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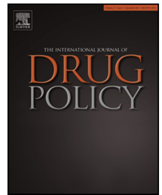

Research paper

Public support for alcohol policies associated with knowledge of cancer risk

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ABSTRACT

Background: Several options are advocated by policy experts to mitigate alcohol-related harms, although the most effective strategies often have the least public support. While knowledge of tobacco-related health risks predicts support for relevant public health measures, it is not known whether knowledge of alcohol health risks is similarly associated with the acceptability of policies intended to reduce alcohol consumption and related harms. This study aims to gauge public support for a range of alcohol policies and to determine whether or not support is associated with knowledge of a long-term health risk of alcohol consumption, specifically cancer.
Methods: 2482 adults in New South Wales (NSW), Australia, participated in an online survey. Logistic regression analysis was used to examine the association between demographic data, alcohol consumption, smoking status, knowledge of alcohol as a risk factor for cancer and support for alcohol-related policies.
Results: Most participants were supportive of health warnings, restricting access to internet alcohol advertising to young people, and requiring information on national drinking guidelines on alcohol containers. Almost half of participants supported a ban on sport sponsorship, while less than 41% supported price increases, volumetric taxation, or reducing the number of retail outlets. Only 47% of participants identified drinking too much alcohol as a risk factor for cancer. Knowledge of alcohol as a risk factor for cancer was a significant predictor of support for all policies, while level of alcohol consumption had a significant inverse relationship with policy support.
Conclusion: The finding that support for alcohol management policies is associated with awareness that drinking too much alcohol may contribute to cancer could assist in the planning of future public health interventions. Improving awareness of the long term health risks of alcohol consumption may be one avenue to increasing public support for effective alcohol harm-reduction policies.
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Introduction

International evidence clearly identifies the substantial avoidable contribution made by heavy alcohol consumption in both the short and long term to death and injury rates (Stockwell & Chikritzhs, 2007). It is also increasingly apparent that consumption of alcohol adversely affects the health of many people who could be characterised as merely 'social drinkers' (Australian Government Preventative Health Taskforce, 2009; Rehm, 2011). Beyond its extensive health impact, the social harm associated with heavy drinking and the economic costs of dealing with it are now being taken into account by policymakers (Rehm et al., 2009), exemplified by the World Health Organization's adoption in 2010 of a 'Global strategy to reduce the harmful use of alcohol' (World Health Organization, 2010).

Governments play an important role in mitigating the harms associated with alcohol. However, public health policy making in this area is influenced by many stakeholders, including the alcohol

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industry, health professionals, public interest groups, researchers, the media and the general public (Babor et al., 2010). So while evidence strongly indicates that raising the price of alcohol and restricting its marketing and availability are the most effective interventions to reduce alcohol consumption and associated harms (Anderson, Chisholm, & Fuhr, 2009; Babor et al., 2010; Holmes et al., 2014; Patra, Giesbrecht, Rehm, Bekmuradov, & Popova, 2012; Room, Schmidt, Rehm, & Makela, 2008; Wagenaar, Salois, & Komro, 2009; World Health Organization, 2010), “A stark discrepancy exists between research findings about the effectiveness of alcohol control measures and the policy options considered by most governments” (Room, Babor, & Rehm, 2005, p. 527). Indeed, the increasingly globalised alcohol industry which has lobbied strongly against reforms which would impair its business interests (Beaglehole & Bonita, 2009; Stenius & Babor, 2010). Given the pervasiveness of alcohol use in many Western cultures, including Australia, and the low levels of public support for effective strategies (such as increased taxation on alcoholic beverages) (Australian Institute of Health and Welfare, 2011; Wilkinson, Room, & Livingston, 2009) public opinion may also be a barrier to the adoption of policies likely to reduce alcohol consumption and related harms. However, public opinion can be influenced by many factors, including mass media. Mass media has long been argued as important in setting the agenda in public debate (McCombs & Shaw, 1972) and mass media campaigns have been associated with positive health behaviour change, both directly (e.g. individual decision making) and indirectly (e.g. increasing discussion about the behaviour, altering social norms, increasing public support for policy change) (Wakefield, Loken, & Hornik, 2010).

Public opinion towards government interventions to modify health risk behaviours, including alcohol consumption, generally shows an inverse relationship between the perceived intrusiveness or restrictiveness of a policy and its acceptability, even though more intrusive or restrictive policies such as price increases are often the most effective (Diepeveen, Ling, Suhrcke, Roland, & Marteau, 2013; Tobin, Moodie, & Livingstone, 2011; Wilkinson et al., 2009). The target of a policy intervention is also important, with policies aimed at other people generally rated by survey participants as more acceptable than those by which they would be directly affected themselves. Policies intended to protect young people are particularly well-supported by adults, even where the measures proposed are restrictive.

Support for health-related policies varies not only according to their perceived intrusiveness and target population, but also according to the demographic characteristics and experiences of survey participants. Women and older people are generally more supportive of alcohol policy interventions, while heavier drinkers are generally less so (Diepeveen et al., 2013; Tobin et al., 2011; Wilkinson et al., 2009). Analysis of the three-yearly Australian National Drug Strategy Household (NDSH) survey data over time suggests households with lower incomes favour more restrictive policies, however neither education nor location (i.e. rural versus urban) appear to have a strong influence (Wilkinson et al., 2009). At a population level, Macdonald, Stockwell, and Luo (2011) found a non-significant trend, whereby rates of alcohol-related hospital separations (i.e. a community-level indicator of alcohol consumption and related harm) in Canadian provinces were negatively associated with support for alcohol taxation. In contrast, Holmila, Mustonen, Sterberg, and Raitasalo (2009) found a higher level of support for a range of alcohol policy measures among Finns who had witnessed alcohol-related disturbances in their communities than those who had not, and Österberg, Lindeman, and Karlsson (2014) conjectured that changes in public opinion towards alcohol policy in Finland may coincide with levels of harm, with more conservative opinions prevailing when more harms are apparent. Greenfield et al. (2014) found higher levels of support for alcohol-related policies among those who had directly experienced harm as a consequence of someone else’s drinking.

As many of the factors known to be related to attitudes towards alcohol policy are non-modifiable, it is of interest to know whether any potentially modifiable characteristics are relevant. A Norwegian study found support for restrictive policies was mediated by beliefs about the harm caused by drinking, defined as deaths due to disease, murder, suicide, and accidents (Storvoll, Rossow, & Rise, 2014). However, this broad definition combined both acute and chronic harms of differing prevalence, making it difficult to determine whether any one of these perceived harms were particularly influential. Few other alcohol studies investigate the relationship between knowledge of alcohol-related health harms, particularly long term harms, and support for policy. However, tobacco-related research may offer some useful parallels.

Like alcohol, tobacco makes a substantial contribution to the avoidable burden of disease, particularly in terms of heart disease and cancer (Rehm, Taylor, & Room, 2006). Furthermore, in many countries the policy landscape in relation to tobacco has undergone a dramatic shift in recent decades with increasingly strict control over pricing and advertising (World Health Organization, 2009). Characteristics predicting support for policies to limit the harm from smoking follow the same general pattern as for alcohol (Diepeveen et al., 2013). However, a US study has extended this evidence by investigating the association of knowledge of the negative effects of tobacco with degree of support for tobacco control (Blake, Viswanath, Blendon, & Vallone, 2010). Specifically, knowing that smoking causes lung cancer, that second hand smoke causes lung cancer, and that smoking around a baby increases the risk of Sudden Infant Death Syndrome were each significantly associated with favourable attitudes towards tobacco control, even when smoking status was controlled for. The authors concluded that identifying knowledge as a modifiable predictor of attitudes towards policy has important implications for the development and implementation of public health interventions.

Approximately a third of cancer deaths worldwide can be attributed to modifiable risk factors, with an estimated 5% of cancer deaths due to alcohol, second only to smoking (Danaei et al., 2005). However, public awareness of alcohol as a risk factor for cancer is poor, with only 14% of participants in a UK population survey identifying the potentially causal association, compared to 85% for smoking (Sanderson, Waller, Jarvis, Humphries, & Wardle, 2009). Knowledge may vary according to cancer type; in a UK study 19% of participants were aware that alcohol consumption is a risk factor for mouth cancer (West, Alkhatib, McNeill, & Bedi, 2006), while the Australian 2014 Annual Alcohol Poll found 74% of participants were aware of the link between alcohol misuse and liver cancer, 29% for mouth and throat cancer and 17% for breast cancer (Foundation for Alcohol Research & Education, 2014). As for smoking, it is possible that knowledge of alcohol-related health harms may be associated with policy support. However, we are not aware of any published studies which specifically examine the relationship between knowledge of cancer risks and attitudes towards harm-reducing alcohol policies.

This paper reports on a survey undertaken by Cancer Council New South Wales, a non-government organisation with a mission to educate the community and advocate for public health initiatives to reduce the incidence of cancer (Cancer Council NSW, 2013). The paper describes levels of community support for a range of policy options for reducing the harms associated with alcohol in the domains of pricing and taxation, availability, and marketing restrictions (all strategies which have been shown to be effective in reducing alcohol consumption), and labelling (which has been shown to raise public awareness of alcohol-related health risks, but not necessarily to reduce alcohol consumption) (Babor et al., 2010). In particular, we investigate the associations between

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