Public opinion on alcohol policy: a review of U.S. research. | Goliath Business News

Article Excerpt

Although public sentiments concerning alcohol issues have long been a subject of historical and social research, public opinion in relation to specific alcohol policies has only recently emerged as a research area in its own right. In the late 1970s, Goodstadt et al. stated, "[a]pparently, no sophisticated studies of public attitudes towards [policies regarding] the pricing of alcoholic beverages have been completed" (1978: p. 1630). Approximately ten years later, while Crawford (1987) reviewed 266 studies of a variety of attitudes towards alcohol use and misuse, another review turned up "no published studies of public opinion on alcohol policy in the scientific literature" (Wagenaar & Streff, 1990: p. 190). (Wagenaar has subsequently added to the literature, as discussed later.) Leedham (1987: p. 935) observed that "public opinion data on alcohol and tobacco policy are rarely collected on a regular basis by policymakers. Only where the data feed into decision making in other policy areas, such as taxation policy, is the information collected as part of a data base." Leedham adds that tobacco policy has received more attention than alcohol policy. Thus it would appear that attention given to policy opinions per se has lagged behind that given to generic attitudes towards alcohol. Although the body of literature in this area has been growing, especially subsequent to the U.S. policy development project discussed in this special issue (Greenfield et al., 2004), the literature remains fragmented. Our intention here is to critically review major analyses of public opinion on alcohol policies in an effort to set a benchmark for the field and make suggestions for future research.

The emergence of a coherent agenda for alcohol policy opinion research has the potential to improve both theoretical understanding of the role played by public opinion in public policymaking (Greenfield, 1994) and the evaluation of which public health policy strategies hold the greatest promise of support (Room et al., 1995). While public opinion in and of itself is seldom the central determinant in policy agenda setting, it is in principle an important part of the policymaking mix. A considerable literature in political science addresses the role of public opinion in policymaking (Arnold, 1990; Gozenbach, 1996; Kingdon, 1995, p. 1994; Stimson et al., 1994). Leedham's succinct description is that public opinion "forms part of the context within which strategy is determined and provides an aspect of legitimacy for a chosen course of action," playing a validating role in the policymaking process (Leedham, 1987, p. 935). From a public health perspective, policy opinion research also has the potential to reveal gaps in public understanding of health issues and opportunities for enhanced educational efforts aimed at helping the public understand the rationales for particular policies.

To some extent, the growth of interest in alcohol policy opinion research reflects the shift, begun in the 1970s and established by the mid-1980s, from an alcoholism focus in research literature to an alcohol problems focus generative of a diverse array of public policy proposals directed toward strengthening environmental controls (Edwards et al., 1994; Moore & Gerstein, 1981). Several sources of policy opinion data exist from the earlier period, including federally sponsored research (Harris, 1972, 1973a, 1973b, 1974) and studies of alcohol abuse in a social-problems context (Cahalan et al., 1974; Cameron, 1981; Goodstadt et al., 1978; McKenzie & Giesbrecht, 1981). Starting in 1989 as part of an emerging trend of systematic attempts to address policy opinion in a social epidemiological context, Canadian and American national alcohol surveys added items on specific alcohol control policies. Work reviewed comes from five major data sources on alcohol-related public attitudes and policy opinions: (a) the inclusion of 11 policy opinion questions (see Table 1) on the Canadian National Alcohol and Other Drugs Survey (NADS) in 1989 (Eliany et al., 1992), subsequently used extensively in U.S. national and Canadian provincial and national surveys; (b) the Impact of Alcoholic Beverage Warning Labels Survey conducted by the Alcohol Research Group (ARG) in Berkeley, California, providing both a U.S national cross-sectional data series from 1989 to 1994 and an Ontario, Canada, no-intervention reference series covering the NADS 11 policy opinion item set (Greenfield, 1997a; Hilton & Kaskutas, 1991; Kaskutas, 1993a); (c) ARG's
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In this review we focus on public opinion on alcohol control policies, drawing on published and some unpublished analyses of the data sets outlined above and other research on public support for specific policy preferences. Consideration is given to county- or state-level data (Fischer, 1989; Jones & Greenfield, 1991; Jones-Webb et al., 1993; Moloney & Emanuels, 1995; Wagenaar & Streff, 1990; Wagenaar et al., 1988; Schmid et al., 1990) as well as national-level data. While a sizeable body of non-U.S. data and research reports exists (e.g., Ahlstrom & Osterberg, 1992; Anglin, 1995; Anglin et al., 2001; Bondy, 1994; Cameron, 1981; Casswell et al., 1989; Eliany et al., 1992; Ferris et al., 1994; Giesbrecht & Greenfield, 1991, 1999; Giesbrecht et al., 2001; Goodstadt et al., 1978; Paglia, 1995; Room et al., 1995), we restrict our attention to public opinion research in the United States (Giesbrecht & Greenfield, 1999; Latimer et al., 2001, 2003; Room et al., 1995). In addition, this review focuses on analytic rather than purely descriptive reporting on policy opinion. We begin by reviewing norms around alcohol use and then consider dimensions of public support for specific policy alternatives and critical issues in refining and improving policy opinion research.

Norms, attitudes, and drinking behaviors

Attitudes toward drinking and drunkenness, while known to predict behavior only imperfectly, reflect stances regarding the social location (status and function) and context of alcohol use that underlie the formulation of specific policy preferences. A 1964-to-1984 trend study examined such attitudes by inquiring about acceptable consumption levels in four social contexts: drinking with people from work, with neighbors, with close friends, or among people from church (Hilton, 1991a). In this 20-year period (during most of which time per capita consumption was increasing), three of these four settings became "wetter" (more permissive); only "among people from church," originally a very dry setting, showed no change. These results were interpreted to suggest that norms about drinking were becoming more liberal. In a study of situational drinking norms (defined as subjective levels of acceptable consumption in various situations), Greenfield and Room (1997) used NAS U.S. adult data from 1979, 1984, and 1990 to examine trends in acceptance of "drinking at all" and of "drunkenness." The authors found considerable stability in the normative structure of American drinking during the 1980s, but they noted some changes as well, finding "a diminished acceptability of any drinking in dryer but not in wetter situations, and of heavier drinking in public situations or in situations which will require travel afterwards" (p. 45). These reductions were seen as paralleling the downturn of alcohol consumption in the U.S. from the beginning of the 1980s through to 1990 (Midanik & Clark, 1994), which has not continued beyond 1995 (Greenfield et al., 2000a) and in fact has begun to trend upward (Kerr et al., 2004). Thus, based on studies in the 1980s and early 1990s (the period from 1995 to 2000 has not yet been studied), norms around alcohol use seem to be associated with levels of consumption in the population, as do sociocultural variables.
Attitudes toward drinking and drunkenness have also been looked at in terms of reasons for drinking (or abstaining from drinking) and by regional and gender differences. Using NAS data, Greenfield (1993) found between 1984 and 1990 some weakening over time among abstainers in "goes against religion" as a reason for not drinking, while moderate drinkers' reasons for limiting their intake saw little change, with a majority invoking health reasons. The same trends (downward for abstainers but not for drinkers) continued to 1995 (Greenfield & Klingemann, 1998). In the 1984 NAS data, Hilton (1991b) found that residents of wetter regions (defined in terms of percentage of abstainers and rates of heavy drinkers) reported more favorable opinions toward alcohol than those in drier regions. For men, this difference seemed attributable to regional differences in the proportion of abstainers. For women, differences seemed focused in the South; while there were equally heavy drinking rates and problem levels compared with other areas, Southern women were less likely to report favorable attitudes toward drinking and drunkenness than their counterparts elsewhere. In a similar vein, the Hilton (1991a) study cited above found that Catholics were considerably wetter than conservative Protestants, and men wetter than women, suggesting that the composition of social reference groups can also exert some effect on norms around alcohol use (see also Clark, 1985; Greenfield et al., 2000b).

Caetano and Clark (1999) examined trends in situational norms and alcohol-related attitudes among whites, blacks, and Hispanics from 1984 to 1995, extending the period considered by Greenfield and Room (1997)--1979 to 1990--and investigating ethnic influences. No overall trends in norms and attitudes were seen, but variations between 1984 and 1995 were ethnicity- and gender-specific. Increased conservatism in attitudes toward drinking was seen among black respondents. Demographic predictors of attitudes were also ethnic-specific, again indirectly reinforcing the need to take ethnic group differences into account in policy opinion studies (Jones-Webb et al., 1993).

The overall picture of attitudes toward alcohol is complex. Changes over time in consumption and situational norms beg further research on the nature and direction of the relationships between these, changes in aggregate consumption, and changes in access and availability (see Giesbrecht & Greenfield, 2003; Holder, 1993; Room, 1987, 1991). A focus on the relative continuity of norms and attitudes may obscure changes in tenor--for example, the gradual replacement of moralistic attitudes with health-based ones (Beauchamp, 1988; Greenfield, 1993). Observed regional and gender differences suggest that studies of policy opinion should continue to include such variables and add measures of social context and locally prevailing conditions.

Variation in support by policy issues

Opinions on specific alcohol policies tap both attitudes toward alcohol and drinking, on one hand, and social and political values, on the other. Distinctions between attentive and inattentive populations (Arnold, 1990) and between specific policy opinions and global policy preferences (Stimson et al., 1994) are important to keep in mind in this regard. Global preferences measured by broadly phrased opinion items may not predict judgments about specific policy alternatives made by an attentive and informed public (Page, 1994; Yankelovich, 1991). Like changes in economic and social problem levels (Hacker, 1997), alterations in the gross national mood (Kingdon, 1995) can affect public support for alcohol control policies by shaping the political backdrop against which alternatives are presented and can interact with media coverage (Gozenbach, 1996; Lemmens et al., 1999). In the next section, we restrict ourselves to reporting on levels of public support and to some cautious analyses of underlying dynamics.

Support for an outright prohibition on the manufacture and sale of alcoholic beverages is the only control policy for which public opinion has been tracked for decades (Gallup, 1987; Hilton & Kaskutas, 1991; Room, 1991). Between 1936 and 1989, support for
prohibition has fluctuated between 17% and 38%. As late as 1989, prohibition was favored by approximately one-quarter of the U.S. population--mostly by those who themselves abstain from use of alcohol (Hilton & Kaskutas, 1991). This group constitutes a core of support for stringent alcohol control policies (Greenfield, 1997a).

In a seminal paper on policy opinion, Wagenaar and Streff (1990) reviewed a series of national private opinion polls done between 1986 and 1989. These polls used a variety of questions related to excise taxes on alcohol and/or tobacco. They found levels of support for increased taxation ranging from a high of 81% to a low of 65%. Such high levels of support for increased taxation stand in contrast to less-than-majority support for similar items found in other studies. Notably, question wording in polls finding stronger support for tax increases frequently linked policy alternatives with specific and widely supported policy outcomes (e.g., reducing the federal deficit). For example, Wagenaar et al. (2000) found in a 1997 U.S. national survey that 82% of the adult respondents supported increased alcohol taxes when the item stated that funds were to be used for treatment and prevention of alcohol-related problems. The importance of making a cognitive link between a policy proposal and its intended outcome, discussed in the political science literature (Arnold, 1990) with regard to legislative decision-making, is also relevant to designing and interpreting results of public opinion surveys.

Wagenaar and Streff (1990) also reported on a 1988 telephone survey of the State of Michigan that found "overwhelming public support" (82%) for increased alcohol excise taxes, with support for other measures ranging downward to a low of 31% favoring social host liability. Other highly to moderately supported policy approaches were prohibiting concurrent sales of beverage alcohol and vehicle fuels (74%), administrative driver's license suspension on first driving while intoxicated (DUI) offenses (67%), limiting alcohol outlets (63%), and reducing blood alcohol concentration (BAC) to 0.05 (55%). Of the eight policies assessed, only limiting hours of sale (40%), commercial liability (35%), and social host liability were favored by a minority. Question wording may have affected observed levels of support. For example, the excise tax item read: Increasing efforts to reduce drunk driving will cost money. In order to raise the money, would you favor or oppose an increase in the tax on each bottle of beer, wine or liquor sold to pay for programs to reduce drunk driving? Heavily stressing the problem of drunk driving and the need to generate money that would solve the problem is likely to inflate endorsement in comparison with responses to less "linked" items. During political campaigns, the valence of such links is prone to political manipulation, as in the case of the California tax initiative where earmarking of the "nickel a drink" tax for (among other things) emergency rooms was portrayed in industry advertising as going into the pockets of "greedy" ER doctors.

In another study of policy opinion based at the state level in Minnesota, Schmid et al. (1990) found greatest support for educational programs and increased penalties for selling to minors and for minors caught drinking. Restricting ads on billboards, magazines, and newspapers had low overall support, as did eliminating sales of wine coolers and beer at gas stations and convenience stores. Extremely low support was found for eliminating happy hours or for increased alcohol sales taxes. While one must exercise caution in generalizing from state-level data, Schmid et al. asked a question having potential bearing on generic support for national as well as state policy: Who do you think is most responsible for today's alcohol-related health problems? Individuals, stores, manufacturers, or others? They noted that "the fact that 82% of the respondents indicated that the individual was responsible for alcohol-related problems and the fact that 78% felt the individual was the most important focus of intervention illustrate the dilemma of public health advocates--implementing policies most effective at the population level versus the individual level. Efforts to introduce policies ... should recognize this dilemma and the need for additional public education and consensus building on the value of environmentally based intervention" (Schmid et al., 1990: p. 442).
A similar conclusion was reached by Wagenaar and Streff (1990), who argued that more research on attitudes toward alcohol and alcohol policy is needed to inform educational programs aimed at reducing social costs of alcohol use. However, education and consensus building around the need for and utility of environmentally based alcohol control policies faces a significant obstacle in the form of the cognitive dynamics underlying the prevention paradox: "Mostly people act for substantial and immediate rewards ... [t]heir health next year is not likely to be much better if they accept [the advice of public health experts] or if they reject it. Much more powerful as motivators for health education are the social rewards of enhanced self-esteem and social approval" (Rose, 1985: p. 38). Public opinions on alcohol policy are inextricably tied up with such cognitions, which help explain responses to specific policy opinion items. Implicit or explicit policy objectives, personal salience of specific policies and problems, and the social and jurisdictional context in which a policy is intended to take effect are all plausible contributors to an individual’s opinions (Giesbrecht & Greenfield, 1999; Room et al., 1995).

Typical questions/topics addressed in surveys

Table 1, which presents policy opinion item-wording drawn from selected research reports, highlights such dynamics. Considerable variation can be noted in the specificity of item framing. Variation in response categories can also be significant; Leedham notes that "provision of an ‘indifferent’ category makes a significant difference to the proportion expressing disapproval of the policy" (1987: p. 938), as respondents have a tendency to favor the status quo. Item examples in the drinking age category illustrate the potential for substantially differing policy alternatives to fall under the same rubric (for example, underage purchasing versus sales enforcement (Mosher, 1995), social versus commercial host liability). Table 1 illustrates a part of the range of items that can be adapted for use in future research on policy opinion.

A preliminary conceptual schema

Categorizing the range of control policy options in an effort to understand the dynamics of public opinion has been an issue in the analysis of national data sets. In analyzing the Canadian NADS data and U.S. warning-labels survey data series on policy opinions, Giesbrecht and Greenfield (1991, 1999) divided 11 policy items into a tripartite characterization of policy types (see Table 2). Highest support tended to be for those policies termed "interventions" (including increasing treatment, prevention, and server intervention programs), most of which were favored at above 80%. In addition, one policy from the message-oriented set termed "promotion controls/counter-promotions," beverage warning labels, was supported at around 90%. Other policies in this group tended to have modest majority support: TV alcohol advertising bans and government counter-advertising were supported by about 57%, while support for banning alcohol sponsorship of sports and cultural events was somewhat lower, at about 40%. "Access controls" are viewed with considerable specificity depending on the measure: decreasing hours of sale or raising the drinking age have low support (of course, the drinking age had already been raised in a number of states in the 1980s); in contrast, however, nearly two-thirds of Americans don’t think alcohol should be available in corner stores. The last of the four items in this set, increased alcohol taxation, is supported by approximately half the population, although there appears to be more fluctuation over time in support for this measure than for others (this item is neutral or "unlinked" to desirable outcomes).

The pragmatic conceptual schema developed by Giesbrecht and Greenfield raises a number of questions. The range of policies included in this 11-item set is not exhaustive, and there is variation in policies within each category both in policy content and in level of support, suggesting complex underlying dimensions of opinion. The schema was not designed to assess the extent to which specific policies are perceived by respondents as
personally intrusive and/or politically restrictive. The schema, originally developed in 1991 (Giesbrecht & Greenfield, 1991), was pragmatically adopted by Room et al. (1995). Other investigators, facing similar problems, have wondered whether there is an empirical structure to sets of policy opinions that might make them suitable for scaling. Schmid (1990) developed an additive scale measuring levels of support for control policies that had a moderately high Cronbach's alpha of .80, indicative of adequate internal reliability. This scale was used as the dependent variable for regression analyses predicting overall alcohol policy support from demographics and personal characteristics. In another attempt, Wagenaar & Streff (1990) used cluster analysis to try to organize policies into content groups. They found clusters for server liability, retail availability, and alcohol-impaired-driving countermeasure policies. An analysis undertaken by Kaskutas (1992) used Guttman scaling, Stouffer's H technique, and factor analysis to identify dimensions of policy opinions. Results were mixed, in part because of the limited number of policy indicators available (13). Factor analysis and Stouffer's H technique showed the most promise for future analyses of policy opinion items. Development of true multidimensional alcohol policy scales must await more complete analyses of larger sets of policy opinion, including development of attitude items better covering domains of alcohol policy, the dynamics of policy opinion expression, and better item response scaling. Broad-based studies that include public opinion items on alcohol policies, unless this topic is the sole aim, are unlikely to be able to afford to include a wide range of types of policies, multiple item sets, or item formats needed for a full-dimensional analysis. However, one recent study, promising in this regard, includes scale development as a methodological aim.

Single policy items on specific policies, such as those in Table 1, may be criticized as having limited and unknown reliability. Recently, using a large 1997 U.S. national telephone survey conducted by Wagenaar, Latimer et al. (2003) reported a factor analysis and scale development process based on numerous items designed to assess policy "issues." By including multiple items on a given alcohol policy, they formed scales including the following policy measures: regulate alcohol marketing, regulate alcohol consumption in public places, regulate alcohol distribution, regulate sellers and servers, regulate youth access, increase alcohol taxes, and penalize youth. Cronbach's alphas ranging from .59 (three items on taxes) to .88 (five items on marketing) were obtained (Latimer et al., 2001). It is noteworthy that alcohol taxation items included all identify a link .... to pay for alcohol treatment, .... to lower other taxes, and .... to pay for any government purpose (a fourth item, "tax drinkers to pay for alcohol costs," was not included in the scale). Thus it is not surprising that alcohol taxes so measured have higher support than the non-linked (neutral) question in the NAS, WL and NADS surveys (see Table 1). The development of psychometrically sound "policy issue" scales is a noteworthy development, although the number of policy items required will limit use to specific kinds of study.

Trends in levels of policy support

Pertinent trend data on alcohol control policy opinion come from the warning-label data series, which spans the five years from 1989 to 1994 (Greenfield, 1997b; Greenfield et al., 1993, 1999). Using identical questions and methods during the five-year period, the researchers found considerable stability in levels of public support for alcohol control policies (see Table 2). Linear trends in four of the 11 policies show downward trends in support; only one policy, beverage warning labels, shows a modest increase in support, from 87% in 1989 to 92% in 1994. Most change with respect to warning labels occurred quickly, in the initial pre- to post-implementation period of the federal container warning mandate (Kaskutas, 1993a). In addition, support for increased alcohol taxes, while not showing a consistent change over time, has fluctuated significantly, declining, then rising again to a slight majority of support in 1993 (Greenfield & Kaskutas, 1994), only to descend to a low of 43% the following year (Greenfield et al., 1995). These fluctuations might be linked to the rise and decline in the public salience of and support for national
health care reform in the early 1990s (Hacker, 1997). Finally, there was a consistent trend for all remaining policy opinions, including those that did not change significantly, to show declining levels of support of a few percentage points. Generally, the changes over time that were observed were modest in comparison both with the differing preferences for various policies and with cross-country differences (e.g., U.S. vs. Canada) (Giesbrecht & Greenfield, 1999).

This can be seen graphically in Figure 1, which includes, in addition to results from the warning-labels series in Table 2, data from the most recent NAS survey also conducted by telephone in 2000. It should be kept in mind that the gap between 1994 and the final 2000 epoch is in fact longer than the range displayed from 1989 to 1994. The continued decline in support for the selected policies is evident. Excepting the warning-label policy, which despite all expectations prior to this federal law's adoption has proved increasingly popular, support for all policies lose ground. Nonetheless, the relative ordering of the policies in the public's view remain the same. Support for prevention and not serving to inebriated customers remains high, and price and availability measures considerably lower. The success story is the warning-label policy. Around the time of its adoption, 87.3% endorsed this policy; by 2000, national support is assessed at 93.9%, or 6.6% higher—remarkable in that one might have anticipated a ceiling effect given such high levels of support at the outset. Clearly, substantial numbers of drinkers support the policy. Conversely, support for increasing alcohol taxes, reaching a high of 52.5% in 1993, has slid by 2000 to its lowest level of support at 36.1%, more than 15% lower. It is apparent that unprimed by an active "conceptual link," desirable rationales, or earmarks they can approve of, the public is not intrinsically inclined to see taxing alcohol as a particularly good measure—with the exception of a core of abstainers and very abstemious drinkers.

Correlates of policy opinions have also been investigated. Schmid et al. (1990) found that age, marital status, being a current smoker, and especially gender and alcohol consumption predicted overall support for alcohol control policies. Women, older persons, nonsmokers, and those who were married or never drank were most strongly and globally supportive of stricter control policies. In another study, Room et al. (1995) used logistic regression and policy-specific models to predict each of 11 surveyed policies in turn, comparing data from the U.S. and Ontario. Women were uniformly more supportive of control policies, including those aimed at conditions of sale, promotions/counter-promotions, and handling problematic behavior, prompting the authors to speculate that "women's tendency to favor restrictive state policies relates to their greater role in trying to control the drinking of relatives, and particularly of husbands and sons" (p. 45)—a finding replicating earlier research (Room et al., 1991). Compared with light drinkers, abstainers were more supportive of all policies, except those greater efforts to prevent drunken customers from being served. Conversely, frequent heavy drinkers were uniformly less disposed to these alcohol policies than other drinkers. Patterns of age showed variability across policies, but older individuals generally favored alcohol control policies more than did younger ones, except for mandated beverage warning labels and increased education and treatment programs. A number of the above conclusions have been replicated by the more elaborate measures in the 1997 University of Minnesota study. Latimer et al. (2001) found that women, infrequent drinkers, and those with greater knowledge or concern for youth showed greatest policy support across the five policy scales. Older adults supported restricting alcohol in public places, while younger adults interestingly tended to have greater support for rationalized tax measures.

Data on the impact of ethnicity on policy opinion are complex. Greenfield and Kaskutas (1993), in a five-year trend study, found minority groups less supportive of restricting
service to intoxicated patrons and more supportive of other policies, especially of banning sales at corner stores. Discrimination experienced by members of ethnic minorities, such as having more often been denied service or living in low-income areas with high outlet densities, were hypothesized to underlie such differences. In a county-level survey on policy opinion, Jones-Webb and colleagues (1993) also found ethnic differences in levels of support on a minority of policy items. They note, however, that ethnicity effects are not consistently found in the literature. Mixed results in this regard, they suggest, may be a result of omission of critical consumption, social class, and cultural context variables from surveys and polls. Thus it is difficult to make a single characterization of correlates of policy...