Public Perception of Alcohol Policy Issues Relating Directly or Indirectly to Privatization

Results from a 1999 Ontario Survey

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ABSTRACT

Objective: The purpose of this study is to measure public opinion on alcohol policy issues relating to youth, litigation, outlet density, and government action. The authors comment on the implications of public opinion with regard to proposals for privatization of alcohol retailing in Ontario.

Method: Using data from a 1999 provincial survey ($n = 1,288$), the authors examine the opinions of Ontario adults (male and female over the age of 18) on seven alcohol policy-related items. In order to identify characteristics of persons tending to express certain opinions, the opinion items are cross-tabulated with sex, age, drinking pattern, marital status, and education. A scale is created to show the level and strength of aggregate support for alcohol controls. A logistic regression confirms associations between demographic characteristics and opinions.

Results: The majority expresses opinions favouring alcohol controls and disagreeing with privatization (73% of total sample against). However, differences of opinion are observed within groups, between groups, and between items. In particular, higher-risk drinkers stand out for their dislike of most control measures.

Discussion: Taken as a whole, the results suggest that privatization of alcohol retailing in Ontario would run contrary to the wishes of the majority. Disapproval would probably be even stronger if more people realized there is often a connection between privatization and increased outlet density, relaxation of other controls, and less consideration for public health.

La traduction du résumé se trouve à la fin de l'article.

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Policy-makers need and should seek input into the policy-making process. Alcohol policy has wide-reaching implications for public health and safety that are not always fully appreciated. For example, few are likely to be aware of the laws governing the sale and service of alcohol in airports, even though many will be affected by these laws at one time or another.² Because of the potential legal, social, and health-related consequences of alcohol policy, it is important to know what people expect from it, how they would like it to change, and which aspects they want protected. The purpose of this study is to provide information on public opinion, as one type of policy-related input, and to consider its implications for proposed privatization of alcohol retailing. The authors hope this information will curtail erroneous impressions of what most people want.

We examine the views of Ontario adults on certain aspects of the relationship between youth and alcohol, lawsuits against alcohol companies, outlet density, and the role of government in formulating alcohol-related policy and managing sales. The rationale for selection of these topics was based partly on current events to do with proposals for privatization in the province of Ontario.³⁻⁵ It was also based on developments in the research literature concerning public opinion and alcohol policy nationally⁶⁻¹⁰ and internationally.¹¹⁻¹³ The results contribute to a larger data bank concerning public opinion on alcohol issues, which has been amassed in this province for years, allowing for trend studies.¹⁴

Some public health proponents fear the alcohol industry not only tolerates but also promotes alcohol consumption among underage persons.¹⁵ Two ways to encourage such drinking are to turn a blind eye to illegal purchases and to advertise in a manner that appeals to the well-known propensities of the young.

There have been lawsuits against tobacco companies in the US¹⁶ and Canada.¹⁷ Such lawsuits conceivably have the potential to spur similar activity against the alcohol industry. The relationship between litigation and policy can be debated, but some researchers propose litigation as an adjunct support to more traditional control measures.¹⁸ This kind of legal initiative could be encouraged by evolving concepts of tort law moving away from the individ-

TABLE 1

Alcohol Policy-related Opinions: Percent Responding by Sex, Age and Drinking Pattern, Ontario, 1999

Item	Total Sample n=1288	Sex		18-34 n=337	Age		Non n=293	Drinking Pattern†		
		M n=541	F n=747		35-54 n=546	55+ n=385		Nvr5+ n=413	Ever5+ n=429	Wkly5+ n=140
1. Too easy for those under age to buy beer at beer stores:		***			***			***		
Strongly agree	41	36	45	34	39	52	51	39	39	34
Somewhat agree	27	25	28	35	23	23	21	30	29	22
Somewhat disagree	18	21	15	21	21	9	9	21	17	27
Strongly disagree	15	18	12	10	18	16	9	11	15	17
2. T.V. alcohol ads should not be allowed on shows popular with viewers <19:		***			**			***		
Strongly agree	55	47	62	48	57	62	63	59	51	40
Somewhat agree	19	22	16	23	15	17	11	17	24	21
Somewhat disagree	14	17	12	17	14	13	12	15	15	15
Strongly disagree	12	15	9	12	14	8	13	8	10	24
3. If a drinker is injured in an alcohol-related car accident, that person should be able to sue the alcohol companies:								***		
Strongly agree	7	9	6	3	8	9	10	7	6	4
Somewhat agree	9	9	8	9	7	9	11	7	10	3
Somewhat disagree	20	18	22	20	20	21	21	24	16	18
Strongly disagree	64	64	64	68	64	62	58	62	68	76
4. If someone develops an alcohol-related disease, that person should be able to sue the alcohol companies:		**						***		
Strongly agree	4	6	2	2	4	4	6	4	3	0
Somewhat agree	6	5	6	4	6	7	9	5	4	6
Somewhat disagree	16	15	17	14	16	17	16	18	16	9
Strongly disagree	75	74	75	80	74	72	68	74	77	85
5. Including bars, # of places where you can buy alcohol in your community is:		*			**			***		
Too few	7	9	6	9	7	6	9	6	4	17
Too many	17	14	20	12	18	23	39	15	11	8
About right	76	77	75	80	75	72	53	79	85	75
6. Before making policy changes, governments should be required to consult health experts:					***			***		
Strongly agree	35	33	36	30	34	42	50	37	28	21
Somewhat agree	36	35	36	43	34	30	29	37	42	30
Somewhat disagree	16	16	17	20	15	14	8	17	19	22
Strongly disagree	13	16	11	8	17	15	14	9	12	28
7. The Ontario government should close all LCBO stores and allow privately run stores to sell alcohol:		***			**					
Strongly agree	12	16	8	8	14	12	12	11	10	20
Somewhat agree	15	15	15	12	16	17	12	16	15	15
Somewhat disagree	22	22	22	25	23	18	22	23	24	17
Strongly disagree	51	47	55	56	47	53	54	51	52	49

Significance levels (chi-square): * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$. Asterisks indicating significance levels are located immediately above the percentages within the relevant cross-tabulation. For example, for the first item the significance level is $p \leq 0.001$ for sex, age and drinking pattern.

† Drinking pattern:

Non = non-drinker (never drank in lifetime or no drinks in past 12 months)

Nvr5+ = lower-risk drinker (had a drink in past 12 months but never as many as 5 on one occasion)

Ever5+ = moderate-risk drinker (had a drink in past 12 months, sometimes as many as 5 or more on one occasion, but never as often as once a week)

Wkly5+ = higher-risk drinker (had a drink in past 12 months, and as many as 5 or more on one occasion at least once a week)

ual consumer to those who serve, sell, and advertise potentially harmful yet legal products, such as alcohol.^{16,19}

Studies have shown that higher outlet density, a measure of physical availability, is associated with an increase in per capita consumption and related problems.^{20,21} A positive association between higher outlet density and a change from a monopoly to a privatized system of retail sales has also been demonstrated using natural experiments. In some cases, the increase in outlet density following a change to privatization has been enormous.²² Canadian examples include Quebec where wine was allowed to

be sold in grocery stores as of 1978, and, according to Smart,¹⁰ the number of outlets thereby increased from 353 to 9,000 within five years. In 1993, Alberta began selling spirits in independent privately owned liquor stores and the number of outlets increased from 204 to 366 within one year.⁶

Privatization has not occurred in Ontario as of the time of writing, but is repeatedly proposed. Because of the frequent connection between higher outlet density and privatization, a measure of public opinion on outlet density can serve as a surrogate measure of opinion on privatization. This opin-

ion can also be compared to findings from a 1995 survey²³ which showed that most Ontario residents described their personal access to alcohol outlets to be "somewhat" or "very" convenient.

It is no simple matter to know which stakeholders have input into any government proposal to change alcohol policy.²⁴ The role of public health expertise sometimes seems to be of small consequence. For example, many researchers and public health advocates equate alcohol availability with problems,¹² whereas policy often moves towards the expansion of availability.⁷ Public opinion on what the relation-

TABLE II

Alcohol Policy Opinions: Percent Responding by Marital Status and Education, Ontario, 1999

Item	Total Sample n=1288	Marital Status					Education			
		Marr n=652	Partner n=97	Widow n=124	Div/Sep n=161	Never n=239	<H.S. n=234	H.S. n=347	Post-sec n=385	Univ n=303
1. Too easy for under-aged to buy beer at beer stores:				***				*		
Strongly agree	41	42	31	58	48	35	46	42	38	39
Somewhat agree	27	25	29	16	17	34	21	27	27	29
Somewhat disagree	18	17	29	5	15	20	13	17	19	21
Strongly disagree	15	16	12	21	19	10	20	14	16	11
2. T.V. alcohol ads should not be allowed on shows popular with viewers <19:				*				*		
Strongly agree	55	60	45	59	51	48	52	56	55	57
Somewhat agree	19	15	27	15	20	22	15	18	20	20
Somewhat disagree	14	14	17	12	12	16	15	13	14	16
Strongly disagree	12	10	12	14	17	13	19	13	11	7
3. If a drinker is injured in an alcohol-related car accident, that person should be able to sue the alcohol companies:				*						
Strongly agree	7	8	1	4	10	6	8	7	4	8
Somewhat agree	9	8	4	7	9	11	7	8	10	9
Somewhat disagree	20	22	18	23	14	17	19	18	20	24
Strongly disagree	64	62	77	65	66	67	65	67	66	59
4. If someone develops an alcohol-related disease, that person should be able to sue:				*				***		
Strongly agree	4	5	0	3	3	3	6	4	1	4
Somewhat agree	6	6	1	11	3	6	6	3	6	7
Somewhat disagree	16	18	13	15	17	12	12	12	18	21
Strongly disagree	75	72	86	71	78	80	76	81	75	67
5. Including bars, # of places where you can buy alcohol in your community is:				***				**		
Too few	7	7	4	2	5	12	9	8	5	7
Too many	17	17	11	31	25	14	28	17	14	16
About right	76	76	85	67	71	74	64	75	81	77
6. Before making policy changes, governments should consult health experts:				*				**		
Strongly agree	35	38	26	34	35	29	32	35	33	38
Somewhat agree	36	34	42	35	26	41	30	32	40	39
Somewhat disagree	16	15	20	15	18	18	17	19	16	15
Strongly disagree	13	13	11	15	22	11	21	15	11	9
7. The Ontario government should close all LCBO stores and allow privately run stores to sell alcohol:				***				*		
Strongly agree	12	13	14	5	13	7	14	13	10	11
Somewhat agree	15	16	13	19	13	12	9	15	16	17
Somewhat disagree	22	25	14	10	16	25	15	25	22	25
Strongly disagree	51	46	59	67	59	56	62	48	52	48

Significance levels (chi-square): * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$. Asterisks indicating significance levels are located immediately above the percentages within the relevant cross-tabulation.

Marital status categories: married, common-law partner, widow or widower, divorced or separated, and never married.

Education categories: never finished high school, finished high school, some post-secondary, and university degree.

ship between government and health experts should be in this regard is important because it is the public who suffer the consequences of bad policy. Government proposals of privatization stand in stark contrast to advice based on prevention research.²⁵ It is of interest to see which "side" the public takes.

METHOD

The *CAMH Monitor* is an annual survey of alcohol and other drug use, as well as mental health indicators, among Ontario adults, conducted by the Centre for Addiction and Mental Health. The survey has undergone improvements since its inception in 1977, including monthly data

collection, regional stratification, and increased sample size (currently more than 2,400 respondents).

The Institute for Social Research (ISR) at York University administers the survey, using random digit dialing via computer-assisted telephone interviewing techniques. Eligible respondents include men and women over the age of 18, currently residing in Ontario, able to speak English or French, and living in households with telephones. Persons who are homeless, imprisoned, hospitalized, or employed by the military are excluded. Therefore, certain groups known to be at risk for drug use and heavy drinking are absent, a typical factor in telephone surveys.²⁶ For detailed discussion of the survey methodology and

sample representativeness, see the "Technical Document".²⁷

In 1999, the total sample consisted of 2,436 respondents, with an effective response rate of 69% (the percentage of eligible persons who completed the interview). A subgroup of 1,288 persons, interviewed for 6 months during the 12-month interview cycle, were asked their opinion on alcohol policy-related items (see Table I).

The items were cross-tabulated with sex, age, drinking pattern, marital status, and education. These variables have been shown in past work⁸ to be associated with significant differences of opinion. The recoding of the independent variables is indicated in the sub-headings and footnotes of Tables I and II. All *n*'s are taken from unweighted frequencies

TABLE III

Percent Aggregate† Level of Support for Alcohol Controls, by Sex, Age and Drinking Pattern‡ (n = 1288)

Percent Level of Support	Total Sample	Sex M F	18-34	Age 35-54	55+	Non	Drinking Pattern§ Nvr5+ Ever5+ Wkly5+
Low (%)	5	7 2	3	6	4	3	4 5 10
Medium (%)	40	43 38	42	40	40	38	39 37 55
High (%)	55	50 60	56	54	56	59	58 58 35

† Based on responses to Items 3, 4, 7, 8 and 9.

‡ The n's for each demographic group are provided in Table I.

§ Drinking pattern:

Non = non-drinker (never drank in lifetime or no drinks in past 12 months)

Nvr5+ = lower-risk drinker (had a drink in past 12 months but never as many as 5 on one occasion)

Ever5+ = moderate-risk drinker (had a drink in past 12 months, sometimes as many as 5 or more on one occasion, but never as often as once a week)

Wkly5+ = higher-risk drinker (had a drink in past 12 months, and as many as 5 or more on one occasion at least once a week)

Significance levels (chi-square): *p≤0.05; **p≤0.01; ***p≤0.001.

TABLE IV

Odds Ratios for 5 Alcohol Policy Items, by Sex, Age, Drinking Pattern, and Education (n = 1288)

	Too Easy Under Legal Age to Buy Beer	TV Alcohol Ads Should not be Allowed	No. of Places to Buy Alcohol About Right/Too Many	Govt. Should Consult Health Experts	Ontario Govt. Should not Close LCBO
Male (vs. female)	0.61**	0.63**	0.67	1.02	0.67*
Age	**	*			**
35-54 (vs. 18-34)	0.68*	1.07	1.38	0.75	0.51**
55+ (vs. 18-34)	1.30	1.77*	1.77	0.82	0.47**
Drinking pattern			**	**	
Non (vs. 5+wkly)	1.50	1.40	1.93	3.88**	1.91*
Never 5+ (vs. 5+wkly)	1.34	1.48	2.79*	2.83**	1.77*
Ever 5+ (vs. 5+wkly)	1.48	1.59	4.83**	2.08**	1.69*
Education				*	
High school (vs. < h.s.)	1.06	1.53	0.92	1.14	0.59*
Post-sec (vs. < h.s.)	0.88	1.67*	1.47	1.64*	0.59*
University (vs. < h.s.)	1.06	1.80*	1.03	1.82*	0.61

All variables are treated as categorical, the listed category contrasted to the category in parentheses.

Significance levels (F-test): *p<0.05; **p<0.01.

Asterisks horizontally aligned with main heading of independent variables (age, drinking pattern, education) show significance of group effect (Wald test).

For meaning of "drinking pattern" categories, see footnotes to Table I; for "education," see footnotes to Table II.

We did not include marital status in the logistic regression because of the uneven n's.

and percentages from weighted data. The percentages are valid (missing responses excluded from denominator). For each cross-tabulation, we report differences where the level of significance (chi-square) is <0.05.

Using the 5 items that ask for an opinion on alcohol controls, we derived a scale of aggregate support labelled low, medium, and high. Responses were recoded according to implied level of support. For items 1, 2 and 6, if the respondent "strongly agreed," this was coded as high support; "somewhat agree" and "somewhat disagree," as medium support; and "strongly disagree," as low support. For item 5 on outlet density, the response options were interpreted as: too few outlets = low support for controls; too many = high support; about right = medium support. For item 7, the coding was the reverse, i.e., "strongly agree" with privatization meant low support for controls.* Each respondent's *overall set of responses* was rated on a scale from -10 (lowest support) to +10 (highest support). Values of -10 to -4 were

coded together as total low support; -3 to +3, as total medium support; and +4 to +10, as total high support. The results were cross-tabulated with sex, age, and drinking pattern, as shown in Table III.

A logistic regression was run on the policy items as dependent variables (see Table IV). Included in the models are sex, age, drinking pattern, and education. (We excluded marital status because of the uneven n's.) Because support for controls was of primary interest, the policy items were recoded into dichotomous variables, support for controls or the status quo being one category and support for relaxation of controls the second category.

RESULTS

In Table I, males and females show significant (p≤0.001) differences for the items on

* Some respondents may not be aware of the probable connection between privatization and diminished controls. However, the connection has been documented.^{7,25}

underage purchase of beer, televised alcohol advertising, and privatization, women expressing even greater support for controls than men. For the privatization item, the sex differences occur in the extreme opinions ("strongly" agree/disagree). Men and women view lawsuits against alcohol companies in an equally negative way when it comes to traffic-related injuries. However, about twice as many men "strongly agree" a person should be able to sue in the case of disease. More women than men think the rate of outlet density is already excessive.

Significant age differences (p≤0.001) occur for the items on underage purchase of beer and consultation of health experts. A higher percentage of younger adults than any other age group disagrees with privatization. There are no significant age differences for the litigation items.

There are significant differences (p≤0.001) relating to drinking pattern for all items except privatization. Higher-risk drinkers generally express opinions that

imply an aversion to control of availability. However, their overall disagreement with privatization (66% against) is not strikingly different from that of the total sample (73% against).

In Table II, marital status shows significant differences ($p \leq 0.001$) for the items on underage purchase, outlet density, and privatization. It is the only independent variable that shows a highly significant difference for the question on privatization. Education shows a significant difference ($p \leq 0.001$) for the item on disease-based lawsuits.

In Table III, the majority of the total sample is rated as having a high aggregate level of support for alcohol controls. Differences between males and females are significant ($p \leq 0.001$), but still at least 50% of each sex is rated as high support. In contrast to the cross-tabulations (see Table I), this aggregate view shows no significant differences for age. The higher-risk drinkers stand out for their lack of support for controls.

In Table IV, the logistic regression confirms that women support alcohol controls more than men, except for the item on consultation of health experts. For the items on underage purchase of beer and televised alcohol advertising ($p \leq 0.01$), and privatization ($p \leq 0.05$), the sex difference is statistically significant. Patterns by age vary across items. Younger respondents are the most likely to disagree with privatization. Drinking pattern remains significantly related to two items ($p \leq 0.01$). Higher-risk drinkers are significantly less likely than all other drinking categories to agree with government consultation of health experts ($p \leq 0.01$). Although higher-risk drinkers are significantly less likely to disagree with privatization ($p \leq 0.05$), the overall group effect is not significant.

The patterns are also mixed for educational level. The better-educated respondents are significantly more likely than the less educated to agree with mandatory government consultation of health experts ($p \leq 0.05$). The overall group effect for the item on privatization is not significant.

DISCUSSION

There is a clear wish on the part of most people for the government to maintain responsibility for retail alcohol sales and

not to relinquish it to the private sector. Thus, the thrust of public opinion coincides with advice based on prevention research.^{12,25} Even higher-risk drinkers concur with the majority, despite the finding from the logistic regression that they are less likely than other groups to disagree with privatization. Further research could determine whether the majority of higher-risk drinkers use a different method of reasoning from that of other categories of drinker to arrive at the same conclusion about privatization. We do not believe the results suffer any serious distortion due to the possible under-representation of higher-risk drinkers,²⁶ since their distinct pattern of opinion would likely become even clearer with a larger number.

The public's intense aversion to televised alcohol advertising proffered to underage viewers signals a sense of urgency in protecting the young from the harmful potential of this advertising. It also suggests a rejection of the alcohol industry's claim that alcohol advertising is not intended to appeal to the young but only to persuade adult drinkers to switch brands (ref. 28, especially pp. 69-70).

Most Ontario adults do not see the alcohol industry as liable for the ill effects of its product. Further research, possibly using focus groups, could determine who they think should be liable. Would the reluctance to sue be affected by a change in the system of retail sales? Are citizens equally unwilling to initiate lawsuits in situations that have nothing to do with alcohol?

These are questions for which our data could provide baseline comparisons in the future.

The percentage of people expressing a desire for more alcohol outlets in their community is negligible. An overwhelming majority says there are either enough or too many already. Natural experiments^{6,10} have shown an association between privatization, increased outlet density, and other forms of relaxation of controls, presumably as a consequence of unbridled commercial competition. Therefore, we interpret satisfaction with the status quo in the matter of outlet density as a partial indicator of satisfaction with a government-run system of alcohol sales. Even if theoretically it should be possible to privatize and yet maintain current levels of density, in practice this is not what happens.^{6,7,10} Although it is true that governments also use alcohol sales as a means of procuring revenue, this is done largely through taxes and does not involve the more aggressive strategies characteristic of the private sector.²⁵

People want governmental consultation with health experts to be *required*. To bring this about, a political or legal mechanism needs to be implemented to guarantee public health input whenever changes in policy are contemplated. If alcohol sales become a purely commercial venture, it is hard to imagine why public health experts would be consulted at all.

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RÉSUMÉ

Objectif : Le but de cette étude est de découvrir ce que pense la population des politiques sur l'alcool en ce qui concerne la jeunesse, les procès intentés aux compagnies qui vendent de l'alcool, la densité des points de vente et la réglementation gouvernementale. Les auteurs examinent les implications de l'opinion publique au cas où la privatisation de la vente d'alcool en Ontario serait réalisée.

Méthode : Un sondage de 1999 a fourni des données sur l'opinion des adultes de l'Ontario (des hommes et des femmes ayant au moins 18 ans) sur certains aspects de la réglementation de l'alcool. Les auteurs ont analysé les opinions selon le sexe, l'âge, le niveau de consommation, la situation de famille et le niveau d'instruction. On a créé une échelle pour montrer le niveau total d'accord avec la réglementation de la vente d'alcool. Une régression logistique confirme l'association entre les caractéristiques démographiques des répondants et leurs opinions.

Résultats : Les résultats démontrent des différences d'opinion intéressantes, mais l'échantillon total est nettement contre la privatisation et pour les contrôles. Les auteurs mettent l'accent sur la privatisation de la vente d'alcool, compte tenu de l'importance politique de cette question aujourd'hui.

Discussion : Ces résultats montrent que les projets gouvernementaux visant à abandonner la responsabilité de réglementer la vente d'alcool ne traduisent pas la volonté de la majorité des citoyens. Il se peut que l'opposition à la privatisation augmente encore quand les recherches sur le sujet seront mieux connues.

REFERENCES

- Anglin L, Giesbrecht N, Kobus-Matthews M, McAllister J, Ogborne A. Public opinion of Ontario adults on alcohol policy issues: Findings from a 1999 general population survey. CAMH Research Document Series No. 145. Toronto, ON: Centre for Addiction and Mental Health, 2001.
- Anglin L, Neves P, Giesbrecht N, Kobus-Matthews M. Alcohol-related air rage: From damage control to primary prevention. *J Primary Prevention* 2003;23(3):283-97.
- Goar C. The risky logic of privatization. *The Toronto Star*. Saturday, January 12, 2002.
- Brennan R, Theobald S. Flaherty vows to get out of booze business. *The Toronto Star*. Saturday, February 23, 2002.
- Stimmell G. LCBO at crossroads. *The Toronto Star*. Saturday, July 20, 2002.
- Laxer G, Green D, Harrison T, Neu D. Out of control: Paying the price for privatizing Alberta's liquor control board. Ottawa, ON: Canadian Centre for Policy Alternatives, 1994.
- Her M, Giesbrecht N, Room R, Rehm J. Privatizing alcohol sales and alcohol consumption: Evidence and implications. *Addiction* 1999;94(8):1125-39.
- Giesbrecht N, Kavanagh L. Public opinion and alcohol policy: Comparisons of two Canadian general population surveys. *Drug and Alcohol Review* 1999;18:7-19.
- Giesbrecht N, Greenfield T. Public opinions on alcohol policy issues: A comparison of American and Canadian surveys. *Addiction* 1999;94(4):521-31.
- Smart RG. The impact on consumption of selling wine in grocery stores. *Alcohol and Alcoholism* 1986;21:233-36.
- Alavaikko M. [Liberalization of Finnish alcohol legislation in the reform of 1994]. *Nordic Alcohol and Drug Studies* 1998;15(3):154-67.
- Edwards G, Anderson P, Babor TF, Casswell S, Ferrence R, Giesbrecht N, et al. *Alcohol Policy and the Public Good*. Oxford: Oxford Medical Publications, 1994.
- Wagenaar A, Holder H. Changes in alcohol consumption resulting from the elimination of retail wine monopolies: Results from five U.S. states. *J Studies on Alcohol* 1995;56(5):566-72.
- Giesbrecht N, Ialomiteanu A, Room R, Anglin L. Trends in public opinion on alcohol policy measures: Ontario 1989-1998. *J Studies on Alcohol* 2001;62(2):142-49.
- Mosher JF. The merchants, not the customers: Resisting the alcohol and tobacco industries' strategy to blame young people for illegal alcohol and tobacco sales. *J Public Health Policy* 1995;16(4):412-32.
- Jensen BA. From tobacco to health care and beyond: A critique of lawsuits targeting unpopular industries. *Cornell Law Rev* 2001;86(6):1334-85.
- Cunningham R. Background on tobacco liability lawsuits in Canada. Summary prepared for the Canadian Cancer Society, May 23, 2002.
- Ferrence R, Ashley MJ, Cohen J, Stephens T. Tobacco industry litigation and the role of government: A public health perspective. *Can J Public Health* 2001;92(1):39.
- Solomon R, Payne J. *Alcohol Liability in Canada and Australia: Sell, Serve, and Be Sued*. A report commissioned by the National Centre for Research into the Prevention of Drug Abuse. London, ON, March 6, 1996.
- Godfrey C. Licensing and the demand for alcohol. *Applied Economics* 1988;20:1541-58.
- Gruenewald P. The relationship of outlet densities to alcohol consumption: A time series cross-sectional analysis. *Alcoholism: Clinical and Experimental Research* 1993;17:38-47.
- MacDonald S. The impact of increased availability of wine in grocery stores on consumption: Four case histories. *Br J Addiction* 1986;81:381-87.
- West P. Alcohol policy. In: Anglin L (Ed.), *The Ontario Experience of Alcohol and Tobacco: New Focus on Accessibility, Violence and Mandatory Treatment*. A report of the Ontario Alcohol and Other Drug Opinion Survey, ARF Internal Document #122, Addiction Research Foundation, Toronto, 1995.
- Greenfield T, Johnson S, Kaskutas L, Giesbrecht N, Anglin L, Kavanagh L, MacKenzie B. *U.S. Federal Alcohol Control Policy Development: A Manual*. Berkeley, CA: Alcohol Research Group, 1999.
- Room RR. Why have a retail alcohol monopoly? Paper presented at an International Seminar on Alcohol Retail Monopolies, Harrisburg, Pennsylvania, August 19-21, 2001. Website: <http://www.bks.no/retail.htm>
- Casady RJ, Lepkowski M. Telephone sampling. In: Levy PS, Lemeshow S (Eds.), *Sampling of Populations*. New York, NY: Wiley, 1999;455-79.
- Adlaf EM, Ivis FJ, Paglia A, Ialomiteanu A. *Ontario Drug Monitor 1998: Technical Guide*. CAMH Research Document Series No. 3. Centre for Addiction and Mental Health, 1999.
- Montonen M. *Alcohol and the Media*. WHO Regional Publications, European Series, No. 62, 1996.

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CLARIFICATION

CPHA Position on Infant Feeding

It has come to our attention that the image of a baby bottle on the cover of the March/April 2003 issue of the *Canadian Journal of Public Health* caused concern among readers in that it appeared to contradict the position of the Canadian Public Health Association (CPHA) with regard to infant feeding practices.

We appreciate the comments we received and assure our readers that it remains the position of the Association that breastfeeding is the preferred method of infant feeding and that it should be encouraged and supported.

CPHA has two resolutions which speak to this issue: 1982 CPHA Resolution No.2, "International Code of Marketing of Breast Milk Substitute" and 1994 CPHA Resolution No.2, "Breast Feeding".

These resolutions can be requested from the National Office by contacting (613) 725-3769, ext. 183.

MISE AU POINT

La position de l'ACSP sur l'alimentation des nourrissons

Des lecteurs nous ont signalé que l'image d'un biberon sur la couverture du numéro de mars-avril 2003 de la *Revue canadienne de santé publique* semble contredire la position de l'Association canadienne de santé publique (ACSP) en ce qui a trait aux pratiques d'alimentation des nourrissons.

Nous apprécions ces commentaires et pouvons assurer nos lecteurs que l'Association maintient toujours que l'allaitement est la méthode de choix pour l'alimentation des nourrissons, et qu'il faut l'encourager et la soutenir.

L'ACSP a adopté deux résolutions à ce sujet : la résolution n° 2 de 1982 (« Normes internationales de mise en marche des Substituts au lait maternel ») et la résolution n° 2 de 1994 (« Allaitement »).

Pour en obtenir copie, veuillez vous adresser au siège social de l'ACSP en composant le (613) 725-3769, poste 183.