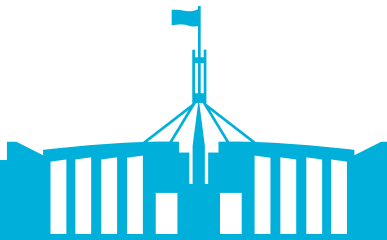


HIDDEN HARM

TARGETING ALCOHOL'S IMPACT ON
CHILDREN & FAMILIES



Foundation for Alcohol
Research & Education

2016 ELECTION PLATFORM



Foundation for Alcohol
Research & Education

About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation's greatest preventative health challenges.

For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy.

In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.

FARE is guided by the World Health Organization's (2010) *Global Strategy to Reduce the Harmful Use of Alcohol* for stopping alcohol harms through population-based strategies, problem directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email info@fare.org.au.

The impact of alcohol on the community can be devastating and far reaching. Alcohol use contributes to death, violence on our streets, injuries and hospitalisations. These harms are well known.

What is often overlooked is the impact that alcohol has on children and families. Alcohol use leads to children being verbally abused, left unsupervised or in unsafe situations, being physically hurt, exposed to domestic violence and ending up in the child protection system. Alcohol is also a significant contributor to domestic violence.

All children should have a safe, supportive and caring environment so that they can fully contribute to the community as they grow. While this should be the norm in any country, we are currently failing our children on many levels. Too many children live in poverty. Too many children are victims of violence. Too many children are exposed to risk factors that will contribute to them developing chronic diseases later on in life and becoming chronically disadvantaged.

The role of alcohol in this cannot be overlooked.

Each year more than a million children (22 per cent of all Australian children) are affected in some way by the drinking of others.¹ Among these, 140,000 children were substantially affected and more than 10,000 Australian children are in the child protection system because of a carers drinking.² There are also at least 30,000 incidents of alcohol-related family violence reported to police.³

Alcohol consumption during pregnancy can also have lifelong impacts.

It is little wonder that an overwhelming majority (78 per cent) of Australians think that we have a problem with alcohol, and the same proportion believe that more needs to be done to address the harm from alcohol.⁴

While the extent of alcohol harms and their impact on families and communities is significant, this is not a problem without solutions.

Responding to these harms has a clear and well understood evidence-base. Action needs to happen at the community, family and individual level. We need to change the environment if we are going to make a meaningful difference to the lives of the children and families affected by alcohol. Most of all, we need political leadership to facilitate this change.

FARE's Election Platform calls for action in five areas:

1. Prevent alcohol-related family violence.
2. Protect children from alcohol advertising and sponsorship.
3. Prevent, diagnose and manage Fetal Alcohol Spectrum Disorders (FASD).
4. Conduct nation-wide public education campaigns.
5. Reform alcohol tax and develop a funding-base for preventing alcohol harms.

These measures have strong community support. A vast majority of Australians (70 per cent) support placing a ban on alcohol advertising on television before 8.30pm and not allowing alcohol sponsorship at sporting events (60 per cent). More than half (51 per cent) support increasing tax on alcohol.⁵

This year, we are calling on political parties to address the hidden harm from alcohol and its impact on children and families.

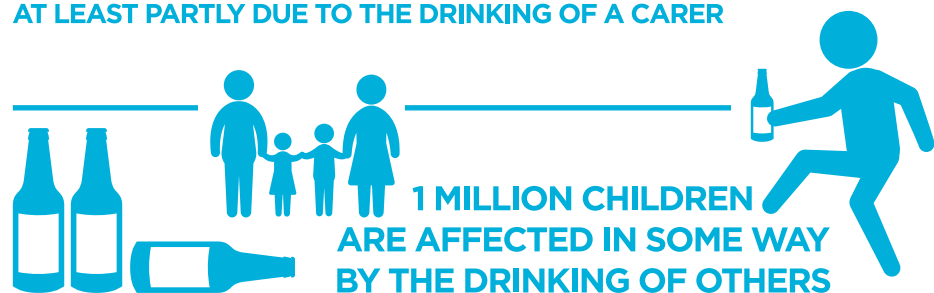
Alcohol contributes significantly to family violence

Each year:

- More than a million children (22 per cent of all Australian children) are affected in some way by the drinking of others.⁶
- 10,166 children are in the child protection system at least partly due to the drinking of a carer.
- In New South Wales (NSW), Victoria, Western Australia (WA) and the Northern Territory (NT), carer alcohol abuse is associated with between 15 per cent and 47 per cent of substantiated child abuses cases across Australia.⁷
- There were 29,684 incidents of alcohol-related family violence reported to police in one year across NSW, Victoria, WA and the NT.
- Alcohol was involved in between 23 per cent⁸ and 65 per cent⁹ of family violence incidents reported to police in these jurisdictions.
- In Victoria, WA and the NT, the numbers of alcohol-related family violence incidents are *increasing*.¹⁰

10,166 CHILDREN

ARE IN THE CHILD PROTECTION SYSTEM
AT LEAST PARTLY DUE TO THE DRINKING OF A CARER



Australians are concerned about alcohol and its impact on children and families

- An overwhelming majority of Australians (78 per cent) think that we have a problem with alcohol.¹¹
- An equal amount (78 per cent), believe that more needs to be done to address the harm from alcohol.¹²
- A large proportion of Australians are concerned about alcohol-related violence (79 per cent), child abuse and neglect (64 per cent) and harm to unborn babies in utero (50 per cent).¹³
- A majority of Australians (59 per cent) believe that governments are not doing enough to address alcohol harms.¹⁴



78% OF AUSTRALIANS BELIEVE AUSTRALIA HAS A PROBLEM WITH EXCESS DRINKING OR ALCOHOL ABUSE



Australians voters want change to prevent the harm from alcohol

- A vast majority of Australians (70 per cent) support placing a ban on alcohol advertising on television before 8.30pm, including 72 per cent of ALP voters, 70 per cent of Coalition voters and 74 per cent of Greens voters.¹⁵
- A majority (60 per cent) of Australians support not allowing alcohol sponsorship at sporting events, including 61 per cent of ALP voters, 58 per cent of Coalition voters and 71 per cent of Greens voters.¹⁶
- A majority of Australians (51 per cent) support increasing the tax on alcohol products to pay for health, education and treatment of alcohol-related problems, including 50 per cent of ALP voters, 51 per cent of Coalition voters and 62 per cent of Greens voters.¹⁷



1. PREVENT ALCOHOL-RELATED FAMILY VIOLENCE

Alcohol is a significant contributor to family violence in Australia. Across NSW, Victoria, WA and the NT, there were 29,684 incidents of alcohol-related family violence reported to police over one year. Alcohol was involved in between 23 per cent¹⁸ and 65 per cent¹⁹ of family violence incidents reported to police in these jurisdictions.

there were 29,684 incidents of alcohol-related family violence reported to police over one year

Alcohol consumption also contributes to child abuse and neglect including children being left unsupervised, left in an unsafe situation or being verbally or physically abused. An estimated 10,166 children are in the child protection system at least partly due to the drinking of a carer, and an additional 142,582 are substantially affected by someone's alcohol consumption.²⁰ In NSW, Victoria, WA and the NT, carer alcohol abuse is associated with between 15 per cent and 47 per cent of substantiated child abuses cases.²¹

Despite the significant involvement of alcohol in family violence, government actions to prevent family violence rarely give serious consideration to alcohol and its contribution to family violence. No plans, at any level, address the issue adequately. This is a significant failing of Australia's response to family violence to date.

Action is needed to prevent alcohol-related family violence. This includes greater collaboration between the family violence and Alcohol and Other Drugs (AOD) sectors. All jurisdictions need funding to develop and maintain integrated Models of Care for alcohol-related family violence. It is important that states and territories develop and implement their own Model of Care to enable various sectors, such as the AOD and family violence sectors, to work together to determine the most appropriate support mechanisms for the client. To this end, a Model of Care would require:

- common risk assessment frameworks and shared understanding of alcohol and family violence
- inter-sectoral and joint training
- standardised approach to information sharing.

AOD services also need funding for training and implementation of evidence-based guidelines on family-centred practice. Strategies are needed for working with clients experiencing family and domestic violence, including development of clearly defined referral processes if child abuse or neglect is identified or suspected.

Perpetrator programs that directly target alcohol use are also needed. One such program is the award-winning 24/7 Sobriety Program which was first introduced in South Dakota in the United States in 2004. The program required people arrested or convicted for alcohol-related offences to take two alcohol breath tests a day or wear a continuous alcohol monitoring bracelet with immediate, consistent yet modest sanctions. Specifically, an offender who refused or failed a

test would be taken into immediate custody and appear before a judge within 24 hours. The program originally targeted repeat drink drivers but has since been modified to include other alcohol-related crimes (including family violence) and adopted in more jurisdictions across the United States.²² The 24/7 Sobriety Program resulted in a nine per cent reduction in intimate partner violence arrests.²³

A pilot based on the 24/7 Sobriety Program should be implemented in one Australian jurisdiction with support from the state or territory government. The program should be fully evaluated and findings from this evaluation used to determine whether a greater rollout should occur across the country.

The change we need

- **Fund states and territories to develop jurisdiction-specific models of care for Alcohol and Other Drug (AOD) and family violence services to work collaboratively (\$1.6 million over one year).**
- **Train and provide funding to Alcohol and Other Drug (AOD) services to implement family-centred practice (\$24 million over four years).**
- **Pilot a perpetrator program based on South Dakota's 24/7 Sobriety Project, to target repeat offenders of alcohol-related family violence (\$280,000 over two years).**



2. PROTECT CHILDREN FROM ALCOHOL ADVERTISING AND SPONSORSHIP

Exposure to alcohol advertising by young people is associated with both an increase in the likelihood that young people will start to use alcohol, and result in greater consumption for young people already using alcohol.²⁴ Despite this, the volume of alcohol marketing that young Australians are exposed to is unprecedented. Not only are they exposed to alcohol marketing through traditional communication mediums such as television, radio, newspapers and magazines, billboards, merchandise and sponsorship; but also through the internet, including social media sites such as Facebook, YouTube and Twitter.

A vast majority of Australian parents and guardians (71 per cent) believe their child has been exposed to alcohol advertising.²⁵ On Facebook in 2012, the top 20 alcohol brands in Australia produced 4,500 posts collectively and had 2.3 million interactions with fans.²⁶ From these figures it is possible to begin to understand the potential reach of alcohol advertising.

On Facebook in 2012, the top 20 alcohol brands in Australia produced 4,500 posts collectively and had 2.3 million interactions with fans.

Alcohol advertising is also highly associated with the sexualisation of women. Often, alcohol is portrayed as an integral part of a sexually active and fun lifestyle among young people, and notions that this lifestyle is stimulated or enhanced by the consumption of alcohol are promoted.²⁷ Alcohol advertisements contain images that imply that certain irresponsible sexual behaviour (or treatment of women) is appropriate in the context of alcohol consumption.²⁸ The ubiquitous presence of sexually attractive female models in advertising contributes to the sexual objectification of women in society.²⁹

Australians want changes to the way that alcohol advertising and sponsorship is regulated in Australia.³⁰

There is strong and increasing community support for placing a ban on alcohol advertising on television before 8.30pm (70 per cent) and banning alcohol sponsorship at sporting events (60 per cent).

The current systems that regulate alcohol advertising in Australia are failing to protect children and young people from exposure to alcohol advertising. A significant challenge with the self-regulation of alcohol advertising is the lack of consistency across the various communication platforms. In cases where there is a disparity in regulatory controls, it is no surprise that the industries subject to tighter regulations seek to be regulated in the same way as other similar industries in order to remain competitive in the marketplace.

An example of this was evident with Free TV Australia's recent efforts to relax its Commercial Television Industry Code of Practice (Code) to allow more alcohol advertising on commercial television. This was partly in response to the permissive alcohol advertising standards which apply to subscription television and to online broadcasting (social media and streaming), where there are either limited constraints or no constraints at all.

There is strong and increasing community support for placing a ban on alcohol advertising on television before 8.30pm (70 per cent) and banning alcohol sponsorship at sporting events (60 per cent).

The Free TV Australia experience highlights the need to standardise regulations across the various platforms including free-to-air television, subscription television and online. This complex arrangement of regulatory codes means that there is no one central body with responsibility for the content and placement of alcohol advertising. This is a significant flaw in the current system. The need to overhaul the state of alcohol advertising regulation in Australia is clear, and a review of advertising standards in broadcast media by government would be a first important step.

In addition, the alcohol industry increases its advertising exposure through sponsorship of sporting, music and cultural events. For example, the alcohol industry uses its relationship with sporting institutions like Cricket Australia, the Australian Football League (AFL) and National Rugby League (NRL) as ‘trojan horses’ to enhance its marketing programs. Alcohol brands are in constant view of the public, both at the ground and on television, through naming rights (of events, sporting fields and teams) and branding (on fences, the pitch and other signage at the sports ground and on uniforms and promotional merchandise).

This type of alcohol marketing is visible by children and young people as sporting events are often held or televised during times when young people are likely to be watching or in attendance at cultural event. Alcohol sponsorship needs to be phased out and a replacement sponsorship fund established to support the transition. This should be funded by the proceeds of alcohol tax reform outlined in section 5 of this Platform.

The change we need

- **Instigate an Australian Government-led review of alcohol advertising regulation across all forms of media.**
- **Phase out alcohol sponsorship of sporting and cultural events, and establish an Alcohol Marketing Replacement Fund to aid the transition (\$20 million over four years).**



3. PREVENT, DIAGNOSE AND MANAGE FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term for a range of disabilities resulting from prenatal alcohol exposure.³¹ FASD are the leading preventable cause of non-genetic, developmental disability in Australia.³² There is no known safe level for alcohol consumption during pregnancy. This is why the National Health and Medical Research Council *Australian guidelines to reduce health risks from drinking alcohol* (NHMRC Alcohol Guidelines) state that “for women who are pregnant or planning a pregnancy, not drinking is the safest option”.³³ Despite this, the National Drug Strategy Household Survey found that 56 per cent of Australian women had consumed alcohol during their pregnancy and 26 per cent continued to drink after becoming aware of their pregnancy.³⁴

The primary disabilities associated with FASD are directly linked to the underlying brain damage caused by prenatal alcohol exposure. This can result in a variety of conditions, including poor memory, difficulties with speech and language, cognitive deficits, difficulty with judgement, reasoning or understanding consequences of actions, as well as social and emotional delays.³⁵

56 per cent of Australian women had consumed alcohol during their pregnancy and 26 per cent continued to drink after becoming aware of their pregnancy.

The *Women Want to Know* program, developed by FARE, promotes the NHMRC Alcohol Guidelines among health professionals, providing them with resources to support conversations about alcohol with pregnant women. The program also works with leading health professional bodies including the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to deliver accredited training to health professionals. Funding for this program ceases in June 2016.

The evaluation of the *Women Want to Know* program indicates that a consumer health promotion program is needed to reinforce the advice provided by clinicians and reduce the mixed messages that women receive.³⁶

FARE’s *Pregnant Pause* campaign is an example of a consumer program and is currently being implemented in the Australian Capital Territory (ACT). *Pregnant Pause* encourages women who are pregnant, and their partners, friends and families, to pledge to avoid alcohol during pregnancy. By doing this, *Pregnant Pause* aims to create a strong support system to assist women to abstain from alcohol during pregnancy. This campaign provides a transferable model for a national consumer campaign.

Despite strong recommendations by multiple government reviews that mandatory pregnancy warning labels be applied to alcohol products, no mandatory warnings exist. Research indicates that the implementation of health warning labels should be accompanied by a comprehensive public education campaign, using various forms of media.³⁷ An opportunity exists for Australia to comprehensively address this issue by using both prevention levers of labelling and public education to prevent the consumption of alcohol during pregnancy and subsequent preventable adverse outcomes.

In May 2016, the Australian Government released the *Australian FASD Diagnostic Instrument* and a Referral Guide. The availability of the resources to support clinicians to make a FASD diagnosis will provide the foundation to improve rates of diagnoses of FASD in Australia. However, there are few environments for the Instrument to be implemented, with only three FASD clinics operating across Australia. Further clinics are needed in urban, regional, rural and remote Australia. A national clinical network is also needed to



Due to the nature of the neurological damage caused by prenatal alcohol exposure, people with FASD need care and support throughout their life.

allow for routine data collection and information sharing between health professionals to promote knowledge and expertise. While the 2016-17 Budget proposed \$10.5 million over four years for a national FASD clinical network, this funding has not yet been appropriated. There was also no mention of funding for the extension of a national FASD plan which ends in June 2017.

Due to the nature of the neurological damage caused by prenatal alcohol exposure, people with FASD need care and support throughout their life.³⁸ However, people with FASD and their families and carers have difficulty in accessing disability support services and funding because of a lack of official diagnosis.

Ongoing support and early intervention is needed for people with FASD, their parents and carers to navigate the often complex disability service system. Currently, knowledge and understanding about FASD within mainstream services needs to vastly improve in order for the National Disability Insurance Scheme (NDIS) to be effective for people living with FASD. Those responsible for assessments, Local Area Coordinators, and mainstream service providers, need to have a much better understanding of FASD in order to ensure that the support needs of individuals and families living with FASD are fully recognised and addressed.³⁹ Ongoing funding is needed for consumer advocates to support people affected by FASD to access services.

The change we need

- **Fund and develop a second National Fetal Alcohol Spectrum Disorders Strategy from 2017-18 with action in prevention, diagnosis and management:**
 - » **Fund a national public education campaign to raise awareness about the risks of drinking during pregnancy, modelled on the Pregnant Pause campaign (\$10 million over four years).**
 - » **Fund a National Fetal Alcohol Spectrum Disorders (FASD) Clinical Network to ensure a standardisation of approaches to Fetal Alcohol Spectrum Disorder assessment, diagnosis, and data collection across Australia (\$4.1 million over four years).**
 - » **Fund consumer advocate positions to support people with Fetal Alcohol Spectrum Disorders (FASD), their parents and carers to access disability and other related services (\$800,000 over four years).**
- **Mandate health warning labels on all alcohol products and point of sale material by 2018.**

4. CONDUCT A NATION-WIDE PUBLIC EDUCATION CAMPAIGN ON ALCOHOL

In Australia and internationally, public education campaigns have been effectively used to raise awareness of public health issues such as the harms associated with tobacco use and risks associated with drink driving. However, alcohol-related public education campaigns in Australia, with the exception of those relating to drink driving, have been ineffective and had little impact. There has also been no national public awareness campaign targeted at reducing alcohol-related harm since the 2008 *Don't turn a night out into a nightmare* campaign.

Public education campaigns can be effective in both raising awareness and changing behaviour if sustained, well-resourced and introduced as part of a comprehensive policy framework. For example, a review of eight studies evaluating drink driving mass media campaigns found that campaigns both raised awareness and changed behaviours when they were planned, well executed, have good audience exposure and are implemented in conjunction with other prevention activities, such as high visibility policing for drink driving prevention.⁴⁰ These campaigns were found to both reduce alcohol impaired driving and alcohol-related crashes.

A further review of 26 studies of tobacco mass media campaigns found that campaigns undertaken as part of a broader comprehensive tobacco control program found that campaigns with sufficient population exposure both promoted quitting and reduced adult smoking prevalence.⁴¹

Just over half (54 per cent) of all Australians are aware of the NHMRC Alcohol Guidelines, but relatively few (12 per cent) are confident that they are aware of the content.

For example, awareness of the NHMRC Alcohol Guidelines remains low. Just over half (54 per cent) of all Australians are aware of the NHMRC Alcohol Guidelines, but relatively few (12 per cent) are confident that they are aware of the content.⁴² When asked about the details of the NHMRC Alcohol Guidelines, 41 per cent of Australians were aware that the maximum number of standard drinks a person can have in a day to avoid long term harms is two.⁴³ Only nine per cent were aware that the maximum number of standard drinks that can be consumed to avoid short term harms is four.⁴⁴

Australians are also unaware of the relationship between alcohol and a range of health problems.

Only 11 per cent of Australians are aware of the link between alcohol and breast cancer and 24 per cent are aware of the link with mouth and throat cancer.



The only messages that Australians are currently receiving about alcohol are those that are being promoted through prolific advertising by the alcohol industry.

For example, only 11 per cent of Australians are aware of the link between alcohol and breast cancer and 24 per cent are aware of the link with mouth and throat cancer.⁴⁵ It is estimated that 5,070 cases of cancer (or five per cent of all cancers) are attributable to long-term chronic use of alcohol each year in Australia.⁴⁶

The only messages that Australians are currently receiving about alcohol are those that are being promoted through prolific advertising by the alcohol industry. For example, spirits producer Diageo, whose brands include Johnnie Walker, Smirnoff and Guinness, spends approximately \$20 million on marketing each year.⁴⁷

In the face of significant advertising and sponsorship from the alcohol industry, public education campaigns are needed to provide information on how to avoid the risks of harm from consuming alcohol. To achieve this, investment in such a campaign needs to be significant and sustained.

The change we need

- **Fund a nation-wide, sustained public education campaign on the harms from alcohol and ways to reduce the risk of those harms (\$100 million over four years).**

5. REFORM ALCOHOL TAX AND DEVELOP A FUNDING-BASE FOR PREVENTING ALCOHOL HARMS

Among alcohol harm prevention policies, alcohol taxation is the most effective.⁴⁸ Alcohol taxation is effective because it not only reduces consumption and related harms, and provides revenue to contribute to services addressing alcohol-related harms.⁴⁹ A key element of alcohol taxation policies is its ability to target heavy drinkers.⁵⁰

There is also support for reforming alcohol taxation among the Australian public, with 71 per cent of Australians believing that the alcohol industry should pay for reducing alcohol harms and 51 per cent supporting an increase to the tax on alcohol.⁵¹

71 per cent of Australians believe that the alcohol industry should pay for reducing alcohol harms

Despite its potential to efficiently and fairly reduce alcohol-related harm, Australia's current alcohol tax system is illogical, incoherent and does not adequately recognise the extent of harms that results from the consumption of alcohol in Australia. At least ten government reviews have concluded that the alcohol tax system should be overhauled, including the 2009 Henry Review and the 2014 House of Representative's *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*.^a

51 per cent of Australians support an increase to the tax on alcohol

The most illogical component of the alcohol taxation system is the Wine Equalisation Tax (WET). Under the WET, wine and other fruit-based alcohol products are taxed based on their wholesale price, rather than alcohol content. All other alcohol products, including beer and spirits, are taxed on a volumetric basis, with the amount of tax paid determined by the volume of alcohol within the product and the category of alcohol (for instance, full-strength packaged beer is taxed differently to spirits). The WET favours the creation of large volumes of cheap wine, cider and imitation spirits over other alcohol products. As such, it does not meet community expectations that governments should work to reduce alcohol harms rather than encourage them through taxation policies.

^aReviews that have recommended a volumetric tax be applied to wine include:

- The 1995 Committee of inquiry into the wine grape and wine industry
- The 2003 House of Representatives Standing Committee on Family and Community Affairs inquiry into substance abuse
- The 2006 Victorian inquiry into strategies to reduce harmful alcohol consumption
- The 2009 Australia's future tax system (Henry Review)
- The 2009 National Preventative Health Taskforce report on Preventing alcohol related harms
- The 2010 Victorian inquiry into strategies to reduce assaults in public places
- The 2011 WA Education and Health Standing Committee inquiry into alcohol
- The 2012 Australian National Preventive Health Agency *Exploring the public interest case for a minimum (floor) price on alcohol, draft report*
- The 2012 Australian National Preventive Health Agency *Exploring the public interest case for a minimum (floor) price on alcohol, final report*
- The 2014 House of Representatives report on the *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*.

In addition to increasing alcohol consumption and associated harm, the WET produces market distortions that disadvantage smaller producers. The \$333 million WET rebate was originally introduced to support small producers, but has failed to achieve its objectives, with 90 per cent of wine being made by just 24 producers.^{52,53} Larger producers and those based in New Zealand are also eligible for the rebate. As a result of the WET rebate, the Australian Government foregoes significant revenue. In fact, 98 per cent of wine producers pay no WET after taking into consideration the receipt of the WET rebate and many receive a net income from the rebate.⁵⁴ While proposals have been made in the 2016-17 Budget to reduce and tighten eligibility for the WET rebate, these proposals are manifestly inadequate to address the substantial cost and ongoing routing of the rebate.

The alcohol tax system needs to be reformed to make it fairer, to reflect the burden on all Australians from the consumption of alcohol and provide funding for services to prevent and address alcohol harms. Wine should be taxed according to its alcohol content within a differentiated volumetric tax regime, as applies to beer and spirits.

While it has been indexed to the consumer price index, the tax on alcohol has reduced relative to average incomes. For this reason, it is important to reinstate an appropriate excise relative to consumers' income by applying a ten per cent increase to all alcohol tax.



At least ten government reviews have concluded that the alcohol tax system should be overhauled

The change we need

- **Introduce tax reform to bring wine and cider in line with other alcohol products, and apply a ten per cent increase to all alcohol excise, to raise \$2.9 billion annually and achieve a 9.4 per cent reduction in alcohol consumption. Index alcohol excise rates to average weekly ordinary time earnings, rather than the Consumer Price Index, to ensure that the cost of alcohol does not reduce relative to personal income.**

THE INVESTMENT

ITEM	YEAR 1 ('000)	YEAR 2 ('000)	YEAR 3 ('000)	YEAR 4 ('000)	SUBTOTAL ('000)
EXPENDITURE					
PREVENT ALCOHOL-RELATED VIOLENCE					
States and territories to develop jurisdiction-specific models of care for AOD and family violence services	\$1,600				\$1,600
Training and funding for AOD services to implement family-centred practice	\$6,000	\$6,000	\$6,000	\$6,000	\$24,000
Perpetrator program pilot based on South Dakota's 24/7 Sobriety Project, to target repeat offenders of alcohol-related family violence	\$165	\$115			\$280
PROTECT CHILDREN FROM ALCOHOL ADVERTISING AND SPONSORSHIP					
Establishment of an Alcohol Marketing Replacement Fund aid the transition of a phase out of alcohol sponsorship of sporting and cultural events	\$5,000	\$5,000	\$5,000	\$5,000	\$20,000
PREVENT, DIAGNOSE AND MANAGE FETAL ALCOHOL SPECTRUM DISORDERS (FASD)					
National public education campaign to raise awareness about the risks of drinking during pregnancy, modelled on the <i>Pregnant Pause</i> campaign	\$2,500	\$2,500	\$2,500	\$2,500	\$10,000
National Fetal Alcohol Spectrum Disorders (FASD) Clinical Network to ensure a standardisation of approaches to FASD assessment, diagnosis, and data collection across Australia	\$1,025	\$1,025	\$1,025	\$1,025	\$4,100
Consumer advocate positions to support people with FASD, their parents and carers to access disability and other related services	\$200	\$200	\$200	\$200	\$800
CONDUCT A NATION-WIDE PUBLIC EDUCATION CAMPAIGN ON ALCOHOL					
Nation-wide sustained public education campaign on the harms from alcohol and ways to reduce the risk	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
TOTAL EXPENDITURE	\$41,490	\$39,840	\$39,725	\$39,725	\$160,780
REVENUE					
REFORM ALCOHOL TAX					
Reform alcohol tax and develop a funding-base for preventing alcohol harms	(\$2,900,000)	(\$2,900,000)	(\$2,900,000)	(\$2,900,000)	(\$11,600,000)
NET REVENUE	\$2,858,510	\$2,860,160	\$2,860,275	\$2,860,275	\$11,439,220

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- ⁶ *The hidden harm: Alcohol's impact on children and families*, op. cit.
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- ¹⁰ *The hidden harm: Alcohol's impact on children and families*, op. cit.
- ¹¹ *Annual alcohol poll 2016: Attitudes and behaviours*, op. cit.
- ¹² Ibid.
- ¹³ Ibid.
- ¹⁴ Ibid.
- ¹⁵ Ibid.
- ¹⁶ Ibid.
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- ¹⁸ *Law enforcement assistance program (LEAP)*, op. cit.
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