



Research paper

Overlap in attitudes to policy measures on alcohol, tobacco and illegal drugs



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ABSTRACT

Background: Effective alcohol, tobacco and illegal drug policies reduce the harm to users and third parties. Knowledge about determinants and interrelations between attitudes held by the general public to different types of policy measures can benefit policy-makers who aim to increase acceptance for effective policy. The present study describes the level of support for various policy measures held by the general public, and investigates the association between attitudes to policy measures on alcohol, tobacco and illegal drug.

Methods: A sample of the Norwegian general population aged 16–64 ($N = 1803$) was interviewed by telephone. Respondents reported demographic information, personal substance use and attitudes to various policy measures. Associations between attitudes were assessed with correlation and regression analysis.

Results: Associations between attitudes were strongest for similar policy measures across substance groups (e.g. tax increases on alcohol and tobacco). There was a weaker association between attitudes to different policy measures aimed at the same substance (e.g. tax increase on alcohol and campaigns on alcohol).

Conclusion: The degree to which people approve or disapprove of the use of particular types of policy measures is irrespective of the targeted substance.

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Introduction

Alcohol, tobacco and illegal drug use are all related to severe health outcomes and social problems for both users and third parties (Anderson & Baumberg, 2006; Anderson, Chisholm, & Fuhr, 2009; Babor et al., 2010; Gil-Gonzalez, Vives-Cases, Alvarez-Dardet, & Latour-Pérez, 2006; Klingemann, Gmel, & Organization, 2001; Lim et al., 2013; Öberg, Jaakkola, Woodward, Peruga, & Prüss-Ustün, 2011; Rehm et al., 2006, 2009; Richardson & Budd, 2003; Roche, Pidd, Berry, & Harrison, 2008; Strang et al., 2012). Policy measures for these substances refer to interventions that affect consumption through market measures, and are applied by government to regulate use and minimize harmful effects (Babor et al., 2010). The research on public opinion to various alcohol, tobacco and drug policy measures has mainly focused on how attitudes change over time and how they vary between demographic groups (Branson, Duffy, Perry, & Wellings, 2012;

Diepeveen, Ling, Suhrcke, Roland, & Marteau, 2013; Maryon-Davis & Jolley, 2010). Little is known as to whether attitudes are more closely associated within substance groups, or on a given policy measure across substance groups.

Thus, questions like “Are people generally in favor/disfavor of a given policy measure, regardless of the substance targeted?” and “Are attitudes based on a wish to reduce general consumption in the public of a given substance, regardless of the means?” remain unanswered. The overlap of attitudes to various policy measures can show the structure of policy attitudes, and be of practical relevance for policy makers wishing to increase public acceptance for policy.

Attitudes are defined as “a psychological tendency expressed by evaluating a particular entity with some degree of favor or disfavor” (Eagly & Chaiken, 1993). The public attitude to alcohol, tobacco and illegal drug policy measures provide knowledge on the legitimacy of various policy interventions; which interventions have public support, and whether any are so unpopular that the political cost of implementation is too high to justify their use (Storvoll, Rossow, & Rise, 2010).

Alcohol, tobacco and illegal drug policy measures vary in their intrusiveness and the extent to which they intervene in people’s

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lives. Examples of intrusive policy are high taxation and restrictions on when and where products are sold and consumed. Attitude campaigns, for responsible use of alcohol, against smoking cigarettes and use of illegal drugs, represent less intrusive measures. Intrusive measures are more effective in preventing harm to users and third parties (Brand, Saisana, Rynn, Pennoni, & Lowenfels, 2007; Maryon-Davis & Jolley, 2010). People's attitudes to policy measures vary depending on the types of intervention (Storvoll et al., 2010); in general people have more positive attitudes to less intrusive interventions, while intrusive measures are less popular (Diepeveen et al., 2013).

Several other factors influence individuals' attitudes to alcohol, tobacco and illegal drug policy measures, including personal substance use, age, gender and education. Women and older individuals have relatively more positive attitudes to intrusive policy measures (Doucet, Velicer, & Laforge, 2007; Giesbrecht, Lalomiteanu, Anglin, & Adlaf, 2007; Greenfield, Ye, & Giesbrecht, 2007; Holmila, Mustonen, Österberg, & Raitasalo, 2009; Matheson et al., 2013; Saglie & Nordlund, 1993; Storvoll, Moan, & Rise, 2014; Wilkinson, Room, & Livingston, 2009). The findings on education are less consistent; some studies show that a higher level of education is associated with more positive attitudes, others that it is associated with both positive and negative attitudes, depending on the type of policy measure, and some suggest that education has little impact on attitudes to intrusive policy measures (Doucet et al., 2007; Holmberg & Weibull, 2013; Holmila et al., 2009; Reitan, 2003; Saglie & Nordlund, 1993; Wilkinson et al., 2009). Personal substance use is associated with less positive attitudes to intrusive policy measures on that substance (Holmila et al., 2009; Matheson et al., 2013; Østhus, 2005; Osypuk & Acevedo-Garcia, 2010; Wilkinson et al., 2009). For instance, support for legalization of different drugs was associated with having used the drug in question (Lancaster, Sutherland, & Ritter, 2013). Similarly, the more people drink, the more they oppose taxation of alcohol (Macdonald, Stockwell, & Luo, 2011).

To our knowledge, no previous studies have investigated the overlap in attitudes to alcohol, tobacco and illegal drug policy measures. Thus, little is known as to whether people's opinions on substance-related issues reflect (a) a general sentiment to reduce negative effects of any substance by any means, (b) a sentiment to reduce negative effects of specific types of substances, such as acceptance of various measures related to alcohol, or (c) acceptance of specific types of measures across substance groups, such as a general support for media campaigns. For instance, are those who support policy measures for alcohol the same respondents who support policy measures for illegal drugs? Do individuals who support one type of policy measure, such as high taxes, do so across substance groups? These are important questions when the goal is to increase support for effective policy measures. If people's attitudes to policy measures tend to be substance specific, persuasive messages emphasizing substance specific negative consequences may provide a means to change attitudes. On the other hand, if attitudes are policy specific, it may be less efficient to focus on substance specific harms. Instead, one could target public perception on the effectiveness and consequences of a given measure that can subsequently be implemented across different substances.

In this study we: (1) describe the level of support for various policy measures; (2) investigate the associations between attitudes to alcohol, tobacco and illegal drug policy measures; (3) investigate the overlap between attitudes to similar policy measures (e.g. alcohol media campaigns and tobacco media campaigns) when controlling for attitudes towards other types of policy measures; and (4) investigate the overlap between attitudes to different policy measures targeting the same

substance (e.g. alcohol media campaigns and alcohol excise taxes) when controlling for attitudes towards other types of policy measures.

Methods

Setting

Norway has a long tradition of restrictive alcohol, tobacco and illegal drug policy. Limited availability of alcoholic beverages, high alcohol taxes, and a comprehensive alcohol monopoly system has been regarded as the three pillars of the Nordic alcohol policy (Österberg, 2007). During the last few decades Norwegian alcohol policy has been liberalized in terms of increased availability and access (Storvoll & Halkjelsvik, 2013). Compared to other Western countries however, the policy is still fairly restrictive (Brand et al., 2007; Karlsson & Osterberg, 2001). Norwegian tobacco policies include a ban on smoking in public places such as restaurants and in the workplace. Tobacco advertising is illegal, the products are marked with information about health risks, and they are highly taxed (Lund, 2009). Norwegian drug policy includes harsh punishment for drug crimes, and a high degree of social control in treatment of drug problems such as opioid dependence (Skretting, 2014; Waal, 2007).

Support for restrictive alcohol policies measures has increased during the past decade. This may reflect changes in values, more knowledge about alcohol-related harm and changes in beliefs about restrictive measures with regard to harm reduction (Storvoll & Halkjelsvik, 2013). This is also likely the case with regards to support for tobacco and illegal drug policies. For instance, sometime after the introduction of the smoke-free legislation in Norway in 2004, 75% of the general public supported the legislation (Lund & Lund, 2006).

Data collection and sample

On behalf of SIRUS, in 2012 Statistics Norway (SSB) conducted a computer assisted telephone survey on alcohol, illegal drugs and tobacco. Respondents were drawn randomly from the Norwegian population registry. Prior to conducting the telephone interviews, information letters were sent to the respondents to inform them about the topic and purpose of the study, that participation was voluntary and about privacy concerns. Those without a registered phone number were asked to provide contact details. Three thousand individuals ranging from 16 to 79 years old were drawn from the national population register. An additional sample of 16–30 year olds was drawn to allow other researchers to address alcohol, tobacco and illegal drug use among adolescents and young adults. A larger subsample of this age-group was therefore necessary. Of the 3700 individuals, 48 were dead or lived abroad, and were excluded from the target sample ($N = 3666$). In total, 1947 (53.3%) participated in the study. Reasons for non-participation were: Statistics Norway was unable to establish contact (25.4%), did not want to (17.0%) or was unable to participate (4.3%). Only respondents aged 16–64 were asked questions about illegal drug use. They constitute the subsample of 1803 persons aged 16–64 which this study is based on.

Measures

Attitudes

Participants were asked the extent to which they agreed with statements about alcohol, tobacco, and illegal drug policy measures. Originally, there were 20 policy-related attitude items.

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