

**Submission- Dr Maud Mussared December 2025**  
**Northern Territory Liquor Commission Notice of Proposed Variation of Licence Conditions**

I commend the work of the Liquor Commission in addressing alcohol related harm in the Alice Springs community by reviewing the license conditions as part of the Northern Territory Liquor Commission (Commission) Notice of Proposed Variation of Licence Conditions (Notice) dated 20 November 2025.

This submission is made in my personal capacity as a medical doctor with an interest in public health. It is based on my work experience and my review of public health evidence relating to this matter, as well as conversations with the broader Alice Springs community.

Variation 1 - Full-strength alcohol only with a full meal

I support in full the first condition that, between 1130 and 1500 hours on Wednesdays, Thursdays and Fridays, full-strength liquor must not be supplied, sold, served or consumed on the premises except when served with a full meal.

Variation 2 - On-premises identification system

I support this proposed condition variation in part.

I suspect that measure is likely to deter and prevent some banned drinkers who are currently unable to purchase takeaway liquor from circumventing the Banned Drinking Register (BDR) by drinking on premises. In my opinion, this is in the community's interest and is in line with the recommendations of Coroner Armitage in *Inquests into the deaths of Miss Yunupiju, Ngeygo Ragurrk, Kumarn Rubuntja and Kumanjayi Haywood* [2024] NTLC 14. I also note that her Honour's calls for a government mandated 12 month trial of BDR scanners in licensed premises have not been heeded.

Regarding the proposed condition requiring licensees to establish an on-premises identification system, there is some ambiguity regarding whether facial scanning is proposed. If facial scanning is proposed, I do not support that component.

Justification for that measure, which exceeds steps taken to screen for alcohol prohibitions at takeaway outlets, is not contained in the Notice. The technology utilised for facial scanning is not mentioned in the Notice. In circumstances where Facial Recognition Technology (FRT) may be used, I have concerns for the privacy of affected community members. FRT involves the collection of a digital image of an individual's face and the extraction of their distinct features into a biometric template which is considered "sensitive information" under the *Privacy Act 1988* (Cth). FRT must only be used when it is necessary and proportionate and where the purpose cannot be reasonably achieved through a less privacy intrusive means. Moreover, if FRT is used, organisations must take reasonable steps to protect personal information they hold from misuse, interference and loss, as well as unauthorised access, modification and disclosure. Without sufficient information about the type of technology proposed for facial scanning, or the justification for its use under the proposed licence variation, I do not support it.

### Variation 3 - Practices relating to disturbances

Regarding the third variation, the ambiguity is such that I cannot support this variation in its current form. Requiring licensees to take “reasonable steps” to prevent offence, annoyance, disturbance, noise etc confers a large degree of discretionary power and obligation to an unspecified group of staff or contractors whose level of training is not known or specified.

In particular, the language in this recommendation “refuse service to any person who it is reasonably believed has engaged in violent, quarrelsome or disorderly behaviour in the vicinity of the premises within the last 12 months..” opens up a pathway for profiling and discriminatory behaviour. In light of the addition of on premises screening, this confers little benefit but carries potential for harm.

Thank you for your consideration and thank you for this important work to improve the safety of all people in this community. I would like my submission to also reflect the importance of collaboration and consultation with First Nations organisations, those with lived experience of alcohol use disorder and alcohol related harm, and public health research organisations.