



Foundation for Alcohol
Research & Education

2012-13 Pre-Budget Submission

Submission to Treasury

January 2012

About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

- helping communities to prevent and reduce alcohol-related harms
- building the case for alcohol policy reform
- engaging Australians in conversations about our drinking culture

Over the last ten years we have invested more than \$115 million, helped 750 organisations and funded over 1,400 projects tackling the harms caused by alcohol misuse. We use population-based policy approaches to support change across Australia. We carefully invest our donated resources in research, community projects and policy development to drive this change.

We raise funds to build the knowledge base about alcohol, to better understand what works, and to support Australian communities as they respond to alcohol misuse.

We are guided by the *World Health Organisation's Global Strategy to Reduce the Harmful Use of Alcohol* for tackling alcohol-related harms through population-based strategies, problem directed policies, and direct interventions.

Our strategic focus

- **Policy and advocacy** – Pursue public policy reforms that will prevent the harms caused by alcohol misuse.
- **Research and development** – Support research that contributes to the evidence-base on alcohol misuse and supports the Foundation's public policy objectives.
- **Community education and engagement** – Educate and engage the Australian community about alcohol, its use and its harms.
- **Helping communities** – Directly support Australian communities by providing resources to respond to alcohol-related harm.
- **Economic sustainability** – Manage the Foundation's resources in an economically efficient and sustainable manner.

Over the period 2011-2014 we will continue to help everyday Australians better understand the health, social, and economic impacts of this issue, and strive for alcohol policy reform at a national level.

After ten years of supporting communities, contributing to building evidence, and encouraging action to prevent alcohol-related harms, we recognise that we have come a long way in highlighting the immense impact that alcohol misuse has on too many Australians every year.

Our [strategic plan](#) outlines a comprehensive set of strategies and actions that illustrate how we will achieve our objectives.

Immediate action is needed to reduce alcohol-related harms

Alcohol misuse results in substantial harms to Australians. Each week 60 people die and a further 1,500 people are hospitalised because of their own alcohol consumption.ⁱ Not only does alcohol misuse impact on the lives of individual drinkers, it also imposes substantial costs to the community, including in healthcare, criminal justice and lost productivity.

Alcohol misuse causes harm to both individual drinkers and third parties affected by these drinkers. Social costs that result from an individual's alcohol misuse include an estimated \$1.9 billion for healthcare, \$2.2 billion for road traffic accidents, \$1.6 billion for criminal justice and \$3.6 billion in lost productivity.ⁱⁱ The third party costs from someone else drinking have been estimated to amount to more than \$14 billion in health care and child protection costs, lost wages and productivity, and out-of-pocket expenses such as property and personal damage, costs of professional counselling to cope with the drinker, and costs of having to leave home and stay elsewhere to avoid the drinker.ⁱⁱⁱ

While the costs from alcohol misuse are substantial, many of these costs can be minimised by investing in public policies and population level interventions with the proven ability to reduce harmful alcohol consumption. This submission outlines five areas for consideration during the 2012-13 Commonwealth Budget process that will reduce the substantial costs caused by alcohol-related harms.

The submission also addresses the role FARE has played with its investment of \$115 million over the last decade in improving the understanding about the harms caused by alcohol and supporting Australian communities to deal with the consequences of these harms. The submission invites a dialogue with the Government about the need to recapitalise FARE's corpus to provide for an enduring role for this important public institution.

1. Reform alcohol taxation immediately

Countless government reviews and academic studies have acknowledged that volumetric alcohol taxation is the most cost-effective way to reduce harmful alcohol consumption.¹ In spite of this, the Commonwealth Government continues to delay alcohol taxation reform while “Australia is in the middle of a wine glut and there is an industry restructure underway”.^{iv} However this argument has been shown to be invalid, with analysis carried out in 2011 by the Allen Consulting Group demonstrating that current wine tax arrangements are contributing to the wine glut, because the Wine Equalisation Tax (WET) encourages the production of wine on the basis of volume.^v The analysis found that changing the WET to a volumetric tax, and replacing the WET rebate with a targeted structural adjustment package, has the potential to alleviate the wine glut and aid the restructure.

The Commonwealth Government has indicated that it is strongly committed to fiscal discipline and the need to offset any proposed new spending with equivalent savings.^{vi} Abolishing the WET rebate would result in significant cost savings for the Government. In 2010-11 the WET rebate cost the Commonwealth Government \$250 million, including \$50 million which is alleged to have been rorted through exploitation of the rebate,^{vii} and \$19 million which has been claimed by New Zealand wineries.

The current WET rebate is ill-targeted and the original intent of the rebate, which was to support smaller producers, has eroded. The Government should immediately abolish the WET rebate, and if needed, replace the rebate with an industry structural adjustment package that is targeted at areas of need. This would be at a lower cost to Government Than the current arrangements and would more effectively support small wine producers. In addition to abolishing the WET rebate, the Commonwealth Government can also create savings by using alcohol taxation reform to reduce the future costs imposed by alcohol misuse.

The Commonwealth Government must reform alcohol taxation immediately by taking the following actions:

- **Immediately replace the WET with a volumetric tax**

The WET is the most inequitable and inefficient component of the alcohol taxation system. It is the only *ad valorem* tax within the alcohol taxation system and has no consideration of the alcohol content within products. Consequently, it encourages the production of wine that is sold as cheaply as 25 cents per standard drink, allowing people to purchase 40 standard drinks for just 10 dollars. The Henry Review suggested that the WET needs to be reformed as a matter of urgency.^{viii} This is a view that is shared by segments of the wine industry which include Treasury Wine Estate and Pernod Ricard (otherwise known as Premium Wine Brands) who together account for 20.5 percent of Australian wine producers. As an interim step, the WET should be abolished and replaced with a

¹ Reviews that have recommended a volumetric tax be applied to wine include: the 1995 Committee of Inquiry into the Wine Grape and Wine Industry; 2003 Federal Standing Committee on Family and Community Affairs Inquiry into Substance Abuse; the 2006 Victorian Inquiry Into Strategies to Reduce Harmful Alcohol Consumption; the 2009 National Preventative Health Taskforce report on Preventing Alcohol Related Harms; the 2010 Victorian Inquiry into Strategies to Reduce Assaults in Public Places; and the 2011 WA Education and Health Standing Committee Inquiry Into Alcohol.

volumetric tax rate of no lower than \$17.39 per litre of pure alcohol (Lal); a rate which takes into consideration the net revenue currently collected from the wine industry.

- **Work with the state and territory governments to mandate the collection of alcohol sales data to be used in prioritising further reform**

Alcohol sales data needs to be collected by all states and territories and made publicly available to inform alcohol taxation reform. Currently only Western Australia, the Northern Territory, Queensland and the Australian Capital Territory collect sales data.^{ix} The Australia National Preventive Health Agency (ANPHA) should be tasked with working with the jurisdictions to collect this data and to identify other datasets which can assist in providing better information to policy makers.

- **Carry out an analysis of the alcohol taxation system and develop and implement a longer term plan for alcohol taxation reform**

As well as reforming the WET, a comprehensive alcohol taxation reform plan must be established to address the many inconsistencies in the current alcohol taxation system. In prioritising inconsistencies for reform, consideration needs to be given to the alcohol content of the product, the product's propensity to cause harm, and the production and consumption impacts of the distortion. This longer term reform plan must establish permanent taxation rates per litre of alcohol for wine, cider and other fruit based products, and for other beverages including beer, spirits and premixed beverages.

2. Invest in a comprehensive public education campaign based on the NHMRC Guidelines to Reduce the Health Risks from Drinking

The *National Health and Medical Research Council's Guidelines to Reduce the Health Risks from Drinking (NHMRC Guidelines)* summarise the current evidence-base on risk levels associated with alcohol consumption, for the all adults, young people, and women who are pregnant or breast-feeding. The NHMRC Guidelines have now been in place for three years, yet there has been no comprehensive education campaign to promote them. As a result, Australians' knowledge of the guidelines is extremely poor. A poll of 1,009 Australians conducted by Galaxy Research in 2011 found that only 12 percent were familiar with the content of the NHMRC Guidelines.^x

An evaluation of the limited promotion material regarding the NHMRC Guidelines commissioned by the Department of Health and Ageing (DoHA) astutely points out that: "The guidelines will not engage the community nor influence attitudes towards the consumption of alcohol merely by virtue of their existence or being the 'official' recommendations".^{xi} The Government must fund the ANPHA to undertake a comprehensive public education campaign to promote the messages in the Guidelines.

This comprehensive campaign must be appropriately resourced and:

- **Use a broad range of media to promote messages targeted at the general public, women of child-bearing age and their partners, and people in the community identified as being at risk of alcohol dependence**

International evidence on successful public education campaigns on low risk drinking levels have demonstrated that multiple media must be used. For example, Canada's successful 'Born Free' campaign about abstaining from alcohol during pregnancy involved disseminating information at the point of sale, as well as the promotion of key messages through television, radio and print media.^{xii}

The 2009 NHRMC Guidelines contain four evidence-based guidelines which include guidelines on reducing the short and long term harms of alcohol consumption, a guideline recommending that young people under the age of 18 years delay commencing alcohol consumption for as long as possible, and a guideline advising that 'not drinking is the safest option' for women who are pregnant and breastfeeding.^{xiii} Public education campaigns on the guidelines must therefore include specific messages for young people and specific messages for women.

- **Include specific materials and training on the NHMRC Guidelines for health professionals including general practitioners, nurses, psychologists and alcohol and other drug workers**

There is concern that knowledge of the NHMRC Guidelines is low among health professionals. In particular, the guideline regarding safe levels of alcohol consumption during pregnancy does not appear to be well known among health professionals. A 2005 study of 659 health professionals from Western Australia who had cared for pregnant women, found that only 13 percent provided advice to these women about alcohol consumption during pregnancy that was consistent with the NHMRC Guidelines.^{xiv}

General practitioners, nurses, psychologists and alcohol and other drug workers are ideally placed to opportunistically intervene with people thought to be drinking at risky levels. They must also be able to advise women who are pregnant or planning pregnancy as to safe levels of alcohol consumption during pregnancy. Consequently, it is critical that health professionals are provided with the latest evidence on low risk drinking levels for the general population and for pregnant women so they can communicate this effectively as part of routine practice or brief intervention. Effective promotion of the NHMRC Guidelines with health professionals will help to ensure this.

- **Be implemented in partnership with local organisations such as Medicare Locals to ensure effective promotion of the campaign at the community level**

At a community level, Medicare Locals have a role to play in reinforcing campaign messages and could also contribute to the communication of targeted messages for specific communities and regions. Medicare Locals are an ideal vehicle to promote educational campaigns for health professionals on the messages of the guidelines as well as campaigns for the general public because of their strong connection with primary care providers.

3. Fund the development and implementation of a national plan for Fetal Alcohol Spectrum Disorders

Fetal Alcohol Spectrum Disorders (FASD) are the leading preventable cause of non-genetic, intellectual disability in Australia but have received little attention from governments in Australia. Despite this, there is no diagnostic tool for FASD, no clear indication of prevalence, no prevention campaign and very few targeted services. When FASD specific programs have been developed, they have often been ad hoc and inconsistently applied across states and territories. The Government must fund the development and implementation of a national plan for FASD in the same way that it has done for mental health. The plan must include clear actions, targets and outcomes. Because there is no cure for FASD, this plan must focus on measures to prevent the disorder and provide optimal support to people living with the disorders.

At a minimum, a national plan for FASD must include the following actions:

- **A national prevalence study that documents the number of new and existing cases of FASD in Australia**

The exact prevalence of FASD in Australia is unclear. Recent research estimates that the prevalence of Fetal Alcohol Syndrome (FAS), one of the four conditions defined within the spectrum, is between 0.06 and 0.68 per 1,000 live births.^{xv} However, experts believe this is a significant underestimate. Obtaining an accurate estimate of the incidence and prevalence of FASD is vital in understanding the scale of the problem and ensuring adequate resourcing of prevention and intervention programs for FASD.

- **The development of, and training in, the use of a standardised diagnostic tool to assist health professionals in diagnosing FASD**

There are currently no national guidelines for the screening and diagnosis of FASD. While some work is being done to develop a national diagnostic tool, further resources are required to ensure that when the tool is completed, it will be implemented consistently across the country. Training health professionals (including paediatricians, general practitioners, health workers, maternal and child health nurses, midwives, psychologists and psychiatrists) on how to use the diagnostic tool is of equal importance. The absence of a diagnostic tool has resulted in a lack of awareness among health professionals on diagnosing FASD. A West Australian study of 1,143 health professionals found that only 12 percent could correctly identify all the features of FASD.^{xvi} A similar study of 132 paediatricians found that only 18.9 percent correctly identified all diagnostic features of FASD.^{xvii} There is a need to immediately develop a diagnostic tool with guidelines for health professionals so that FASD are diagnosed and people with FASD are appropriately supported.

- **Provide support to people with FASD, their families and carers**

There is currently a lack of support options available for people with FASD, their families and carers.^{xviii} Because FASD is not recognised as a disability, people with FASD, their families and carers are not eligible to receive the Government support that other people with disabilities are able to receive.

People with FASD often experience difficulties in forming relationships, acquiring an education and gaining and maintaining employment. The families and carers of people with FASD often face considerable financial and emotional hardships. The pressure on the families of people with FASD is immense and it is estimated that 85 percent of children with FASD in Australia are in the care of grandparents and or other relatives/ foster parents or adoptive parents.^{xix} Primary carers often give up work to care for children with FASD and can spend a great deal of time navigating health, education and criminal justice systems in order to receive the correct level of care. Funding for family and carer support groups is required to ensure that people with FASD and their carers are supported in managing their condition and optimising their life outcomes.

4. Build Australia's capacity to produce timely, evidence-based alcohol research and policy

The development of sound policies to reduce alcohol-related harms is contingent on up-to-date research that provides reliable, robust information on patterns of alcohol use, the epidemiology of alcohol related harms, the social and economic costs of alcohol use and the factors that influence alcohol consumption behaviours. To provide this, the Government must:

- **Fund an Australian Burden of Disease Study**

The Australian Burden of Disease (BOD) Study is a foundational piece of epidemiological research that indicates the relative contribution of over 170 diseases and 14 risk factors (including alcohol misuse) to premature mortality as well as current and future disability.^{xx} It is a critical piece of work for determining optimal resource allocation for the prevention of disease and for service delivery for people who are currently living with disease. The last BOD study was published in 2007 and in most part used data collected in 2003 although some data was older than this. However, there is no funding available to continue a *new* national BOD study, despite the fact that the data is becoming out-dated, and that a new global BOD study is currently being completed for publication later in 2012. It is in the interest of Australian public health to continue to fund this study. For alcohol policy specifically, it is of critical importance because the associations between alcohol misuse and liability for cancer and cardiovascular diseases have changed significantly since 2003 as a result of new research. Without a new national BOD study, policy makers will be making incorrect assumptions of the relative contribution of alcohol misuse to death and disability in Australia.

- **Fund robust and comprehensive economic modelling that provides reliable estimates of the social costs of alcohol consumption and the price points at which consumption patterns change**

ANPHA has been tasked to undertake work on a plan to develop a nationwide minimum floor price for alcohol. As part of developing this plan they must also develop a public interest case for a minimum price for alcohol in Australia which includes a review of the evidence around the harms associated with cheap alcohol and a description of the mechanisms that can be used to influence consumption, including price.

Robust economic modelling on issues such as minimum price and alcohol taxation need to go beyond the minimum pricing proposal that ANPHA has been tasked with, and build on the minimum pricing work that has been conducted by the Sheffield University in the United Kingdom. This work, referred to as the “Sheffield Study,” modelled the impacts of 18 different alcohol pricing scenarios on alcohol consumption and health outcomes in 54 population sub-groups which include moderate, hazardous and harmful drinkers disaggregated by sex and nine different age groups.^{xxi} The 18 scenarios included seven which examined different minimum price thresholds only, two which examined two different sets of on and off trade minimum price thresholds; six which examined the impact of bans on discounting at different thresholds; and three which examined across-the-board price increases on all beverages or on and off trade beverages only. This work has been extremely useful in informing policy debates on minimum pricing in the United Kingdom.

The Government needs to fund robust, comprehensive economic modelling that provides reliable estimates of the social costs of alcohol consumption and the impacts on alcohol consumption of changes to alcohol policy such as through alcohol taxation reform, changes to minimum pricing, banning discounts on alcohol products and restrictions to alcohol availability. This modelling should also be able to determine the price points at which alcohol consumption patterns change.

ANPHA must be adequately resourced to undertake and or commission such comprehensive research and modelling and must collaborate with the Department of Treasury on this work. Mechanisms are required for this research to be shared between governments, private industry and public health stakeholders in a timely manner.

- **Fund an updated ‘Harm to Others’ study in Australia**

The ‘Harms to Others’ study is innovative Australian research which attempts to estimate the harms alcohol misuse causes to persons other than the drinker. The study resulted in the development of a publication, *The Range and Magnitude of Alcohol’s Harm to Others*, which was the first of its kind internationally to quantify the third-party harms from alcohol and estimate the cost of these harms to the community.^{xxii} The study examined the number of Australians affected by the drinking of others, who these affected people were and their relationship to the drinker, how they were affected and harmed, and the costs of these harms in time, trouble and out of pocket expenses.

This research is crucial for alcohol policy because, like the first forays into the impacts of passive smoking, it demonstrates the enormous scale of the third party harms of drinking. The first study was conducted in 2008 with findings published in 2010. Funding a second wave of this study would be invaluable in providing time series data to compare against the first study allowing an assessment of whether the third party harms of drinking have improved or worsened. For this data to be most useful, a second study should occur in 2013, which is five years after the initial survey. Having a first and second wave of harm to others would also provide an opportunity to evaluate the impact of policies and programs that have been introduced since the first wave of harm to others, on third party alcohol-related harms.

5. Recapitalise FARE

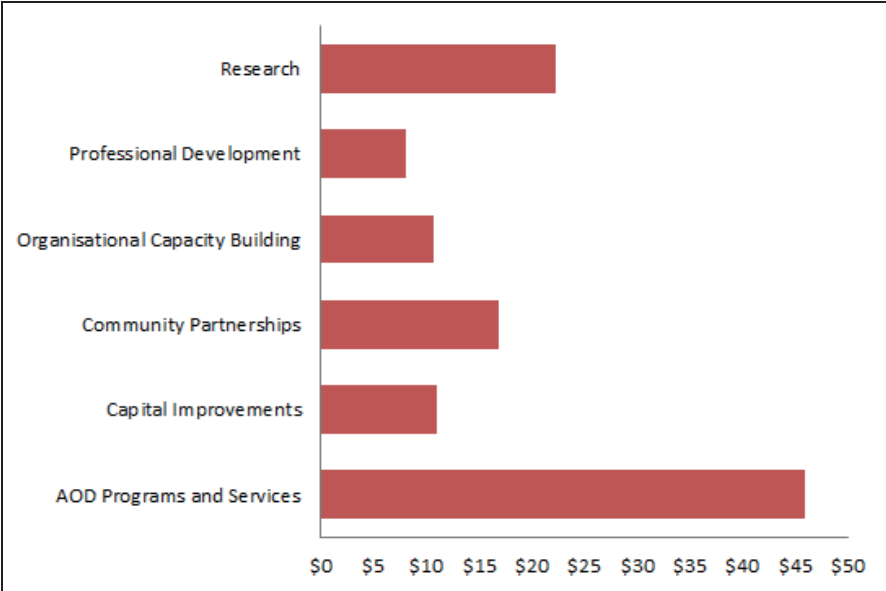
FARE was established by the Parliament in 2001 with a one-off appropriation of \$115 million over four years. The objects of the Foundation, set out in the *Alcohol Education and Rehabilitation Account Act 2001*, were to use these funds to prevent alcohol abuse, support evidence-based alcohol treatment and prevention programs, and to promote community education that encourages the responsible consumption of alcohol.

Addressing alcohol-related harms requires a range of responses, from research that leads to a better understanding of the issues, to information and assistance to communities so they can better respond locally, to nation-wide public education campaigns, and of course public policy that is evidence-based. All of this and more is required to change Australia’s harmful drinking culture.

Since its creation FARE has responsibly and effectively managed the distribution of the original \$115 million to create a momentum for change on alcohol related issues.

About \$45 million has been allocated to support alcohol treatment programs and services, more than \$10 million was invested in capital infrastructure to support these services, and over \$30 million went to addressing endemic alcohol problems in Indigenous communities. In doing this FARE has established enduring relationships with more than 700 organisations around Australia.

**FOUNDATION FOR ALCOHOL RESEARCH AND EDUCATION PROJECT FUNDING CATEGORIES:
2002 - 2012 (\$ million)**



In addition, FARE has established the Centre for Alcohol Policy Research in partnership with the University of Melbourne and the Victorian Government, funded the ground-breaking research *The Range and Magnitude of Harm to Others* and invested in organisational capability improvement of critical alcohol and drug sector organisations.

FARE has also been an efficient vehicle for the delivery of assistance to communities. It has managed the disbursement of funds in a cost-effective and timely manner, which has been widely appreciated by the many grant recipients.

FARE's work has complemented the work of all jurisdictional governments including the Commonwealth.

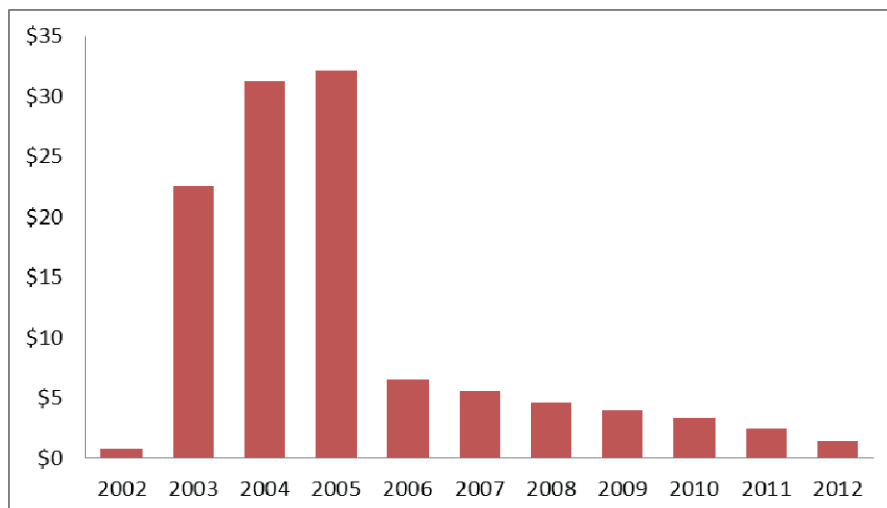
Arguably the decision to establish FARE has resulted in greater benefits than originally contemplated by law-makers. FARE has achieved much more than the efficient disbursement of the \$115 million. It has established itself as one of Australia's most reputable public health organisations in the alcohol sector.

One result of these efforts has been that the public focus on drug policy has progressed to include a greater focus on the large cost of alcohol misuse in the community, an area which was largely overlooked before the Foundation's establishment. By investing in a better understanding of the issues, FARE has played a role in refocusing debate onto alcohol as the more critical issue for governments, which according to one estimate is reported to cost the Australian community more than \$36 billion annually.

While the Parliament contemplated the Foundation continuing in perpetuity, it may have seen the original appropriation of \$115 million as a one-off contribution; particularly given the circumstances under which the funds became available. However, it was not until 2006 that FARE made the necessary decision to provide for its financial future by establishing its perpetual fund. The creation of the Foundation's fund, currently valued at \$22 million, recognised that the Foundation required a viable corpus if it was to operate in perpetuity and continue as a philanthropic organisation.

However, this corpus only provides limited funding capability. Funds available from the corpus are insufficient to maintain both the policy and grant making capability that has been built up over the past decade. It is this latter role that is valued by FARE's nearly 700 grantees, particularly the smaller community-based organisations.

**FOUNDATION FOR ALCOHOL RESEARCH AND EDUCATION PROJECT FUNDING APPROVALS:
2002 - 2012 (\$ million)**



As can be seen by the chart above, FARE's support for research, treatment, community grants and other projects has progressively diminished to a point where uncommitted funds for the next three years are less than \$1 million.

The Foundation proposes that the Government engage with FARE about the opportunities to recapitalise FARE's corpus in the interest of supporting a critical part of Australia's drug and alcohol infrastructure. As the only specialist alcohol-focused charitable organisation in Australia, FARE's role is vital in so many ways and particular attention needs to be given to preserving and sustaining this capability.

FARE has many strengths. It is cost-effective to operate and an adaptable organisation that is able to respond quickly to prevailing issues and emerging needs. Its independence allows it to pursue public policy issues that governments frequently find hard to initiate action on. The Foundation is a counter to the vested interests of the alcohol industry.

FARE will continue to play an influential role in shaping alcohol prevention, intervention and management strategies in this country. However, it needs support from the community, the corporate sector and government to have an enduring future.

We look forward to entering a dialogue with the Government about recapitalising FARE's corpus and sustaining the good work of the past decade.

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