

# ***The Role of Public Policy in Reducing Harm from Alcohol Use***

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# *Why Health is a Public Issue*

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- **Spillover costs and benefits**
- **Merit goods**
- **Moral judgments**
- **Health's role in economic growth and social order**

# *Three Distinct Processes in Agenda Setting*

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- **Problem recognition and definition**
- **Generation of alternatives**
- **Political interaction, influence**

**Source: Kingdon (1984)**

# *Model of Agenda Setting and Policy Change (John Kingdon)*

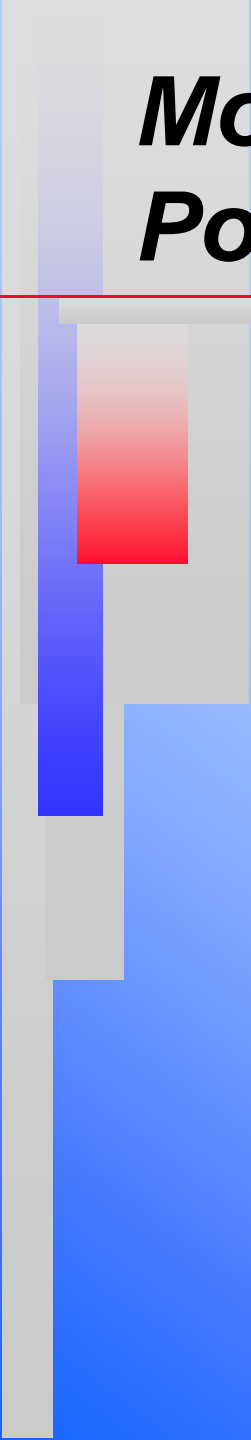
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Problem Stream

Policy Stream

Political Stream

Time



# *Why Is Problem Definition Important?*

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- **Helps guide remaining analysis**
  - **poorly defined problems can lead to ineffective or unacceptable solutions**
- **Can convince a range of actors to focus on a particular problem or particular solutions**

# ***The Translation of Health Issues into Policy Issues***

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- **Risk assessment**
- **Locus of responsibility**
- **Social construction of target populations**

**Source: Oliver (2006)**

# ***The “Negative” Constitution Stresses Individual Rights and Responsibilities***

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**“ . . . to restrain government from invading a sphere of individual liberty and property interests.”**

**Source: Gostin (2000, 6)**

# ***Community as a Necessary Locus of Responsibility for Public Health***

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**“A political community stresses a shared bond among members: organized society safeguards the common goods of health, welfare, and security, while members subordinate themselves to the welfare of the community as a whole. Public health can be achieved only through collective action, not through individual endeavor.”**

**Source: Gostin (2000, 7)**

# ***Social Construction of Target Populations***

<i><b>Power</b></i>	High	<i><b>Advantaged</b></i>	<i><b>Contenders</b></i>
	Low	<i><b>Dependents</b></i>	<i><b>Deviants</b></i>
		Positive	Negative

***Social Construction***

Source: Anne Schneider and Helen Ingram (1993)

# *Public Regulation of Private Behavior: Seven Steps to Government Action*

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- **Social disapproval** ✓
- **Medical science** ?
- **Self-help** ✓
- **Demon users** ?
- **Demon industry** ?
- **Mass movement** ⊘
- **Interest group action** ✓

Source: Kersh and Morone (2002)

# ***The Aims of Health Policy***

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- **The purpose of health policy is to support people in their quest for health.**
- **Health policy impacts health through its impact on:**
  - **Physical environment**
  - **Behavioral choices**
  - **Social determinants**
  - **Health services**

Source: Longest (2002)

# *What Can Government Do?*

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- **Regulate availability of alcohol**
- **Increase prices through “sin taxes”**
- **Reduce social acceptance**
- **Reduce harm from risky drinking**
- **Increase services for individuals**

Source: Grube (2005); Anderson and Baumberg (2006)

# *Policy Instruments*

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- **Inducements**
- **Rules**
- **Facts**
- **Rights**
- **Powers**

Source: Stone (1997)

# *Sources of Incrementalism in Policy Making*

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- **Bounded rationality**
- **Political institutions**
- **Fiscal constraints**
- **Concentrated interests**

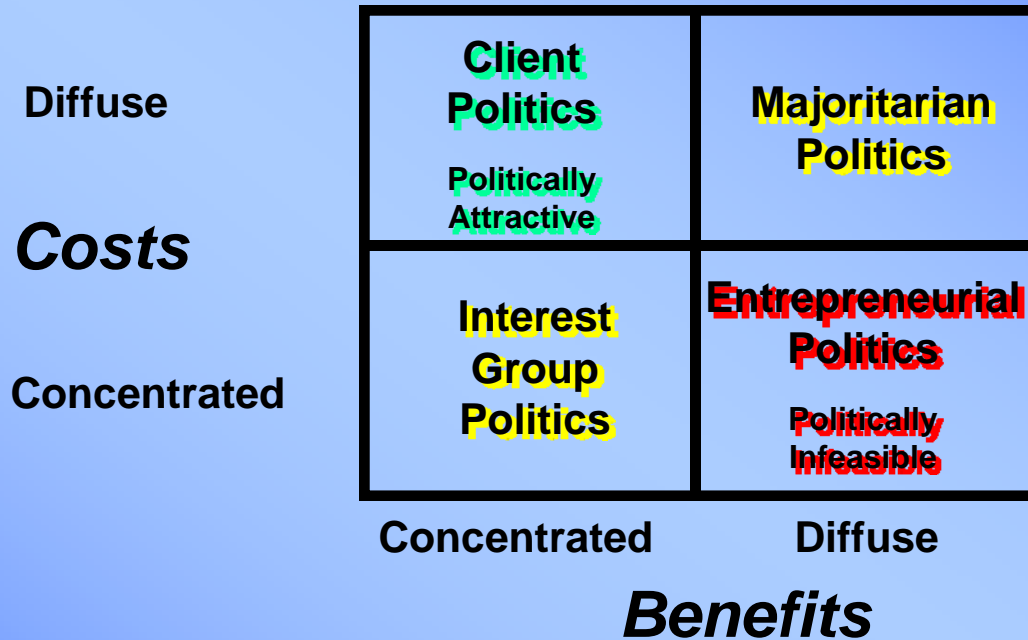
Source: Oliver (2006)

# ***Project Outcomes and Tradeoffs: Political Feasibility***

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- **Policy must survive “political test”**
  - Little chance of adoption if not supported by officials, voters, or key stakeholders
  - Who are the individuals or groups usually concerned about this type of problem?
  - Who might be expected to become involved in the current problem?
  - Need to assess motives, resources, and strategic position of stakeholders
- **Used to determine which alternatives can be adopted and implemented with the least political opposition**

# Framework for Analysis of Policy Design and Political Feasibility\*



## Concentrated Effects

- large in magnitude
- occur immediately
- direct, traceable impact
- identifiable group or geographic jurisdiction

## Diffuse Effects

- small in magnitude
- occur over time
- indirect, less traceable impact
- broad, less identifiable target population

\* This framework is based on typologies suggested by James Q. Wilson (1973; 1980; 1989) and R. Douglas Arnold (1990). See Oliver (1996); Oliver and Paul-Shaheen (1997).

# ***Project Outcomes and Tradeoffs: Political Feasibility***

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- **Concepts to consider for costs and benefits**
  - Tangible vs. intangible
  - Direct vs. indirect
  - Opportunity cost
  
- **Costs and benefits to whom?**
  - Society
  - Jurisdiction, group, institution
  - Individual

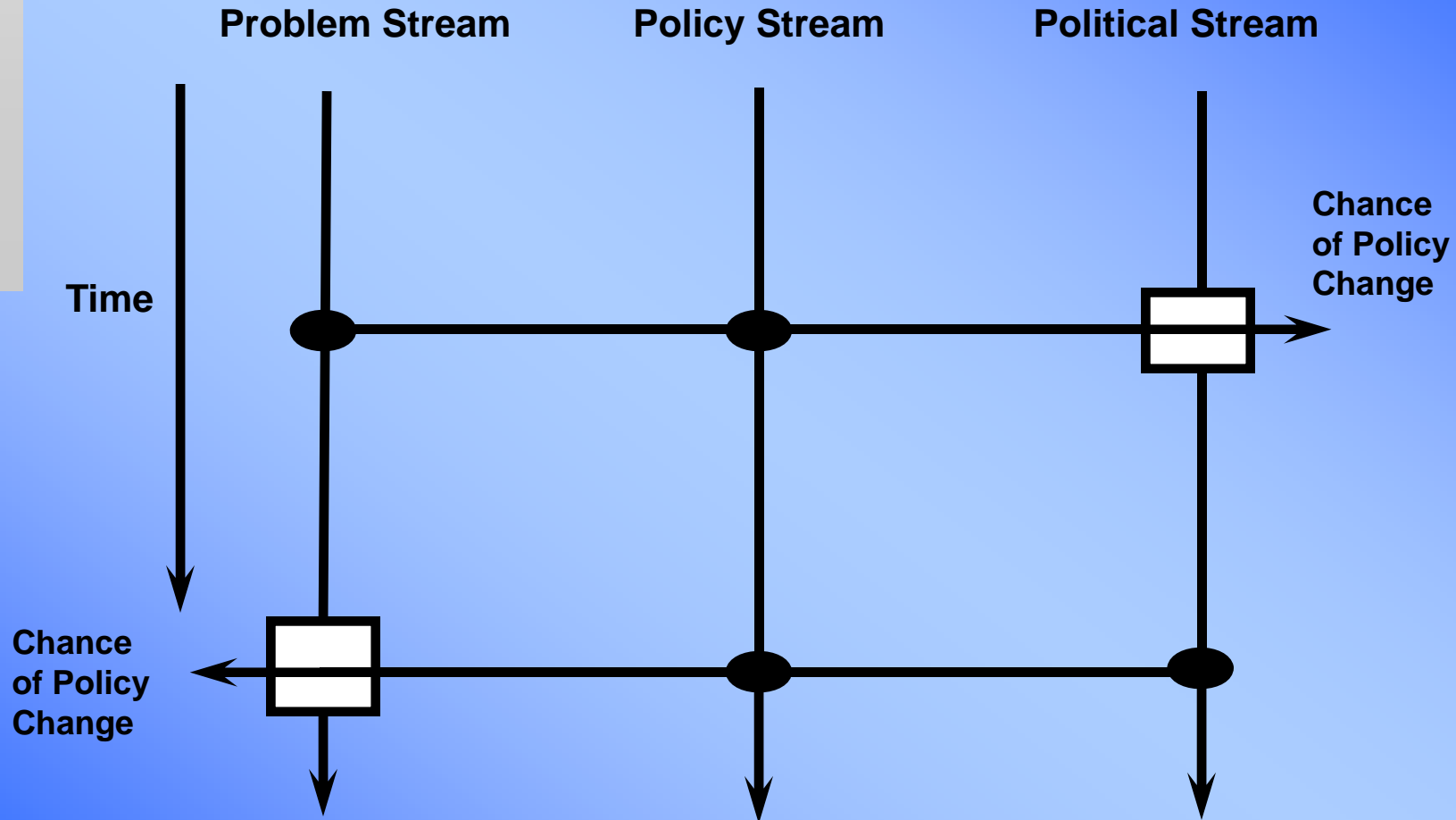
# ***Sources of Innovation in Policy Making***

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- **Critical junctures in policy development**
- **Political opportunities and leadership**
- **Policy entrepreneurs and investors**
- **Linkage of multiple venues in reform**

Source: Oliver (2006)

# *Model of Agenda Setting and Policy Change (John Kingdon)*



# ***Strategies for Public Health Entrepreneurs***

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- **Articulate a socially as well as scientifically credible threat**
- **Mobilize a diverse organizational constituency**
- **Seek convergence of political opportunities with target vulnerabilities**
- **Examples: Joe Camel, Fast Food Nation**

**Based on Nathanson (1999)**

# ***Arenas for Policy Making: Litigation or Legislation?***

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- **Litigation as an alternative to legislation**
- **Litigation as a stimulus to legislation**

# *The Limitations of Litigation*

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- **Comprehensiveness of policy and target populations**
- **Compensation rather than prevention**
- **Resources needed to litigate (not commensurate with injuries)**
- **Durability of the solution**

Jacobson and Warner (1999)

# ***The Politics of Policy Implementation***

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- **Ambiguity in policy design**
- **Dependence on private actors and other public agencies**
- **Agency resources**
- **Hostile political environment**
- **Interagency coordination**

Source: Oliver (2006)

# ***Implementation Issues in State Tobacco Control Laws***

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- **Information costs of indoor smoking bans vs. teen access**
- **Economic incentives of tobacco merchants**
- **Lack of law enforcement priority and resources**
- **Need for ongoing political mobilization of all public health interests**

Source: Jacobson and Wasserman 1999

# *Key Issues in the Policy Process*

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- **Whose interests and viewpoints are represented**
- **How responsive or accountable government is**
- **How effective chosen policies are in solving a problem**

# ***Public Health Law: Balancing Individual Rights and Community Welfare***

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**“ . . . the legal powers and duties of the state to assure the conditions for people to be healthy, and the limitations on the power of the state to constrain the autonomy, privacy, liberty, proprietary, or other legally protected interests of individuals for the protection or promotion of community health.”**

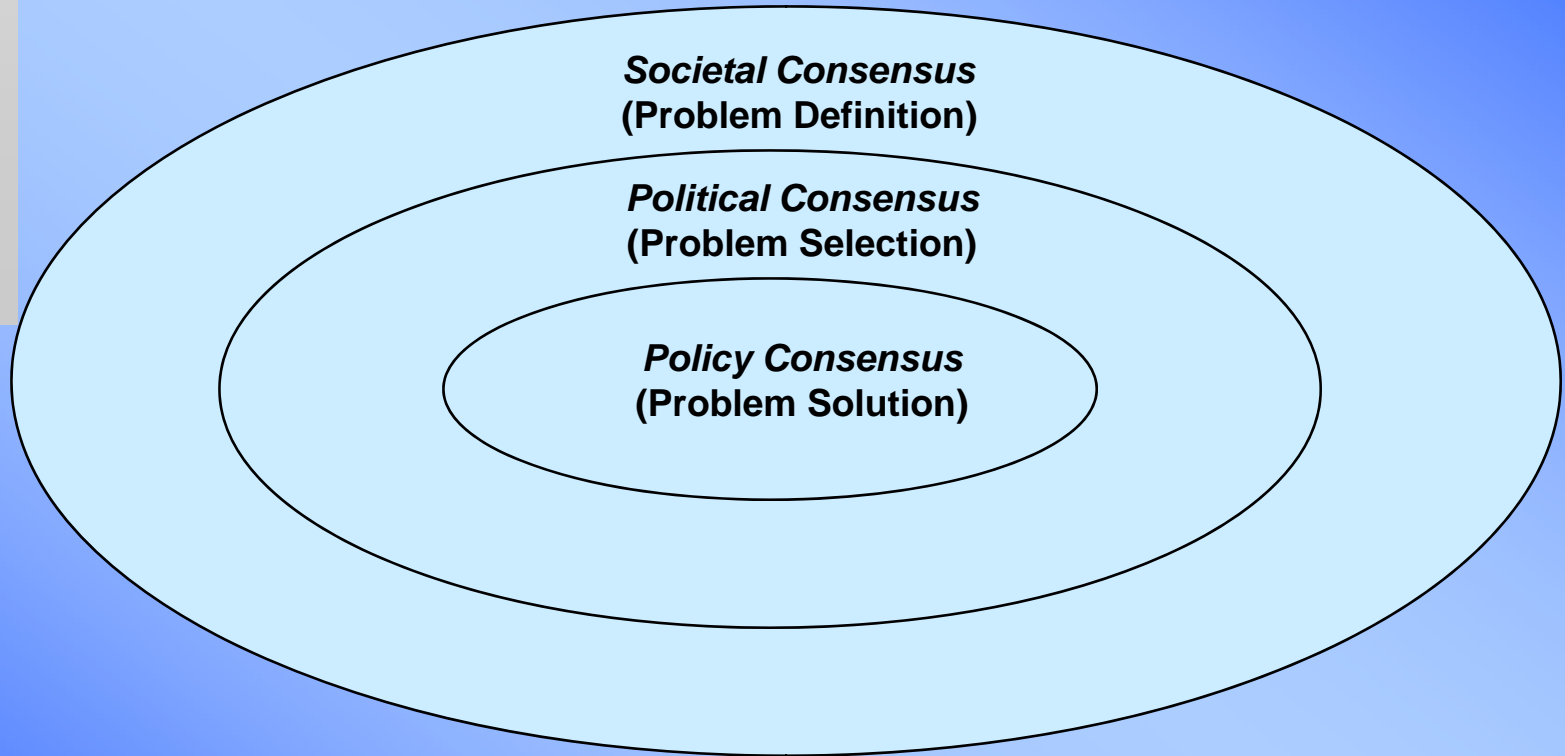
**Source: Gostin (2000, 4)**

# *Participants in the Policy Process*

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- Elected officials and staff
- Administrative officials and staff
- Interest groups
- Academic and independent analysts
- Mass media
- Public opinion

# ***Levels of Consensus and their Functions in the Policy Making Process***



***Societal Level:*** What conditions warrant attention?  
***Political Level:*** What problems warrant attention?  
***Policy Level:*** What proposed solutions warrant attention?

# *Values and Tradeoffs in Federal-State-Local Policy Making*

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- **Self-governance**
- **Equity**
- **Effectiveness**
- **Innovation**

# ***Criteria for Policy Choice***

	<b>Alternative #1</b>	<b>Alternative #2</b>	<b>Alternative #3</b>
<b>Technical feasibility</b>			
<b>Economic feasibility</b>			
<b>Political feasibility</b>			
<b>Administrative feasibility</b>			
<b>Other criterion</b>			
<b>OVERALL</b>			

# ***Questions for Analysis, Evaluation, Policy Design***

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- **Logic of policy: Is the theory reasonable?**
- **Assembly: Who has the essential elements?**
- **Availability of fixers: Who will manage the assembly?**