



Korean public opinion on alcohol control policy: A cross-sectional International Alcohol Control study



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ABSTRACT

Objective: To examine Korean public opinions toward alcohol control measures on availability, advertisement, drink-driving and pricing policy, and how the views on alcohol control policy vary by demographics, drinking patterns and attitude to drinking environments.

Methods: The study used national-based, cross-sectional data collected in 2012 as part of the International Alcohol Control study. 2510 people (*M*: 1163, *F*: 1261) aged 15–65 and living in geographically diverse regions of Korea completed the questionnaire asking the support of 12 alcohol control measures.

Results: Generally, targeted measures (purchase age of 20 and drink-driving) were more popular than universal (availability, advertisement and price) among Koreans. Gender, age, marital status, drinking patterns and attitude to drinking environments related to alcohol use of young and heavy drinkers were strong predictors of the opinions on most of the alcohol control measures. It was daily/weekly drinkers who opposed most restrictions on alcohol availability and price and the support from individuals who are more aware of problems with drinking in public place was outstanding in every control measure.

Conclusion: These findings should be taken into account by Korean policy-makers as they formulate an alcohol policy for the country.

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1. Introduction

Alcohol consumption has been known to have a serious negative impact on public health and to cause many social problems. According to WHO global health risk report, alcohol use is the 3rd risk factor (1st in middle-income countries) for global burden of diseases contributing to 4.5% of global DALYs (Disability-Adjusted Life Years) and

4% of global deaths, greater than deaths attributable to HIV/AIDS. Moreover, alcohol-related problems are not restricted only to drinkers: consequences of alcohol use, especially episodic heavy drinking, are related to violence, traffic accidents, child abuse and workplace productivity, affecting people around the drinkers [1].

Along with a high consumption rate, by world standards, is a significant growth of alcohol-related harms in Korea. According to World Health Statistics 2013, alcohol consumption (liters of pure alcohol per person per year) among Korean adults aged ≥ 15 years is 14.8 L, twice as much as the world median of 6 L and highest among Western Pacific Regional Countries: for example, Australia 10.21 L, New Zealand 9.99 L, Japan 7.79 L and China 5.56 L [2]. The Annual Korea National Health and Nutrition

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Examination Survey also indicates that the weekly binge-drinking rate is steadily increasing, particularly among women from 12.7% in 2011 to 14.8% in 2012 [3].

Compared to world statistics the 1-year prevalence of Alcohol Use Disorder (AUD) is also high: 6.6%, 2.1% and 4.4% among Korean males, females and both vs. 6.3%, 0.9% and 3.6% among world males, females and both [4,5]. The social and economic cost of alcohol in Korea is significant, accounting for 3.3% of GDP PPP, greater than other high and middle income countries such as Canada (1.4%), France (1.7%), the United States (2.7%) and Thailand (1.3%) [6].

With public health perspective, alcohol policies to restrict total alcohol consumption have been supported by many developed countries as the most effective measures to reduce alcohol-related harms [7], and many have reduced alcohol-related harms by implementing such measures as an On/Off Premise License System, restriction on alcohol outlet location, opening hours, drink-driving, advertisement and price, etc. [8–12]. Since public opinion plays a crucial role in policy decision-making in democratic countries [13], public understanding and acceptance is necessary for the successful introduction and implementation of new policies.

The studies of public opinion on alcohol policies have been done in many countries in order to select and implement the most feasible measures for their unique circumstances. Studies conducted include; policy support by demographics [14–19], what measures are most favorable and unfavorable by drinking patterns [14–19], the trend of public support by alcohol policy measures over years [17–22], public sensitivity to local and national alcohol policy [15,23,24], and cross-national comparison of public opinion on alcohol control policy by countries [14,25], among others.

The previous studies provided reasonable evidence that there is much interaction between public opinion and alcohol policy. Public attitude may change alcohol policy but changes in policy may also shift public opinion toward the policy. An Australian case study found that decreasing support for alcohol policy led to more liberalized measures with substantial deregulation prior to 2004 but thereafter, public attitude shifted to be more supportive for restrictive alcohol policy [20]. A similar trend was also observed in a Norwegian national study [21]. Additionally, an interrelation was found between awareness of alcohol-related harm, public opinion on alcohol policy and changes in alcohol policy. According to a Finnish study, an increase in alcohol consumption, sparked an awareness of alcohol-related harm and subsequently the public attitude to alcohol policy moved toward greater support for more restrictions [22]. The 2010 US National Alcohol Survey also found that those who had been harmed by drinkers tended to be more supportive for alcohol control policy [26].

Most of these studies, however, were conducted in English speaking high-income countries such as Australia, Finland, Norway, New Zealand, Canada, and the United States. Few studies on public opinion on alcohol policy have been done in Asian or middle-income countries including Korea, even though indicators of alcohol-related problems are serious enough to draw attention.

In Korea, drinking has been an integral part of life and considered a medium to promote camaraderie and in turn general generosity toward drunken behaviors. Unlike developed countries, Korea has established alcohol policy, giving more weight on economic interest than public health. Due to this cultural acceptance of social drinking as part of daily life and lack of restrictive alcohol control policies, alcohol-related harms have not been considered public concern [27]. Korean public attitude toward the introduction of more stringent alcohol control policies, therefore, could be different from many other developed countries, making this study worthwhile.

In this study, we want to examine (a) how Koreans respond to alcohol control policies and to the drinking environment of alcohol advertisement, availability of alcohol to intoxicated persons and bans on drinking in public places and drink-driving, (b) which policies are more favorable by demographic variables and drinking patterns, and (c) how differently people support the policies according to their attitude to the drinking environment, therefore, giving some light to Korean policy-makers as to which measures would be most acceptable and feasible to be implemented in Korea.

2. Materials and methods

This study was conducted from June to August in 2012 as part of the International Alcohol Control (IAC) study [28]. It was a population-based, cross-sectional survey with the questionnaire designed by a New Zealand research team in 2011. It was adapted for use in Korea to evaluate alcohol control policy support among Koreans.

2.1. Sampling

The data were collected through household-based face-to-face questionnaires administered by 20 trained field workers from the Korean Institute of Alcohol Problems (KIAP). In order to obtain a nationally representative sample, the participants were selected using cluster sampling technique across 7 cities (Seoul, Pusan, Daegu, Incheon, Kwangju, Daejeon, Ulsan) and 6 provinces (Kyunggi, Gangwon, Chungchung, Jeolla, Kyungsang, jeju) located in geographically diverse regions of Korea. The sample size per cluster (region) was decided proportionate to each region's population. Only permanent residents of the households sampled were eligible for recruitment and had to be aged between 15 and 65 years old. 3500 people were approached and 2510 people completed the survey (respondent rate: about 72%).

2.2. Alcohol control policy variables

2.2.1. Alcohol control policy support

The support for 12 policy measures was explored using a 5-point Likert scale from “strongly support” to “strongly oppose”, plus “don't know” (6) and “refuse” (7). We grouped them into 4 policy sections; availability of alcohol, advertisement, drunk-driving and pricing policy, according to the policy options and interventions proposed by WHO's Global Strategy to Reduce the Harmful

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