Social Science & Medicine 177 (2017) 177–189

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Public attitudes towards alcohol control policies in Scotland and England: Results from a mixed-methods study

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ARTICLE INFO

Article history:
Received 4 September 2015
Received in revised form
28 December 2016
Accepted 22 January 2017
Available online 25 January 2017

Keywords:
UK
Alcohol
Telephone survey
Alcohol policy
Alcohol policy attitudes
Mixed-methods

ABSTRACT

The harmful effects of heavy drinking on health have been widely reported, yet public opinion on governmental responsibility for alcohol control remains divided. This study examines UK public attitudes towards alcohol policies, identifies underlying dimensions that inform these, and relationships with perceived effectiveness. A cross-sectional mixed methods study involving a telephone survey of 3477 adult drinkers aged 16–65 and sixteen focus groups with 89 adult drinkers in Scotland and England was conducted between September 2012 and February 2013. Principal components analysis (PCA) was used to reduce twelve policy statements into underlying dimensions. These dimensions were used in linear regression models examining alcohol policy support by demographics, drinking behaviour and perceptions of UK drinking and government responsibility. Findings were supplemented with a thematic analysis of focus group transcripts. A majority of survey respondents supported all alcohol policies, although the level of support varied by type of policy. Greater enforcement of laws on under-age sales and more police patrolling the streets were strongly supported while support for pricing policies and restricting access to alcohol was more divided. PCA identified four main dimensions underlying support on policies: alcohol availability, provision of health information and treatment services, alcohol pricing, and greater law enforcement. Being female, older, a moderate drinker, and holding a belief that government should do more to reduce alcohol harms were associated with higher support on all policy dimensions. Focus group data revealed findings from the survey may have presented an overly positive level of support on all policies due to differences in perceived policy effectiveness. Perceived effectiveness can help inform underlying patterns of policy support and should be considered in conjunction with standard measures of support in future research on alcohol control policies.

1. Introduction

Alcohol use is the third leading risk factor for global disease burden (Lim et al., 2012) and accounts for an estimated £3 billion in National Health Service (NHS) costs annually within the United Kingdom (UK) (Scarborough et al., 2011). Out of concern over the scale of the economic and health burdens from alcohol-related harms (House of Commons, 2010), the UK and Scottish Governments have published strategies and implemented policies aiming to reduce harmful alcohol consumption (HM Government, 2012; Scotland and Government, 2009). Examples include minimum pricing for alcohol, greater use of brief interventions and integrating public health within the alcohol licensing system. Public support for these types of policies is varied (Banerjee et al., 2010; Wilkinson et al., 2009), but can be an important influence on political decision-making in terms of which policies are supported by governments. Negative public attitudes around a policy may lead to government withdrawing its support, as was partly the case for minimum unit pricing in England (Home Office, 2013; Lonsdale et al., 2012), and may also lead to problems with implementation and adherence (Kaskutas, 1993). Our study uses a mixed methods approach to examine public support for alcohol policy options in the UK and underlying reasons for positions taken.

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http://dx.doi.org/10.1016/j.socscimed.2017.01.037

Despite substantial public debate in the UK and internationally on the scale of alcohol-related harm (Plant and Plant, 2006), public opinion on governmental responsibility towards more restrictive alcohol controls and on individual policy options is divided (Tobin et al., 2011). For example, past research has shown that less intrusive lighter touch policies (e.g. education and information campaigns) or those targeting problem drinkers (e.g. treatment provision) are highly favoured while population-level alcohol policies addressing the price and availability of alcohol and directly affecting most drinkers, are less popular (Room et al., 2005). This indicates there may be latent or unobserved factors that determine support for certain types of policies. Understanding these patterns in support is particularly important since most policies that are highly supported (e.g. light-touch approaches), often have less evidence on their effectiveness compared to more restrictive policies (Babor et al., 2010; Lancaster et al., 2013).

Reasons for the incongruity of high support for ineffective policies has been given little research attention by researchers. A psychological 'cognitive polyphasia' explanation whereby people can hold two conflicting views, e.g. individuals can fully support specific policies while also opposing the idea of government intervening on individuals' choices (Branson et al., 2012) may offer some insight. Other studies on this topic suggest examination of moderators of policy support may lead to a partial explanation. These moderators include beliefs about whether harms are caused by alcohol, whether restrictive policies would be effective, and whom policies would affect (Kaskutas, 1993; Storvoll et al., 2014a, 2014b). Another key factor moderating policy support might be communication and understanding of the evidence base. One recent study examining support for minimum unit pricing (MUP) found that communication of potential positive outcomes of MUP may increase public acceptability (Pechey et al., 2014) and other studies have concluded that strengthening the public's beliefs in policy effectiveness would increase public support for more restrictive alcohol controls (Storvoll et al., 2014a, 2014b). In general, there have been few studies examining levels of policy support alongside examination of the moderators of this support. In particular, only on rare occasions have qualitative methods been used to understand how individuals draw on different factors when constructing views on UK alcohol policy (Banerjee et al., 2010; Cohn, 2016; Lonsdale et al., 2012). This lack of evidence was noted in a recent Drug and Alcohol Review special issue (N. Giesbrecht and Livingston, 2014) which called for further research into perceived effectiveness and public views on alcohol control in order to better understand the alcohol policy process and tackle barriers in alcohol pricing reform.

A number of conceptual approaches can be used when examining the acceptability of alcohol policies. The most common approach has been to consider support for policies as unidimensional, to be taken at face value and to be measureable using a single survey question (Branson et al., 2012). However, more theoretically-oriented approaches can be considered and three options are considered here. First, the framing of policies (how they are presented to the public) can influence how policies are understood and interpreted (e.g. social policies or health policies) and whether evidence is presented alongside them can influence public acceptability. For example, one recent study examining support for minimum unit pricing (MUP) found that communication of potential positive outcomes of MUP may increase public acceptability (Pechey et al., 2014) and other studies have concluded that strengthening the public's beliefs in policy effectiveness would increase public support for more restrictive alcohol controls (Storvoll et al., 2014a, 2014b). Second, attribution theory argues that there are inherent human biases whereby individuals may view others in poor health as responsible for their ill health because of individual choices instead of external social, structural and environmental factors (Niederdeppe et al., 2008). Thus attribution theory suggests individuals may be more willing to support policies targeted at those they perceive to have drinking problems and oppose interventions that directly affect their own lives. Third, the interactionist approach argues that it is through interactions with other people that a view on policies is developed and confirmed (Cohn, 2016). Adopting an interactionist approach would allow policy support to be examined as positions that are shaped by a dynamic process rather than a static attitude. A recent study that adopted this approach found that public acceptability towards alcohol policy was not a singular view based on an economic rationalisation of costs and benefits of each policy, but was instead a dynamic process that emerged through exchanging views with others and contextualising policies within specific social settings (Cohn, 2016). It is in this context that our study aims to apply a concurrent mixed methods approach to 1) examine the underlying structure of alcohol control policy support in relation to demographics, drinking behaviour and public perceptions of UK drinking and government responsibility over alcohol related harms, and 2) explore how perceived effectiveness can influence and/or inform quantitative understandings of these dimensions of policy support.

2. Methods

2.1. Data

Data used in this study came from the Alcohol Policy Interventions in Scotland and England project (APISE) and consisted of a cross-sectional telephone survey and focus groups. APISE is the UK arm of the International Alcohol Control Study, an international collaboration examining the effectiveness of alcohol control policies via survey data and cross-country comparative analyses (Casswell et al., 2012). Ethical approval for the telephone survey and focus groups was granted by the Universities of Stirling and Sheffield.

2.2. Quantitative APISE survey

The first wave of APISE was conducted by an independent market research company and surveyed 3477 drinkers in Scotland (n = 1728) and England (n = 1749), using Computer Assisted Telephone Interviewing (CATI) between September 2012 and February 2013. Landline telephone numbers were selected through list-assisted random digit dialling. Upon contact with a household, the number of eligible adults (aged 16–65) in the household was determined. As the UK minimum legal purchase age for alcohol is 18, the sample included drinkers who were not able to purchase alcohol legally. In households with more than one eligible adult the respondent was randomly selected using an adapted Rizzo method (Rizzo et al., 2004). Final eligibility was determined if the selected respondent had drunk any alcohol in the last six months. Based on American Association for Public Opinion Research (AAPOR) recommendations (The American Association for Public Opinion Research, 2011), the response rates (RR3) were 16% (England) and 19% (Scotland).

2.3. Survey measures

Survey respondents were asked questions (validated through cognitive interviewing and testing) regarding their demographic characteristics, perceptions around UK drinking and government responsibility over alcohol related harms, and alcohol consumption (Table 1). Other moderators of policy support (e.g. perceived