

# **Alcohol policy effectiveness and public opinion: Is there support for effective policies in Ontario?<sup>1</sup>**

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## **Abstract**

In recent years, the term “evidence-based” has often been used to describe alcohol-related programs and interventions. However, the reach of the term exceeds its grasp in that there is sometimes little evidence of a reduction in consumption and drinking-related harm resulting from the most popular interventions. This paper compares the conclusions from a WHO-sponsored project examining which alcohol policies have, to date, been shown to be effective with the public opinion of Ontarians drawn from cross-sectional surveys. The telephone surveys were conducted with representative samples of adults, aged 18+, between 1993-2003, with Ns ranging from 667 to 1,742. Not all alcohol policy items considered here were asked each year.

In *Alcohol: No Ordinary Commodity*, Babor et al. (2003) rate 32 alcohol policies. We examined the following eight policy topics for which Ontario survey data were available: advertising ban or other controls, a monopoly retailing system, raising the minimum legal drinking age, restricted hours/days of sale, restricted outlet density, raising taxes on alcohol, stopping service to intoxicated patrons, and warning labels on alcoholic beverage containers. Based on Babor et al., these policy measures were organized into high to low effectiveness. The results of thirteen public opinion items which corresponded to these eight topics were scored according to degree of public support or opposition to an alcohol policy, and then compared to the evidence-based policies assessed in Babor et al. (2003). There is public support for a range of policies, including effective and less effective ones. In some cases, support for effective policies (e.g. raising taxes) is modest. Several hypotheses are discussed and suggestions for future research proposed.

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## Introduction

Among approximately 60 health-related and behavioural problems known to be associated with alcohol consumption, some of the most serious are cancer, coronary heart disease, cirrhosis of the liver, injuries including those resulting from drunk driving, poisonings, psychiatric disorders, and homicide (Room et al. 2005). Estimates of the alcohol-related global burden of disease and disability usually include these indicators, but do not account for many social problems associated with drinking, such as public disorder, noise, fights, quarrels, some types of violence, absenteeism, poor and unsafe work performance, and disruption of family life. If social harms were factored in, then the health problems from drinking would probably account for considerably more than 6.8% of the total burden of disease in developed societies (Room et al. 2005, p. 523).

Alcohol policy may be defined as a public health-oriented strategy on the part of government, consisting of authoritative decisions about the use of alcohol, which are intended not just to prevent problems but also to optimize the health and welfare of the largest possible number of citizens (Babor et al. 2003, pp. 6-7). The relationship between alcohol policy and public opinion is not a unidirectional one, and it is unlikely that there will often be a close match between public opinion about an intervention, its demonstrated effectiveness and its implementation by policy makers. For instance, the public may not always be aware of the health or safety benefits associated with certain alcohol policies and such policies may be implemented for harm reduction reasons, even in the absence of overwhelming public support. On the other hand, policy makers, influenced in part by strong public support, may take steps to implement policy measures which have very little chance of reducing drinking-related harm.

The primary focus of this paper concerns two dimensions of the many that contribute to policy-making and the policy process, namely, the views of the public and the assessment by researchers with regard to policy impact and effectiveness. The results are relevant to the broader policy-making context and a wide range of players (e.g. Greenfield et al. 2004a); however, our analysis does not take into account the perspectives of government officials and politicians, public health and safety advocates and representatives of the alcohol industries. These perspectives are examined in a forthcoming publication based on nine Canadian case studies (Giesbrecht et al., in press).

This paper compares the alcohol policy recommendations of Babor and colleagues (2003) with the results of the Ontario surveys in order to see whether or not a match exists between an expert view of effective alcohol policy and public opinion on various alcohol policy measures. Our expectation was that the public would tend to show strong support for weak policies and weak support for strong policies. This expectation was based on the conjecture that, by and large, people would prefer policies that did not inconvenience them personally (e.g., Kaskutas, 1993). Also, as noted elsewhere (e.g. Room et al. 2005), the more effective alcohol policies are typically not highly favoured by governments because they inconvenience not only the high-risk drinkers but others as well. Effective alcohol policies are often somewhat inconvenient by definition, as they typically achieve success by restricting physical, economic, or demographic availability. For example, physical availability of alcoholic beverages is restricted by curtailing the number of sales outlets; economic availability, by increasing taxes and price; and demographic availability, by raising the minimum legal drinking age. Thus, effective policy could inconvenience the individual consumer by making it harder to get to the alcohol shop, making the desired product more costly, and eliminating entire age groups from legal

access.

On the other hand, the least effective policies from a public health perspective (e.g., individual-level interventions, educational messages, and advertising bans) tend to cause only minor and transitory inconvenience, at most, to the individual drinker. For example, a drunken customer who is cut off by bar staff can simply leave the premises, without financial or legal penalty. Someone who sees a warning label on a beer bottle can ignore it. And the absence of alcohol advertising in a magazine or elsewhere will likely go unnoticed by many members of the public.

## **Method**

We undertook a comparison of alcohol-related policy measures considered to be effective, and the level of public opinion support for these measures. In this context, effectiveness refers to the demonstrated capacity of the measure in question to reduce alcohol consumption and problem rates, especially at the population level. The two main data sources were the book *Alcohol: No Ordinary Commodity* by Thomas Babor and colleagues (2003) and a series of public opinion surveys of the adult population of Ontario conducted by the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada.

### **Effective Alcohol Policy**

In the last chapter of their book, Babor and colleagues (2003) summarize the importance of alcohol policy, which, they say, intersects with almost every other aspect of the broader public policy domain (e.g., health care, education, crime). They advocate evidence-based alcohol policies, which the general public should be encouraged to assess and audit on a regular basis. The authors create a rating system for 32 strategies and interventions. Twenty-one of these relate directly to the alcohol policy topics under consideration here. (The remaining 11 concern drunk driving and treatment and are not part of this analysis.)

The 21 alcohol policy strategies and interventions are grouped under five general headings:

- Regulating physical availability
- Taxation/pricing
- Altering the drinking context
- Education/persuasion
- Regulating alcohol promotion.

The authors (Babor et al. 2003) present these ratings in tabular form, based on effectiveness, breadth of research support, cross-cultural testing, cost to implement, and target group.

### **Public Opinion Sample**

For the last 13 years, a representative sample of the adult population, aged 18 and older, of Ontario, Canada, has participated in a randomly dialed computer-assisted telephone survey designed to capture information on alcohol and other drug use. The annual survey includes a component on attitudes and opinions concerning alcohol policy. This alcohol policy component is administered for 6 months of each survey year. The effective response rate in recent years has been around 58%, resulting in a total annual sample of roughly 1,200 male and female respondents age 18 and over who can speak English or French (Canada's two official languages). Interviews take an average of half an

hour. The sample is equally allocated among six strata based on area code (i.e., the Canadian equivalent of the U.S. zip code) and corresponding counties to increase the precision of estimates within different parts of the province.

## **Limitations**

This type of telephone interview excludes people living in institutions, such as old age homes, group homes, educational facilities, and prisons. Also excluded are the homeless and citizens who do not own a residential telephone. Some members of the excluded groups have higher rates of substance use, including alcohol use, than the general population, but their numbers are relatively small. Telephone surveys tend to overestimate the more educated members of a population (Ialomiteanu and Adlaf 2004).

## **Items**

Each year, the policy-related items in these surveys refer to a number of “standard” topics, such as taxation of alcoholic beverages, minimum legal drinking age, and privatization or deregulation of the alcohol retailing industry. Specific items about these policy topics, based on the original list of 11 in the 1989 National Alcohol and Other Drugs Survey (Eliany et al. 1991) are deliberately repeated every two or three years in order to allow for trend analysis (e.g., Giesbrecht et al. 2001). Other policy-related items, interjected on an ad hoc basis, address relevant alcohol policy topics of the day, such as home hosting liability, alcohol and cardiovascular health, low-risk drinking guidelines, and harms experienced as a result of other people’s drinking. The methods and results of these surveys have been published in a series of internal reports and peer-review journals (e.g., Ferris et al. 1994; Anglin 1995; Anglin et al. 2001, 2002, 2003, 2004; Giesbrecht et al. 2001; 2005).

## **Comparison of Policy Effectiveness with Public Opinion**

In order to achieve the proposed comparison and test our expectation noted above, we first selected 8 of the 21 alcohol policy measures rated by Babor and colleagues (2003). These were the measures for which Ontario public opinion data were available. Based on the assessment by Babor et al. (2003, chapter 16), these eight topics were organized as follows, according to expected impact, from high to low: alcohol taxes; minimum legal drinking age; monopoly system of alcohol retailing; restricted outlet density; restricted hours/days of sale; stopping service to intoxicated patrons; advertising bans, and warning labels on alcoholic beverage containers. It should be noted that for some items the scoring by Babor et al. (2003, pp. 264-266) was similar. Two such pairs were: minimum legal drinking age and a monopoly system of alcohol retailing; and hours/days of sale and restrictions on outlet density.

The next step was to assess the relevant Ontario public opinion survey items. The years in which these items were asked together with their wording and response options are presented in Table 1. As shown, the number of items varies by topic: for taxes, minimum legal drinking age, and monopoly system topics there was one item in each case. For restricted outlet density, there were 3 items and for restricted hours and days of sale, 2 items. There was one item for stopping service to intoxicated patrons. On the topic of advertising bans, there were 3 public opinion items. There was one item on the topic of warning labels. Overall, 13 questions were used in our assessment of public opinion vis-à-vis alcohol policies bearing on eight policy topics noted in Babor et al. (2003). The

survey years ranged from 1993 to 2003<sup>3</sup>.

[Table 1 about here]

Table 2 shows the public opinion response breakdowns for the selected items and is discussed in the results section below. For each survey year, the unweighted n (raw number) for the total sample is given. All percentages are weighted. The responses have been laid out in such a way that strong public opinion support for alcohol controls is always the first response option listed, followed by a neutral position, and then by low public opinion support for controls. For example, responses to the first item in Table 2 (alcohol taxes) are listed as wanting taxes increased (high support for controls), wanting taxes to stay the same, and wanting taxes to be decreased (low support for controls). The percentage of respondents who gave a “don’t know” response is also provided in this table.

[Table 2 about here]

We then employed a scoring method which took into account all responses to a question and allowed us to gauge the level of public opinion support across items. It was based on Giesbrecht and Greenfield (1999), but some modification was required in order to accommodate a varying number of response options from one question to the next. In the current analysis there were five scoring options, 0 to 4; whereas in Giesbrecht and Greenfield there were three scoring options, 0 to 2.

For each year and alcohol policy item a score was calculated. First, the response options for each alcohol policy question were scored from 0 to 4. Opposition to a control policy was scored as 0, support as 4, and no change or “don’t know” as 2. Since there were three questions that also allowed respondents to indicate degree of support for or against a policy, rather than just support versus opposition, the scores 1 or 3 were introduced to accommodate this. So, for example, the scoring for the alcohol monopoly question was as follows: strongly agree with privatization (0); somewhat agree (1), somewhat disagree (3), strongly disagree (4), and don’t know (2). This scoring was also used for the questions pertaining to having one day a week in which alcohol is not sold, and banning of alcohol advertising on television shows popular with young viewers, since they also had a range of response options (see Table 2).

The second step was to multiple the score by the number of cases for each value, for that year and alcohol policy item. These calculations were summed and divided by the total N for that year. If every respondent had indicated support for an item, such as increased taxes, then the score for that item and that year would be 4. If everyone had been opposed, then the score for that item and year would be 0.

The calculations can be illustrated by looking at 1993 data and responses to the question on alcohol taxes: there were 150 who chose “increased”, 320 the “same”, 138 “decreased”, and 19 “don’t know”. The calculation for this year and item were:  $(150 \times 4) + (320 \times 2) + (138 \times 0) + (19 \times 2)$  divided by 627 to equal 2.038. Mean scores were calculated for each year and item combination, and then average support scores calculated across the years.

## Results

Table 2 presented the frequencies for each item and year. Several noteworthy points emerge.

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<sup>3</sup> Some earlier years were excluded due to inconsistency in the methods of collecting and reporting data, and, in some cases, unavailability of the original data files.

There is greater variation in support across alcohol policy topics than there is over time for any one policy question. In other words, the rank order of support across questions did not vary substantially from one year to the next. For example, if support was high for a policy question in the early 1990s, such as warning labels on alcohol containers, this support would still be high for the same question some years later. Nevertheless, for some policy items there is indication of a decline over time. For example, in 1993, 76% supported increased efforts to prevent service to drunken customers, and this had declined to 54% in 2001. Also, in 1993, 45% were in favour of banning alcohol advertising on television, and this was down to 36% in 2000, the last time this question was asked, as of 2003, in the CAMH Monitor series.

For those five items where a neutral response option was offered, this tended to be a popular choice. For example, around 50% supported no change in alcohol taxes and between 72% to 73% said that the number of beer stores or liquor stores should stay the same. The percentage of “don’t know” responses was typically low, although for several year-item combinations it was between 10%-13%.

The main findings of our analysis are presented in Table 3 where the results of scoring are presented and averages displayed. The far left column provides the policy measure, ordered according to our interpretation of the qualitative scoring provided by Babor et al. (2003), with the caveat that some adjacent items had similar qualitative scores. The two far right columns indicate the public opinion support score and the relative rank order of public support. If there was a very close match between the evidence-based measures (far left) and public opinion measures (far right), one would expect that the far-right rank column would show low numbers (i.e. high rank) near the top and high numbers near the bottom. This is not the case. Some of the more effective policies are ranked low by members of the public, and some less effective ones are ranked high. For example, warning labels were not ranked high according to research-based evaluations (13), but received a high rank among members of the public (rank no. 2). In contrast, taxes on alcohol were considered effective in research-based evaluations (1), but were not very popular with Ontario respondents (rank 11).

However, on balance, there is not a clear-cut pattern. Public support was often neither in line nor dramatically divergent from the research results on the effectiveness of alcohol policies. While there was no item where the research ranking and public opinion ranking was identical, there were six times where they were one to two rank positions apart, as indicated by the following examples: monopoly system (rank 3 for research, 4 for public opinion); places to buy alcohol (6 and 7); hours of licensed premises (7 and 6); one day a week when you can’t buy alcohol (8 and 10); ban on T.V. alcohol ads (10 and 12); and a ban alcohol industry sponsorship (12 and 13).

## **Discussion**

There is relatively high support for some policies with demonstrated impact in reducing high-risk drinking or drinking-related harm. There is also support for policies considered to have minimal demonstrated impact. The results do not point to a simple conclusion about the convergence or divergence between effective policies and public support. Several caveats and interpretations are offered in the following paragraphs.

A first caveat is with regard to the knowledge base of the respondents. We are not assuming that there is extensive awareness among Ontario adults about the evaluative research pertaining to alcohol policies. Therefore, an underlying assumption is not that most respondents were aware of research on effective policies, and, based on this knowledge, made a conscious decision to either

consider or reject this evidence in making their choices.

Second, the time frame of the two sources of information analyzed here (research literature and public opinion) is generally concurrent rather than sequential. The time frame for the evaluations that resulted in the classifying of interventions according to effectiveness and impact was roughly the last one or two decades of the twentieth century. The public opinion data were collected annually from 1993 to 2003. Therefore, even if there were effective and extensive protocols in place in Ontario for communicating alcohol-related research findings to the general public, it would be questionable to assume a cause-effect relationship between research and public opinion in this context.

Third, the actual alcohol policies in Ontario have not been static between 1993 and 2003. Some have changed during the survey years. On a number of alcohol policy issues, such as hours of sale, number of retail outlets, and the role of the government retailing system, there have been changes during these years, generally in the direction of increasing access, enhanced promotion of alcoholic beverages and an erosion of control measures. Therefore, for example, it is difficult to judge what support for the status quo means. Is it signalling support for a recent change, the perceived status quo going back some years, or a combination? The annual limitations on the number of alcohol policy questions has not allowed us to determine if respondents were aware of recent changes in the alcohol policies under consideration, or, furthermore, to determine if degree of awareness of a recent policy shift interacted with their views on that particular alcohol policy.

These caveats lead us to question two hypotheses: One is that public opinion on alcohol policy is influenced by research. The temporal constraints noted above, and our assumption that members of the general public are generally not well-versed about research on alcohol policy, lead us to question if there is support for this hypothesis. It is unlikely that the public views reflect either an agreement with research-based evaluations or a negative reaction to research findings.

A second hypothesis is that the perspectives on alcohol policies by members of the general public is influenced by actual policy changes, for example, either by showing support for recent developments that they approve of or negative reactions to those changes that they disagree with. Here again, important information is missing: we do not know the respondents' level of awareness of recent changes. Also, since the public opinion data are drawn from a series of cross-sectional surveys, not a panel study, it is not feasible to track the views of specific respondents over time with regard to specific alcohol policy topics. Furthermore, over a recent 10 year period there has been a gradual decline in support for public opinion alcohol policies in Ontario (Giesbrecht et al. 2001), which appears to roughly parallel a more decisive erosion of alcohol control measures in this province (Giesbrecht 1999; Centre for Addiction and Mental Health 2004). However, the data are not on hand to specifically access the interaction between these two temporal developments.

However, two hypotheses might be considered, labeled here as the "inconvenience" and "harm reduction" hypotheses.<sup>4</sup> The first is that there will be an inverse relationship between the degree of perceived inconvenience of a an alcohol policy measure and level of support – policies considered to be highly intrusive or inconvenient will receive low support, and those considered of low intrusion will receive high support. The policies with the greatest support and not likely to infringe on

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<sup>4</sup> They are based, in part, on the recent review by Greenfield et al. (2004b, pp. 780-781). Hilton and Kaskutas (1991) and Kaskutas (1993) propose that some policies may be supported because the respondents perceive them as not likely to impact their own behaviour. In contrast, Room et al. (1995) suggest that there may be an association between the perceived hazards from alcohol and support for a policy.

current/recent activities of most drinkers as follows: stopping service to intoxicated patrons (rank 1), warning labels (2), banning alcohol advertisements on shows popular among youth (3), maintaining a government retailing system (4), and raising the legal drinking age (5). In contrast, there is weak support for bans on sponsorship (rank 13), ban on alcohol advertising (12), and higher taxes (11). Various factors might influence the views of the public on these latter topics: the intervention might be expected to have an undesirable impact on all purchases of alcohol, such as taxes, or the bans may be seen as potentially increasing the cost of sports, cultural events, or other forms of entertainment that rely extensively on alcohol advertising and sponsorship.

The “harm reduction” hypothesis is more focused, namely, that there will be greater support for those policies that address specific real or perceived alcohol-related problems. Two examples come to mind: note the high support for those policies that deal with youth (raising the legal drinking age and controlling alcohol advertisements for TV shows popular with youth) and intoxicated patrons. It is feasible that these interventions are seen as either protecting a more vulnerable sector of the population, namely youth, or potentially helping to reduce harm in general (such as preventing drinking and driving by reducing service or raising the minimum legal drinking age), or both.

These tentative interpretations might be explored further. The literature on public opinion on alcohol policies has grown extensively in the last 30 years. It has been criticized for being largely atheoretical and without a contextual framing. There is extensive information on the trends in alcohol policies, which receive strong or weak support, and the correlates of policy opinions with drinking behaviours and demographic characteristics. However, there has not been significant progress in understanding the main factors that influence the views of respondents on alcohol policies (other than age, gender and drinking habits). What are the relative contributions of, for example, the following factors: perceptions of governments and governance, boundaries between public and private lives, drinking cultures and drinking habits, recent policy events, personal drinking habits or drinking-related incidents, and awareness of drinking-related risks?

A number of topics might be considered in future work, and three illustrative suggestions are provided here. Under what circumstances and in what context does research have an impact on public opinion, and how might this interaction be enhanced? What is the relative importance of generic political and social experiences of respondents, versus alcohol-related experiences, in shaping their views on alcohol policies? What roles do the media currently play in translating research findings and perspectives on alcohol issues to the public and to policy-makers, and what revised roles might they play?

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**Table 1. Alcohol policy control measures with corresponding years and wording of Ontario public opinion items**

<u>Measure</u>	<u>Survey Years</u>	<u>Item</u>
Taxes	93-6, 98, 00	Do you think taxes on alcoholic beverages should be increased, decreased, or remain the same?
Minimum Age	93-6, 98	Do you think the legal drinking age should be raised, lowered, or remain the same?
Monopoly System	99, 02	The Ontario government should close all LCBO stores and allow privately run stores to sell alcohol. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?
Outlet Density	98, 03	Should there be more or fewer liquor stores in Ontario, or is there the right number now?
	98, 03	Should there be more or fewer beer stores in Ontario, or is there the right number now?
	99, 02	Including bars, do you think the number of places where you can buy alcohol in your community is too few, too many, or about right?
Restricted Hours, Days	95-6, 98, 00, 03	Do you think hours of alcoholic beverage service (sale) in restaurants, bars, taverns, and other licensed premises should be increased, decreased, or remain the same?
	98	There should be at least one day a week when you can't buy an alcoholic drink. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?
Stop Service	93-6, 99, 01	Do you think efforts to prevent drunken customers from being served should be increased, decreased, or stay the same?
Ad Bans or Controls	93-6, 00	Should the government prohibit wine, liquor, and beer advertising on T.V.? Yes, No.
	99	Alcohol advertisements on T.V. should not be permitted on programs popular with viewers under 19 years of age. Strongly agree, somewhat agree, somewhat disagree, or strongly disagree.
	93-6, 01	Should the government prohibit wine, liquor and beer companies from sponsoring sporting or cultural events? Yes, No.
Warning Labels	93-6, 98, 00	Do you think alcoholic beverages should have warning labels about possible health hazards? Yes, No.

**Table 2. Public Opinion Support for Alcohol Policy Measures, Total Samples, ages 18+, Ontario 1993-2003**

<b>Policy Measure</b>	<b>Item</b>	<b>1993</b> N=627 %	<b>1994</b> N=1742 %	<b>1995</b> N=994 %	<b>1996</b> N=1532 %	<b>1998</b> N=1205 %	<b>1999</b> N=1288 %	<b>2000</b> N=1294 %	<b>2001</b> N=1395 %	<b>2002</b> N=1206 %	<b>2003</b> N=1211 %	
Taxes	<i>Taxes should be:</i>											
	Increased	24	17	18	19	16		18				
	Same	51	47	56	51	57		52				
	Decreased	22	32	23	22	22		19				
	Don't Know	3	4	3	8	5		11				
Minimum Age	<i>Legal drinking age:</i>											
	Raised	43	45	38	34	31						
	Same	45	43	49	60	45						
	Lowered	3	4	3	4	4						
	Don't Know	9	8	10	2	2						
Monopoly	<i>ON Govt. should privatize:</i>											
	Strongly disagree						45			44		
	Somewhat disagree						20			25		
	Somewhat agree						13			17		
	Strongly agree						11			10		
	Don't Know						11			4		
Density	<i>Number of liquor stores:</i>											
	Fewer					9					10	
	Same					74					72	
	More					9					8	
	Don't Know					8					10	
	<i>Number of beer stores:</i>											
	Fewer					9						10
	Same					75						73
	More					8						6
	Don't Know					8						11

**Table 2. Public Opinion Support for Alcohol Policy Measures, Total Samples, ages 18+, Ontario 1993-2003 (continued)**

<b>Policy Measure</b>	<b>Item</b>	<b>1993</b> N=627 %	<b>1994</b> N=1742 %	<b>1995</b> N=994 %	<b>1996</b> N=1532 %	<b>1998</b> N=1205 %	<b>1999</b> N=1288 %	<b>2000</b> N=1294 %	<b>2001</b> N=1395 %	<b>2002</b> N=1206 %	<b>2003</b> N=1211 %
	<i>Places to buy alcohol are:</i>										
	Too many						15			9	
	About right						67			75	
	Too few						6			11	
	Don't Know						12			5	
Hours, Days of Sale	<i>Hours of service in licensed premises:</i>										
	Decreased			13	22	19		17			17
	Same			72	65	63		66			71
	Increased			13	9	13		10			5
	Don't Know			2	4	5		8			7
	<i>One day a week can't buy:</i>										
	Strongly agree					33					
	Somewhat agree					13					
	Somewhat disagree					18					
	Strongly disagree					32					
	Don't Know					4					
Stop Service	<i>Efforts to prevent service to drunken customers:</i>										
	Increased	76	77	78	72		67		54		
	Stay same	15	15	14	15		18		25		
	Decreased	5	5	5	6		8		8		
	Don't Know	4	3	3	7		7		13		

**Table 2. Public Opinion Support for Alcohol Policy Measures, Total Samples, ages 18+, Ontario 1993-2003 (continued)**

<b>Policy Measure</b>	<b>Item</b>	<b>1993</b> N=627 %	<b>1994</b> N=1742 %	<b>1995</b> N=994 %	<b>1996</b> N=1532 %	<b>1998</b> N=1205 %	<b>1999</b> N=1288 %	<b>2000</b> N=1294 %	<b>2001</b> N=1395 %	<b>2002</b> N=1206 %	<b>2003</b> N=1211 %
Advertising	<i>Ban T.V. alcohol ads:</i>										
Bans	Yes	45	43	43	41			36			
	No	52	53	54	55			54			
	Don't Know	3	4	3	4			10			
	<i>Ban T.V. ads on shows popular with young viewers:</i>										
	Strongly agree						52				
	Somewhat agree						18				
	Somewhat disagree						14				
	Strongly disagree						11				
	Don't Know						5				
	<i>Ban sponsorship:</i>										
	Yes	26	28	31	23				20		
	No	70	68	66	71				69		
	Don't Know	4	4	3	6				11		
Warning Labels	<i>Should alcohol containers have warning labels:</i>										
	Yes	77	76	77	73	71		66			
	No	21	22	22	25	26		29			
	Don't Know	2	2	1	2	3		5			

Note: Percentages are based on weighted data. N's are raw numbers. See Table 1 for wording of items.

**Table 3. Mean scores for public opinion support<sup>5</sup> of alcohol policy controls**

<b>Policy Measure<sup>7</sup></b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>Average Support Score Across Years</b>	<b>Rank<sup>6</sup></b>
	N=627	N=1742	N=994	N=1532	N=1205	N=1288	N=1294	N=1395	N=1206	N=1211		
Taxes <sup>8</sup>	2.038	1.700	1.899	1.922	1.883		1.979				1.903	11
Minimum Age	2.800	2.820	2.700	2.590	2.554						2.693	5
Monopoly System						2.765			2.759		2.762	4
Number of liquor stores					2.001					2.046	2.023	9
Number of beer stores					2.017					2.063	2.040	8
Places to buy alcohol						2.178			1.960		2.069	7
Hours--licensed premises			2.000	2.261	2.139		2.139			2.243	2.156	6
One day a week can't buy					1.983						1.983	10
Stop service to intoxicated	3.423	3.481	3.319	3.321		3.177	1.926	2.921			3.081	1
Ban T.V. alcohol ads	1.860	1.800	1.789	1.712							1.790	12
Ban T.V. ads on shows popular with young viewers						2.863					2.863	3
Ban sponsorship	1.120	1.199	1.300	1.039				1.017			1.419	13
Warning Labels	3.116	3.080	3.099	2.958	2.895		2.727				2.979	2

<sup>5</sup> The higher the mean score number the more public support for alcohol policy control or intervention measure.

<sup>6</sup> Rank from 1, indicating highest support, to 13, indicating lowest support.

<sup>7</sup> The alcohol policy controls are listed in approximate descending order of effectiveness, according to an interpretation of the rating system of Babor et al. (2003, pp. 264-6)

<sup>8</sup> For question wording see Table 1.