

Changes in Australian Attitudes to Alcohol Policy: 1995-2010

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Abstract

Introduction and Aims: In 2009 Wilkinson and colleagues reported a downward trend in support for alcohol policy restrictions in Australia between 1995 and 2004. The aim of the current study is to examine more recent data on policy support in Australia, specifically for policies covering alcohol availability up to 2010, and to examine specific demographic shifts in support.

Design and Methods: Data was taken from the National Drug Strategy Household Surveys from 1995, 1998, 2001, 2004, 2007 and 2010 (N= 80,846), primarily responses to attitude items on policy restriction and demographic questions. The effects of age, sex, drinking patterns and income over time on three items addressing restriction of alcohol availability were assessed using a factorial ANOVA.

Results: Although availability items are among the less popular policy restrictions put forward in the NDSHS, 2004 actually represented a turning point in the decrease in popularity, with an increase in support since then. Though some groups have consistently higher rates of support than others for policy restrictions, the rate of change in support was fairly uniform across demographic and drinking groups.

Discussion and Conclusions: Despite no obvious catalyst there has been an increase in support for alcohol policy restriction as it relates to general availability and accessibility since 2004. Furthermore this increase does not appear to be a reflection of a change in a specific group of people but appears to be occurring across the Australian population.

Public opinion is a key contributor to policy decisions in democratic countries [1, 2]. In alcohol policy this holds true – public attitudes constrain the types of policy interventions considered by governments, which is one of a range of reasons why popular but ineffective approaches (e.g. school-based education programs) are widely implemented, while unpopular but effective approaches (e.g. price/tax increases, restrictions on availability) are less often so [3].

Attitudes to alcohol policies are subject to external influences and have shown substantial changes historically. Internationally, a number of studies have examined shifts in attitudes over time. In Finland, Österberg [4] documented the gradual liberalisation of policy attitudes through the 1980s and early 1990s, followed by a trend towards more restrictive views in the late 1990s; the proportion with the opinion that alcohol policy restrictions should be relaxed rose from 10% to 40% during the 1980s, but between 1994 and 2007 fell back again to 10% [5]. These changes partly reflected and responded to trends in actual policy in Finland, which was liberalised significantly in 1994 as Finland joined the European Union [4]. Similarly, policy attitudes in Norway became increasingly liberal throughout the 1990s, but gradually became more restrictive in more recent years [6]. Swedish research highlights explicit attempts to modify public perceptions of the retail alcohol monopoly, Systembolaget, which coincided with significant increases in public support from the late 1990s onward for maintaining the monopoly [7]. In contrast, recent US research shows steady declines in support for restrictive alcohol policies throughout the 1990s [8]. Looking over the long term in the Australian state of Victoria, support for local-level prohibition reached more than 40% in the 1920s, and more than 60% of the population voted to maintain mandatory 6pm closing in 1956 [9], policy positions which have since completely fallen out of favour.

Recent Australian studies have examined the level of support across different domains of alcohol policy. In general, support for regulation of licensees, high risk drinkers and alcohol promotion was high, but support for measures with the strongest evidence base - reducing availability or increasing tax - was considerably lower [10]. Thus, although Australians support many measures designed to reduce the harm caused by alcohol [10], they tend to favour measures with less evidence of effectiveness more than universal, evidence-based policy measures.

When it comes to how support is distributed within the population, studies from several countries, including Australia, has shown that support for restrictive policies tends to be highest among older people, women and light or non-drinkers. For example, a recent Canadian study identified five clusters of policy attitudes, with younger, male heavy-drinkers the most likely to support liberal policies and older, well-educated, female, light-drinkers most in favour of restrictions [11]. These findings have been broadly replicated in a range of settings [12-14]. Whether the level of support shifts up and down uniformly in different demographic groups as overall support changes is less clear.

In previous analyses of Australian data, Wilkinson, Room and Livingston [15] identified a steady reduction in support for restrictive alcohol policies between 1995 and 2004. These trends mirrored broader societal shifts in the regulation of alcohol, as many jurisdictions liberalised their alcohol control systems under the influence of National Competition Policy [16, 17], resulting in sharp increases in outlet numbers and trading hours [18]. Over the same period, rates of alcohol-related harm have increased sharply in a number of Australian jurisdictions [19-21]. There has also been a series of significant inquiries and reports relevant to alcohol policy [e.g., 22, 23, 24], reflecting growing concerns over alcohol-related harm in the community.

More recently, some researchers have detected a shift in the public discourse around alcohol in Australia, reflecting this increase in harm. For example, Fogarty and Chapman [25] found that, between 2005 and 2010, around half of television news stories relating to alcohol featured a public health spokesperson and nearly two-thirds discussed alcohol controls. Similarly, a study of newspaper reporting on alcohol between 2000 and 2011 identified a strong increasing trend in stories treating alcohol negatively, with a particular increase in stories on the public health implications of drinking [26]. The portrayal of alcohol-related issues is thought to influence the attitudes of the public towards alcohol [27]. Given the role of public opinion in policy decisions, the potential impact of the liberalisation of availability and the increased media coverage of alcohol related harm is worth examining. The idea that alcohol is the drug that causes the most harm in the community has increased in popularity since 2004, as has the percentage of people who believe that alcohol is the drug that causes the most deaths [28, 29].

Given these suggestions of recent shifts in the public discourse around alcohol in Australia, this study will examine recent trends in Australian public attitudes to evidence-based alcohol

policies, with a particular focus on ascertaining how support for policy has changed since the previous studies by Wilkinson et al. [15] and Tobin et al. [10]. The study will explore the overall trends in support for public health oriented policy options from 2001 to 2010 and will examine whether gender, age, income and drinking pattern are related to changes in policy support over time.

Method

Sample

The sample consisted of respondents to the National Drug Strategy Household Survey (formerly the National Drug Survey) 1995-2010. Response rates for the survey ranged between 46 and 57%. All NDSHS surveys were administered with a multistage stratified area random sample design. Smaller states were oversampled to ensure high enough sample sizes for state based analyses, and state based add-ons were added and subtracted from survey to survey. Further details of the survey methodologies are available in the NDSHS survey reports [28-32]. Participants were excluded from analyses if they did not answer any of the policy questions in their survey or if the respondent was younger than 18 (the legal drinking age in Australia) at the time of the survey. Table 1 shows the number of participants included in the current study from each survey from 1995 to 2010.

Data on alcohol consumption was collected in each of the survey waves using the standard graduated-frequency survey items. Using data from these items, three roughly equal groups based on drinking patterns were developed: the Abstainer/Light group drank nothing or less than one drink a week, Heavy Drinkers drank five or more in a session at least once a month, and the remaining drinkers were placed in the Moderate group. As can be seen in Table 1, these criteria resulted in three groups that were fairly equal in size consistently over the six time points.

Finally, respondents were also grouped on the basis of gender, age (<36, 36-55 and 56+) and household income. In the case of household income, two roughly equal-sized groups were made from the categorical response options in each survey, creating high and low income groups. Due to the high number of respondents who chose not to answer the question on income, a third household income group (approximately 20% of the sample) for missing data was used in the analyses in this paper.

Materials

Data was taken from the NDSHS in 1995, 1998, 2001, 2004, 2007 and 2010. The focus for the current paper is on the questions on alcohol policy attitudes, as well as demographic information and questions in the surveys on the respondent's alcohol consumption. The number of alcohol policy questions increased from 11 in 1995 to the 16 that have been asked since 2004 (please refer to Table 2 for the wording of the items). Response categories (and the score assigned here to each) were: strongly support (5), support (4), Neither support nor oppose (3), Oppose (2), and Strongly oppose (1). Those responding "Don't know enough to say" were excluded from all analyses.

Analysis

All data analysis was conducted using Stata version 12 [33], except the Monte Carlo parallel analysis for the principal components analysis which was done using a specific generator for this purpose [34]. Weighting was used to compensate for imbalances arising in the design and sampling, as well as post-weighting by geographic location, age and sex, with the total weighted N set equal to the unweighted N. Geographic location was based on 15 strata: the capital cities of the 6 states and the Northern Territory, the remaining part of each of these 7 jurisdictions, and the Australian Capital Territory. The method of administration and response rate in each year is also shown in Table 1. All results presented, with the exception of Table 1, are weighted. In order to simulate a factorial ANOVA with weighted data an ordinary least squares regression with Wald tests was used to assess the contribution of main effects and interactions to the model. The subtotal of the first three policy attitude items in the survey (Table 2), a General Availability and Accessibility (GAA) score, was the outcome variable, and gender, age, drinker income and year were the predictor variables. As the primary interest here is change over time, only two and three-way interactions involving the year of the survey are included in the model.

Results

Mean scores for each of the 16 items, where a higher number indicates a higher level of support for each item, from each survey year from 1995 to 2010 are shown in Table 2. A common pattern in some of the items is a decrease in popularity for public health-oriented policies from 1995 to 2001, and then an increase in popularity of these items from 2004 to 2010. This was the case for items addressing increasing the price, reducing outlets, reducing the trading hours and raising the drinking age (items 1, 2, 3, & 7). Some items fell in

popularity over the 15 years in question: those related to serving low alcohol at events, increasing the number of alcohol free events, increasing dry zones, stricter serving laws and stricter drink driving penalties (items 4, 5, 6, 8 & 9). These last two items remained extremely popular throughout, with the average score falling between support and strong support from 1995 to 2010. The banning of sponsorship in sport (item 13) received a steady increase in support since 1995, as did the total score of the 11 items that were used in all six surveys.

The first three items in the scale were chosen for closer examination, since they were the three items that aimed to restrict affordability (increasing the price of alcohol), availability (reducing the trading hours for all pubs and clubs) and accessibility (reducing the number of outlets that sell alcohol), the most efficacious alcohol control measures [35], and had been in the survey from 1995 to 2010. Principal components analysis was run for a scale made of the sum of these three items, both as an entire data set and for each year; analysis of eigenvalues in conjunction with a Monte Carlo parallel analysis found that these three items were unidimensional and suitable to be treated as a short scale on their own. Therefore scores were generated by taking the mean of each individual respondent's score in these three items. This new score, referred to as General Availability Attitudes (GAA) score, is shown in Table 2 – again, a score of 5 implies strong support and 1 implies strong opposition. Similar to its three component items, support for the component total decreased from 1995 to 2001 and increased from 2004 to 2010.

An ordinary least squares regression with the GAA score as the outcome variable and gender, age, drinker income and year as the predictor variables was used to test whether this pattern was attributable to certain sections of the Australian population changing their views or whether these attitude changes were across the board. All variables were entered as categorical variables and then Wald tests were used to assess the significance of the contribution of each variable to the model. As the primary variable of interest is the year of the survey, only interactions involving the year of the survey were included in this model. Furthermore, in the interests of parsimony, only two- and three-way interactions were included. The Wald test results of this model are shown in Table 3. Interpretation of the significant interactions was facilitated by the graphs shown in Figures 1 and 2.

Overall, the pattern for the three drinking types and by age, gender and income remains roughly the same, with a decrease in support up to 2004 and then a subsequent increase. The

exception to this rule is respondents aged 56 and over, who seem to have steadily increased their support for alcohol availability policy restrictions. Gender, drinker category and year of survey were significant predictors of support of these policy changes; in particular females and lighter drinkers were more supportive of restriction. The significant two-way interactions are shown in Figure 1; despite the significance of these interactions, the relationship between GAA scores and both drinker types and gender appeared to be fairly consistent over time. However, there does seem to be a pattern in the age by year interaction whereby older respondents were increasingly in favour of policy restriction, while younger respondents did not have the same level of rising support post-2004 that middle-aged and older respondents did.

Overall, most of the groups depicted in the three-way interactions showed a similar pattern in support for restriction over time, albeit with varying levels of support. These interactions are shown in Figure 2. The pattern mentioned above, where older respondents had a more steady rise in support for policy restriction, with less of a drop in 2001 and 2004, appears to be replicated in the three-way interaction of age by gender. A similar pattern can be found in abstainers/light drinkers, as can be seen in the graph of the interaction between gender, drinker type and year. Therefore it is not surprising that the strongest upward trend from 1995 to 2010, with little dip in the middle, was found in abstainer/light drinkers aged 56 and over. A final exception is that unlike many of the other groups examined here, Heavy Drinkers had a rise in support for policy restriction from 1995 to 1998, before going on to drop in support in line with the majority of respondents. There is little difference in scores between high and low income respondents, even when split by age.

Discussion

Analysing trends until 2004, Wilkinson and colleagues noted a decline in support for harm reduction policies pertaining to alcohol [15]. However, as this updated analysis shows, 2004 was a turning point in views on alcohol policy in Australia in recent years. After 2004, support for many of these policies steadily increased, particularly for evidence-based policies on restricting availability and accessibility of alcohol. It is important to stress, however, in line with previous research, that these items are still less popular than the other, more targeted policy options that were put forward in the survey [10].

This pattern of a decrease and then an increase in popularity for the three items in focus for the current study does not appear to be caused by particular demographic groups changing attitudes, but rather is a significant change across the entire population. Even though many of the interactions between year of survey and other variables were significant, graphic representation of these interactions show that for most groups there was the same dip in popularity to 2004 and then a subsequent rise. The primary exception to this was older respondents and abstainers/light drinkers, whose support for restrictions rose fairly steadily from 1995, and heavy drinkers, whose support for restriction seemed to rise from 1995 to 1998 before dropping and rising in line with the rest of the sample. Evidence of an interaction thus appears to be restricted to the trends before 2004, and the rise in support since then seems to be more evenly found across the board.

This study is not without limitations. Firstly, all the usual cautions related to the interpretation of survey results needs to be applied. The completion rates for the surveys, although fairly stable, means that the samples are less than fully representative of the population. Respondents' differing interpretations of the items probably introduces some noise into the results. Secondly, there was a significant minority of respondents who refused to answer the question on household income, enough for a missing category in the regression model, and therefore those analyses pertaining to income should be interpreted with caution.

Unlike shifts in policy support in the Nordic countries connected particularly to EU membership or association [4, 6], the turning point in support for restrictive policy options in Australia does not have an obvious precursor. While there has been a corresponding increase in respondents considering alcohol to be harmful to the community [28, 29], this could be something that is happening in conjunction with, rather than as a precursor to, the increase in policy support seen in this paper. That the policy options with the highest increases in support are those most often supported by public health advocates raises the possibility that these changes represent the successful outcome of public health advocacy. This is supported by recent research highlighting the increasingly prominent role of public health specialists and researchers in media coverage of alcohol in Australia [10]. Alternatively, both of these trends may simply reflect growing public concern with increasing rates of alcohol-related harm in Australia [22].

Thinking in a wider frame of time and geography, it is notable that a parallel turnaround in policy attitudes occurred in Australia and in Nordic countries in about the same time-frame.

These countries all have substantial traditions of socially disruptive heavy drinking, and histories of strong temperance movements in reaction to them. In terms of levels of alcohol consumption in the population, they have parallel histories of “long waves” up and down occurring at about the same time [36, 37]. A recent paper hypothesises “*that increases in informal social responses are proximately involved in a downturn in consumption, while the formal institutional and legal responses tend to lag behind but to become a factor in pushing down consumption once the trend to reduction starts.... In this model, the long waves of consumption would be matched by long waves of societal response, with a 30- or 40-year lag between the peak of one and the peak of the other*” [38, p.13]. It is possible that the reversal of direction in policy attitudes we have documents in Australia and which has been shown in the Nordic countries is a turning-point in these long waves of societal response.

Concretely and proximally, it is worth noting that the Australian alcohol policy environment has continued to change substantially throughout the 2000s, with increasingly liberal policies in many states and a steady expansion in the number and type of outlets. The shifts in policy attitudes may reflect a proportion of the population who were happy with the policy environment in the early 2000s but who are concerned with these recent policy changes. Further research into public attitudes towards alcohol more broadly is required to develop a clearer picture of the underlying causes of the shifts identified in this study. The findings presented here suggest improved public support for evidence-based alcohol policy options in Australia, and thus a potential increase in the likelihood of such policies being implemented over the coming years.

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