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A dynamic splash of golden-brown liquid, likely beer or wine, captured in mid-air against a white background. The splash is positioned in the upper left quadrant of the cover, with droplets and a main stream of liquid falling towards the bottom right.

Australian attitudes towards alcohol policy: 1995-2010

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About the Centre for Alcohol Policy Research

The Centre for Alcohol Policy Research (CAPR) is a world-class alcohol policy research institute, led by Professor Robin Room. The Centre examines alcohol-related harms and the effectiveness of alcohol-related policies. CAPR is a joint undertaking of the Victorian Government, the University of Melbourne, Turning Point Alcohol and Drug Centre and the Foundation for Alcohol Research and Education (FARE). It operates as one of Turning Point's research programs, with core funding from FARE.

CAPR not only contributes to policy discussions in Australia but also contributes to international studies of significance for the World Health Organization. An example of its international work is the GENACIS project, which examines gender alcohol and culture internationally.

The Centre has also undertaken a pioneering study, The Range and Magnitude of Alcohol's Harm to Others, that is the cost of alcohol-related harms on people other than the drinker, otherwise referred to as third party harms. Results from the study were also included in the World Health Organization's Global Status Report on Alcohol and Health 2011, and WHO is using the study as a model for such studies globally.

About the Foundation for Alcohol Research and Education

FARE is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

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

Over the last 11 years FARE has have invested more than \$115 million, helped 800 organisations and funded over 1,500 projects addressing the harms caused by alcohol misuse.

FARE is guided by the World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol for addressing alcohol-related harms through population-based strategies, problem-directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email fare@fare.org.au. All donations to FARE over \$2 are tax deductible.

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Summary

This study examined trends in Australians attitudes towards various alcohol policies between 1995 and 2010. Using data from the National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, AIHW, 2010), Wilkinson, Room and Livingston (2009) traced Australian attitudes toward alcohol policy from 1995 to 2004. This study supplements these analyses using data from the subsequent surveys in 2007 and 2010.

The NDSHS is a national household survey on alcohol, tobacco and drugs. Included within the survey are items on alcohol policies, with respondents being asked the extent to which they support or oppose a range of alcohol policy items using a five item Likert scale, with 1 indicating strong opposition and 5 indicating strong support.

In this context, 'alcohol policy' refers to policy that aims to reduce alcohol-related harms and includes controls of alcohol production, distribution and consumption.

In examining the trends in Australians attitudes towards various alcohol policies, this study investigated the:

- current support for alcohol policy items;
- changes in support for alcohol policy items over time;
- grouping of policy items and identification of trends in support for these groupings;
- differences in support for alcohol policy items by state and territory; and
- demographic predictors for support of alcohol policies.

The study concluded that that the policies with the most support are stricter penalties for drink driving, stricter serving laws, monitoring late night premises and limiting alcohol advertising on television. Each of these items received a mean of over four on the Likert scale (between support and strongly support). No items had a corresponding level of opposition with a score of less than two. Those items with the least support were those of increasing the price of alcohol, increasing the taxes on alcohol and reducing the number of alcohol outlets.

When examining the proportion of Australians who supported particular alcohol policy items in 2010, three items had support above 75 per cent; these were stricter drink driving laws (86.1 per cent), stricter serving laws (84.6 per cent) and monitoring late night premises (81.2 per cent). The items with the least support were increasing price (28.6 per cent) and reducing outlets (34.8 per cent).

By considering the changes in support for alcohol policy items over time, the study concluded that there is increasing support for policies that restrict access to alcohol. This increase is more marked when policies are divided into groupings, with policies relating to controlling public spaces, price and availability and controlling hazardous behaviours having their lowest support in 2001 and 2004, with increases since that point. Alternatively support for limiting promotion and alcohol warnings peaked in 2007 and then decreased in 2010.



Between 2001 and 2010, increases in support were identified for eight specific alcohol policy items:

- increasing the price of alcohol (from 20.4% in 2001 to 28.6% in 2010);
- reducing the number of outlets that sell alcohol (from 29.0% to 34.8%);
- reducing trading hours for all pubs and clubs (from 32.6% to 49.6%);
- raising the legal drinking age (from 41.9% to 52.6%);
- restricting late night trading of alcohol (from 51.8% to 65.7%);
- strict monitoring of late night premises (from 74.3% to 81.2%);
- limited advertising for alcohol on TV until after 9:30pm (from 72.1% to 72.9%); and
- banning alcohol sponsorship of sporting events (from 45.5% to 49.5%).

Conversely, decreases in support were identified for six policy items:

- serving only low alcohol drinks such as low alcohol beer at sporting events or venues (from 65.3% in 2001 to 60.2% in 2010);
- increasing the number of alcohol free public events (from 66.9% to 62.5%);
- increasing the number of alcohol-free zones or dry areas (from 67.0% to 65.4%);
- stricter enforcement of the law against serving customers who are drunk (from 86.7% to 84.6%);
- requiring information on national drinking guidelines on all alcohol containers (from 72.0% to 66.0%); and
- increasing the size of standard drink labels on alcohol containers (from 69.8% to 62.9%).

Interestingly, the six policy items which were identified as having decreases in support were all popular alcohol policy items; all with support of 60 per cent or more respondents.

Differences were identified in support for policies across Australian states and territories.

Respondents in NSW had stronger support for raising price and restricting availability, controlling public space and promotion limits and warnings. Victorians also supported raising price and restricting availability more than the rest of the country. Conversely, Queensland and South Australian respondents were more opposed to price and availability restrictions, Western and South Australian respondents were more opposed to controlling public space policy changes, Queensland respondents were more opposed to limiting promotion and alcohol warnings, and respondents from Western Australia and the Australian Capital Territory were more opposed to controlling hazardous behaviour.

Demographic predictors of support for alcohol policy have remained consistent over the past decade, with females and older people more likely to support restrictive alcohol policies. Respondents with higher household incomes were consistently less likely to support alcohol restrictions than those in the lowest income categories.



Introduction

Being aware of community attitudes towards alcohol control policy options enables policy makers to anticipate potential issues or challenges that they may incur when introducing specific alcohol policies. Furthermore, attitudes to alcohol policy can also provide a gauge of the population's attitude to alcohol more broadly.

When looking at attitudes towards alcohol policy it is possible to see consistent patterns in those who will support alcohol restriction generally and those who will oppose them. In a Canadian study five groups of participants were identified based on how they responded to a range of policy options. Those who support alcohol restrictions overall tend to be older, female and well educated, with younger males more likely to support alcohol liberalisation (Ialomiteanu et al., 2010). Those in favour of decreased control of alcohol availability also tend to be those who drink more, while favouring restriction of alcohol availability is associated with those who drink less (Giesbrecht, Ialomiteanu, Room, & Anglin, 2001; Holmila, Mustonen, Österberg & Raitasalo, 2009) even when demographic variables are controlled for (MacDonald, Stockwell & Luo, 2011). This suggests an element of self-interest in these attitudes.

Certain alcohol policies are more popular or more successful than others. For instance, in Australia there has been a high level of support for health information on the labels of alcohol containers (Thomson, Vandenberg & Fitzgerald, 2011), and significant concern about alcohol consumption by young people (MacLennan, Kypri, Langley, & Room, 2012; Wilkinson et al., 2009). A Finnish study found that while policy measures aimed at reducing risky drinking behaviour or reducing drinking among young people were popular among adults, measures that restricted access to alcohol for everyone were much less popular (Holmila et al., 2009). Similarly, in Australia support for regulation of licensees, high risk drinkers and alcohol promotion was generally high, but support for measures with the strongest evidence base - reducing availability or increasing tax - was low (Tobin, Moodie & Livingstone, 2011). Thus, while, Australians support many measures designed to reduce the harm caused by alcohol (Tobin et al., 2011), they tend to favour measures with less evidence of effectiveness over universal, evidence-based policy measures.

The National Drug Strategy Household Survey (NDSHS) asks respondents across Australia a wide range of questions about their alcohol, tobacco and drug consumption. Relevant to the current study, there are also a number of questions about the respondent's opinion on a range of alcohol policy measures, allowing us to examine support for such measures in the general population.

Using this same series of NDSHS data, Wilkinson and colleagues (2009) followed Australian attitudes toward alcohol policy from 1995 to 2004. The aim of the current study is to add to these analyses using data from the 2007 and 2010 NDSHS surveys. Given the inclusion of seven extra items in the survey since 1993, many of the analyses in this study will focus on a consistent set of questions included in the 2001, 2004, 2007 and 2010 surveys. Furthermore, as per Wilkinson and colleagues' paper, trend analyses will be done on those aged 20 and over, rather than the entire sample, as



earlier versions of the survey were administered to this group. Therefore the percentage of respondents supporting items will also be recalculated to keep these analyses in line with the rest of those presented in the current paper.



Method

Sample

The sample consisted of respondents to the NDSHS (formerly the National Drug Survey) between 2001 and 2010. Participants were excluded from analyses if they did not answer one or more of the policy questions in their response to the survey. As a result, these analyses include 17,462 respondents in 2001, 16,568 respondents in 2004, 14,232 respondents in 2007 and 20,094 respondents in 2010. Survey data were weighted to provide samples approximately representative of the Australian population in terms of region, age and sex distributions. These weighted data were used for descriptive statistics and regression models, but not for the Principal Components Analysis. In analyses that include data from 1995 and 1998 only respondents aged over 20 were included, in order to ensure that the data from more recent years are comparable with those of earlier years where this was the youngest age for participants.

Materials

Data were taken from the NDSHS in 2001, 2004, 2007 and 2010, with the primary focus on the most recent survey. Figures presented in this paper from 1995 and 1998 are taken directly from Wilkinson and colleagues' paper (2009). The focus for the current paper is on the questions on attitudes towards alcohol policy, as well as demographic information and questions in the surveys on the respondent's alcohol consumption. The number of alcohol policy questions has increased from 11 in 1995 to 16 since 2004. The 16 items are shown in Figure 1.

Because of this, all component scores (those made up of more than one policy item) will be shown as the mean score for the items in the score which were asked in that year. These scores have been calculated based on the number of relevant items for that component in that year.



Figure 1: Items addressing policy support in the 2010 NDSHS

Starting with the first set, to reduce the problems associated with excessive alcohol use, to what extent would you support or oppose^a . . . ?

1. Increasing the price of alcohol	10. Restricting late night trading of alcohol (introduced in 2001)
2. Reducing the number of outlets that sell alcohol	11. Strict monitoring of late night licensed premises (introduced in 2001)
3. Reducing trading hours for all pubs and clubs	12. Limited advertising for alcohol on TV until after 9:30pm
4. Serving only low alcohol drinks, such as low alcohol beer at sporting events or venues	13. Banning alcohol sponsorship of sporting events
5. Increasing the number of alcohol-free public events	14. Requiring information on national drinking guidelines on all alcohol containers (introduced in 2001)
6. Increasing the number of alcohol-free zones or dry areas	15. Increasing the size of standard drink labels on alcohol containers (introduced in 2001)
7. Raising the legal drinking age	16. Increasing the tax on alcohol products to pay for health, education, and the cost of treating alcohol related problems (introduced in 2004)
8. Stricter enforcement of the law against serving customers who are drunk	
9. More severe legal penalties for drink driving	

^a Response options are strongly oppose, oppose, neither support or oppose, support and strongly support



Data Analysis

All data analysis was conducted using Stata version 12. Each of the policy questions asked in the NDSHS was answered with a five point Likert scale where 1 is strongly supported and 5 is strongly opposed. Each of the policy questions are provided in full in Figure 1. All items were reverse scored for all analyses so that high scores represented a higher level of support for that item. Therefore in this report a score of:

- 1 indicates the respondent is strongly opposed,
- 2 is opposed,
- 3 is neither support nor oppose,
- 4 is supported and
- 5 is strongly supported.

In order to see how the items grouped together, in terms of similar levels of support by similar people, Principal Components Analysis with direct oblimin rotation was completed. Direct oblimin rotation was selected so that the components could be correlated, something that would be assumed given that all the items are covering alcohol policy.

In order to ascertain if there were changes in who supported or opposed restrictive alcohol policy multiple linear regression models predicting a total support score were calculated for the 2001, 2004, 2007 and 2010 data. For each year, three models were developed, the first with the demographic predictors of age, sex and household income. The second model also included the participant's response to the following questions: if they considered alcohol to be the biggest drug of concern; the drug responsible for the most deaths; or the drug that comes to mind when people think of a "drug problem". These items were included to control for any changes over time in the public opinion of the relative dangers from alcohol as compared to other drugs. The third model also included the respondent's own alcohol consumption. These consumption questions asked respondents how often they drank three or more drinks on one occasion and eleven or more drinks on one occasion.

Results

Support for Policy Items 1995-2010

The average score for each item from 1995 to 2010 is shown in Table 1. The items with the most support, with an average score of four or more, were those around stricter penalties for drink driving, stricter serving laws, monitoring late night premises and limiting alcohol advertising on television advertising. The first two of these items have consistently had an average score higher than four (support) since 1995. No items had a corresponding level of opposition with a score of less than two (oppose) in the analysis from 1995. The items with the least support were those on increasing the price of alcohol, increasing the taxes on alcohol and reducing the number of outlets that sell alcohol. It should be noted that only one of the sixteen items, that only increasing the price of alcohol, had an average score less than the mid-point of three, the score assigned to respondents who neither supported nor opposed to the policy.

Table 1: Mean scores on NDSHS alcohol policy questions from 1995-2010 in participants 20 years or older

	1995 ^a	1998 ^a	2001	2004	2007	2010
1. Increase price	2.87	2.74	2.53	2.57	2.69 ^{bc}	2.79 ^{bc}
2. Reduce outlets	3.01	3.13	2.93	2.92	3.02 ^{bc}	3.06 ^c
3. Reduce trading hours	3.06	3.08	2.96	2.95	3.14 ^{bc}	3.36 ^{bc}
4. Serve low alcohol	3.90	3.95	3.72	3.63 ^c	3.60 ^c	3.59 ^c
5. Alcohol free events	3.85	3.85	3.86	3.80 ^c	3.76 ^c	3.76 ^c
6. Alcohol free zones	3.88	3.89	3.86	3.80 ^c	3.78 ^c	3.81 ^c
7. Raise drinking age	3.32	3.27	3.23	3.24	3.40 ^{bc}	3.49 ^{bc}
8. Stricter serving laws	4.42	4.36	4.31	4.26 ^c	4.25 ^c	4.26 ^c
9. Stricter drink driving	4.52	4.47	4.43	4.40	4.41	4.39
10. Restrict late trading			3.52	3.56	3.73 ^{bc}	3.86 ^{bc}
11. Monitor late premises			4.01	4.02	4.11 ^{bc}	4.21 ^{bc}
12. Limit TV ads	3.97	4.09	4.02	4.06 ^c	4.07 ^c	4.07 ^c
13. Ban sponsor sport	3.09	3.39	3.41	3.50 ^c	3.55 ^c	3.52 ^c
14. Guidelines on labels			4.00	3.98	4.00	3.90 ^c
15. Increase guideline size			3.95	3.91 ^c	3.89 ^c	3.83 ^{bc}
16. Increase tax				3.06	3.13 ^b	3.17
N	3,381	8,947	18,960	18,002	15,308	21,467

^a Figures taken from Wilkinson et al (2009)

^b Mean score is significantly different to the score in the immediately previous survey (2007 and 2010 only) ($p < .001$).

^c Mean score is significantly different to the score in 2001 (2004-2010 only) ($p < .001$).



Examining items that have been in place since 1995, there has been a relatively steady increase in support for one item (banning sponsorship in sport) and a decrease in support for two items (serving low-alcohol drinks and alcohol-free events). Furthermore there is a pattern in six of these items (increase price, reduce outlets, reduce trading hours, alcohol-free zones, raising the drinking age, stricter serving laws) of first decreasing support up until 2001 to 2007, and then an increase in support from that point.

Since 2001 eight of the items have significantly increased in support, these are:

- increasing price
- reducing outlets
- reducing trading hours
- raising the drinking age
- restricting late night trading
- monitoring late night premises
- limiting TV ads
- banning sponsorship in sport.

In contrast, since 2001 there have been decreases in support for six items:

- serving low alcohol at sporting events
- alcohol-free events
- alcohol-free zones
- stricter serving laws
- guidelines on labels
- increasing the size of standard drink labelling.

Moving on to the percentage of respondents who supported each item, Table 2 shows the percentage of respondents who stated they either supported or strongly supported each policy. Three items were supported by more than three quarters of the population in 2010: stricter serving laws, stricter drink driving laws and monitoring late night premises.

While support for the first two of these items has been fairly steady, albeit with a slight decrease since 2001, monitoring late night premises has increased from 73 per cent in 2004 to 81 per cent in 2010. Two other items relating to licensed premises have received a steady increase in support since 2001, reducing trading hours and restricting late trading.

Four items were supported by less than half of the population: increasing price, reducing outlets, increasing tax and reducing trading hours. All four of these items have received an increase in support since 2001. Conversely the items on labels and guidelines, while popular, have received decreasing support since 2001, as have the items on serving low alcohol drinks at sporting events, increasing number of alcohol-free public events and increasing the number of alcohol-free zones or dry areas.



Table 2: Percentage of participants 20 years or older who support or strongly support alcohol policy changes 2001-2010

	2001	2004	2007	2010
1. Increase price	20.4	21.2	24.5	28.6
2. Reduce outlets	29.0	28.6	32.5	34.8
3. Reduce trading hours	32.6	32.6	39.7	49.6
4. Serve low alcohol	65.3	61.9	60.4	60.2
5. Alcohol free events	66.9	64.1	62.6	62.5
6. Alcohol free zones	67.0	64.4	63.3	65.4
7. Raise drinking age	41.9	42.0	47.5	52.6
8. Stricter serving laws	86.7	85.2	84.5	84.6
9. Stricter drink driving	87.2	85.9	86.5	86.1
10. Restrict late trading	51.8	52.8	59.1	65.7
11. Monitor late premises	74.3	73.3	76.9	81.2
12. Limit TV ads	72.1	73.6	73.5	72.9
13. Ban sponsor sport	45.5	47.4	49.6	49.5
14. Guidelines on labels	72.0	70.9	72.0	66.0
15. Increase guideline size	69.8	67.8	66.8	62.9
16. Increase tax		38.5	40.7	42.6
N	18,960	18,002	15,308	21,467

Grouping of Policy Items

Principal Components Analysis on the 2010 data was used to sort policy items into groups. This is done by identifying groups of questions that are answered in a similar way by similar people. Therefore the first step in this analysis is to make a decision on how many of these item groups, or factors, would be appropriate for this 16 item scale. A one-factor structure (suggesting that each person answered all of these questions in a similar manner) would be appropriate since the first principal component was responsible for 51 per cent of the variance. However, a four-factor structure (indicating that there were four different groups of items that were answered in a similar way within each group, but differently between each group) was also suitable according to the scree plot, a type of graph conventionally used as a criterion for deciding the number of factors to use. The four-factor structure was responsible for 71 per cent of the variance. The one- and four-factor structures, along with the correspondence of these factors to those found by Wilkinson and colleagues (2009) in a similar analysis on the 2004 data are shown in Table 3.

The components taken from the new four-factor structure are reliable and similar but not identical to those in Wilkinson and colleagues' analysis of the 2004 data. The first component in the new analysis, Controlling Public Space, focuses on legal drinking in public, such as late night venues and sporting events ($\alpha=.89$). The second component, Price and Availability, is focused on pricing and



reducing the number of outlets ($\alpha=.86$). The third component, Promotion Limits and Warnings, is focused on spreading information about alcohol guidelines and restricting advertising ($\alpha=.83$). Finally, the fourth component, Controlling Hazardous Behaviour, is comprised of items addressing riskier aspects of drinking such as drink driving, serving intoxicated clients and underage drinking ($\alpha=.83$). Reliability for the full 16 item scale is also high ($\alpha=.93$). In all subsequent analyses the mean item score for each component will be used.

The primary difference between these 2010 components and those found by Wilkinson and colleagues is that items addressing public drunkenness have been separated from those addressing access to alcohol. It is possible that clearer differentiation is being made by respondents between drinking at licensed premises and drinking at home. Reducing late trading and trading hours is now in the same component as those addressing drinking in public space, rather than with the pricing and availability of alcohol as it was in the 2004 data. This has in turn affected the Hazardous Behaviour component somewhat, with monitoring of late premises being included in this component.

These changes may reflect a response to the public debate over alcohol policy that has played out in the media over recent years. As Azar and colleagues (2012) have shown, public discourse on alcohol shifted strongly towards a public health framing between 2000 and 2011, and this framing has emphasised the evidence supporting pricing, taxation and physical availability restrictions as ways to reduce alcohol-related harm. It is possible that this message has been taken on board by the general public, leading to a clearer division in attitudes between universal policy options (tax, price, outlets) and more specific late-night or public-drinking restrictions.



Table 3: Factor Loadings for the One and Four Factor Structure Loading Plot of Principal Components Analysis of the 2010 data

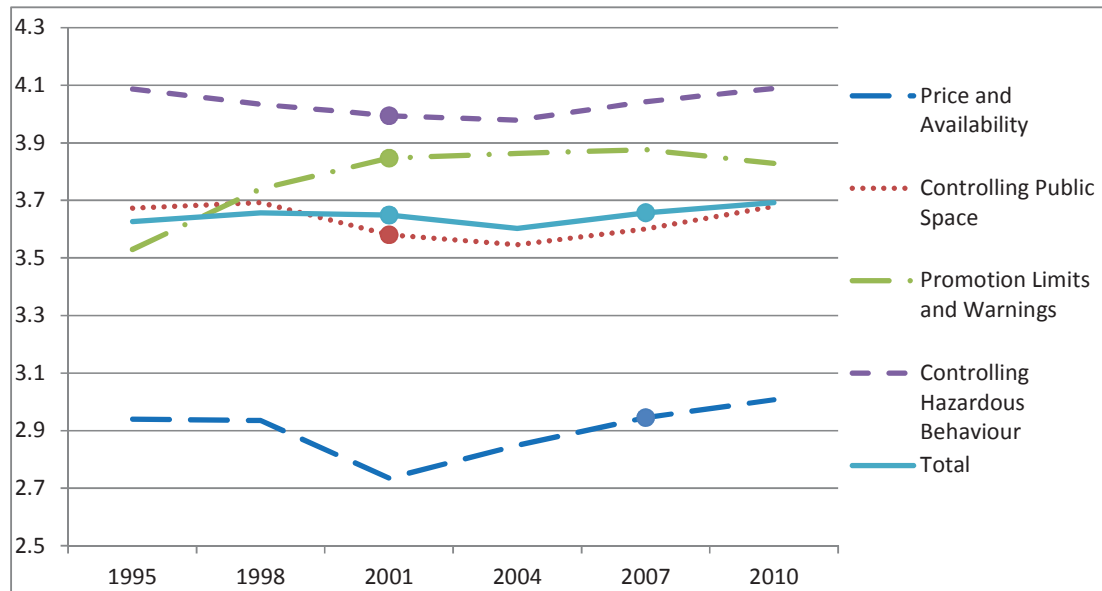
	1-Factor Solution	4-Factor Solution				2004 components ^a
1. Controlling Public Space						
Alcohol free events	0.273	0.453	-0.031	0.081	-0.134	1
Alcohol free zones	0.269	0.438	-0.049	0.069	-0.085	1
Serve low alcohol drinks	0.262	0.420	0.010	0.017	-0.082	1
Reduce trading hours	0.271	0.390	0.146	-0.136	0.004	2
Restrict late trading	0.273	0.353	-0.030	-0.092	0.218	2
2. Price and Availability						
Increase Price	0.256	-0.019	0.616	-0.012	0.002	2
Increase tax	0.257	-0.055	0.565	0.073	0.028	2
Reduce Outlets	0.272	0.177	0.428	-0.066	-0.021	2
3. Promotion limits and warnings						
Increase guideline size	0.245	-0.014	0.010	0.546	0.035	3
Guidelines on labels	0.227	-0.027	0.008	0.552	0.009	3
Limit TV ads	0.236	0.084	-0.066	0.433	0.054	3
Ban sponsor sport	0.248	0.057	0.141	0.385	-0.045	3
4. Controlling Hazardous Behaviour						
Stricter drink driving	0.196	-0.140	0.050	0.039	0.625	4
Stricter serving laws	0.232	0.055	-0.069	0.038	0.518	4
Raise drinking age	0.218	0.056	0.175	-0.106	0.368	4
Monitor late premises	0.250	0.279	-0.176	0.000	0.345	2

^aTaken from Wilkinson et al. (2009) - Components: 1 (Controlling Public Space), 2 (Controlling Accessibility), 3 (Promotion Limits & Warnings), 4 (Controlling Hazardous Behaviour) (Wilkinson et al., 2009)

The support or opposition over 17 years to the four policy components is shown in Figure 2. Three of the four components had their lowest level of support in 2001 or 2004, with increases since that point. The exception to this rule is the Promotion Limits and Warnings component, which peaked in 2007 and then decreased in 2010. The Price and Availability component, which included increased price and tax, was the component with the least support, with noticeably lower scores than the other components, throughout the past 17 years, although it has shown the sharpest increase since 2001. The Controlling Hazardous Behaviour was consistently the most supported component. Another interesting point is that total support for restrictive alcohol policy has remained remarkably steady over the years, albeit with a dip in 2004 and subsequent increase – most of the changes have been within each component.



Figure 2: Support for Alcohol policy Components: 1995-2010



● New item added in this component this year. Figures for 1995-1998 taken from Wilkinson et al (2009)

State Differences in Support for Policy Items

In order to ascertain if there are systematic differences in the support for different types of policies between the states, the mean scores for each component for each state were calculated for 2010. Each of these was compared to the mean of the rest of the country. The results of this are shown in Table 4.

Respondents in NSW had stronger support for raising price and restricting availability, controlling public space and promotion limits and warnings. Victorians also supported raising price and restricting availability more than the rest of the country. Queensland and South Australian respondents were more opposed to price and availability restrictions, Western and South Australian respondents were more opposed to controlling public space policy changes, Queensland respondents were more opposed to promotion limits and warnings, and respondents from Western Australia and the Australian Capital Territory were more opposed to controlling hazardous behaviour.



Table 4: Mean State Scores for Each Component in the Attitudes to Drinking Scale.

	Price and Availability	Controlling Public Space	Promotion Limits & Warnings	Controlling Hazardous Behaviour
New South Wales	3.10 (H)	3.78 (H)	3.88(H)	4.10
Victoria	3.08 (H)	3.71	3.86	4.12
Queensland	2.87 (L)	3.64	3.76(L)	4.11
Western Australia	2.92	3.46 (L)	3.76	3.98 (L)
South Australia	2.88 (L)	3.57 (L)	3.77	4.07
Tasmania	3.03	3.68	3.85	4.07
Australian Capital Territory	3.01	3.67	3.81	3.98 (L)
Northern Territory	3.00	3.60	3.78	4.05

(H) State score is significantly higher than that of the rest of the country, $p < .001$

(L) State score is significantly lower than that of the rest of the country, $p < .001$

Demographic Predictors of Support for Policy Items

In order to ascertain what demographic, attitudinal or alcohol consumption related factors can predict support or opposition to overall policy support in the 2001, 2004, 2007 and 2010 NDSHS, multiple linear regression models were analysed. For each year three models were developed, the first with demographic predictors of age, sex, household income and state of residence. The second model added in the respondent's responses to the following questions: if they considered alcohol to be the biggest drug of concern; the drug responsible for the most deaths; or the drug that comes to mind when people think of a "drug problem". The third model included the respondent's own alcohol consumption. These consumption questions asked respondents how often they drank three or more drinks in one occasion or eleven or more drinks in one occasion. Calculating these three models for each of the four survey years, 2001, 2004, 2007 and 2010, results in twelve models that are presented in Table 5. All figures in Table 6 are beta coefficients; therefore a positive number indicates increased likelihood of support for restrictive alcohol policy and a negative number increased likelihood of opposition.

The demographic predictors of support for alcohol policy have remained consistent over the past decade, with females and older respondents more likely to support restrictive alcohol policy. These predictors remained significant over the four survey time points, regardless of what other predictors were included in the model. Respondents with higher household incomes were consistently less likely to support restrictive alcohol policy than those in the lowest household income category. NSW was consistently more supportive of restrictive policy than at least one other state per year, regardless of what other predictors were included in the model. However, the states that were significantly less supportive of restrictive alcohol policy than NSW varied as a function of both time and the inclusion of other predictors in the model. State was the least consistent predictor of support within the model.



Table 5: Regression Models Predicting Total Score on Attitudes to Alcohol policy Scale

	2001	2004	2007	2010	2001	2004	2007	2010	2001	2004	2007	2010	2001	2004	2007	2010
Demographics																
Sex	0.32***	0.34***	0.32***	0.31***	0.32***	0.34***	0.31***	0.30***	0.21***	0.23***	0.20***	0.20***	0.21***	0.23***	0.20***	0.20***
Age	0.01***	0.01***	0.02***	0.02***	0.01***	0.01***	0.02***	0.02***	0.01***	0.01***	0.01***	0.01***	0.01***	0.01***	0.01***	0.01***
Household Income ^b	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)
High	-0.09***	-0.08***	-0.04**	-0.04***	-0.09***	-0.09***	-0.05***	-0.05***	-0.08***	-0.08***	-0.05***	-0.05***	-0.08***	-0.08***	-0.05***	-0.04***
State	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)	0 (Ref)
Vic	-0.01	-0.08***	-0.01	-0.01	0.00	-0.08***	-0.01	-0.01	-0.02	-0.09***	-0.03	-0.03	-0.02	-0.09***	-0.03	-0.01
QLD	-0.05**	-0.06***	-0.03	-0.07***	-0.05**	-0.06***	-0.03	-0.06***	-0.05***	-0.05***	-0.02	-0.02	-0.05***	-0.05***	-0.02	-0.04**
WA	-0.09***	-0.11***	-0.06**	-0.13***	-0.10***	-0.12***	-0.06**	-0.13***	-0.09***	-0.11***	-0.04*	-0.04*	-0.09***	-0.11***	-0.04*	-0.13***
SA	-0.13***	-0.05*	-0.11***	-0.12***	-0.12***	-0.04	-0.09***	-0.12***	-0.13***	-0.04*	-0.10***	-0.10***	-0.13***	-0.04*	-0.10***	-0.12***
Tas	-0.04	-0.07*	-0.06*	-0.04	-0.05	-0.06*	-0.06	-0.04	-0.03	-0.07*	-0.05	-0.03	-0.03	-0.07*	-0.05	-0.03
ACT	-0.05*	-0.05	-0.03	-0.04	-0.05*	-0.04	-0.04	-0.04	-0.07**	-0.06*	-0.04	-0.04	-0.07**	-0.06*	-0.04	-0.06*
NT	-0.05*	-0.07*	-0.04	-0.03	-0.08**	-0.08**	-0.06	-0.05	-0.03	-0.02	-0.01	-0.01	-0.03	-0.02	-0.01	0.00
Perception of Alcohol as a problem^a																
Biggest drug of concern			0.12***	0.13***	0.12***	0.13***	0.16***	0.16***	0.11***	0.12***	0.14***	0.15***	0.11***	0.12***	0.14***	0.15***
Biggest drug problem			0.08***	0.13***	0.08***	0.13***	0.12***	0.15***	0.07***	0.12***	0.10***	0.14***	0.07***	0.12***	0.10***	0.14***
Largest cause of death			-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01
Alcohol Consumption																
How often 3+ drink									-0.08***	-0.08***	-0.09***	-0.08***	-0.08***	-0.08***	-0.09***	-0.08***
How often 11+ drinks									-0.01	-0.05***	-0.04**	-0.05***	-0.01	-0.05***	-0.04**	-0.05***

*** $p < .001$, ** $p < .01$, * $p < .05$

0 (Ref) indicates that this category has been used as the reference point for that variable.

^a Respondents were asked to name the drug for each outcome – in these models those who selected alcohol were compared to those who were not

^b Those who declined to give their income were placed in a separate category (not shown).



Respondents who considered alcohol to be the drug which is the most serious cause for concern in the community or the one that they think of when people talk about a “drug problem” were more likely to support restrictive policy than those who named tobacco or an illicit drug. However, there was no significant difference in support for those who considered alcohol the cause of the most deaths and those who did not. With alcohol consumption controlled for, the importance of these other predictor variables was not greatly affected. The more occasions of drinking three or more standard drinks, the less the respondent supported restrictive alcohol policy. This was also true for the number of occasions that a respondent drank eleven or more drinks, except in 2001. This was despite a possible interaction coming from those respondents who drank 11 or more standard drinks in a session obviously also drinking at least three standard drinks on each of these occasions.



Discussion

In the current study, the attitudes of NDSHS respondents to suggested alcohol policy changes were examined. There are three main points to take from this analysis. First, the demographic predictors of support for alcohol policy changes remain fairly consistent over time. Secondly, there has been a swing towards favourable attitudes to more restrictive alcohol policy. Third, this swing towards more support for alcohol restriction demonstrates increased support for evidence-based policies.

There has been significant public discourse on the role of alcohol price and outlet numbers in contributing to current rates of alcohol-related harm, with public health advocacy groups increasingly driving the media debate (Azar et al., 2012). The findings presented here provide some evidence that this public discussion is starting to be absorbed by the general public, with universal, evidence-based policy measures solidifying into a single coherent factor and showing a steady increase in public support in recent years.

The results of grouping the 16 policy items in the 2010 data and using these groups to identify levels of support was fairly similar to the results found in an earlier study of the 2004 data. The primary difference was that in the past, items on the availability of alcohol were all grouped together with items on alcohol pricing, while now the pricing items and number of outlets were separate. It may be that people now view the availability of alcohol as an issue that affects society, rather than simply their own ability to access alcohol.

In 2004 Wilkinson and colleagues noted a decline in support for harm reduction policies pertaining to alcohol. However, as this updated analysis shows, 2004 was in fact a turning point in recent views on alcohol policy, and since then support for many of these policies has increased. In the total score and three of the component scores, 2001 or 2004 was a low point in support, with increases since then. Only the already popular component surrounding promotion limits and warnings peaked in support in 2007 and decreased in 2010. However, more than 60 per cent of participants still supported these items in 2010.

In terms of specific items, there was an increase in support for eight items from 2001 to 2010 – increasing the price of alcohol, reducing the number of outlets, reducing trading hours, raising the drinking age, restricting late night trading, monitoring late night premises, limiting the amount of TV advertising, and banning sponsorship in sport. There were six items with a decrease in support: serving only low alcohol beverages at sporting events, increasing the number of alcohol free public events and dry zones, stricter enforcement of laws against serving drunk customers, adding national drinking guidelines to alcohol containers and increasing the size of standard drink labels on alcohol containers. These findings parallel those in the NDSHS 2010 (AIHW, 2011) report, where the percentage of respondents supporting or strongly supporting items was reported, rather than the mean score.



Support for stricter serving laws and stricter drink driving and monitoring late premises was very high, with over 80 per cent of respondents either supporting or strongly supporting this policy change. There does appear to be some convergence between traditionally more popular items such as those surrounding labelling, which decreased in popularity, while historically less popular items with a stronger evidence base such as increasing the price or reducing the number of outlets increased in support. Twelve of the 16 suggested policy changes were supported or strongly supported by more than half of the sample in 2010.

One of the more interesting aspects to come out of this study is that the traditionally popular measures such as awareness campaigns and targeting drinking during big events are decreasing in popularity, while the less traditionally popular general availability policies such as increasing the price of alcohol and reducing the number of outlets are increasing in popularity. As noted, public health-based advocacy around alcohol policy seems to be beginning to influence public opinion (Azar et al., 2012), with the shifts in attitudes fairly closely mirroring the strength of the evidence of effectiveness (Babor et al, 2010). In other words, the last seven years have seen steady increases in public support for traditionally unpopular, but demonstrably effective, policy options, while support for more popular but less well-evidenced options has been stable or declining.

Despite these trends, items on restricting general access to alcohol remained less popular than those focused on restricting drinking on licensed premises. This finding is similar to previous research in Australia and elsewhere that found that policies restricting the general population's access to alcohol are less popular than those that are more specific (Holmila et al., 2009; Tobin et al., 2011). As in previous research, support for the dissemination and control of alcohol-related information is high (Thomson et al., 2011). However, it may have peaked in 2007, as the decrease from 2007 to 2010 was the first time it had decreased since 1995.

Prediction of component scores from demographic and consumption-based variables remained consistent across time. As in previous research, women and those who were older showed higher levels of support for restrictive alcohol policy (Ialomiteanu et al., 2010). Also in line with previous research, people who drank more were more opposed to policy changes, even when demographic variables are factored in (Giesbrecht et al., 2001; Holmila et al., 2009; MacDonald et al., 2011). The only predictor that changed in importance over the past decade was the respondent's state or territory of residence.

In conclusion, support for policy changes has remained fairly consistent over the past 15 years, except for a dip and then small rise in popularity of restrictive policies in 2007 and 2010. However, there is more movement within this total score, with some evidence that the public support is shifting towards strategies with stronger evidence of effectiveness. For instance, support for restricting access, controlling hazardous drinking and controlling public spaces has increased, while support for controlling information, traditionally very popular, has decreased. This may reflect the ongoing efforts of public health advocates to bring evidence to bear on the public debates around alcohol policy in Australia.



References

- Australian Institute of Health and Welfare (2011). *2010 National drug strategy household survey*. Drug Statistic Series. Canberra, AIHW
- Azar, D, White ,V, Bland, S, Livingston, M, Room, R., Chikritzhs, T., Durkin, S., Wakefield, M. (2012). *"Something's brewing": the changing trends in alcohol coverage in Australian newspapers 2000-2011*. Working Paper, Melbourne: Cancer Council Victoria.
- Babor, T., R. Caetano, et al. (2010). *Alcohol: No ordinary commodity - Research and public policy*. 2nd ed. Oxford, Oxford University Press.
- Fogarty, A. S., & Chapman, S. (2011). Framing and the marginalisation of evidence in media reportage of policy debate about alcopops, Australia 2008-2009: Implications for advocacy. *Drug and Alcohol Review*, 30, 569-576. Retrieved from doi:10.1111/j.1465-3362.2010.00253.x
- Giesbrecht, N., Ialomiteanu, A., Room, R., & Anglin, L. (2001). Trends in public opinion on alcohol policy measures: Ontario 1989-1998. *Journal of Studies on Alcohol*, 62(2), 142.
- Holmila, M., Mustonen, H., O'steberg, E., & Raitasalo, K. (2009). Public opinion and community-based prevention of alcohol-related harms. *Addiction Research and Theory*, 17(4), 360-371. doi: 10.1080/16066350902770425
- Ialomiteanu, A., Giesbrecht, N., Adlaf, E. M., Irving, H. M., Paglia-Boak, A., & Rehm, J. (2010). An exploratory approach to analyzing alcohol control policy opinions held by Ontario adults. *International Journal of Environmental Research and Public Health*, 7(3), 827-841.
- MacDonald, S., Stockwell, T., & Luo, J. (2011). The relationship between alcohol problems, perceived risks and attitudes toward alcohol policy. *Drug and Alcohol Review*, 30, 652-658.
- Maclennan, B. A., Kypri, K., Langley, J., & Room, R. (2012). Public Sentiment towards alcohol and local government alcohol policies in New Zealand. *International Journal of Drug Policy*, 23, 45-53.
- Room, R. (2012). Individualised control of drinkers: back to future? *Contemporary Drug Problems*, 39(2), 311-343.
- Thomson, L. M., Vandenberg, B., & Fitzgerald, J. L. (2011). An exploratory study of drinkers views of health information and warning labels on alcohol containers. *Drug and Alcohol Review*. Retrieved from doi:10.1111/j.1465-3362.2011.00343.x
- Tobin, C. L., Moodie, R., & Livingstone, C. (2011). A review of public opinion towards alcohol controls in Australia. *BMC Public Health* 11(58).
- Wilkinson, C., Room, R., & Livingston, M. (2009). Mapping Australian public opinion on alcohol policies in the new millennium. [Original research]. *Drug and Alcohol Review*, 28(3), 263-274.

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