



Llywodraeth Cymru  
Welsh Government

PUBLICATION

# Assessing the impact of minimum pricing for alcohol on the wider population of drinkers: baseline (summary)

Research into the impact on moderate, hazardous and harmful drinkers of introducing a minimum price for alcohol.

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## Research aims and methodology

This report presents results from the first wave of a longitudinal study assessing the impact of Minimum Pricing for Alcohol (MPA) on the wider population of drinkers in Wales. The research was conducted by researchers from the University of South Wales in collaboration with researchers from Glyndwr University and Figure 8 Consultancy.

The report focuses on data collected prior to the implementation of MPA (March 2020). The main aim of the study was to examine the potential impact of the new legislation on drinkers in Wales and to gather baseline information that can be used to monitor the impact of MPA over the five-year study period.

Baseline data on a range of issues were collected using an online questionnaire survey and in-depth interviews. Main themes investigated in the study included:

- awareness, attitudes and understanding of MPA
- preparing and planning for the implementation of MPA

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- the potential impact of MPA on drinking and substance use patterns
- potential social and health consequences
- preparation and support for the potential consequences of MPA

Online survey questionnaires were completed by 179 drinkers recruited through social media advertisements and announcements on two Welsh university intranet websites. Survey participation was incentivised through free entry into a prize draw to win £50 shopping vouchers.

Interviews were conducted with 41 drinkers recruited through the National Survey for Wales, two universities, third sector organisations and the online survey. All interviewees were given a £10 shopping voucher for their participation and all agreed to take part in subsequent interviews over the five-year longitudinal study period.

The research focused on current drinkers aged 18 or over who were resident in Wales. Both the longitudinal interview sample and the cross-sectional survey sample included drinkers from across different parts of Wales who varied in terms of their socio-demographic characteristics, drinking patterns, perceived quality of life, illegal drug use, household income and expenditure. However, minority ethnic groups were not well represented in either sample while women and university students were over-represented in the survey sample.

## Background and context

MPA involves setting a minimum price below which alcohol cannot legally be sold or supplied. Minimum pricing policies of one form or another are in place in a few countries around the world including Canada, Australia, Scotland and Russia. Research from these countries has provided strong evidence that increasing the price of alcohol is an effective way of reducing alcohol-related harm (Nelson et al, 2013; Wagenaar, 2009).

Welsh Government (WG) has long been clear that a pricing intervention must be a key component of any strategy seeking to reduce alcohol-related harm in Wales. In 2014, WG commissioned its Advisory Panel on Substance Misuse and a group of researchers from the University of Sheffield's Alcohol Research

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Group to explore the potential impact of a range of alcohol pricing policies as a method of reducing alcohol-related harms. Both groups concluded that the introduction of a minimum unit pricing policy for alcohol in Wales would be an effective mechanism through which to reduce alcohol-related harm.

A Public Health (Minimum Price for Alcohol) (Wales) bill was subsequently drafted and, after a period of consultation, the Bill was presented to the National Assembly (now known as Senedd Cymru or Welsh Parliament). While the introduction of MPA signified a commitment to improve and protect the health of the population of Wales as a whole, its primary aim was to protect the health of those harmful and hazardous drinkers who consume large amounts of low-cost, high-alcohol products.

After passing through three stages of debate the Bill was agreed by the National Assembly for Wales on 19 June 2018 and received Royal Assent on 9 August 2018. The legislation came into force across Wales on 2 March 2020. At the time of writing (January 2021), Scotland and Wales are the only two countries in the world that have nationwide policies of minimum unit pricing that apply to all types of alcohol.

In accordance with the Act, Welsh Government commissioned an evaluation of the operation and effect of the legislation over a five-year period. This report forms part of that evaluation and is based on data collected in the months prior to the implementation of MPA when the COVID-19 pandemic was beginning to emerge within the UK. However, none of the substantive lockdown measures had been imposed at that time meaning that the data presented reflect pre-COVID and pre-MPA drinking and expenditure patterns.

## **Main findings**

### **Awareness, understanding and attitudes towards MPA**

Most interviewees and about half of the survey respondents were supportive of the MPA legislation, primarily for its anticipated social and health benefits. Its potential for reducing binge drinking among young people was specifically

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highlighted by several respondents as a possible welcomed effect.

Support for the legislation was less common among dependent, higher risk drinkers, many of whom felt that the legislation would disproportionately affect them. Some of the more moderate, lower risk drinkers also recognised the potential unfairness and negative impact on vulnerable populations and expressed less positive attitudes towards the legislation as a result.

Negative views of MPA among drinkers were also linked to the potential increase in crime that might occur if drinkers were no longer able to afford to pay for their alcohol.

The broad pattern of findings in relation to awareness, understanding and attitudes reflect those reported by Holloway et al. (2019). Indeed, service users and providers expressed similar concerns to the wider population of drinkers about the potential impact of MPA on vulnerable groups. Levels of awareness of MPA were also no greater among those interviewed shortly before the legislation was implemented than among those interviewed by Holloway et al. (2019) more than a year before.

## Preparing and planning for MPA

Few drinkers were planning to take any action to prepare for the implementation of MPA. For many, there was not time to do anything because they had only just learned about or understood what the legislation would mean for them. For others, no action was planned because they did not drink enough alcohol for the increase in price to affect them or because they could afford to cope with the price increase. Some drinkers were already spending more than 50p per unit on their drink of choice meaning that no action would be needed.

When preparatory action was planned this was usually a short-term response that would involve stockpiling alcohol at pre-implementation prices. This particular solution was feared by some dependent drinkers who anticipated being tempted into binge drinking the extra supplies.

Longer-term solutions were rarely mentioned by drinkers, although one

interviewee described a plan to move to England to avoid MPA and continue drinking at low prices.

Longer-term, potentially healthier solutions such as cutting down or quitting, were rarely mentioned by interviewees or survey respondents. There was some suggestion, however, that MPA might trigger positive change among drinkers who were already contemplating giving up drinking.

## **Potential impact on drinking patterns and substance use**

Substance switching was considered an unlikely consequence of MPA among the drinkers in this study. In line with the findings reported by Holloway et al. (2019), switching to illegal drugs (usually cannabis and rarely harder drugs) was thought only a possibility for those with histories of using these substances.

Most drinkers thought it unlikely that their drinking patterns would change as a result of MPA. For dependent drinkers the lack of change was driven by the physical need to keep on drinking to avoid withdrawal, seizure and potentially death. For other drinkers it was either because they could afford the additional costs or because they did not drink enough for the increase in price to affect them.

While the predictions were largely negative in the sense of limited prospects for change, a small number of drinkers (including some dependent drinkers) thought that MPA might trigger a reduction in their drinking.

## **Potential social and health consequences**

There was a broad consensus among survey respondents and interviewees that harmful or dependent drinkers were the most likely to be affected by MPA in terms of both health and social issues.

Of particular concern was the potential for an increase in acquisitive crime among those drinkers who were unable to afford to pay for their usual supplies. The potential for re-budgeting household finances to free up money to pay for

alcohol was also identified as a method of generating money for alcohol. This was a matter of some concern given the potential consequences for vulnerable children. In extreme cases, the possibility of eviction and homelessness was predicted among drinkers who would have to choose to buy alcohol rather than paying rent.

The potential impact on relationships was also recognised by drinkers, some of whom predicted that arguments and break-ups would be the consequence of the increased strain that MPA would bring, particularly on dependent drinkers. However, the potential for MPA to bring people together and make drinkers 'more present' was also acknowledged.

For the most part, the potential health consequences were largely seen as negative. Comments on this important issue, again, mainly related to dependent drinkers who it was anticipated would experience physical harm either as a result of withdrawing from alcohol or from using counterfeit alcohol as a cheaper alternative.

## Preparation and support

Among interviewees, the consensus of opinion was that more support (and funding) was needed to help drinkers, particularly dependent drinkers, cope with the price increase.

Of particular importance was the need to raise awareness of the forthcoming legislation to provide clarity over what it would mean in practice and more widespread information about when it was going to be implemented.

In terms of support, interviewees flagged up a number of specific initiatives that they thought might be helpful including the need to reduce waiting times for treatment, the need for more staff, improvements in signposting to relevant services and support with budgeting.

However, some drinkers recognised that support already existed in some parts of Wales and that the main issue was getting dependent drinkers to access that support.

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## Conclusions

The research differs to previous research in its focus on drinkers not currently engaged in treatment for alcohol-related problems and in its close proximity in time to the introduction of MPA. Despite these differences, many similarities emerged in terms of awareness of and attitudes towards MPA and views on its potential impact on drinking patterns and related behaviours. Subsequent waves of the research post-implementation of the legislation will enable us to examine changes in consumption patterns and to see if drinkers' predictions of behaviours are borne out by events.

For the most part, drinkers anticipated that MPA would have little effect on their drinking behaviours. This view was shared by all different types of drinker including those that the legislation specifically targets (i.e. hazardous and harmful drinkers). There was, however, general agreement among the research participants that MPA would have disproportionate effects on one particular type of drinker, namely those who are dependent on cheap, strong alcohol. The need for additional support to be put in place to help these drinkers cope with the potential consequences was widely proposed.

Negative views of the new policy were expressed by some drinkers and included criticisms of Welsh Government for being too focused on financial issues and for not taking more radical action to reduce harm.

However, there was also recognition that MPA was underpinned by a desire to improve the health of the population, particularly the health of hazardous and harmful drinkers. One survey respondent summed this up well acknowledging the complexity of the issue and asserting that 'sometimes a responsible government has to act to force change in its society because change, however unpopular, will not happen on its own'.

## Next steps

This report is the first of three reports planned for the assessment of impact of MPA on the wider population of drinkers in Wales. The second report will focus

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on data collected 18 months post-implementation of the legislation and the third report will present findings based on data collected 42 months post-implementation. Both of these follow-up reports will draw upon the data presented in this report in order to assess and monitor changes in alcohol consumption patterns and related behaviours, including alcohol-purchasing patterns, over time.

In both the second and third waves of the research, the plan is to conduct repeat interviews with the interview sample (replacing any drop-outs with similar types of drinker) and to repeat the cross-sectional survey with drinkers across Wales.

Conducting repeat interviews with the same sample of drinkers will enable us to monitor the direct impact of MPA on drinkers' lives. This element of the evaluation is critical for assessing the effectiveness of MPA in achieving its aims. Conducting repeat cross-sectional surveys is less useful as a tool for measuring effectiveness because each sample is a fresh one that may include new respondents. However, as Bryman (2016) notes, cross-sectional designs are nevertheless useful, particularly in their ability to chart broader changes in behaviour over time among larger samples.

Planning ahead for waves 2 and 3 of the evaluation, to address the over-representation of certain sub-groups in the survey sample, we propose to carefully monitor the characteristics of survey respondents and employ a flexible but targeted campaign to generate interest and encourage participation among any under-represented sub-groups. The goal will be to obtain responses from as representative a sample as possible.

Where sample sizes permit, we will also examine variations between different groups (for example, men compared with women; students compared with people in employment; lower risk drinkers compared with hazardous and harmful drinkers) in terms of changes in drinking patterns and associated behaviours post implementation of MPA. Breaking down the analyses in this way will enable us to control for the over-representation of any particular sub-group.

Moving forward, it is important to note that within a week of implementation of MPA (2 March 2020), Wales, like many other countries around the world, experienced changing behavioural patterns in (panic) shopping and alcohol use,

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and within three weeks was in a full lockdown of strict physical distancing. While ‘on’ licenced premises were closed, premises with ‘off’ licences (i.e. shops) were given permission to continue operating as ‘essential businesses’ (Reynolds and Wilkinson, 2020). In this context, it is important to acknowledge that it is likely to take some time to establish if the predictions of behaviour in response to MPA that have been presented in this report are borne out by events.

It is also important to recognise that any assessment of the impact of MPA on patterns of alcohol consumption in Wales will need to take into account the confounding and competing effects of drinkers’ responses to the global COVID-19 pandemic. To this end, Welsh Government commissioned the evaluation team to conduct an additional wave of post-implementation interviews in the autumn of 2020. The results will shed light on drinking patterns post-implementation of MPA and help to disentangle the effects of MPA from those of COVID-19 and any other related factors.

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government.

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