cause of domestic violence.

But the free availability of alcohol in the colonial context is a disaster for the community and a disaster for our women.

And while alcohol supply regulation alone will not solve the issue of violence, what we consistently see is that when effective regulation of supply is introduced, alcohol-related harm goes down, and crucially that includes violence against women.

I hope that what I have presented so far has convinced you that we have some successes to celebrate in the Territory when it comes to preventing the harm that results from the unrestricted supply of alcohol.

We know what works because we have seen it here.

It is clear that sensible regulation of alcohol supply is essential, effective and largely cost-free.

We can see the direct relationship between population level consumption and the amount of harm, and especially the harms borne by women through domestic violence.

And I hope you can see the critically important role of Aboriginal community controlled health services and their allies have played in keeping the community – Aboriginal and non-Aboriginal – safe.

But I now want to turn to come of the challenges that remain, because it is absolutely not ‘job done’.

We cannot be complacent.

In particular, not all areas of the Northern Territory have benefited equally.



This is the first challenge: to make sure that we have evidence-based regulation of the supply of alcohol in all areas of the Territory.

The reforms of 2018 were Territory-wide, and the effects were seen everywhere, to a greater or lesser extent.

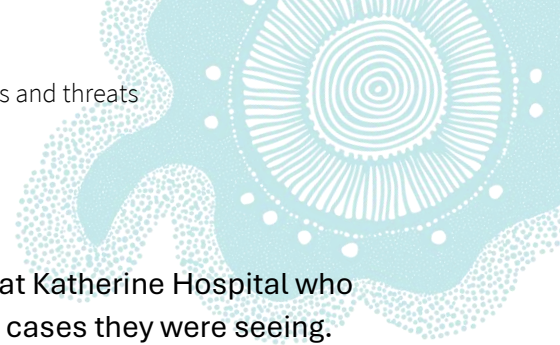
For example, in 2019, the year after those reforms took full effect, every single hospital in the Northern Territory saw a fall in alcohol-related Emergency Department presentations.

In some places the effect was large – down 30% at Alice Springs Hospital for example and a similar amount at Katherine Hospital.

In some places it was smaller – alcohol-related ED presentations went down 9% at Royal Darwin Hospital for example.

But the point is that Territory wide, evidence-based reforms led to Territory-wide benefits.

But unfortunately, while the regulations introduced in 2023 in Alice Springs have been very successful, such regulation has not been matched elsewhere.



So we are seeing escalating harms in many places.

I was contacted recently by a union representing health staff at Katherine Hospital who were concerned about the increasing level of alcohol-related cases they were seeing.

And I have spoken to AMSANT members in that region, and they share those concerns.

Once again, those concerns are absolutely backed up by the data, which shows a doubling of alcohol-related emergency presentations at the Katherine Hospital between 2022 and 2024.

And across the Territory those harms are still increasing year on year.

My personal view is that every place in the Northern Territory should have the same types of regulation as we have in Alice Springs, especially the two days when take away alcohol is not available for sale.

The change would be instrumental in reversing the rising tide of harm that continues to threaten many places.

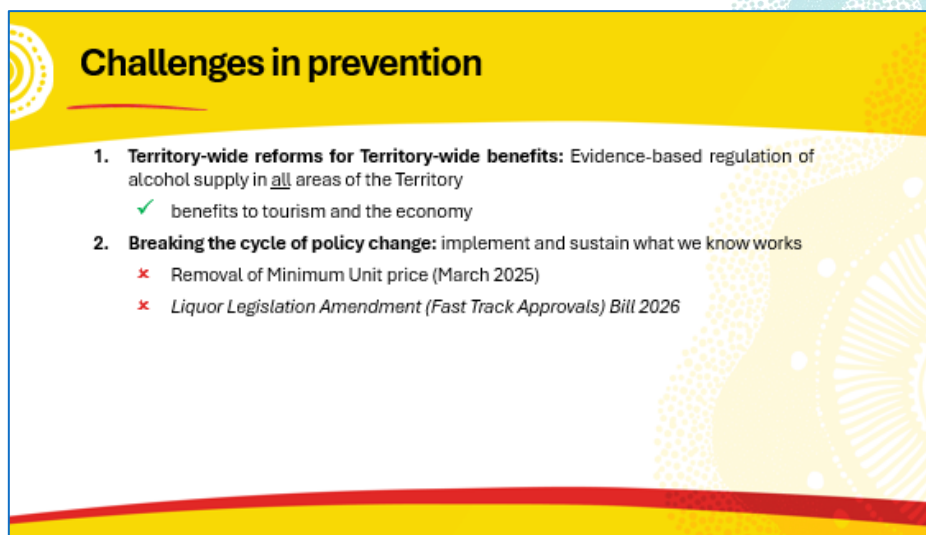
And to those who say that we cannot afford to bring in such measures because of the effect on tourism or the economy, I would argue that we cannot afford not to act for the same reason.

One of the biggest threats to the tourism industry is the national and sometimes international media attention that we get whenever there is an outbreak of alcohol-related disorder.

And a recent study showed that alcohol regulation in regional Western Australia did not negatively affect tourism and that objections to these on the basis of negative tourism effects undermined tourism growth⁷.

As for the economy, ten years ago the social cost of alcohol in the NT were estimated at around \$1.4 billion per year in premature deaths; health system costs; high rates of crime (particularly violent crime and antisocial behaviour); child abuse and neglect, and road crashes⁸.

The costs are certainly much greater than that today.



The second challenge I identify is to ensure that alcohol policy is driven by an evidence-based public health approach and is maintained over time.

This cycle of governments implementing policies that work, only for other governments to remove them, drives the cycle of harm.

Policies to keep communities safe should not be changed like you change your clothes: they need to be implemented and sustained.

In this light, I would like to mention the Northern Territory Government's removal of the Minimum Unit Price or MUP for alcohol.

Under the previous reforms, alcohol could not be sold in the Northern Territory for less than \$1.30 per standard drink.

This 'floor price' did not affect moderate drinkers, but removed cheap and dangerous alcohol – on sale for as little as 30¢ per standard drink – from the market.

Reviews of the MUP recommended that it should be kept in place, but despite this the NT government legislated to abandon this important control from 1 March 2025.

This has the potential to lead to a significant increase in the consumption of the cheapest alcohol, and inevitably to higher rates of public disorder and alcohol-related crime.

It is unclear at the moment how seriously the removal of the MUP will contribute to alcohol-related harm.

This is partly because of the seasonal nature of consumption and harms in the Territory and also because in some places such as Alice Springs, alcohol retailers have voluntarily continued the MUP⁹.

While this voluntary agreement holds, the MUP is effectively still in place.

But this is no substitute for government accepting the responsibility for regulating alcohol and providing a level playing field for all retailers.

We have also recently had amendments changes to the *Liquor Act*, changes which were rushed through with minimal time for public consultation.

These ‘fast track’ changes undermine the independent role of the NT Liquor Commission and remove the requirement for some License Applications be assessed against their impact on *harm, ill-health or public order and safety*¹⁰.

These steps take us backwards, and will inevitably unwind the progress that has been made, and worsen outcomes for all of us.

The third challenge I identify is the need for Territory-wide, sustained action on the drivers of alcohol-related harm.

Challenges in prevention

- 1. Territory-wide reforms for Territory-wide benefits:** Evidence-based regulation of alcohol supply in all areas of the Territory
✓ benefits to tourism and the economy
- 2. Breaking the cycle of policy change:** implement and sustain what we know works
✗ Removal of Minimum Unit price (March 2025)
✗ *Liquor Legislation Amendment (Fast Track Approvals) Bill 2026*
- 3. Addressing the drivers of addiction:**
 - The trauma of colonization (→ need for commitment to **Close the Gap reforms**)
 - Poverty and inequality
 - Education
 - Early childhood development

Priority Reform	Priority Reform
1. Strengthening Partnership and Shared Decision Making	3. Strengthening Government Operations
2. Building the Community Controlled Sector	4. Strengthening Courts and Administration of the Legal System

I started this address by talking about the role of colonisation in driving the high levels of alcohol-related harm in many Aboriginal communities.

I mentioned the need for approaches which recognise with our rights to self-determination.

I won't go over that ground again except that in practice this means using the 2020 *National Agreement on Closing the Gap*¹¹ as the policy foundation for action on alcohol issues in Aboriginal communities.

The agreement was signed by all Australian Governments and at its centre are four Priority Reforms that focus on re-setting the way all governments work with our people.

These reforms need to be respected and implemented.

And in talking about the drivers of the destructive use of alcohol, I would also urge particular action on poverty, education, and early childhood development.

Poverty and inequality are both strongly correlated with increased rates of addiction including to alcohol ¹².

However, in remote areas across Australia both poverty and inequality are worsening for Aboriginal people, with Aboriginal incomes falling and the income gap to non-Indigenous people widening¹³.

Higher educational attainment is associated with reduced risky alcohol use, but the Northern Territory education system is failing Aboriginal people.

Less than a quarter of the adult Aboriginal population in the Northern Territory have completed Year 12.

Attendance rates for Aboriginal students are falling, and the proportion of Aboriginal Year 7 students achieving national standards in reading and numeracy is declining and the gap to non-Indigenous students widening.

Last, we have long known that adverse early childhood experiences are strongly associated with addiction, including to alcohol, across the life course.

Well-designed, evidence-based early childhood development programs can reduce the use of alcohol and other substances later in life.

The Australian Government's 2023 commitment of \$250 million in Central Australia to address the underlying issues is an important step in the right direction.

But this is needed across the Territory.

And we need to recognise that it will take many years for programs to have the kind of transformative effect we need – especially as many of the drivers of adult drinking lie in early childhood experience.

It's a problem that has been generations in the making, and it cannot be fixed overnight.

In the meantime we need restrictions on the availability of alcohol to break the cycle of violence and keep our communities safe.

We need a both/and approach to alcohol: both alcohol restrictions to address alcohol fuelled violence and solutions to the underlying drivers of destructive drinking

I have outlined today what I see as the successes and challenges of preventing alcohol-related harm in the Northern Territory.

However, I cannot leave you today without looking to the future and what I see as a significant threat just over the horizon.



You will remember the effects of the *Stronger Futures* 'dry areas' provisions in July 2022 I spoke about earlier.

Well before the expiry of these provisions, a number of Aboriginal organisations including Aboriginal Housing Northern Territory, AMSANT, the Central Land Council, and the North Australian Aboriginal Justice Agency, wrote to the Northern Territory Government of the time warning of the certain increase in alcohol-related harms if these protections were allowed to expire.

Unfortunately, we are now in a similar position with the Northern Territory Government's Interim Alcohol Protected Areas or IAPAs set to expire in nine months' time in February 2027.

Unless a community with an IAPA has developed and had approved a Community Alcohol Plan, they will cease to be a dry area at this date.

It is unclear how many such plans are in development or been approved, but it seems there is limited time to complete these processes with any significant process of community consultation.

This once again leaves the Territory facing a potential wave of alcohol-related harm and disorder such as we saw when the *Stronger Futures* provisions expired.

As CEO of AMSANT, and previously of Congress in Alice Springs, I have raised this issue with the government, and received assurances that it will be managed with new legislation.

However, time is running out and as far as I am aware there has been no public commitment or timetable for action.

I want to conclude my address today by asking publicly for a formal response from the Northern Territory Government on how it intends to ensure that these vital protections remain in place.

I also urge all of you present today to raise your concerns with members of the Northern Territory Government and your local representatives at every opportunity.

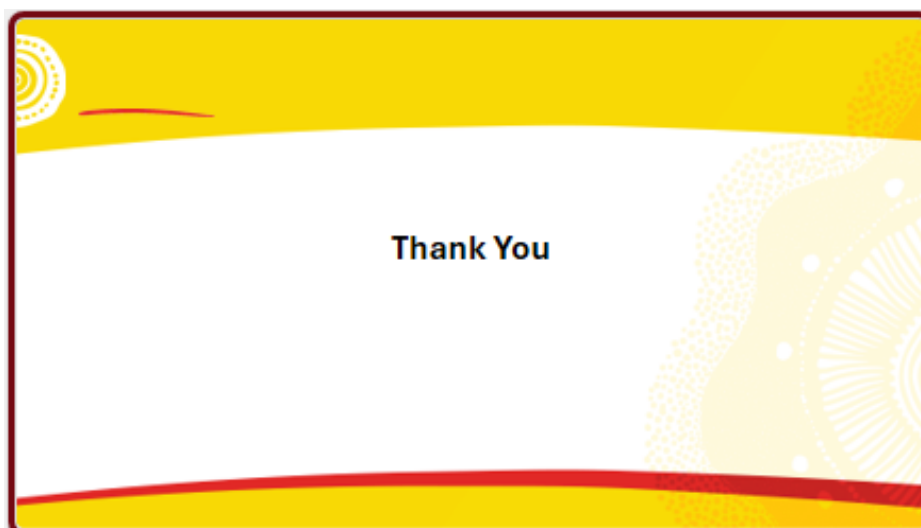
If we get this wrong, a high price will be paid by Aboriginal communities.

This cost will be paid primarily by women and children.

But it will also affect the Territory community as a whole through increased health and policing costs, and further damage to the national and international reputation of the Northern Territory.

We cannot afford another backward step.

Thank you.





Notes

¹ Miller, P., et al., Learning from alcohol (policy) reforms in the Northern Territory (LEARNT): protocol for a mixed-methods study examining the impacts of the banned drinker register. *BMJ Open*, 2022. **12**(4): p. e058614

² Langton M, et al., Too Much Sorry Business: The Report of the Aboriginal Issues Unit of the Northern Territory, in Royal Commission Into Aboriginal Deaths in Custody 1991: Adelaide

³ United Nations. United Nations Declaration on the Rights of Indigenous Peoples. 2007; Available from: <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

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