

**Cancer Council NSW submission to the Australian National
Preventive Health Agency
Alcohol advertising: the effectiveness of current regulatory codes
in addressing community concerns**

February 2013

Introduction

Cancer Council NSW's vision is 'cancer defeated'. Our mission is to defeat cancer by engaging the community. Cancer Council NSW focuses on cancer research, prevention programs, advocacy, and providing information and support for people affected by cancer. Cancer Council NSW seeks to promote simple, consumer-friendly messages to assist Australians to make healthier choices. Cancer Council NSW has developed a series of evidence-based recommendations aimed at preventing cancer at the population level, and one of these is limiting alcohol consumption.

Alcohol increases cancer risk, and is responsible for about 5,070 cases of cancer in Australia each year.¹ Cancer Council NSW supports evidence-based action to reshape Australian social attitudes towards drinking, and to reduce the burden of morbidity and mortality caused by alcohol use.¹

Cancer Council NSW is a member of the NSW/ACT Alcohol Policy Alliance (NAAPA), and as such supports the adoption of the three policy priorities – reducing alcohol availability; consistent alcohol pricing and reducing promotion of alcohol; and increasing community engagement in alcohol solutions.

We welcome the opportunity to comment on the Australian National Preventive Health Agency's issues paper entitled *Alcohol advertising: the effectiveness of current regulatory codes in addressing community concerns*. Given our extensive research into the effectiveness of other self-regulatory advertising codes, we are well placed to assess the efficacy of the current alcohol advertising self-regulatory system in Australia.

In summary, Cancer Council NSW recommends that the Federal Government assume full responsibility for the regulation of alcohol advertising in Australia, and that the advertising codes should be administered by an independent body with the power to monitor, investigate and penalise breaches of the code. In the absence of this, alcohol regulations should be strengthened by:

- Amending the regulation of alcohol advertising to encompass advertising placement and not just content of the advertisements;
- Expanding regulation so that compliance is mandatory for all aspects of the alcohol industry, including independent producers and the retail sector;
- Abolishing the exception that allows alcohol to be advertised during live sporting events;
- Introducing regulations to stop alcohol companies from sponsoring sporting and cultural events popular with children and young people;
- Introducing regulations to prevent alcohol companies from sponsoring amateur sporting clubs who have underage members or teams;
- Ensuring that any alcohol advertising code includes a clause that relates to the drinking culture, in terms of not allowing advertisements and promotions that normalise frequent and excessive alcohol consumption;

- Reviewing the membership of the Alcohol Beverages Advertising (and Packaging) Code (ABAC) management committee to ensure that members are independent of the alcohol industry; and
- Including a minimum of one public health representative on the management committee of the ABAC Scheme.

Background

The International Agency for Research on Cancer (IARC) classifies alcohol as a known human carcinogen.² There is convincing evidence (IARC's strongest evidence classification level) that alcohol causes cancers of the mouth, throat, larynx, oesophagus, bowel, liver and breast.^{2,3} Cancer risk increases linearly with the amount of alcohol consumed, and there is no 'safe' level of alcohol consumption when it comes to cancer risk.^{3,4} All types of alcohol increase cancer risk,^{2,4} and although alcohol plays a role in preventing some types of chronic disease, the proportion of the total burden of disease that alcohol prevents (0.9%) is outweighed by the proportion that it causes (3.2%).⁵ Cancer Council NSW recommends that to reduce cancer risk, people limit their consumption of alcohol, or better still, avoid alcohol altogether.¹

Projections indicate that cancer incidence will be 44% higher in 2021 than it was in 2006.⁶ Cancers of the bowel and breast, both linked to alcohol, are the second and third most common cancers in NSW.⁶

The National Health and Medical Research Council (NHMRC) Australian Guidelines to Reduce Health Risks from Drinking Alcohol advise that for under 18-year-olds, and particularly children under 15 years, not drinking at all is the safest option.⁷ For 15 to 17-year olds, initiation of drinking should be delayed for as long as possible.⁷ Yet the NSW School Students Health Behaviours Survey in 2008 found that 90% of 16 to 17-year-olds and 72% of 12 to 15-year-olds had already consumed alcohol.⁸ More than half of those aged 16 to 17 years and a quarter of those aged 12 to 15 years had consumed alcohol within the previous month.⁸

Children are a vulnerable audience for advertising, with research showing that many children are not able to recognise advertising's persuasive intent, even once they reach high school age.⁹ Australian adolescents are more likely to want to try different types of alcohol after they have been exposed to alcohol advertisements.¹⁰ As Australian alcohol advertisements typically link alcohol consumption with positive messages of fun, friendship and social situations,¹¹ their likely appeal to children and/or adolescents is of concern.

The National Preventive Health Taskforce recommended that the Federal Government prioritise addressing the cultural place of alcohol in Australian society, including the restriction of alcohol marketing.¹² However, the current quasi-regulatory approach in Australia, as enacted in the Alcohol Beverages Advertising (and Packaging) Code (ABAC) Scheme, has a number of loopholes that can be exploited by alcohol advertisers. In addition, neither the adjudication nor management committees of the ABAC Scheme have the jurisdiction to enforce penalties for upheld complaints, limiting the Scheme's effectiveness. An alternative alcohol review body, the Alcohol Advertising Review Board (AARB) is another independent scheme implemented to monitor alcohol advertising. The AARB was established by the McCusker Centre for Action on Alcohol and Youth and Cancer Council WA to independently review alcohol advertising and encourage effective regulation of alcohol advertising. However, like ABAC, the AARB has no jurisdiction to enforce penalties.

The majority of the Australian public (64%) support restrictions on the television advertising of alcohol before 8.30pm every day.¹³ This shows that enforcing stricter regulations in television advertising is likely to be a popular policy option for reducing alcohol consumption. Additionally, alcohol restrictions are a demonstrated cost-effective strategy to reduce the preventable costs of alcohol use in Australia.¹⁴

Alcohol advertising and marketing affects not only the type of alcohol young people choose to drink, but it also shapes many aspects of the cultural context surrounding alcohol consumption, including their opinions on alcohol, how much they choose to drink, how early they start drinking and where they choose to drink.¹⁵ Considering these influences on young people and the role advertising has in shaping the drinking culture and promoting safer alcohol consumption, Cancer Council NSW believes that alcohol advertising should be regulated strongly to reduce alcohol's impact on young people.

Effectiveness of current regulations

Examples of where alcohol advertising regulation works effectively or otherwise

Despite a lack of conclusive evidence that advertising regulations are effective in reducing alcohol consumption, there is evidence that advertising restrictions have been effective in enhancing other public health outcomes. Tobacco advertising bans have been shown to reduce both the prevalence and incidence of tobacco smoking, by denormalising the behaviour and reducing smoking initiation rates.¹⁶ Australia is recognised as a leader in tobacco control, and introduced some of the earliest and most stringent bans.¹⁶ As a result of these and other control measures, smoking prevalence in Australia is among the lowest worldwide.¹⁷ The demonstrated changes in social norms aided by advertising restrictions warrants government action in the alcohol field.

There is international evidence that regulation of unhealthy food advertising has been effective. In Quebec, Canada, advertising to children under 13 years of age is banned under the Quebec Consumer Protection Act.¹⁸ Under this law, products such as toys and unhealthy food cannot be advertised in any media targeting children.¹⁸ Research has shown that Quebec children are less likely to purchase fast food than comparison children in neighbouring Ontario, where the ban is not in place.¹⁸ Further, researchers found that this effect of reduced consumption persists into adolescence.¹⁸

In 2006 the UK Government introduced regulations to prevent high fat, sugar and salt foods from being advertised during children's television programs and in programs with high levels of children watching.¹⁹ These restrictions reduced the number of high fat, sugar and salt food advertisements that children were exposed to by 37%, and up to 52% in young children only watching children's programs.¹⁹

In South Korea, the introduction of the *Special Act* in 2010 banned the airing of television advertisements for energy dense nutrient poor foods during children's programs and peak viewing times.²⁰ These restrictions have led to a significant decrease in the amount of energy dense nutrient poor food advertisements on Korean television, during both regulated and non-regulated times; subsequently reducing children's exposure to unhealthy food television advertisements.²⁰

It is reasonable to assume that a restriction of alcohol advertising would have a similar effect to the regulation of tobacco or unhealthy food advertising. The potential additional benefit of denormalising regular or excessive alcohol consumption is another reason why Cancer Council NSW believes the regulation of alcohol advertising should be enforced.

How effective is current alcohol advertising regulation in Australia in reducing the exposure of alcohol advertising/marketing to children and young people?

At present, the quasi-regulatory system is not effective in reducing the exposure of children and young people to alcohol advertising and marketing, as it covers only the content of advertisements and not the placement of advertisements. About half of all alcohol advertising on television in Australian capital cities occurred during children's peak viewing times (between 7.00-9.00am and 3.30-10.30pm weekdays, and 7.30-10.30am and 3.30-10.30pm weekends), and promoted alcohol consumption as a fun, social and inexpensive activity.¹¹ This demonstrates the ineffectiveness of the current regulations in reducing children's exposure to alcohol advertisements, and highlights this particular loophole in the ABAC Scheme.

Currently, the ABAC Scheme does not cover all aspects of the alcohol industry. As such not all companies that market alcoholic products likely to be popular with young people, such as the Independent Distillers Group (who manufacture Vodka Cruiser and Woodstock Bourbon, for example) and retailers such as bottle shops are not signatories to the ABAC Scheme and therefore do not have to comply with the Code.

The voluntary nature of the ABAC Scheme limits its effectiveness. As noted in the Issues Paper, the ABAC Scheme is not underpinned by legislation and has no power to enforce penalties.²¹ Therefore there is no onus on industry members to adhere to the Code, limiting its strength in preventing children's exposure to alcohol advertising.

According to the ABAC Scheme, the average length of time for a determination to be reached is 25 business days.²² However, advertising campaigns can be run in shorter timeframes than this, meaning the campaign may have run and ended before the ABAC Scheme has come to a determination, or at least ran for a few weeks, increasing children's exposure to the campaign. As such, the complaints process is not effective in keeping up with the fast pace of the advertising industry, and is not responsive to consumer concerns.

Despite the existence of the self-regulatory code many alcohol advertisements that are cleared for broadcast by ABAC promote pro-drinking messages to the public.¹² These positive messages foster the normalisation of regular alcohol consumption, and highlight a deficiency in the alcohol advertising code.

A government review of the ABAC Scheme in 2003 found that consumers were unaware of the alcohol advertising complaints resolution system and how to complain,²³ and a recent survey found that only 4% of Australians knew who to complain to about alcohol advertisements.¹³ This is reflected in the number of complaints received and reviewed by the ABAC Scheme each year. According to the ABAC 2011 Annual Report, only 119 complaints were received within the year, of which 63 were considered by the ABAC Adjudicating Committee.²² This demonstrates that the public is not aware of the ABAC process and may not be lodging complaints for this reason. Of the complaints that are lodged, a high proportion are dismissed.²² This may reduce consumer confidence in the system,¹² further limiting the ABAC Scheme's effectiveness.

Scope of regulations

Are there any areas in which the scope of alcohol related advertising regulations should be broadened?

Cancer Council NSW is firmly of the view that the quasi-regulatory alcohol advertising system is ineffective in preventing alcohol advertising to children and young people, as they are still being exposed to high levels of alcohol advertising. Ideally, alcohol advertising

should be regulated by the Federal Government, and compliance with the advertising codes should be administered by an independent body with the power to monitor, investigate and penalise breaches of the code. In the absence of this, there are a range of areas where the existing code could be strengthened and expanded to ensure children and young people are not exposed to excessive alcohol advertising and to prevent alcohol from being linked to positive leisure activities, such as sport or cultural events.

Currently the Commercial Television Industry Code of Practice only allows alcohol advertising in M, MA and AV classified programs, with the exception of live broadcasts of sporting events.²⁴ This means that the large numbers of children who view live sporting events are exposed to many alcohol advertisements during these events.²⁵ Alcohol sponsorship of and advertising during live sporting events frames alcohol companies as good corporate citizens for supporting sporting organisations, and links alcohol consumption with an active lifestyle through sport.¹⁵ This exception should be abolished to prevent alcohol advertising during televised sport when large numbers of children will be watching. This will reduce children's exposure to alcohol advertising and lessen the association between alcohol, sport and a healthy lifestyle.

Sponsorship of amateur sport is another area not covered by the current ABAC Scheme. Sponsorship of amateur sport entrenches a drinking culture in an otherwise healthy pursuit.¹⁵ A survey of parents found that most did not consider alcohol companies or businesses that served alcohol to be appropriate sponsors for children's sport.²⁶ Sporting officials and parents also supported restrictions on alcohol sponsorship of sports clubs.²⁶ Additionally, many elite Australian athletes do not agree with the promotion of unhealthy products in sport or by sportspeople.²⁷ Considering the community support for such restrictions, alcohol companies should be restricted from sponsoring amateur sports clubs, especially those with underage teams or players.

The National Preventive Health Taskforce recommended that the marketing of alcohol should be restricted as a means of addressing the cultural place of alcohol in Australian society.¹² Specifically, the Taskforce recommended curbing the sponsorship of sporting and cultural events by alcohol companies.¹² Recent research shows that children absorb alcohol advertising,²⁸ and sponsorships of cultural activities effectively link alcohol with positive emotions and having a good time.¹⁵ Preventing the sponsorship of sporting and cultural events popular with children and young people should be a priority for the government.

A criticism of the ABAC Scheme is that it does not cover new media, including social media, mobile device applications (apps) or digital marketing via websites or emails. This is especially concerning as technology is developing rapidly and children and young people are using these technologies at increasingly younger ages.²⁹ To prevent alcohol companies from redirecting their marketing from traditional marketing media such as television and radio advertising to new media, regulations encompassing all media should be introduced.

Finally, there are discrepancies in the Liquor Acts of various states. For example, in Queensland under the *Liquor Act 1992*, competitions and promotions that encourage rapid consumption of alcohol, drinking to excess or intoxication are banned.³⁰ These regulations should be introduced at a national level, or the state legislations should be aligned to ensure consistency and prevent promotion of excessive consumption.

Cancer Council NSW recommends:

Alcohol advertising should be regulated by the Federal Government, and the advertising codes should be administered by an independent body with the power to monitor, investigate and penalise breaches of the code. In the absence of this, alcohol regulations should be strengthened by:

- Amending the regulation of alcohol advertising to encompass advertising placement and not just content of the advertisements;
- Expanding regulation so that compliance is mandatory for all aspects of the alcohol industry, including independent producers and the retail sector;
- Abolishing the exception that allows alcohol to be advertised during live sporting events;
- Introducing regulations to stop alcohol companies from sponsoring sporting and cultural events popular with children and young people; and
- Introducing regulations to prevent alcohol companies from sponsoring amateur sporting clubs who have underage members or teams.

What are the practicalities involved in whether a more expanded scheme can self-regulate effectively?

Cancer Council NSW is firmly of the view that the current self-regulatory approach to alcohol advertising is ineffective in preventing alcohol advertising to young people. As demonstrated by the failures of tobacco¹⁶ and unhealthy food marketing self-regulations,³¹ and the competing goals of the industry and public health,³² we recommend that alcohol advertising should be regulated by the Federal Government, and the advertising code administrator should be an independent body with the power to monitor, investigate and penalise breaches of the code.

Management of regulations

Are the current management arrangements appropriate for managing a code and associated regulations an issue of significant social concern? Why/why not?

Currently the management committee of the ABAC Scheme is dominated by members of the three alcohol industry peak bodies and the Communications Council. This is not a suitably independent management committee and therefore its membership should be reviewed. This will ensure the public can be confident that management of the code is truly independent and does not have vested interests in the outcome of complaints.

Another matter of concern is the lack of genuine public health representation on the management committee. Public health representation should occur at the management level as well as the inclusion on each adjudication.

Cancer Council NSW recommends:

That the membership of the ABAC Scheme management committee be reviewed to ensure that members are independent of the alcohol industry.

That a minimum of two public health representatives be included on the management committee of the ABAC Scheme.

Are the public health inputs and considerations sufficient? Why/why not?

Although it is positive that a public health representative must be involved with all advertising adjudications, there is no representative of the public health community on the management committee. Further, the public health personnel who are involved in the adjudication panel

are not listed on the ABAC website (as are the other panel members). This shows a lack of transparency in the adjudication process.

It can be argued that the entire ABAC Scheme does not sufficiently address public health considerations as it fails to address the aforementioned limitations. To reduce the harms associated with alcohol advertising and promotion, the Federal Government should assume responsibility of regulating alcohol advertising.

Currently, the ABAC Scheme does not consider issues relating to the drinking culture in Australia, in particular concerns about normalising frequent and excessive alcohol consumption. As a result, this particular public health consideration is not sufficiently addressed in the ABAC Scheme.

Cancer Council NSW recommends:

That any revised alcohol advertising codes include a clause that relates to the drinking culture, in terms of not allowing advertisements and promotions that normalise frequent and excessive alcohol consumption.

Other related matters

What other aspects of the alcohol advertising regulations in Australia are critical to consider?

Cancer Council NSW believes that increased restrictions on where, when and how alcohol can be advertised would greatly reduce the impact of any alcohol promotions and the associated harms to the community.

Apart from the influence of alcohol advertising on social norms, including young people's future drinking habits and the alcohol culture in Australia, other health costs associated with alcohol consumption should be considered. The financial cost of the entirely preventable burden of disease and injury from alcohol was estimated at \$15.3 billion in 2004-05.³³ This is an underestimate because it was calculated before research confirmed that alcohol also contributes to bowel cancer, the second most common cancer in Australia,^{34,35}. Stronger regulation of alcohol advertising is highly likely to be a cost-effective intervention to offset some of these costs.

Conclusion

Alcohol advertising is an important issue to Cancer Council NSW as the evidence is convincing that alcohol is a risk factor for cancer.² The alcohol industry's goal to increase consumption to achieve greater market share is at odds with public health goals of reducing health and social issues by decreasing alcohol consumption.³² Consequently, self-regulation of alcohol advertising and marketing has been unsuccessful and clearly requires government action.

Cancer Council NSW supports stronger regulation of alcohol advertising and marketing that influences or appeals to children and young people. Our position is based on evidence that cancer risk increases with alcohol consumption, that earlier and heavier alcohol use in adolescence increases consumption in later life, and that regulations restricting alcohol availability are effective in reducing adolescents' alcohol use. In addition, the benefits of addressing the existing excess drinking culture cannot be overlooked.

All parts of the Australian community, including government should facilitate and support young people to make healthy choices. Enforcing measures that restrict advertising of

alcohol has great potential to positively influence the drinking culture and reduce alcohol consumption.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

References

- (1) Winstanley MH, Pratt IS, Chapman K, Griffin HJ, Croager EJ, Olver IN et al. Alcohol and cancer: a position statement from Cancer Council Australia. *Med J Aust* 2011; 194(9):479-482.
- (2) International Agency for Research on Cancer. Monographs on the evaluation of carcinogenic risks to humans: alcohol drinking. Lyon: IARC, 1988.
- (3) International Agency for Research on Cancer. Monographs on the evaluation of carcinogenic risks to humans: alcoholic beverage consumption and ethyl carbamate (urethane). Lyon: IARC, 2007.
- (4) World Cancer Research Fund and American Institute for Cancer Research. Food, nutrition, physical activity and the prevention of cancer: a global perspective. Washington DC: AICR, 2007.
- (5) Begg S, Vos T, Barker B, and et al. The burden of disease and injury in Australia 2003. 2007 [cited 2011]; Available from: <http://www.aihw.gov.au/publication-detail/?id=6442467990>
- (6) Cancer Institute NSW. Cancer incidence and mortality: projections 2011 to 2021. 2011. Sydney, Australia, Cancer Institute NSW. 3-7-2012.
- (7) National Health and Medical Research Council. Australian guidelines to reduce health risks from drinking alcohol. 2009. Canberra, Australia, National Health and Medical Research Council.
- (8) Centre for Epidemiology and Research. New South Wales School Students Health Behaviours Survey. 2009. Sydney, Australia, NSW Department of Health. 3-7-2012.
- (9) Carter OB, Patterson LJ, Donovan RJ, Ewing MT, Roberts CM. Children's understanding of the selling versus persuasive intent of junk food advertising: implications for regulation. *Soc Sci Med* 2011; 72(6):962-968.
- (10) Jones SC, Gregory P, Munro G. Adolescent and young adult perceptions of Australian alcohol advertisements. *Journal of Substance Use* 2009; 14(6):335-352.
- (11) Pettigrew S, Roberts M, Pescud M, Chapman K, Quester P, Miller C. The extent and nature of alcohol advertising on Australian television. *Drug Alcohol Rev* 2012; 31(6):797-802.
- (12) National Preventative Health Taskforce. Australia: The healthiest country by 2020. National Preventative Health Strategy - the roadmap for action. 2009. Canberra, Commonwealth of Australia.
- (13) Foundation for Alcohol Research and Education. Annual Alcohol Poll: Attitudes and Behaviours. 2012. Canberra, Australia, Foundation for Alcohol Research and Education.
- (14) Collins D, Lapsley H. The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol. National

- Drug Strategy Monograph No. 70. 2008. Canberra, Australia, Department of Health and Ageing.
- (15) Roche AM, Bywood PT, Borlagdan J, Lunnay B, Freeman T, Lawton L et al. Young people and alcohol - the role of cultural influences. 2007. Adelaide, National Centre for Education and Training on Addiction. 30-1-2013.
 - (16) Scollo, M. and Winstanley, M. Tobacco in Australia - Facts and issues. 2012 [cited 21-1-2013]; (4th) Available from: <http://www.tobaccoinaustralia.org.au/>
 - (17) Organisation for Economic Cooperation and Development. Health at a Glance 2011: OECD Indicators. 2011 [cited 21-1-2013];
 - (18) Dhar T, Baylis K. Fast-food consumption and the ban on advertising targeting children: The Quebec experience. *Journal of Marketing Research* 2011; 48(5):799-813.
 - (19) Office of Communications (Ofcom). HFSS advertising restrictions: Final Review. 26-7-2010 [cited 31-7-2012]; Available from: <http://stakeholders.ofcom.org.uk/binaries/research/tv-research/hfss-review-final.pdf>
 - (20) Kim S, Lee Y, Yoon J, Choung SJ, Lee SK, Kim H. Restriction of television food advertising in South Korea: impact on advertising of food companies. *Health Promotion International* 2012; Article In Press.
 - (21) Australian National Preventative Health Agency. Alcohol advertising: the effectiveness of current regulatory codes in addressing community concerns. Issues Paper. 2012. Canberra, Australian National Preventative Health Agency. 31-1-2013.
 - (22) Management Committee of the ABAC Scheme. The ABAC Scheme Annual Report 2011. 2011. Adelaide, The ABAC Scheme. 31-1-2013.
 - (23) National Committee for the Review of Alcohol Advertising. Review of the Self-Regulatory System for Alcohol Advertising. 2003. Melbourne, Government of Victoria Department of Human Services. 1-2-2013.
 - (24) Australian Communications and Media Authority. Commercial Television Industry Code of Practice 2010. 2010.
 - (25) Sherriff J, Griffith D, Daube M. Cricket: notching up runs for food and alcohol companies? *Australian and New Zealand Journal of Public Health* 2010; 34(1):19-23.
 - (26) Kelly B, Baur LA, Bauman AE, King L, Chapman K, Smith BJ. Restricting unhealthy food sponsorship: attitudes of the sporting community. *Health Policy* 2012; 104(3):288-295.
 - (27) Grunseit AC, MacNiven R, Orr R, Grassmayr M, Kelly B, Davies D et al. Australian athletes' health behaviours and perceptions of role modelling and marketing of unhealthy products. *Health Promot J Austr* 2012; 23(1):63-69.
 - (28) Pettigrew S, Rosenberg M, Ferguson R, Houghton S, Wood L. Game on: do children absorb sports sponsorship messages? *Public Health Nutrition* 2013; FirstView:1-8.

- (29) Clarke B, Svanaes S. Digital marketing and advertising to children: a literature review. 2012. Brussels, Advertising Education Forum.
- (30) Queensland Government. Liquor Act 1992. 2013 [cited 22-2-2013]; Available from: <http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/L/LiquorA92.pdf>
- (31) King L, Hebden L, Grunseit A, Kelly B, Chapman K. Building the case for independent monitoring of food advertising on Australian television. *Public Health Nutrition* 2012; FirstView:1-6.
- (32) Munro G, De Wever J. Culture clash: alcohol marketing and public health aspirations. *Drug Alcohol Rev* 2008; 27(2):204-211.
- (33) Collins D, Lapsley H. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. 2008. Canberra, Australia, Department of Health and Ageing.
- (34) New South Wales Government. Liquor Act 2007. 90, 117. 2007. Offences relating to sale or supply of liquor to minors.
- (35) Australian Institute of Health and Welfare, Australasian Association of Cancer Registries. Cancer in Australia: an overview 2010. 2010. Canberra, Australia, Australian Institute of Health and Welfare.