



NORTHERN TERRITORY
***of* AUSTRALIA**

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HANSARD EXTRACT

MINIMUM UNIT PRICING REPEAL

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I support the minimum unit price. I urge the government to consider the other suite of measures. As the Members for Johnston and Araluen highlighted, any kind of action plan involves the local community driving it. It must be local in each and every corner of the Northern Territory, which is not homogenous; community goals and aspirations are different and require local input and foresight.

I also flag that it would be interesting to ascertain the federal Coalition's stance on removing the minimum unit price, given that the federal Opposition Leader has a firm position on alcohol.

It has been said by some people in the Territory that removing this provision is a sad time. Alice Springs will maintain a floor price, but other areas of the Territory will not which is disappointing to see.

I thank all members for a respectful debate.

Dr RAHMAN (Fong Lim): Madam Speaker, a degree of civility has descended on the House, mercifully, in respect of this debate, and there is an aspiration for cooperation in this space. This clearly affects all of us across our electorates, so I will try to honour that and temper what I have to say in that regard. I am confident that somewhere beneath it all we have a shared aspiration to reduce harm in the Northern Territory. There is no doubt that all of us acknowledge that alcohol lies at the root of a lot of problems that we have in the Northern Territory.

At the risk of being a teacher's pet or sycophantic, I am delighted to have heard from the Member for Araluen. I say that on the basis that I may have gotten the most kindred spirit in terms of a rational academic, empirical and/or economic contribution to the debate from somebody who has seen this over a long time horizon. I note that there are other people, like the Member for Gwoja, who similarly have been through various iterations of trying to deal with the vexed issue of alcohol policy and what the right mix is. Unlike the Members for Barkly, Braiting or Katherine, I do not have a nexus to these problems in the electorate I represent in quite the same way. That is the truth of it. I represent a lot of businesses and people who live in fairly affluent suburbs who are not really affected by this issue in a meaningful way. That is all the more reason why I freely admit that this is not my area of subject matter expertise.

I am mindful that I contribute to making a decision here that affects places where alcohol policy, generally speaking, is quite literally life and death. That is why I do what I can with the tools that I have to take the time to look at what the evidence and the data—which we keep bandying around in general terms—actually says.

I am encouraged that since we started sitting in October everybody is upping their game in bringing forward a diversity of opinions. It is clear from today's debate that there is a range of data sources and evidence— anecdotal, empirical, peer-reviewed, weight of testimony, lived experiences, ministers, people who have been in parliament for five terms—and all of that adds up to something. In this regard what it adds up to for me is that there is a lot of uncertainty; nobody has definitive wisdom on how to deal with alcohol policy.

After looking through hundreds of articles and hearing what everyone else has to say, I am clear that the silver bullet is not minimum unit pricing. That is why I am sufficiently satisfied to vote with my government to say that the legislation, essentially, is a straw man; it is not achieving what it was intended to. It may not be doing any harm and it may not be doing any good. It could be doing some harm if you control for other factors, but it is difficult to say.

As everybody in the Chamber freely admits, we are not interested in living in a prohibition state; nor do we think that we would ever raise the minimum unit price to the point that it is punitive on the wider Northern Territory populace. Based on all of that, rather than having some sort of culture war about it or empirical battle about whose data is better than everyone else's data, I will simply point out a couple of bits that tell me getting rid of this is fine. I do not think it will cause any great harm. I am not convinced that it will cause any great good, but I hope we will move towards a more holistic agenda that this government will hopefully lead and work on in partnership with people across the House.

I have reviewed more than 100-odd papers in relation to this. The fact is that they are predominantly about Canada and Scotland. They are the places where people have been genuinely interested in digging under the hood to see whether minimum unit pricing works, under what conditions does it work and what levers need to be controlled and pulled to make it function.

Mercifully, I will not, in the interest of time, cite hundreds of papers today. I will point out, essentially, that the contrary view is the one that is applicable, in my opinion, in this place. Therefore, I will not demonstrate the weight of opinion in defence of my position, because the weight of opinion in the literature is that minimum unit pricing in other jurisdictions has been quite successful in respect of population-level effects. However,

my contention, based on my reading of a lot of data and studies, is that it is simply not the case in this place. I am validated in maintaining that position, not just by the Member for Braitling's on-ground testimony but probably much more so, with no disrespect to him, by the Member for Araluen's testimony in respect of all the different levers we have tried to pull over time.

The recent focus in the literature is always on Scotland because that is where people have invested the most in the debate and where there are the most heavy drinkers drinking concentrated high-proof alcohol. The public health debate is set up in a specific way there.

The nuts and bolts of it is that less than 18 months ago there was plenty of stuff out there. In fairness, some of the critiques put out by the alcohol lobby and industry groups suggest that it was simply not doing any good in Scotland; there is plenty to suggest that. However, there is also plenty to suggest that it was working pretty well at a population level for Scotland. The floor price was set in 2018 at 50p in the UK. That was upped to 65p to adjust for inflation and to continue having the same effect so that a more controlled study could be run. It works there to a certain extent, and as a result the government decided to run with it as a public health policy measure.

However, it did not start yesterday in Scotland. The focus is that this is a policy we grabbed from Scotland a few years ago to try to save us, as though it is a silver bullet. That is simply not true. The truth is that minimum pricing for alcohol was introduced in Ontario, Canada, in I think the 1920s, soon after Prohibition was repealed. This has been around for a long time. Originally, minimum prices were used to stabilise alcohol markets that were operated by government-controlled alcohol monopolies, which was an important source of government revenue at that time. This goes to more than just dealing with problem drinkers; this was a serious economic agenda at one point. Widespread adoption across all Canadian provinces began in the 1990s when there was more evidence to suggest that there was a generalised public health benefit, controlled across population groups.

We only talk about those two countries, whereas a lot of countries have an MUP for spirits but not alcohol more generally. These countries include Armenia, Belarus, Kazakhstan, Kyrgyzstan and Russia, where it has been difficult to evaluate what the unique effects have been owing to multiple policies being enacted at the same time. That is the point I am driving towards. Controlling for the cause and effects is difficult.

I will come to what I think are the best controlled studies in our space in a second. The reason I mentioned that laborious backstory is to explain that if you cannot control for the effect there is no point dying on a hill for this. I am convinced that there is no point dying on a hill for this one measure which I do not think has a statistically significant effect on minimising alcohol-related harm.

There has been considerable interest in evaluating the effects of the MUP in Scotland. As a result, it was introduced in Wales in March 2020 and in the Republic of Ireland in January 2022. It has stalled in the UK because people are not convinced that it might not disproportionately punitively affect one group of people without fulfilling its stated aim. That is the real challenge: how do you put something in place to be effective as a policy? The MUP is also under discussion in Northern Ireland, and it has not been implemented in England. Even in South Africa, which is not a vanguard jurisdiction for trying to do this kind of work, there has been modelling to work out whether it will help to reduce the number of heavy, problematic, chronic alcoholic-class drinkers.

Most of these places have not gone ahead with it. Most of the time it is because nobody is willing to bite the bullet on pricing this so high as to cause a significant disincentive to drinking.

I am trying to be civil in this debate. My contention is that there has never been a serious effort to use the MUP to reduce alcohol-related crime or problem drinking—\$1.50 was always a very low target, even when it was introduced initially. The Labor government had its opportunity to fight for this as a matter of principle a long time ago. If it wanted to burn its political capital on pricing it extremely high and causing population-level effects to reduce alcohol consumption in the Northern Territory it could have, but Labor chose not to.

We have been stuck with a policy that is in no-man's land and does very little other than to basically punish the populace without delivering anything back into the rehabilitation or restorative space. The money from this mark-up does not go back into the health system; it just goes into retailers' pockets. We are not pricing anyone out of the market. Everyone gets it. No-one has more credibility making that argument than—again, I do not want to seem like a teacher's pet—the Member for Araluen, who simply pointed out that people have the means to purchase at this price point. I cannot speak for the government in totality, but I cannot see any

version of a future where we make the minimum unit price \$10, so on that basis this is largely a moot argument.

There is a litany of research regarding this matter. I had a look at 250-odd papers and did the best I could to make some sense of it. I did not read them all cover to cover, but one of the best sources to get information about this is the *British Medical Journal* (BMJ). There is a tonne of stuff about minimum unit pricing, and there has been over a range of years.

I would not cite hundreds of articles, but I will point out one. It is an article from last year, published in the *British Medical Journal*, by Anderson et al titled 'Minimum unit pricing for alcohol saves lives, so why is not implemented more widely?' I am not shooting myself in the foot—relax. I am letting you know that there is stuff out there saying that this works just fine in some other places, but the point I am making is that it is not working in our jurisdiction. The key argument that these authors—whom I have no bone to pick with otherwise—make is:

... two major counter arguments impede wider rollout. The first argument is that MUP will not affect the intended target group—people who are very heavy drinkers and who might be dependent on alcohol—and might disproportionately penalise those with lower incomes, including those who are lighter drinkers. The second argument is that MUP might lead to increased production and consumption of illicit alcohol, particularly in low income settings.

They are the arguments posited for why this is not more widely rolled out. This article goes on to make the case for those two contentions not being true in the context of the spaces that they are working in. The irony is that it is those two arguments that prove why this is not worth maintaining in this place. That is exactly what happens here. We are punishing the majority for the sins of the minority without affecting the people who are most in need of help.

This is a straw man policy. We can all, with a clear conscience, get rid of it and move towards a better future where we cooperatively work under the auspices of this government to try to come up with a better set of ideas for how to manage alcohol policy.

We heard some sensible things bandied around. I maintain that I am not a subject matter expert in this area; I cannot say with clarity what will and what will not work. However, I am compelled by what I hear across the floor. There must be a better consensus position with which to move forward.

I have consistently maintained that context matters. That is the thing. Drawing random bits of this to defend my weak position here and drawing a bit of that is not helping us to progress the debate in respect to anything. We will keep having to face tough discussions about tough areas, over the next few days no less. If we consistently cling to the crappiest one-line bit of data that we have to justify a position, we will go nowhere.

I do not want to foreshadow the debate that is coming, but we are doing our best to be tough on crime, to reduce crime and to restore confidence, safety and security in the Northern Territory. That has necessarily had a knock-on effect for Corrections and the justice system. We must do something about that; we cannot be wilfully blind to it. I am not foreshadowing debate; I am simply saying that when we have these arguments more generally we need to start thinking holistically about how to solve problems rather than figuring out how to shoot down a line of argument based on one line item of data. We will not move forward in the Northern Territory to solve any problems unless we can have a more mature debate. I welcome that we are bringing in information, but let us be specific about it and agree to disagree rather than simply say, 'Your data is garbage or my data is superior'.

The most compelling evidence in this space suggests to me that MUP has not worked well. It is not that MUP never works—it works in some places—it is just that it does not always work. I argue that it has not worked here.

This is not a new argument I am making. On 22 October I spoke in this Chamber on the matter of public importance in relation to domestic, family and sexual violence. In that debate I shared with all of you a small portion of what I learnt when preparing for what we debated in October. I will not reiterate it with specificity, but I will flag it again. I raised recurrently the need to be mindful of expert evidence with specificity, rather than in generalised terms.

There were two articles I pointed out that day, both by Sarah Clifford et al 2024. Sarah Clifford is based at the Menzies School of Health. The articles were from the *International Journal of Drug Policy* and the *Drug and Alcohol Review*. One was called 'What are the impacts of alcohol supply reduction measures on

police-recorded adult domestic and family violence in the Northern Territory of Australia?’ and the second was called ‘Police-recorded adult sexual assault in the Northern Territory, Australia: Alcohol involvement and alcohol policy effects’. I cited them because they are recent and geographically specific to the place we are in; they are not about what is happening in Scandinavia, Timbuktu or Aberdeen. The contributing authors have real skin in the game where we are and they are associated with the core bodies we are trying to work with, like the Menzies School of Health Research.

I sought hard that day—I say this with sincerity—to avoid cherrypicking data selectively to distort the argument or the totality of the work. Instead, I spoke to the parameters of the studies and their conclusions by using specific quotes I read in totality from the abstracts and conclusions. I encourage you to look at it again.

Now I am paraphrasing, to be clear. Those journal articles suggested that when you controlled for everything, the only thing that probably had a statistically significant impact was PALIs. I do not have the lived experience to support that, but it seems like police auxiliaries—which the Members for Braintree and Araluen maintain are the most effective tool we have had in this space for a number of years—statistically speaking in a controlled study with proper rigour, had the greatest impact. It is not that MUP could not have more of an impact or that the Banned Drinker Register might not be part of the solution; the whole point about it is that we cannot hitch our star to a single wagon. That is where we are going wrong with a lot of these debates.

If we are to have evidence-based strategies going forward—evidence-based means something specific as well—we have to be clear that what has been done over the last eight years in particular, but even longer than that, does not have strong evidentiary support. The package in totality of the previous government’s alcohol harm minimisation legislation has not amounted to statistically significant improvement in most spaces. We can isolate singular pockets of improvement, but we cannot find definitively, overarching and overall ‘this is definitely the thing that is working; we cannot afford to lose this’. It is not there, so we must come up with something better.

I hear lots of reasonable ideas. I would like us to talk about them, in whatever context introduced by whoever as a notice or Bill, and come up with a coordinated plan and strategy for that going forward. I genuinely think it may be the one issue that we all are bound by; it is the case that we cannot avoid talking about alcohol and alcohol policy in this place.

There is no strong evidentiary support for what has been done for a while, no matter what our intuitive or anecdotal feeling. That is a problem with some of what has been presented, with respect, by the opposition and the crossbenchers. Intuitively it seems a good idea to put in place a minimum unit price and that it might work here based on it having worked well elsewhere, but it is just intuition. It is not a substantive evidence-based proposition or it is, at minimum, a contestable proposition. If I had to fight for arms of alcohol policy, I would fight the least hard for this one because it is clear, based on the controlled evidence, that it is the weakest statistically, anecdotally and empirically. I have no problem supporting its repeal.

I will not descend to unduly politicising the debate, because as the preceding speaker pointed out it has been a civil and constructive debate, and it is one that we will return to. I note, though, the idea that the pricing put in place by the previous government was ‘fair and equitable’ is disingenuous; I disagree with that proposition. It was weak and a token effort at best.

If we wanted to use minimum unit pricing as a policy mechanism to genuinely influence population-level effects as well as the problems for seriously chronic alcoholic-level drinkers, the price would have been much higher a long time ago. Spare me the arguments that once we remove this the ceiling will fall in. I do not believe that will happen.

Having said that, I respect that people are fighting for this, in no small part because they want to reduce harm and they want to do good. I believe that is a shared aspiration of all of us in this place, so let us come up with a better set of strategies to band behind, because I do not believe minimum unit pricing is the strategy we all need to get behind. Internationally, the strongest support indicates population-level effects, but I am happy to say that in my assessment the evidence is unclear at best as to whether MUP substantively assists chronic and heavy drinkers.

In sum, we need to address alcohol policy in context-specific ways. That is the language I am using for what other members have expressed in relation to local solutions, community solutions, working with people on the ground and working with people in community. Context specificity is what will take us forward in this regard, because we need to think about the people in our jurisdiction who have a problem with alcohol, their

specific preconditions and how they behave as economic agents, rather than relying on what happened on the other side of the world and assuming it will work here.

I believe that the CLP is genuinely committed to constructively moving forward in this space. I encourage all of us to think about how to make constructive contributions to debates on alcohol policy.

On the basis of all that, I am happy to commend this Bill to the Assembly.

Mr KERLE (Blain): Madam Speaker, I will not keep you long. I do not have a lot to add, but it is important that I add it.

There has been a lot of talk by those opposite about evidence, academics and research papers. They tell us to listen to the experts. I have said it before and I will say it again: the experts I listen to are the good people of Blain. They tell me, and I have seen it with my own eyes, that before the minimum unit price—the floor price—was brought in by the previous government, the containers discarded by problem drinkers around Palmerston were broadly cans and the silver balloons from cask wine. Since that came in, it has changed; it is now stubbies and spirit bottles.

These often become weapons late at night, which then prompts some of the people drinking in parks, as they tell me, to smash those bottles so that they cannot be used against them later that night. This means that the people of Blain cannot take their kids out on the footpath without shoes. People must make sure they have their shoes on because there is broken glass everywhere. There are hotspots that are much worse than others. This goes onto our council rates because the council must get a streetsweeper to sweep up all the broken glass, which adds more costs to ordinary taxpayers.

There is a lot to be said in the space of dealing with problem drinkers. I thank the Member for Gwoja for bringing up the Living With Alcohol Program which, by and large, in a bipartisan way and in research is acknowledged as a successful program. It would be great if the federal government would allow us to excise alcohol so that we could maybe have another crack at it.

If there was an excise on alcohol and the funds were directly allocated towards helping problem drinkers, like the Living With Alcohol Program did, that would be great. That is not what the minimum unit price did. The increase in prices went straight into alcohol providers' pockets; it did no good for the community in that way.

I recommend that those opposite speak to their federal counterparts and ask them to come to the table with the Chief Minister's seven-point request. I thank the Prime Minister for acceding to the CASA regulation request, but it is critical that the federal government starts accepting our referrals for income management.

I see a lot of people in my electorate who struggle to resist the allure of alcohol instead of putting food on the table for their kids, buying clothes for their kids and making sure their kids get to school; they end up just drinking their payments. If we can put people who have a problem with drinking on income management plans and quarantine their income, there would be a better chance that they would use that money to feed their families.

These kids are going hungry. I deliver sandwiches to the schools. Woodroffe Primary School has a regular breakfast program because the kids come to school hungry. If a kid comes to school hungry, they are not focused on learning. It is a simple fact.

There are a lot of different parts to this. People in my electorate have not seen evidence that the minimum unit price had any real effect. We need places to put people who drink, consequences for public drinking and income management and a health response for problem drinkers. I eagerly anticipate our alcohol treatment plan, which will come out later this year, that will deal with the problem drinkers directly and not punish the rest of society for the sins of a few.

Let us get the broken glass off our streets. Let us deal with the problem where it lies.

I commend this Bill to the Assembly.

Ms BOOTHBY (Tourism and Hospitality)(in reply): Madam Speaker, I thank all the speakers who have contributed to the debate on this legislation. To the members who requested a briefing, which was all the CLP backbench and the Member for Johnston, thank you for having a briefing with me today.