

# **Submission**

on the

## **Alcohol Toll Reduction Bill 2007**

to the

### **Senate Community Affairs Committee**

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# 1. Introduction

On 14 February 2008 the Senate referred the Alcohol Toll Reduction Bill 2007 to the Community Affairs Committee for inquiry and report by 18 June 2008.

The Bill aims to create a culture of responsible drinking, and to facilitate a reduction in the alcohol toll resulting from excessive alcohol consumption by:

- Requiring health information labels on all alcohol products;
- Restricting TV and radio alcohol advertising to after 9pm and before 5am, to stop alcohol being marketed to young people;
- Requiring all alcohol ads to be pre-approved by a government body comprising an expert from the medical profession, alcohol and drug support sector, accident trauma support sector and the alcohol industry;
- Banning alcohol ads which are aimed at children or which link drinking to personal, business, social, sporting, sexual or other success.

The Committee has invited written submissions addressing issues raised by the Bill. Submissions are due by 20 March 2008.

## 2. Binge drinking – a new epidemic?

Research is showing that Australian young people are in the grip of a new epidemic of an old drug - alcohol.

“Binge-drinking” – referring to single-occasion drinking of a substantial number of alcoholic drinks in one sitting – is now so prevalent that in a recent survey, one third of Aussies aged 18-24 said they are binge drinkers. One in four regularly drink so much that they lose consciousness.<sup>1</sup>

Forty one per cent of people at this age have passed out at least once after excessive drinking and four per cent have done so more than 20 times. These extremely dangerous levels of alcohol consumption have become “the social norm for young Australians”.<sup>2</sup>

Excessive drinking is also linked with promiscuity - 63 percent of those surveyed said they were more likely to have a “one-night stand” when drunk. While in past generations alcohol problems were mostly confined to males, the survey of 500 young people commissioned by the Alcohol Education Rehabilitation Foundation and conducted by Quantum Market Research showed that more young women (37 per cent) than young men (30 per cent) considered themselves binge drinkers.<sup>3</sup>

Young women who combine binge drinking with one-night stands, risk conceiving babies affected by FAS (foetal alcohol syndrome), possibly later raising these children with serious mental and psychological disabilities in fatherless homes. This problem, common in outback indigenous communities, could soon blight families across the nation.

Cheryl Bart, Director of the Alcohol Education Rehabilitation Foundation, is particularly concerned because a third of those who consume more than 10 drinks do not consider it a “binge”.

“It’s not like an occasional night out - it’s becoming a social norm, a regular way to go out,” she said. “There’s a quiet epidemic going on. It has become part of the Australian culture without people actually recognising it.”

Cheryl Bart said the effects of alcohol are felt by the entire community. She estimated the economic cost to the nation of alcohol-related accidents and fights at \$7.6 billion per year.<sup>4</sup>

The 2007 survey by the Alcohol Rehabilitation Foundation confirms results from an earlier survey conducted in July 2002 by Roy Morgan Research for the Salvation Army.<sup>5</sup>

This study found that binge drinking had reached epidemic proportions among young people, and teenagers from more affluent families could be at greatest risk. More than a third of teenage boys claimed to have drunk more than 10 drinks in a session. The Salvation Army report warned that the “massive change” in drinking habits in recent years is a great worry because it is affecting so many people.

“This generation of drinkers starts younger, drinks more, and indulges in binge drinking to a greater extent than any previous generation,” the report said. Moreover young people from more affluent families could be at greater risk of becoming binge drinkers because they start at an earlier age.

Where the family income was over \$50,000, young people started drinking at 15; where families earned less than \$25,000 they started drinking at 18.

Overall, the research found that 63 per cent of teenagers had their first drink by the age of 14. For the 14-24 age group, the prevalence of binge drinking had grown dramatically in five years; 45 per cent said they had drunk 10 or more drinks on one day during the previous month, while in 1997 only 18 per cent had gone on such a binge.

According to the study, 22 per cent of teenage girls had gone on a drinking binge that month, having consumed more than nine drinks in a single four-hour session.

The young people surveyed - 614 Australians aged 14 and over – said the main reason they drank alcohol was to “fit in at social activities”.

Paul Dillon, information manager at the National Drug and Alcohol Research Centre, said his work among school children indicated many drank alcohol purposely to get drunk. He said Australia is one of the few countries where binge drinking is acceptable, and that the rising number of young women who went on alcoholic binges is concerning since women’s bodies are less able to metabolise alcohol. Young binge drinkers can die from alcohol poisoning as well as from choking on their vomit while unconscious.<sup>6</sup>

### **3. Alcohol and health**

More than 100 studies have shown that alcohol in small amounts can benefit adults by protecting against high blood cholesterol levels, strokes and heart disease. Other research indicates that moderate drinking protects against gallstones and type 2 diabetes.<sup>7</sup> However these benefits only apply to those who limit their alcohol intake to two standard drinks (about one glass of wine or a stubbie of regular beer) per day for men and less for women.<sup>8</sup> The limits for men and women are different because a given amount of alcohol usually affects women more than men due to differences in the way their bodies process alcohol.

Above the levels of four standard drinks (two glasses of wine or stubbies) per day for men or two standard drinks (one glass of wine or stubbie) per day for women, alcohol can damage health. Heavy drinking can cause inflammation of the liver leading to potentially fatal cirrhosis (scarring) and can

increase blood pressure and damage heart muscle (cardiomyopathy). It has also been linked with several cancers, particularly those of the mouth, throat, oesophagus, colon and the breast. Two or more drinks a day increase a woman's risk of breast cancer by 20-25 per cent.<sup>9</sup>

Even relatively small amounts of alcohol can cloud judgement and disrupt sleep. Alcohol interacts in dangerous ways with a variety of medications including anti-depressants, anti-convulsants, painkillers and sedatives. It is also addictive, especially for those with a family history of alcoholism.<sup>10</sup>

### **3.1 Foetal alcohol syndrome**

For children and babies in the womb, even moderate amounts of alcohol can be dangerous. The US Centers for Disease Control notes: "If you are pregnant and drink alcohol, so does your baby. This can hurt your baby's growth and cause lifelong physical and behavioural problems. One of the most severe effects of drinking during pregnancy is Foetal Alcohol Syndrome (FAS). FAS is a group of problems which can include: mental retardation; birth defects; abnormal facial features; growth problems; problems with the central nervous system; trouble remembering and/or learning; vision or hearing problems; behaviour problems. FAS lasts for a lifetime. There is no cure. Special school services can help with learning problems. Women can prevent FAS and other problems related to alcohol use by not drinking when they are pregnant or might get pregnant."<sup>11</sup>

### **3.2 Harm to adolescent brains**

The American Medical Association (AMA) has summarised other health problems associated with consumption of alcohol above very moderate levels in the report, *Harmful Consequences of Alcohol Use on the Brains of Children, Adolescents, and College Students*.<sup>12</sup> The report is a compilation and summary of two decades of comprehensive research on how alcohol affects young brains.

"The brain goes through dynamic change during adolescence, and alcohol can seriously damage long- and short-term growth processes. Frontal lobe development and the refinement of pathways and connections continue until age 16, and a high rate of energy is used as the brain matures until age 20. Damage from alcohol at this time can be long-term and irreversible. In addition, short-term or moderate drinking impairs learning and memory far more in youth than adults. Adolescents need only drink half as much to suffer the same negative effects."

Research findings reported include:

- Adolescent drinkers scored worse than non-users on vocabulary, general information, memory, memory retrieval and at least three other tests.
- Verbal and nonverbal information recall was most heavily affected, with a 10 percent performance decrease in alcohol users.
- Significant neuropsychological deficits exist in early to middle adolescents (ages 15 and 16) with histories of extensive alcohol use.
- Adolescent drinkers perform worse in school, are more likely to fall behind and have an increased risk of social problems, depression, suicidal thoughts and violence.
- Alcohol affects the sleep cycle, resulting in impaired learning and memory as well as disrupted release of hormones necessary for growth and maturation.
- Alcohol use increases risk of stroke among young drinkers.

The AMA report continues:

“Compared to students who drink moderately or not at all, frequent drinkers may never be able to catch up in adulthood, since alcohol inhibits systems crucial for storing new information as long-term memories and makes it difficult to immediately remember what was just learned.”

The American Medical Association recommends several strategies to combat the growing epidemic of teen alcohol abuse, including limiting or banning alcohol advertising and promotion.

## **4. Alcohol advertising and alcohol consumption**

A recent review of seven international research studies<sup>13</sup> concluded that “The data from these studies suggest that exposure to alcohol advertising in young people influences their subsequent drinking behaviour. The effect was consistent across studies, a temporal relationship between exposure and drinking initiation was shown, and a dose response between amount of exposure and frequency of drinking was demonstrated.”

An American study<sup>14</sup> compared data on alcohol consumption from two large exhaustive studies of youth behaviour with prevalence of alcohol advertising in local markets. The economic analysis revealed that alcohol advertising - the majority of which is aimed at consumers of beer and liquor, not wine - has a positive effect on whether youth drink at all and on how much young people imbibe; that is, it encourages underage drinking. The relationship is especially pronounced for underage female drinkers.

The analysis suggested that the complete elimination of alcohol advertising could reduce adolescent monthly alcohol participation from about 25 percent to about 21 percent. For binge participation, the reduction might be from about 12 percent to about 7 percent.

Another American study<sup>15</sup> found that youth who saw more alcohol advertisements drank more on average, each additional advertisement seen increasing the number of drinks consumed by 1%.

The study also found that youth in markets with greater alcohol advertising expenditures drank more, each additional dollar spent per capita increasing the number of drinks consumed by 3%. Youth in markets with more alcohol advertisements showed increased drinking levels into their late 20s whereas drinking plateaued in the early 20s for youth in markets with fewer advertisements. Based on the study results, a 20-year-old male who saw few alcohol ads and lived in a media market with minimal advertising expenditures per capita was predicted to have nine alcoholic drinks in the past month, compared to 16 drinks in the past month if he saw many ads. A 20-year-old male living in a media market with the highest ad spending per capita was predicted to have 15 drinks if he reported little ad exposure and 26 drinks if he saw many ads.

A recent study of the impact of alcohol advertising on teenagers in Ireland<sup>16</sup> found:

- Alcohol advertisements were identified as their favourites by the majority of those surveyed.
- Most of the teenagers believed that the majority of the alcohol advertisements were targeted at young people. This was because the advertisements depicted scenes – dancing, clubbing, lively music, wild activities - identified with young people.
- The teenagers interpreted alcohol advertisements as suggesting that alcohol is a gateway to social and sexual success and as having mood altering and therapeutic properties.

A UK report<sup>17</sup> noted that “UK expenditure on alcohol advertising rose from £150 million to £250 million annually between 1989 and 2000, and over that period the correlation between advertising

expenditure and mean weekly alcohol consumption by children aged 11-15 years was very high (R=0.995)".

A World Health Organisation review<sup>18</sup> observed that "Exposure to repeated high-level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavier drinking. Alcohol advertising predisposes minors to drinking well before legal age of purchase. Indeed, advertising has been found to promote and reinforce perceptions of drinking as positive, glamorous and relatively risk-free.

"Legislation restricting alcohol advertising is a well-established precaution used by governments throughout the world, despite opposition from the alcoholic beverage industry. Some bans are partial, applying only to spirits, to certain hours of television viewing or to state-owned media. These bans often operate alongside codes of self-regulation that govern permitted forms of alcohol advertising.

"Although many countries have restricted alcohol advertising to various degrees, the evaluation findings suggest that while the restrictions have not achieved a major reduction in drinking and related harms in the short term, countries with greater restrictions on advertising have less drinking and fewer alcohol-related problems.

"Despite industry claims that they adhere to codes of responsible advertising, the detrimental influences of marketing practices are not addressed adequately by industry self-regulation. Self-regulation tends to be fragile and largely ineffective. These codes may work best where the media, advertising and alcohol industries are all involved, and an independent body has powers to approve or veto advertisements, rule on complaints and impose sanctions."

## **5. Provisions of the Bill**

### **5.1 Timing of alcohol advertisements**

The Bill would limit the broadcasting of advertisements for alcohol products to the period 9pm to 5am each day of the week.<sup>19</sup>

The current Code of Practice for Commercial Television provides in Section 6.7 that "A commercial which is a 'direct advertisement for alcoholic drinks' may be broadcast only in M, MA or AV classification periods; or as an accompaniment to the live broadcast of a sporting event on weekends and public holidays."

The times corresponding to these classifications periods are 8.30 pm-5.00 am on all days and 12.00 pm-3.00 pm on school days.

The Bill only marginally changes the permissible times, by pushing the earliest time at which advertisements for alcohol products could be broadcast back 30 minutes from 8.30 pm to 9 pm and by banning such advertisements during the three hour period after midday on school days. This time shift would correspond to restricting advertising to the MA or AV classification zones.

The M classification is defined as covering material which "is recommended for viewing only by persons aged 15 years or over because of the matter it contains, or of the way this matter is treated." The MA classification is defined as covering material which "is suitable for viewing only by persons aged 15 years or over because of the intensity and/or frequency of sexual depictions, or coarse language, adult themes or drug use."<sup>20</sup> This seems a more suitable match.

The Bill would override the Code's exception which allows direct advertisements for alcoholic drinks during the live broadcast of a sporting event on weekends and public holidays. Such broadcasts are

likely to be viewed by many children, adolescents and young people. This exception undermines the goal of reducing the number of advertisements for alcohol to which children, adolescents and young people are exposed. It is appropriate that this exception be overridden.

It is also inappropriate to have an exception for sports broadcasts. Although the advertisements considered in themselves may comply with the Alcoholic Beverages Advertising Code which provides that “Advertisements for alcoholic beverages must not ... depict the consumption or presence of alcohol beverages as a cause of or contributing to the achievement of ... sporting ... success”<sup>21</sup> a different message may be given if immediately after a stunning goal – the usual time for ad breaks in many sports broadcasts – an advertisement for an alcoholic beverage is broadcast.

***Recommendation 1:***

***The Bill’s provision to restrict the broadcasting of advertisements for alcohol products to the period 9pm to 5am each day of the week should be supported. This is a stand-alone provision which could be enacted without necessarily adopting other provisions of the Bill.***

## **5.2 Content of alcohol advertisements**

The Bill provides that the content of any advertisement for an alcohol product “not have strong or evident appeal to children; [and] not suggest that alcohol contributes to personal, business, social, sporting, sexual or other success in life.”

These provisions are already reflected in the more detailed provisions of the Alcohol Beverages Advertising Code<sup>22</sup>. There is no reason not to include in them as statutory requirements for the Australian Communications Media Authority (ACMA) standard proposed by the Bill.

***Recommendation 2:***

***A new ACMA standard should be at least as detailed and comprehensive as the existing Alcohol Beverages Advertising Code. It should take into account determinations made under that Code on complaints, paying particular attention to those provisions highlighted in determinations as difficult to interpret and to lacunae identified by the panel.***<sup>23</sup>

## **5.3 Who should be responsible?**

The current regime governing advertising of alcohol is “a quasi-regulatory system for alcohol advertising: Guidelines for advertising have been negotiated with government, consumer complaints are handled independently, but all costs are borne by industry”.<sup>24</sup>

The system includes a code, the Alcohol Beverages Advertising Code; a pre-vetting system in which advertisements must be submitted before broadcast or publication for approval by an adjudicator operating under the Alcohol Advertising Pre-Vetting System; and a complaints mechanism managed by the Alcohol Beverages Advertising Adjudication Panel.

According to the 2006 Annual Report<sup>25</sup> 936 advertisements were submitted in 2006 for pre-vetting. Of these 701 were accepted, 53 accepted subject to conditions and 182 were rejected. This was an increase to nearly 20%, up from 13% in 2005. In the same year the Alcohol Beverages Advertising Adjudication Panel upheld just 2 out of 9 complaints. An additional complaint was followed by the withdrawal of the advertisement before a determination had been made.

In 2007 the Panel upheld 8 out of 23 complaints.

The Bill would replace this “quasi-regulatory”, essentially voluntary, system with a statutory scheme.



A new Australian Communications Media Authority (ACMA) division would be established and be known as the Responsible Advertising of Alcohol Division. This body would take over the role of pre-vetting of advertisements for broadcast. ACMA would also be authorised to establish a new, binding standard for the content of advertisements of alcohol for broadcast.

The Bill makes no explicit provisions for complaints. Although advertisements are to be pre-approved by the new Responsible Advertising of Alcohol Division there ought still to be an efficient complaints mechanism for members of the public to complain that despite ACMA approval a particular advertisement breaches the standard. A panel with an appropriate membership would need to be constituted. The current panel aims to turn around complaints within 30 business days of the receipt of the complaint. ACMA is notoriously slow in dealing with complaints about breaches of the Code of Practice for Commercial Television. For a statutory scheme to be a significant improvement on the voluntary scheme it would need to mandate efficient procedures, including timely determinations.

***Recommendation 3:***

***The Bill should be amended by the inclusion of a complaints procedure with mandated times for the determination of complaints.***

## **5.4 Internet advertising**

The Commonwealth's power to regulate broadcasting extends to the Internet and other communications networks. The current pre-vetting regime and complaints regime deals with Internet advertisements. There seems to be no reason not to apply the statutory provisions of the Bill regarding the content of advertisements, the pre-vetting system and, as recommended a complaints procedure, to Australian hosted Internet content.

***Recommendation 4:***

***The Bill should be amended to cover alcohol advertising on the Internet and other communications networks, e.g. mobile telephone services.***

## **5.5 Health warnings**

The Bill provides<sup>26</sup> for specific directions under the Food Standards Australia New Zealand Act 1991 for the making of a standard for the labelling of alcohol products and food containing alcohol to provide for (a) the consumption guidelines of the National Health and Medical Research Council; (b) the unsafe use of alcohol; (c) the impact of drinking on populations vulnerable to alcohol; (d) health advice about the medical side effects of alcohol; (e) the manner in which the information may be provided, (including provision in text or pictorial form).

This provision is desirable as a means of placing regularly before consumers important health information about alcohol. This approach has been a key measure in tackling tobacco consumption.

***Recommendation 5:***

***The provisions of the Bill requiring a standard for labelling alcohol products and food containing alcohol to carry specified health information should be supported. This is stand-alone provision which could be enacted without necessarily adopting other provisions of the Bill.***

## 6. Conclusion

In the light of the evidence of the harms caused by excessive alcohol consumption, especially to young people; the prevalence of such excessive consumption in Australia, especially among young people; and the link between exposure to alcohol advertising and level of alcohol consumption by young people this Bill is a welcome attempt to begin to limit alcohol harm by limiting advertising.

## 7. Endnotes

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- 1 Stark, Jill, "Alarm over our binge-drinking 'epidemic'", *The Age*, Melbourne, 14/2/07; Media Release, Alcohol Education Rehabilitation Foundation, 14 February 2007; [www.aerf.com.au/pages/images/Fresh%20Party%20Release%201.pdf](http://www.aerf.com.au/pages/images/Fresh%20Party%20Release%201.pdf).
- 2 *Ibid.*
- 3 *Ibid.*
- 4 Stark, op. cit.
- 5 Horin, Adele, "Binge drinking: now it's a teen epidemic", *Sydney Morning Herald*, 4/9/02.
- 6 *Ibid.*
- 7 "Alcohol", Harvard School of Public Health, 2007, [www.hsph.harvard.edu/nutritionsource/alcohol.html](http://www.hsph.harvard.edu/nutritionsource/alcohol.html).
- 8 *Australian Alcohol Guidelines: Health Risks and Benefits*, National Health and Medical Research Council, October 2001, Guideline 1, p 6. A standard drink is defined as one containing 10 grams or 12.5 ml of alcohol.
- 9 *Australian alcohol guidelines for low-risk drinking (Draft for public consultation)*, National Health and Medical Research Council, October 2007, Guideline 1, pp 39-49.
- 10 "Alcohol", Harvard School of Public Health, 2007, *loc cit.*
- 11 [www.nlm.nih.gov/medlineplus/fetalalcoholsyndrome.html](http://www.nlm.nih.gov/medlineplus/fetalalcoholsyndrome.html).
- 12 *Harmful Consequences of Alcohol Use on the Brains of Children, Adolescents, and College Students*, American Medical Association, updated 2 February 2007; [www.ama.com.au/web.nsf/doc/WEEN-67VVTC](http://www.ama.com.au/web.nsf/doc/WEEN-67VVTC).
- 13 Smith, L and Foxcroft, D, *The effect of alcohol advertising and marketing on drinking behaviour in young people: A systematic review*, Alcohol Education and Research Council, November 2007; [www.aerc.org.uk/documents/pdf/finalReports/051\\_Effect\\_of\\_alcohol\\_advertising.pdf](http://www.aerc.org.uk/documents/pdf/finalReports/051_Effect_of_alcohol_advertising.pdf)
- 14 Saffer H. and Dave D., "Alcohol Advertising and Alcohol Consumption by Adolescents", *NBER Working Paper No. 9482*; [www.nber.org/papers/w9676](http://www.nber.org/papers/w9676)

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- 15 Snyder, L B et al., “Effects of Alcohol Advertising Exposure on Drinking Among Youth”, *Archives of Pediatrics and Adolescent Medicine*, 2006; 160:18-24; [www.commercialalert.org/alcoholsnyder.pdf](http://www.commercialalert.org/alcoholsnyder.pdf)
- 16 Dring C. and Hope A., *The Impact of Alcohol Advertising on Teenagers in Ireland*, Health Promotion Unit, Department of Health & Children, November 2001.
- 17 *Calling Time: The Nation’s drinking as a major health issue*, Academy of Medical Sciences, March 2004; [www.acmedsci.ac.uk/download.php?file=/images/project/CallingT.pdf](http://www.acmedsci.ac.uk/download.php?file=/images/project/CallingT.pdf).
- 18 Babor T. et al., *Alcohol: No Ordinary Commodity: Research and public policy*, Oxford University Press, 2003; quote is from a summary of the book at: [www.ias.org.uk/resources/publications/theglobe/globe200303/gl200303\\_p3.html](http://www.ias.org.uk/resources/publications/theglobe/globe200303/gl200303_p3.html).
- 19 Schedule 1, Clause 2, new section 122A (2) (b).
- 20 Code of Practice for Commercial Television, Sections 4 and 5; [www.freetv.com.au/media/Code\\_of\\_Practice/Revised\\_Code\\_of\\_Practice\\_\(including%20amendment%20for%20election%20period\)\\_060907.pdf](http://www.freetv.com.au/media/Code_of_Practice/Revised_Code_of_Practice_(including%20amendment%20for%20election%20period)_060907.pdf).
- 21 [www.aana.com.au/pdfs/ABACCODE04.pdf](http://www.aana.com.au/pdfs/ABACCODE04.pdf), p.2.
- 22 [www.aana.com.au/pdfs/ABACCODE04.pdf](http://www.aana.com.au/pdfs/ABACCODE04.pdf).
- 23 For the full text of determinations made since 2004 see: [www.abac.org.au/publications/adjudication-decisions/](http://www.abac.org.au/publications/adjudication-decisions/)
- 24 *The Alcohol Beverages Advertising Code (ABAC) Scheme—Annual Report 2006*; [www.abac.org.au/files/ABAC2006AnnualReport.pdf](http://www.abac.org.au/files/ABAC2006AnnualReport.pdf).
- 25 *Ibid.*, p.4.
- 26 Schedule 1, Clause 9.