

National Preventative Health Strategy

Goal:

- * minimising early consumption of alcohol and other drugs and associated harm by marking 'coming of age' with formal personalised family or group Citizenship Ceremonies for all 18 years olds on Australian Citizenship Day (17 September) delivered by suitably trained and appointed celebrants as a community development/ community education strategy
- * raising awareness of all the rights (not just drinking or driving) and responsibilities that come with adulthood and active citizenship in an advanced democracy, including an associated process for Citizenship celebrants to register those 18 years old to vote.
- * changing community attitudes by promoting a climate of celebration, where the consumption of alcohol, other drugs and other substances such as foods with high fat, salt and refined sugars, is not the main focus of the *celebration ie "have ceremonies in your celebrations" or "party with a purpose"*
- * promoting a concept that healthy growth to maturity through various life stages, involves the development of qualities of civility (courtesy/ respect), compassion, creativity, cooperation and justice ("a fair go")

Theme:

Keep Safe - Celebrate Together

Sub-themes:

Celebrate:

- * **Civility** (*being civilised ie Cooperation, Compassion, Care, Courtesy, Chivalry*)
- * **Creativity** (*to celebrate and encourage different talents and interests*)
- * **Companionship** (*partnerships, family and friendships groups*)
- * **Citizenship** (*valuing justice - "a fair go", free speech, diversity and community*)

Strategy:

The development of 'Citizenship' celebrant program under the federal Attorney General's jurisdiction, similar to and coordinated with the Marriage Celebrant Program.

Components:

1. the distribution of a Citizenship Pack for all eighteen year olds

Pack to include:

- a. A Certificate of Citizenship with Australian Crest and summary of Rights and Responsibilities of Citizenship on the back
- b. A Voting Information Pack with an Electoral Roll application form
- c. A Citizenship Right and Responsibilities information pack

Note:

- * Currently there are approximately 8,000 federally appointed marriage celebrant providing civil marriage services to the Australian community. Approximately 70% of celebrants are mature people with backgrounds in teaching (school, adult or other education), nursing or other health services, welfare services or other community services backgrounds.
- * The Certificate IV in Celebrancy from February 2010 will be in minimal requirement for appointment as a Civil Marriage Celebrant in Australia.
- * such a pack could be distributed via the same system (Canprint) as the current Marriage Certificate and associated information sheet and forms.
- * Pack to 18 year old and fee to celebrant for distribution to be funded by the federal government.

2. The role of federally appointed Citizenship Celebrants would be to apply for and distribute the Citizenship Pack – free to 18 year old - a set fee to celebrant paid by Government. This would involve

- * utilising civil celebrants as a community development/ education strategy to bring about a cultural change in the way celebrations are conducted in Australia - through personalised meaningful family and/ or local group based ceremonies. Such an approach has evolved in Australia since the introduction of the Civil Marriage Celebrant Program by the Federal Government in 1973
- * checking Birth Certificate and identification documents to verify age and identity, applying for and distributing the Citizenship Certificate either personally or with ceremony
- * providing the applicant with the Electoral pack and the Citizenship Right and Responsibilities pack with some basic explanation of the contents of both.
- * ensuring the application for registering for the Electoral Roll was completed, providing assistance where required, and the celebrant sending in the Application to the Electoral Commission
- * providing the applicant with their Citizenship Certificate in the context of the agreed ceremony – either individually, or family context or group context - involving teenagers and parents in the planning and delivery of such ceremonies
- * Such ceremonies to acknowledge traditional landowners as the federal AG currently does in all his speeches.
- * Ceremonies, involving more than the celebrant and the applicant, could be provided on an extra fee for service basis paid by the applicant's family or other such group and delivered preferably as personal family ceremonies, thus involving different generations, or group ceremonies involving a number of different family or other groups
- * The current appointment of civil marriage celebrants could be expanded to incorporate the Citizenship celebrant program thus not duplicating existing resources. Funding could need to be allocated for the set up, implementation and administration of the program – utilizing most of the first years budget in step up of the infrastructure needed, then second years on training and resources, then the program to be fully operational in the third year.
- * Celebrant associations could take a leadership role in coordinating local group ceremonies.
- * The Certificate IV in Celebrancy could be expanded to include electives designed to provide the background information on coming of age ceremonies and citizenship in the Australian context. Units could include:
 - coming of age ceremonies historically
 - health welfare and social information relevant teenagers and to Citizenship ceremonies

- Summary of Australian citizenship history
- Australian Citizenship Right and Responsibilities including Australia's involvement in application of Human Rights and Responsibilities.

The latter would also meet some of the recommendations of the 2009 Human Rights Consultation Recommendations.

3. the expansion of the annual Australian Citizenship Day to a citizenship day for all Australians turning 18 in that calendar year. The day, 17th September, could be suitable to avoid exam time and maximize participation.

* This proposal does not intend to replace the existing Citizenship ceremonies administered through local government for those not already Australian citizens. However it would allow all overseas born Australian citizens who acquired their citizenship via their parents, to participate in such ceremonies when they reach 18 years.

* This day, or a day close to this date, could be used for family and group ceremonies. This date is between August when HSC trials are held and October when the HSC exams are held.

* Australia Day has a lot of existing programs and the Citizenship ceremonies for new overseas born citizens, which could build upon the Australia Citizenship Day, but not compete with this, as they would primarily have different modes of celebrating citizenship. The former more at very large scale events, Australian Citizenship Day at more personal individual family or combined family / friendships groups level

* Australia Day has many families on holidays in January, young people left school and already turning to new social groups or traveling overseas, and Australia Day is not universally supported by Aborigines (some have termed it as 'Invasion' day).

* 17 September celebrates the fact that Australian citizenship was first introduced in 1949 with the enactment of the *Nationality and Citizenship Act 1948*. Before this, most Australian residents were British subjects. The Act granted aborigines the right to citizenship and voting, but the federal government did not act upon this aspect.

See: http://www.citizenship.gov.au/events/citizenship_day/.

* The concept Citizenship Ceremonies for young adults in effect combines "affirmation" ceremonies under the one unifying title of Citizenship ceremonies for all Australians turning 18 whether Australian or overseas born – to be organized by civil celebrants. Until recently the emphasis has been on affirmation ceremonies for Australian born people with little publicity or recognition.

Rationale:

A. The primary premise of this submission is that many of the substances currently of health concern have been associated with the celebration of rites of passage throughout the life cycle of individuals and communities for thousands of years.

In Anglo-European history, substances as alcohol, refined sugars, animal fat (the "fattened calf" or pig) were

* available in relatively limited supply or strength because of the seasonal nature of the plants (and some animals) that were used to make them, the primitive and time consuming techniques of production, and the geographic isolation of the areas where they were found and the communities that used them.

* used for medicinal purposes to treat wounds or illnesses or harsh living and working conditions, or

* used at times of special celebration as "treats" because their "special-ness" and within religious rituals because of their potency to alter states of consciousness.

Thus the use of these substances were 'contained' within specific community and / or religious practices.

Relatively recently in mankind's history, various factors have increased the level and style of consumption of these substances, such as :

- improved technology for increased concentration and better packaging of substances
- improved techniques of food preservation
- mass production and decreased lower prices
- associated industrialization systems
- globalization
- faster transport systems and mass outlets such as supermarket chains
- traditional family-based communities affected by changing employment opportunities
- improved information technology and mass communication tools
- mass marketing and corporate business practices
- increasing challenges to religious beliefs and traditions

The combined effect has made a wide variety of foods, alcohol and other drugs, refined sugars, factory feed animals with high fat content, and other substances, much more readily available and accessible .

B. Many of the rites of passage, that were marked by ceremonies, were celebrated in times past by religious celebrants.

The move away from strict religious faiths and observances in the last century and the increase in the multi-cultural nature of Australia, means many families are left with just the "dessert" (food and drinks) and no "main course" (ceremony) in the special occasions they celebrate.

However, the underlying psychological (spiritual) and social needs of humans for structure (ritual) in times of change remains unchanged. Likewise, the need for meaningful value systems to provide hope and security in living life in the face of death (one's own and others).

What has changed is the community's support of such traditional religious and other structures that used to provide such support.

So there is a need for:

- a more inclusive ritual and ceremonial structural alternatives such as that developing in Australia through the Civil Marriage Celebrant program and
- a universal value system such as provided by the Universal Declaration of

Human Rights.

C. As teenagers are in a time of experimentation with alcohol and other drugs and represent a new market for alcohol and other drug 'suppliers', capturing this market at this age can also mean gaining long term customers for the particular substance.

Adult drinking and drug taking habits are usually well entrenched and stable. It is unlikely that adults who are non-smokers or drinkers will experiment and change their patterns of use.

Mass marketing strategies by manufacturers and distributors of alcohol and other substance have developed in sophistication and effectiveness in the last fifty years.

Latest brain research results also show the importance of strategies aimed at delaying the commencement of experimentation and regular use of alcohol and other drugs as the human brain is still developing in late teenage years and into the early twenties.

Professor Hickie's article ¹ titled Alcohol on the Teenage Brain³, draws attention to detrimental affects of alcohol on decision making with its associated poor assessment of risk taking behaviours and the increased potential for the development of long term alcohol related problems related to the age young people commence drinking alcohol.

Teenagers are also facing a world of increasing instability as regards the environment, economy, employment opportunities, access to housing, social cohesiveness.

Thus strategies aimed increasingly intergenerational and peer support and strengthening family, friendship and community bonds are a high priority.

D. Changing cultural attitudes and practices are not easy – especially those that have developed over centuries and still resonate in our language and practices from times even further back (*eg tying the knot a Celtic fasting wedding ritual*) - but change is achievable

* Relatively simple strategies can have broad positive impacts at the level of primary prevention. For example, random breath testing has not only changed drive-driving practices, it has also provide many people with a socially acceptable reason not to engage in heavy drinking practices.

In 1973, a little under only four decades ago, the Civil Marriage Celebrant Program was commenced. A world first in the authorizing of citizens on behalf of the federal government to perform civil marriage ceremonies for the Australian community. In less than 40 years, the percentage of civil marriage conducted have gone from around 10 % (registry office only) of over 60 % (registry office and independent civil celebrants).

More importantly independent civil celebrants have been called upon to perform other civil ceremonies. For example: civil funerals, welcomes to family (baby namings), renewal of vows, commitments, and in more recent years wedding anniversaries and birthday ceremonies.

E. Of primary importance in this celebrancy field is the evolving of uniquely "Australian" way of celebrating important personal and family events to meet community need.

The keys components are that such ceremonies are that they are increasingly:

- * creative
- * meaningful with emphasis on universal values that all societies agree are healthy
- * tailored to the needs of the individual, couple and/or family involved
- * inclusive by being sensitive to differing religious and cultural backgrounds of the participants and their guests

Therefore civil celebrants have been performing an important function in our multi-cultural society in providing inclusive ceremonies that are meaningful and memorable, not only for those that hire their services, but for the extended family and friends and other guests.

F. Therefore the premise of this submission is that the creation and appointment of Citizenship Celebrants to would be a relatively simple, economical, and effective strategy to

* focus on the reason for celebration by the inclusion of ceremony in the celebration, rather than focusing the drinking and eating that traditionally was an associated activity

* increase awareness of the full range rights and responsibilities of citizenship of specifically young Australians entering adulthood, and indirectly the peer group and family support system of the young adult – not just the right to drink and / or drive

* increase the number of 18 year olds enrolled to vote, and associated awareness of basic components of Australia's democratic structure and the civic responsibilities of all adults.

* strengthen the 18th Birthday as a family and friendship based event as the primary coming of age

* provide parents and others with a much boundary between adolescence and adulthood

Note:

* The lowering of the drinking age has:

- *blurred what was the 'clear boundary' of the 21st Birthday celebration and the entry into adulthood, and thus as being mature enough to drink responsibly*

- *left parents and other community leaders without clear guidelines around which to educate on a whole range of issues that affect teenagers. And in particular, the age around which to allow teenagers access to alcohol.*

* The 18th Birthday Party has in an ad hoc way, become a defacto 21st, but without clear family and community involvement and support for this new "coming of age".

* Teenagers are increasingly wanting to celebrate their 18th, with a party without

adults involvement.

G. Effective community education strategies are not "one-off" sessions, rather a series of "sessions" over time.

Likewise to change behaviours requires a number of key components:

* Information * Values clarification * Skills * Support

There will be many other programs, school based, health and media based etc. that will also provide input in these areas. However, parental and family role modeling has significant impacts as do peer relationships.

Alcohol and other drug education principles support the need for social environment that are met a delicate mix of conditions. See Appendix 1 part X

As noted previously 70% of celebrants are mature people with backgrounds in education, health, welfare or other community services.

Having a "Citizenship" ceremony for all 18 year olds will give focus to and facilitate the development of "coming of teenage" ceremonies / celebrations, where the need for supportive peer relationships during the following five years in the lead-up to coming of adulthood can be reinforced.

In particular alcohol and other drugs are factors in young people experimenting with other legal and illegal drugs, sexual and other behaviours that could be delayed or perhaps avoided together by the later onset of drinking. The use of alcohol as a factor in unwanted and unprotected sex also contributes to the rate of sexually transmitted disease and unplanned pregnancies in our community,

Thus contact with families and young people at the beginning of adolescence, akin to the Jewish Barmitsfa, could be strengthened in a similar way to the relationship between the Betrothal (*now downgraded to an Engagement party*) and Marriage as originally practiced.

Civil celebrants are increasing becoming 'family' celebrants being called upon to celebrate a baby naming, then the marriage of the parents, a baby naming for another child, a funeral for an extended family member, a wedding anniversary.

Including adolescent and citizenship (adulthood) ceremonies would enable civil celebrants to bring a series of 'community education' components to family through a whole of life approach in ceremonies.

H. Building electives for a federal government appointment as a 'Citizenship' celebrant into the Certificate IV in Celebrancy Vet course, will strengthen community development and community 'education' aspects of celebrants work.

As the Certificate IV in Celebrancy is within the Community Services and Health sector of the national VET program, such electives would enable the best practice and research based knowledge to be included from those associated VET units best able to inform celebrants work.

Community development is a community interactive process over time as is community education.

At present there is little that counter-balances the massive community 'education' effects of advertising and other mass marketing strategies of companies and

others that profit from the sale of alcohol and other drugs, refined sugars and other substances that affect the physical, mental and social health of Australian communities

I. Preliminary estimates of the cost of this proposal would be average 4 million per annum – only a tiny fraction of what alcohol and other drugs costs all sectors of government, industry and the community.

Chief Executive Officer (CEO) of ADCA, Mr David Templeman, said today the annual alcohol-related cost was \$15.3 billion, and that there were more than 42 million occasions of binge drinking in our nation each year.

Thus the national cost of these problems, would be far higher if adding the costs of other drug related problems that involve significant proportions of the work of government services- such as police, accident and emergency departments, orthopedic and other hospital services, mental health and community health services, refuge and other accommodation services, income support and other welfare services, domestic violence and related services.

The estimate for this Citizenship for All Eighteen year olds program is based on approx \$70 per 18 year old pa for the 3 components of the pack and a fee to the civil celebrant. The Australian Electoral Commission Statistics at 31 December 2009 has the number of 17 year olds 54,895

Utilizing and coordinating existing people, resources and structures as an extension of a current program is much more economical and has greater chance of producing widespread positive results.

Appendix 1

It is assumed that the Commonwealth Department of Health has all the latest statistics and research into the use of alcohol and other drugs, other substances of concern and associated health (physical, psychological and social) problems.

Below is a general summary of information as related to this submission.

Health related factors

1. Alcohol and other drug related problems are the outcome of a complex interaction of a number of factors.

2. At a primary prevention level, the overall level of use and associated problems with a particular substance (*that has toxic or harmful effects on the body, or marked changes in brain chemistry and thus changes in cognition / consciousness and the ability to assess risky behaviors*) is affected by

- **Social Custom and Cultural Practices**
- **Its Physiological Effects and the Biological make-up of users**
- **Its Availability**

- **Its Accessibility**

A. Social Custom and Cultural Practices

Some substances are more widely used in some countries. Customs and habits through the centuries and any social concerns about real or perceived harm of various substances used, are reflected in the different drug (and associated laws) adopted by different countries.

There are three main reasons why alcohol and other drugs are used at a personal and community level.

a. religious customs – the search for 'god', self identity and reason for existence is as old as time. Mind altering drugs have for centuries played an important part in religions as people individually and universally continue to seek spiritual answers to life

b. medicinal purposes – Alcohol and other drugs have been used for thousands of years to treat a broad range of illnesses and disease. The major use of psycho-active drugs have been to alter consciousness to alleviate physical pain (*eg anaesthetics for surgery*) or mental/ emotional pain, difficulties illness (*eg anti-depressants or anti-psychotics*)

b. social functioning - the use of certain drugs to decrease inhibitions or relieve tension and thus to increase communication have been part of humankind's culture for thousands of years. This may strengthen group bonds but sometimes provoke, isolation by excluding certain individuals), aggression or violence.

Cultural attitudes to the substance, level of use, intoxication, abstinence, and associated harm are social determinants affecting use, legal strategies and their enforcement, the formal education of citizens and the informal education via the media and role modeling of family members and other users.

In communities with high per capita use of a particular substance, social factors are the predominant reasons for the high alcohol and other drug use and its related problems.

In communities where the overall level of consumption of a 'toxic' substance is high, the rate of physical health problems in that community is high.

eg In countries with high per capita consumption of alcohol there are high rates of physical health problems associated with its use. NB

Australia is in the highest 20% per capita use of alcohol, ranking 32nd out of 180 countries – see table 1 ²

In communities with low per capital use, individual / personal factors are the primary reasons for the high alcohol and other drug use and their related problems.

In communities, where there is high social acceptance of high dose usage or intoxication, there are high levels of alcohol and other drug related problems.

Mass marketing strategies by manufacturers and distributors of alcohol

1	Luxembourg	15.60	2003
2	Ireland	13.70	2003
3	Hungary	13.60	2003
4	Moldova	13.20	2003
5	Czech Republic	13.00	2003
6	Croatia	12.30	2003
7	Germany	12.00	2003
8	United Kingdom	11.80	2003
9	Spain	11.70	2003
10	Denmark	11.70	2003
11	Saint Lucia	11.50	2003
12	Portugal	11.50	2003
13	Cyprus	11.50	2003
14	France	11.40	2003
15	Austria	11.10	2003
16	Switzerland	10.80	2003
17	Nigeria	10.60	2003
18	Belgium	10.60	2003
19	Slovakia	10.40	2003
20	Russia	10.30	2003
21	Lithuania	9.90	2003
22	Romania	9.70	2003
23	New Zealand	9.70	2003
24	Netherlands	9.70	2003
25	Latvia	9.60	2003
26	Niue	9.50	2003
27	Finland	9.30	2003
28	Burundi	9.10	2003
29	Bosnia and Herzegovina	9.10	2003
30	Greece	9.00	2003
31	Estonia	9.00	2003
32	Australia	9.00	2003
33	United States	8.60	2003
34	Argentina	8.40	2003
35	Haiti	8.30	2003

Table 1 Per Capital Pure Alcohol Consumption

and other substance have developed the sophistication and effectiveness in the last fifty years. As teenagers represent a market for new customers, and is the time of experimentation with alcohol and other drugs, so capturing this market at his age can also mean gaining life long customers for the particular substance. Adult drinking and drug taking habits are usually well entrenched and stable. It is unlikely that adults who are non-smokers or drinkers will experiment and change their patterns of use.

In looking at different cultures, the level of consumption and associated harm the relationships there are certain principles to accommodate in designing programs aimed at changing community attitudes to alcohol and other legal drug use.

Such principles are:

- * Alcohol and other drug taking is a learnt behaviour.
- * The substance is OK or value neutral i.e. neither good nor evil. Rather each substance needs to be assessed for its positive and negative impacts of its use, the context of use, and associated harmful behaviours.
- * prohibition of some substances may make them more attractive to some groups
- * Individuals are free to use, or not use within legal limits.
- * Abstinence needs to be respected.
- * Prescription substances need to be used as prescribed.
- * False dichotomies of legal/ illegal use, young/ older age groups use, theirs/ our use can hamper understanding of the complexity of the issues involved
- * High levels of alcohol use (binge drinking) in single occasions is not acceptable.
- * Associated aggression, violence and other behaviours (eg drink-driving) that are not legally sanctioned are not acceptable.
- * High levels of regular use of harmful substances such as alcohol and tobacco are not healthy
- * changing behaviours requires a number of key components: information, values clarification (*attitude change*), skills and support (*personal/ peer/ social*)
- * Adult learning is affected by people's personal experiences and knowledge, their family and peer groups, and thus education programs need to address this issue.

a. Physiology / Biological make-up of the user – toxic effects of the substances on the human body are related to the level of consumption, age of user, sex, specific genetic make-up of the individual, and duration of use. Ie there is both acute and chronic harm caused by the substances themselves.

Latest research confirms the toxic effect of two widely available and legal drugs namely alcohol and nicotine.

Of major concern is the latest research into the effects of substances of the developing human being – especially the brain for psychoactive drugs

and body organs associated with the route of administration *eg mouth, nasal passage and lungs as in inhalation related drug taking behaviours.*

In the context of this submission, Professor Hickie's article titled Alcohol on the Teenage Brain³, draws attention to detrimental effects of alcohol on decision making with its associated poor assessment of risk taking behaviours and the increased potential for the development of long term alcohol related problems related to the age young people commence drinking alcohol.

This research would support strategies to raise the drinking age to 21 years, if other social factors were favourable. For example, if a society were able to turn back its clock to classify the legality of drugs strictly according to potential for physiological harm, then it is questionable as to whether one would be able to access such substances even on prescription.

However for culturally entrenched alcohol and other drug taking behaviours, such strategies such as Prohibition in America, which was successfully in reducing the level of physical related health problems such as liver disease, can have other unwanted side effects. Making a "popular" previous legal drug illegal can create an illegal drug trade with its associated legal and other social harm consequences.

Thus societies have attempted to use other legal, health, economic, production, distribution and strategies to limit the availability and accessibility of harmful substances.

b. Availability – may be affected by political action (legislation governing use and distribution, taxation), techniques and cost of production, environment geographic distribution of the source raw materials

* Improvements in technology and industrialisation has lead to mass production of concentrated forms of alcohol and other drugs *eg the Gin consumption of Britain ten-folded between 1800 and 1825. Nicotine was package into tailor-made cigarettes and substances added to improve its ability to stay alight – it is questionable whether one could have had the time to roll 40 - 60 cigarettes per day whilst performing all the other tasks of daily living including work and caring for one's family.*

* Improved methods of transportation and preservation, especially improved air and seas travel, have exposed populations to substances not previously part of their use.

* Legislative strategies have been tried in societies where high per capita consumption created obvious problems. For example Prohibition in America in early 1900's was a successful strategy in reducing over health related problems in the community such as liver disease. However by making a drug with a long established history illegal, the result was increased crime and legal problems.

* The Peel Royal Commission in England in 1896 brought legal measures

such as no under 16 years drinking and no Sunday trading, at the end of a century which commenced with an ten fold increase in gin consumption in the first quarter of the century.

* Later the legal age for drinking alcohol was raised to 21 years, as it was in Australia.

* With the introduction of conscription for the Vietnam war, the voting age was dropped to 18 years, and then legal drinking age to match. Two of the social indicators of the "commencement of adulthood", thus blurring the Coming of Age between age 21 and 18 years

* Professor Hickie's research into the effects of alcohol on young people confirms that age 21 years is a much safer age to commence use of alcohol, given the fact that the brain is still developing in late teen years.

* This research interestingly confirms observations previous generations have made in settling on age 21 years as a less risky age to start drinking.

* However, broad successful preventative strategies like these take decades to reach their full effect, by which times the next generations can no longer observe the reasons why the legislation was enacted in the first place. Then the program is often modified or dismantled altogether. Consequently it may be another half century before the reasons for the strategy become fully obvious again.

* From a preventative health point of view, raising the drinking age to 21 years would be the simple effective strategy with wide impact and in line with

* Later the legal age for drinking alcohol was raised to 21 years, interesting in line with Professor Hickie's research into the effects of alcohol on young people. With the introduction of conscription for the Vietnam war, the legal drinking age in Australia was dropped to age 18 years as was the age to vote, whereby effectively dropping the age of the commencement of adulthood from age 21 to 18 years

* However legal alcohol and other drug producers and state and federal governments have a complex economic and political relationships which make major legal changes to availability and accessibility very difficult. ie strategies aimed at reducing supply

* Therefore community development and community education strategies to influence attitudes to alcohol and other drug taking aimed at decreasing demand and minimizing associated harm need to be part of the government's range of strategies to address the health consequences of alcohol and other drug use and have a higher priority and support.

b. Accessibility – Cost to the user, number and geographic location of legal and illegal outlets for acquisition of the substance, policing number of distribution points etc can affect accessibility.

* Increased globalisation has made low cost labour sources available thus cutting cost of production thus lower the retail price of certain substances which in turn can lead to increased per capita consumption which in turn increases the related harm. Conversely strategies aimed at increasing the price to the consumer of the substance has been shown to be an effective strategy eg regular price increases via taxation on tobacco.

* Increased accessibility via number and geographic location of legal and illegal outlets for acquisition of the substance eg increased accessibility with alcohol now available in supermarkets etc.

* Conversely policing of laws that for associated behaviours or that require sale of certain products to be restricted to adults has also been successful. That is, the perception of being caught and the resultant cost to the 'offender' can be a deterrent. eg Random breath testing, policing of the sale of substances to 'under-age' users.

* Taxation has been a effective component in the reduction of smoking behaviour in Australia as has the restrictions placed on its use in certain environments such as restaurants and entertainment venues, work places, health care systems, government and other transport systems.

Conclusion

A range of strategies are needed to address the health and welfare consequences of complex human behaviours such as alcohol and other drug use.

Strategies that inform, protect and support children and teenagers are of the highest priority since early use increases the risk of immediate problems as well as long term problems.

Teenagers being the target new market for alcohol and other drug suppliers need counter-balancing strategies aimed at delaying the onset of experimentation and regular use of alcohol, tobacco and other harmful substances.

Bibliography

1. Alcohol and The Teenage Brain: Safest to keep them apart
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2. Per capita recorded alcohol consumption (litres of pure alcohol) among adults (≥ 15 years). This is a list of countries by alcohol consumption measured in litres of pure alcohol consumed per capita in a given year, according to the most recent data from the World Health Organization. Methodology used by the WHO counted use by persons 15

years of age or older.

See: http://en.wikipedia.org/wiki/List_of_countries_by_alcohol_consumption#cite_note-0