Op-Ed/Editorials – On the flip side: Unintended consequences of public health programs

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Our job as scientists is to challenge conventional wisdoms, even when such challenges will be unpopular. Our profession charges us with finding the exceptions to rules and the caveats that end stories. With that in mind, in this editorial we consider the potential for unintended consequences of generally admired policies and programs.

Although public policy and regulations often seek to protect the public and the public's interests, the best of intentions occasionally have the power to steer us in unexpected directions. LaBrie & Shaffer (2003) recently argued that "while regulation is generally viewed as a means to achieve a desired outcome, practice indicates that regulatory action in itself can be problematic." A recent paper by Bernhard & Preston (2004) provides an example for this argument by suggesting that mandatory closing periods for casinos and other gambling venues have the potential to increase "binge" gambling before closing time.

Gambling policy isn't the only occasion for good intentions to go awry. The American Psychological Association Committee on Psychology and AIDS recently suggested that abstinence only sex education programs show "an unintended consequence of unprotected sex at first intercourse and during later sexual activity."1 This is important considering policy initiatives supporting abstinence only programs currently underway and research suggesting the comprehensive and abstinence only education programs do not substantially differ in the length of time they delay first intercourse. The logical extension of unprotected sex is increased STD rates.

Such unexpected consequences might stem from a shift in the psychology of individuals. For example, research shows that individuals believe that their own instances of nondiscriminatory behavior bestow upon them moral credentials, which in turn allow them to discriminate without being labeled as prejudiced (Monin & Miller, 2001). Does volunteering as a designated driver bestow similar license upon individuals' drinking behavior?

Some research suggests that individuals who ride with designated drivers drink more than those who do not (e.g., Cuadill, Harding, & Moore, 2001). Though some might perceive this suggestion as radical or even dangerous, consider the potential harmful effects that designated driving programs might have on individuals. Imagine, if you will, a group of friends who rotate designated driver responsibilities. On the surface, we might assume that these friends are forward thinking and acting responsibly; however, consider their behavior on nights when they are not the designated driver. Do individuals, particularly young people, feel special license for excess on those driving free nights as a kind of reward or compensation for the nights in which they act responsibly? During those nights, are they placing themselves at considerable physical risk, due to excessive drinking: risk for liver, brain, or gastrointestinal damage, poor choices regarding sexual partners, or increased aggression and risk-taking?

By describing these possibilities, we are not arguing that society dismantle designated driver programs – or other common and popular public health initiatives. Rather, we are encouraging more study of this issue. We also are suggesting that people become more aware of the potential unintended harmful consequences of well-intentioned programs.

This discussion raises larger questions about the purpose of and origins of regulatory policy and public health programs. For designated driver programs, the policy would stand if the primary purpose is to protect the public from harm and protecting drinkers from themselves is secondary. In addition, are we dismissing these secondary effects too easily in our efforts to curtail primary effects of drinking and driving? Using science early and often during the development of public health programs permits us to evaluate both the intended and unintended effects of these efforts. Science will help to guide and identify the range of consequences that result from public policies and programs, leaving public policy makers in the best position to optimize intended effects and minimize unintended consequences.

What do you think? You can address comments to Dr. Howard Shaffer and Dr. Debi LaPlante.

Notes

1 http://www.apa.org/releases/sexeducation.html

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