A B S T R A C T

Using 1998 provincial survey data ($n = 1,205$), the authors examine responses to 7 items concerning public opinion on alcohol-related policy in Ontario. The purpose of the study is to get a sense of overall public opinion on certain topical policy-related measures and to see whether this opinion is predicted by demographic characteristics of respondents (sex, age and self-reported drinking pattern). Cross-tabulations of opinion items with demographic variables revealed strong majority support for the status quo with regard to number of liquor and beer stores, beer and liquor store hours, and prohibition of the sale of alcohol in corner stores. A somewhat less robust majority also supported the status quo for alcohol taxes and legal drinking age. Among the demographic groups, high-risk heavy drinkers stood out for their greater support of relaxation of controls and this finding was confirmed by means of logistic regression. The majority of all groups, except frequent bar-goers, liked the idea of warning labels on alcoholic beverage containers. The authors conclude that, according to these survey data, policy initiatives towards greater access to alcohol, such as extended liquor store hours and sale of alcohol in corner stores, are not mandated by the majority of the population of Ontario.

A B R É G É

En utilisant des données d'un sondage de 1998 ($n = 1\ 205$), les auteurs étudient en particulier les réponses à 7 questions ayant rapport à l'opinion publique sur la réglementation de l'alcool en Ontario. Le but de l'étude est d'évaluer l'opinion publique à l'égard des réglementations sur l'alcool en général, et de voir si on peut prédire cette opinion d'après les caractéristiques démographiques des répondants (le sexe, l'âge, le niveau de consommation). Les résultats montrent que la majorité préfère le *statu quo* quand il s'agit du nombre de brasseries et de marchands de vins et de spiritueux, des heures de vente, et de la vente de l'alcool aux épiceries. Une majorité moins forte préfère aussi le *statu quo* pour les taxes sur l'alcool et l'âge légal pour boire de l'alcool. Ce sont surtout les grands buveurs qui voudraient moins de restrictions de la disponibilité de ce produit. La plupart des répondants sont pour les étiquettes avertisseuses sur les conteneurs d'alcool, sauf les personnes qui fréquentent le plus les bars. Les auteurs tirent la conclusion que, d'après ces résultats, la population de l'Ontario, en général, ne soutient pas les initiatives pour augmenter la disponibilité de l'alcool dans cette province.

Alcohol-Related Policy Measures in Ontario: Who Supports What and to What Degree?

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The well-documented problems associated with certain levels and patterns of alcohol consumption – such as drunk driving crashes, violence and liver dysfunction, to name a few – have given rise to organized efforts to control such problems. Some of these efforts are geared towards the formulation of alcohol-related policies (e.g., laws, rules, regulations), ideally designed to allow reasonable freedom to persons who drink alcohol in a harmless manner while restricting the consumption of those at risk of harming themselves and others. The desired balance of freedom and restriction is subject to debate, and part of the debate takes place in the forum of public opinion.¹

One tool for the assessment of public opinion is the survey. Within the field of social research, in response to demand from a wide variety of stakeholders, survey methods have become more and more sophisticated with each passing decade. The results of survey-based research are sometimes used for the express purpose of guiding policy development, and this purpose has been openly acknowledged in a number of publications concerning alcohol-related policy both nationally²⁻⁴ and internationally.⁵⁻⁸ Alcohol policy is particularly sensitive and complex because of its direct bearing on public health.⁹ One might say that a bad policy can literally kill people whereas a good policy can save lives. This

paper is intended as a contribution to the ever-growing body of literature serving to inform healthy, constructive, and realistic alcohol-related policy, whether in Ontario or elsewhere. The purpose of this research was to gauge overall public opinion on certain salient policy-related measures in the province of Ontario and to see to what extent this opinion could be predicted by demographic characteristics of respondents (sex, age, self-reported drinking pattern).

METHOD

Data were obtained from the 1998 Ontario Drug Monitor (ODM) survey conducted by the Centre for Addiction and Mental Health (CAMH), Addiction Research Foundation site. Thirteenth in a series of similar telephone surveys across the province, the 1998 ODM included seven items about public opinion on alcohol-related policy, as follows:

1. Do you think there should be more or fewer LCBO (liquor) stores in Ontario, or is there the right number now?
2. Should there be more or fewer Brewers' Retail stores, selling only beer, in Ontario, or is there the right number now?
3. Do you think taxes on alcoholic beverages should be increased, decreased, or remain the same?
4. Do you think beer and liquor store hours should be increased, decreased, or remain the same?
5. Do you think the legal drinking age should be raised, lowered, or remain the same?
6. Do you think alcoholic beverages should have warning labels about possible health hazards?
7. Do you think alcoholic beverages should be available in corner stores?

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The views and opinions expressed in this article are those of the authors and not necessarily those of the Centre for Addiction and Mental Health.

TABLE I
Opinion on Controls. Percentage for Each Response, by Sex, Age
and Drinking Pattern, Ontario Drug Monitor, 1998

Question	Total n=1,205†	Sex M/F	18-34	Age 35-54	55+	Non	Drinking Pattern*		
Do you think we should have...?							No5+	5+	5+wkly
LCBO Stores									
More	10	16/5‡	10	13	8	4	5	12	27
Right # now	80	77/82	83	78	76	69	86	84	73
Fewer	10	8/12	7	9	16	27	9	4	1
Brewers' Retail									
More	9	16/4	10	10	8	4	5	9	29
Right # now	81	77/84	83	80	78	70	87	87	69
Fewer	10	7/12	7	10	14	26	8	4	2
Alcohol taxes									
More	17	17/17	12	19	20	38	15	10	4
Stay same	60	52/66	61	61	56	52	67	63	47
Less	24	32/17	27	21	24	10	18	28	49
Beer, Liquor Store Hours									
More	12	20/6	22	11	5	7	4	13	39
Stay same	72	69/74	67	71	77	58	80	79	57
Less	16	11/20	11	18	18	35	16	9	4
Legal Drinking Age									
Raised	39	32/46	31	41	47	57	42	30	27
Stay same	56	62/51	61	56	49	38	54	67	66
Lowered	5	6/3	7	3	4	5	4	4	8
Warning Labels									
Yes	73	67/77	71	74	75	89	74	65	58
Alcohol in Corner Stores									
No	78	65/88	79	76	77	89	81	75	57

* Drinking pattern:

Non = lifetime abstainers plus those who report no drinking in past 12 mos (non-drinkers);

No5+ = drank at least once in past 12 mos, but never 5 or more on one occasion (low-risk);

5+ = 5 or more drinks on one occasion in past 12 mos, but less than once a week (medium-risk);

5+wkly = 5 or more drinks on one occasion in past 12 mos, at least once a week (high-risk).

† The total sample asked these questions. The number responding varied from item to item.

‡ Bolded numbers occur within cross-tabulations that are statistically significant at $p < 0.01$.

Items 1, 2, 4 and 7 have to do with physical access; item 3, with economic access; and item 5, with demographic access. Item 6 is not about access, but rather about health promotion through information. One goal of our analysis was to detect differences in support based on type of policy measure (using the total sample). Another goal was to see whether demographic affiliation would predict opinion (using breakdowns of the total sample by sex, age and drinking pattern). Previous studies have shown generally greater support for measures that do not directly impinge upon physical access to alcohol, and a tendency toward greater conservatism (i.e., accepting or preferring controls) among women (versus men), older persons (versus younger) and non-drinkers and moderate drinkers (versus heavy drinkers).^{2,3}

Because of the cyclical nature of the survey design, not all participants were asked the policy questions. The total sample for these questions was 1,205, and this number varied from item to item depending on number of missing cases (e.g., don't know,

refused). Percentages reported in this paper have been weighted, meaning they have been adjusted statistically to correct for inherent bias and to make them as representative as possible of the general population. (For a thorough discussion of ODM survey design and sampling, see refs. 10-12.)

The independent variables were sex, age, drinking pattern, bar-going, education, and place of residence. Using the Statistical Package for the Social Sciences (SPSS®) software, crosstabs were done against the policy items.

Logistic regression analysis was run on each of the seven policy measures as dependent variables. Support for liberalization was of primary interest, so the three-category variables were recoded into binary variables, with support for a more liberal policy being one category and support for the status quo and greater restriction being combined into the second category. The independent variables were sex, age, drinking pattern and education. Bar-going was excluded because of its smaller sample size and place of residence was excluded

because it was not associated with significant differences.

RESULTS

Table I shows the percentage of respondents expressing a certain opinion, for seven policy-related items, by sex, age, and drinking pattern. Sex and drinking pattern were associated with significant differences (see bolded numbers) for all seven items. Age was associated with significant differences for three of the seven items.

Sex

Only one response for one item received the same level of support from male and female respondents. This was the opinion that Ontario should have higher taxes on alcohol (men 17%, women 17%). Otherwise, men and women not only expressed different opinions, but also expressed opinions that were different in a consistent direction, i.e., more men tending to favour a relaxation of controls and more women tending to favour a tightening of controls.

TABLE II
Opinion* on Controls. Percentage for Each Response, by Rate of Going to Bars, Education and Residence,†
Ontario Drug Monitor, 1998 (n = 1,205)

Question Do you think we should have...?	Went to Bars Past 12 mos					Education				Residence	
	>1ce wk	1ce wk	1-3x mo	<1ce mo	never	<H.Sch	H.Sch	Some PostSec	Univ	Urb/ Suburban	Rural
LCBO Stores											
More	33	12	16	12	6	8	11	9	12	11	6
Right # now	62	85	79	81	82	80	81	78	80	79	87
Fewer	5	3	6	7	12	12	7	13	8	10	7
Brewers' Retail											
More	31	16	13	12	5	6	10	8	13	9	5
Right # now	64	81	81	84	84	81	83	78	82	80	87
Fewer	5	3	7	4	11	13	7	14	6	10	8
Alcohol Taxes											
Increase	9	9	11	10	23	16	13	16	21	17	12
Stay same	56	62	61	64	56	53	61	63	60	60	58
Decrease	35	30	29	26	21	32	26	21	20	23	29
Beer, Liquor Store Hours											
Increase	40	29	17	10	12	13	14	12	12	13	10
Stay same	56	63	76	79	72	66	72	72	74	71	76
Decrease	5	8	7	11	16	21	14	16	14	16	14
Legal Age											
Raised	28	19	28	34	50	47	42	42	28	40	35
Stay same	49	74	70	61	47	52	54	54	65	56	61
Lowered	23	7	3	5	3	1	5	4	8	5	4
Warning Labels:											
Yes	33	54	63	73	80	82	76	69	68	73	70
Alcohol in Corner Stores											
No	65	71	71	74	79	82	78	79	72	77	86

* For opinion breakdown by total sample, see Table I.

** Non-rural includes urban and suburban. The distinction between rural and non-rural is based on Canada Post's system of postal codes.

Note: Bolded numbers occur within crosstabulations that are statistically significant at $p < 0.01$.

The majority of both sexes preferred the status quo for six of the seven items. Usually somewhat more women than men expressed this preference, except in the case of legal drinking age, where more men (62%) than women (51%) preferred the status quo. Only a small fraction of men (6%) and women (3%) wanted the drinking age lowered. Thus it can be said that the vast majority of all respondents, male and female, wanted to maintain or increase restrictions on legal drinking age.

The one item that elicited majority support for a change in status quo was warning labels. Even though warning labels have not been approved for use in Ontario, most men and women (and in fact the majority of all other demographic groups, except frequent bar-goers) said they were a good idea (73% of total sample).

Sex differences of 10% or more occurred *in favour of*: more LCBO stores (men 16%, women 5%); more Brewers' Retail stores (men 16%, women 4%); a decrease in alcohol taxes (men 32%, women 17%); increased beer and liquor store hours (men 20%, women 6%); having warning labels

on alcoholic beverage containers (men 67%, women 77%); and prohibition of the sale of alcohol in corner stores (men 65%, women 88%).

These findings were consistent with those of past surveys (e.g., refs. 13, 2) in that most respondents expressed support for already existing policies that restrict access to alcohol, and this support was especially pronounced among women.

Age

Survey participants were 18 years of age or older. In ascending order from left to right in Table I, the age groupings could be conceived as young (18-34), middle-aged (35-54), and older adults (55 and over).

The first of the three items showing significant differences across age groups was opinion on desirable number of LCBO stores, that is, stores operated by the Liquor Control Board of Ontario, the provincial alcohol monopoly. Although the majority of all age groups said there are about the right number of LCBO stores now, there was a noticeable tendency for older respondents to want fewer of them

(16% of older versus 7% of younger and 9% of middle-aged respondents). Again the majority of all age groups favoured the status quo for beer and liquor store hours, but significantly more young adults (22%) wanted an increase and significantly more middle-aged and older adults (18% each) wanted a decrease in these hours. Very few from any age group wanted the legal drinking age to be lowered. The majority of young and older adults favoured the status quo, but older adults were about evenly split between status quo (49%) and wanting the age raised (47%). More than 20% across all age groups wanted a decrease in alcohol taxes.

Drinking pattern

Like sex, drinking pattern was associated with significant differences for all items. The four types of drinking pattern are explained in the notes to Table I. Presented in ascending order from left to right, they could be conceptualized as non-drinkers, low-risk social drinkers, some-risk drinkers, and high-risk heavy drinkers. The general pattern is clear: the higher the level of self-reported alcohol

TABLE III
Odds Ratios for Logistic Regression on 7 Opinions Expressing Liberal Attitudes on
Alcohol Policy Measures, by Sex, Age, Drinking Pattern and Education

	There should be:						
	More LCBO	More Brewers	Less Tax	More Hours	Lower Legal Age	No Warning Labels	Alcohol in Corner Stores
Female (vs male)	0.82*	0.75*	0.87*	0.79*	0.84**	0.93**	0.75*
35-54 (vs 18-34)	1.80	1.22	0.77	0.48*	0.41**	1.00	1.43
55+ (vs 18-34)	1.38	1.36	1.00	0.17*	0.67	1.17	1.56**
Non-drinkers (vs 5+ wkly)	0.13*	0.13*	0.14*	0.22*	0.88	0.18*	0.21*
no5+ (vs 5+ wkly)	0.18*	0.16*	0.31*	0.14*	0.66	0.46*	0.43*
5+ (vs 5+ wkly)	0.41*	0.28*	0.52*	0.30*	0.54	0.71	0.55*
High School (vs < h.s.)	1.55	1.97	0.82	0.87	4.67	1.51	1.39
Some Post-sec (vs < h.s.)	1.20	1.72	0.55*	0.70	4.60	1.92*	1.32
Univ. Degree (vs < h.s.)	1.65	2.73*	0.49*	0.74	9.05*	2.01*	1.69**

* p < 0.01; ** p < 0.05

consumption, the greater the tendency to be in favour of easy access to alcohol.

For five of the seven items, the majority of all types of drinker preferred the status quo. One exception was legal age which only 38% of non-drinkers wanted to stay the same. The other was warning labels which the majority of all types of drinker said were a good idea (implying that a change would be desirable, i.e., Ontario should go from not using to using them).

A glance at the first four items in Table I reveals a kind of mirror image between non-drinkers and heavy drinkers. For example, 27% of non-drinkers wanted fewer LCBO stores whereas 27% of heavy drinkers wanted more. The numbers wanting more and less access can be seen to rise and fall in a gradual manner, in step with the reported level of alcohol consumption of each group.

The greater the level of drinking, the less likely each group was to want the legal age raised. Nevertheless, even among heavy drinkers as many as 27% believed it would be a good idea to raise the legal age (thus diminishing availability to young people). As was true for the sample overall and for both sexes and all age groups, few respondents from any of the drinking categories wanted the legal drinking age to be lowered. This was one of the rare points of relative agreement between non-drinkers and heavy drinkers. Another point of agreement, insofar as majority opinion constitutes agreement, was that alcohol should not be sold in corner stores (89% of non-drinkers, 57% of heavy drinkers).

Rate of going to bars

Non-drinkers were automatically excluded from this item, leaving a sample of 713. Table II shows the percentage of respondents for each opinion, by rate of going to bars (how often they said they went to a bar in the past 12 months), level of education completed, and non-rural or rural place of residence. Reading Table II from left to right, the rate of bar-going is categorized in descending order: more than once a week, once a week, one to three times a month, less than once a month, and never. The results are similar to those for pattern of drinking from Table I in that greater frequency of bar-going corresponds to greater desire for easy access to alcohol.

However, only 33% of the most frequent bar-goers were in favour of warning labels, as opposed to the majority of all other types of drinker. Also, 23% of the most frequent bar-goers wanted the legal age to be lowered, versus only 8% of heavy drinkers (Table I).

Education

Reading Table II from left to right, the four categories of educational level attained are: less than high school, high school, some post-secondary, and university. Education was associated with significant differences for opinions on Brewers' retail stores, alcohol taxes, legal drinking age, and warning labels. For all items except warning labels (as usual), the majority preferred the status quo.

Unlike the other independent variables, education produced some significant differences that were non-incremental. For

example, the strongest support for fewer beer stores was expressed by those with less than high school (13%) and some post-secondary (14%), whereas the weakest support was expressed by those who had completed high school (7%) and university (6%).

Although the majority supported the status quo for alcohol taxes, this support was not robust, peaking at 63% for those with some post-secondary education. The current legal drinking age was supported by more university graduates (65%) than any other educational level. Though the numbers are small, there was still a difference of opinion about drinking age between those who had not completed high school (1% in favour of lowering it) and those who had completed university (8% in favour of lowering it). As usual, the support for warning labels was strong for all groups, but by far the strongest among those with the lowest level of formal education (82%).

Place of residence

The breakdown for place of residence was based on Canada Post's system of postal codes whereby a code with zero as the second digit is considered rural. Non-rural includes urban and suburban. This independent variable was not associated with any statistically significant differences.

Logistic regression

As shown in Table III, the odds ratios of the logistic regression confirmed and highlighted even further the findings of the bivariate analysis. With sex, age and education being controlled for, the tendency of

high-risk heavy drinkers to prefer a relaxation of alcohol controls was more striking than ever. The difference between these heavy drinkers and other types of drinker was significant at $p < 0.01$ for all items except lowering the legal drinking age (no significant differences) and warning labels (no significant difference between heavy and some-risk drinkers). Not surprisingly, the largest differences occurred between heavy drinkers and non-drinkers. For example, the odds that a heavy drinker would prefer a decrease in alcohol taxes were 7.2 times greater than the odds for a non-drinker.

Nevertheless even compared to social and some-risk drinkers, heavy drinkers stood out for their much more frequent expression of desire for a relaxation of alcohol controls. For instance, the odds that a heavy drinker would want an increase in beer and liquor store hours were 7.4 times greater than the odds for social drinkers; and the odds that a heavy drinker would want alcohol to be sold in corner stores were almost double (1.8 times) those of some-risk drinkers. These results strongly imply that it is the high-risk heavy drinker who is most likely to be pleased by policies that reduce alcohol controls.

DISCUSSION

Overall the data support the conclusions that: 1) favourable opinions on any given policy often coincide with what could be supposed to be the least personally inconvenient option; 2) women, older persons, non-drinkers and moderate drinkers support the status quo and also support greater restrictions on alcohol availability, along with warning labels; and 3) men, younger

persons, and heavy drinkers support the status quo and also greater availability of alcohol, along with warning labels.

This profile of the opinion of Ontario citizens would seem to constitute an indicator of a possible mandate for the government, at the very least, to maintain and enforce those restrictions on alcohol availability already in place. The seven policy items under discussion are not suitable for capturing subtleties in public opinion (which would require open-ended items analyzed by means of qualitative methods). Nor are they comprehensive (e.g., they do not include the huge policy-related issue of drinking and driving). Nevertheless, just a glance down the "Total" column of Table I reveals such robust levels of support for certain directions in policy that it is hard not to be impressed.

There appears to be little danger of public outcry against warning labels should they ever be introduced. And yet a number of attempts both at national and provincial levels have failed to make them a legal requirement. This failure in spite of public support highlights the complexity of alcohol policy generation, which is not merely a response to public opinion, but also to political climate, historical aspects, industry influence and cultural assessment, so to speak, of costs and benefits. Interestingly, the governments of the Northwest Territories and the Yukon do require warning labels to be attached to alcoholic beverage containers at the point of sale.¹⁴

According to our data, any move on the part of the Ontario government towards policies tending to increase physical, economic and especially demographic availability of alcohol would be contrary to the wishes of the majority.

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CONCLUSION

L'OMC apparaît de plus en plus comme un acteur important dans le commerce des soins de santé et de ses services auxiliaires. Cette tendance est particulièrement inquiétante pour des pays, comme le Canada, qui ont des systèmes de soins de santé financés par les pouvoirs publics. À ce titre, il existe deux grands domaines qui pourraient poser problème.

Premièrement, au cours des 15 dernières années, à mesure que les médicaments occupent une part de plus en plus importante et sans cesse croissante des coûts des soins de santé, les pouvoirs de contrôle exercés par les autorités provinciales diminuaient en raison des pratiques commerciales restrictives et des règlements sur les brevets adoptés au départ dans le cadre de l'Accord de libre-échange avec les États-Unis et repris et intégrés dans le cadre de l'OMC. Deuxièmement, l'OMC ainsi d'ailleurs que les représentants du secteur des

soins de santé américain ont ciblé les systèmes de soins de santé financés par les fonds publics – comme celui du Canada – comme marché potentiel de multiplication des échanges commerciaux en matière de soins de santé. Les tentatives visant à privatiser certains pans du système de soins de santé public – par exemple le *Bill C-11* que vient d'adopter l'Alberta – donnent à l'OMC une ouverture pour justifier un panel commercial qui pourrait décider d'autoriser l'entrée du secteur des soins de santé américain au Canada.