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Public attitudes to and awareness of minimum pricing for alcohol in Wales 2018 - 2022

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

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Glossary

Acronym/Key word	Definition
AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
Alcohol-related deaths	The National Statistics definition of alcohol-related deaths includes underlying causes of death regarded as those being most directly due to alcohol consumption. The definition is primarily based on chronic conditions associated with long-term abuse of alcohol and, to a lesser extent, acute conditions. Apart from poisoning with alcohol (accidental, intentional or undetermined), the definition excludes other external causes of death, such as road traffic and other accidents. (ONS 2016)
Alcohol-specific deaths	The National Statistics definition of alcohol-specific deaths includes only those health conditions where each death is a direct consequence of alcohol misuse (that is, wholly attributable deaths). The alcohol-specific definition is a precise but narrow definition, best suited to evaluating trends over time, and to look at the relative difference between different regions and countries. It is an underestimate of the full extent of alcohol-attributable mortality. (ONS 2021)
Harmful drinker	The terms moderate, hazardous and harmful drinkers are based on AUDIT scores. A harmful drinker is someone scoring 16 or more on the AUDIT and are assessed to be at a high risk of alcohol-related harm
Hazardous drinker	The terms moderate, hazardous and harmful drinkers are based on AUDIT scores. A hazardous drinker is someone scoring between 8 and 15 on the AUDIT and are assessed to be at increasing risk of alcohol-related harm

Increasing or higher risk drinking	Those who score 5 or more on the AUDIT-C test indicating a greater likelihood of hazardous and harmful drinking
Lower risk drinking	Those who score 4 or less on the AUDIT-C test, indicating drinking behaviour with a lesser likelihood of hazardous and harmful effects.
Moderate drinker	The terms moderate, hazardous and harmful drinkers are based on AUDIT scores. A moderate drinker is someone scoring between 0 and 7 on the AUDIT and are assessed to be at a low risk of alcohol-related harm
MPA	Minimum price for alcohol
MUP	Minimum Unit price – the level set per unit which is used to calculate the minimum price for alcohol.
RMD	Ready Mixed Drink

1. Introduction/Background

1.1 Background

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018¹ (“the Act”) was implemented on the 2nd March 2020 and makes provisions about the minimum price for which alcohol is to be supplied by alcohol retailers from qualifying premises in Wales to a person in Wales and establishes a local authority led enforcement regime.

Section 1 of the Act sets out the formula which is to be applied in calculating the applicable minimum price for this purpose. That formula is $M \times S \times V$. M is the minimum unit price (MUP) which is specified in regulations; S is the strength of the alcohol, expressed as a cardinal number (so for instance if the strength is 5%, the relevant cardinal number will be 5); and V is the volume of the alcohol in litres.

The ultimate objective of the Act is to tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-related deaths in Wales, by reducing alcohol consumption in hazardous and harmful drinkers. Between 2001 and 2020 when the Act was implemented, there has been an increase in the number of alcohol-specific deaths in Wales according to ONS estimates, from 277 in 2001 to 438 alcohol-specific deaths in Wales in 2020 (an increase from 368 in 2019)². The number of alcohol-related deaths had also increased in 2020 compared to 2019 (570 compared to 495)³ when considering data from Public Health Wales. Moreover in 2020/21, there were almost 45,000 alcohol-attributable hospital admissions⁴. Both the Act and the regulations setting the level of the MUP are targeted at protecting the health of hazardous and harmful drinkers (including young people) who tend to consume greater quantities of low-cost and high-alcohol content products.

The Welsh Government has twice consulted about the principle of introducing a minimum price for alcohol in Wales – in 2014 as part of the Public Health White Paper and in 2015 on the draft Public Health (Minimum Price for Alcohol) (Wales)

¹ [Public Health \(Minimum Price for Alcohol\) \(Wales\) Act 2018 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2018/12/section/1)

² [Alcohol-specific deaths in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/people-and-population/health-and-life-expectancy/alcohol-specific-deaths)

³ [Data mining Wales: The annual profile for substance misuse 2020-21. Public Health Wales](https://publichealth.wales/data-mining-wales)

⁴ [Data mining Wales: The annual profile for substance misuse 2020-21. Public Health Wales](https://publichealth.wales/data-mining-wales)

Bill⁵. The Act received Royal Assent on the 9th August 2018, with the associated regulations being approved by the then National Assembly for Wales (now Welsh Parliament/Senedd Cymru) on the 12th of November 2019. Alongside the implementation of the Act in March 2020, guidance has been produced that outlines the purpose of the act, its implementation and its enforcement⁶.

As part of the development work for the draft Bill, Welsh Government commissioned questions in the March 2014 wave of the Wales Omnibus Survey conducted by Beaufort Research Ltd. The purpose of that work was to increase understanding of public attitudes to alcohol and minimum pricing⁷. Following-up on this work and as part of meeting the evidence needs for the implementation of the Act, the Welsh Government commissioned further questions in the September 2018 and March 2020 waves of the survey. The purpose of this was to understand public attitudes to alcohol and awareness of the plans and eventual introduction of a minimum price for alcohol. The findings from these surveys were initially intended to be published during 2020, however the arrival of the COVID-19 pandemic resulted in the production of this report being delayed to allow prioritisation of other work. Furthermore, between June 2020 and June 2022 a subset of questions (frequency of drinking, the number of units drunk on a typical day of drinking and frequency of binge drinking) were included in five further waves of the omnibus survey. This work forms one part of a wider programme⁸ of work linked to the implementation of the Act, including an independent evaluation of the implementation of the legislation.

1.2 **About this report**

This report provides the findings from the 2018 to 2022 waves of the Wales Omnibus Survey and provides updated analysis to findings published in 2014⁹. For the September 2018 wave of the Wales Omnibus Survey, questions were asked of 1,015 respondents and the fieldwork was conducted between 17 and 30 September 2018, with a few interviews conducted after this date. The March 2020 wave

⁵ [2015 Consultation on the Draft Public Health \(Minimum Price for Alcohol\) \(Wales\) Bill.](#)

⁶ [Minimum Unit Pricing for alcohol: summary guidance | GOV.WALES](#)

⁷ Public attitudes to [minimum](#) unit pricing of alcohol

⁸ Other publications linked to the [evaluation of the Public Health \(Minimum Price for Alcohol\)\(Wales\) Act 2018](#)

⁹ [Public attitudes to minimum unit pricing of alcohol \(llyw.cymru\)](#)

entailed a total of 713 interviews¹⁰, with the fieldwork taking place between 24 February and 15 March 2020. The survey is designed to be representative of the population resident in Wales aged 16 years and over. Where possible figures and tables will include the data for all time periods but where this is not possible only the most recent data will be shown in the body of the report. Relevant figures for each year can be found in the accompanying data tables appendix.

In addition to the findings from the 2014, 2018 and March 2020 survey, the report also reports upon data from five waves of the Beaufort Omnibus survey undertaken in June 2020, November 2020, June 2021, November 2021 and June 2022¹¹.

These waves of data collection focussed on a fewer number of questions relating to alcohol consumption and were largely collected to look at behaviours during the COVID-19 pandemic. Given restrictions on fieldwork activity as a result of the pandemic these surveys were conducted online using an online panel exchange platform and as such differ to the face-to-face data collection undertaken prior to the pandemic. Each of these five collection periods achieved a sample size of 1,000 responses weighted to be representative of the adult population in Wales.

Given the timings of the data collection readers should be conscious of the potential implications of the circumstances of the last three years on how respondents may have responded to these questions about drinking behaviours. The emergence of the COVID-19 pandemic presented challenges to individuals mental health and wellbeing as well as altering behaviours with regards to socialising. As such comparisons between pre-pandemic data and data collected during the pandemic should be treated with caution.

Section 2 of the report focuses on alcohol consumption and considers the frequency of alcohol consumption, the number of units consumed on a typical day when drinking alcohol and the number of times that respondents report binge drinking (over 6 units for women and 8 units for men). This section includes data from

¹⁰ Due to the outbreak of coronavirus and the introduction of social distancing measures the fieldwork was unable to reach the target sample of 1,000 respondents that would take it in line with the 2014 and 2018 waves.

¹¹ Sample sizes for these surveys were as follows: June 2020: 1000 respondents; November 2020: 1002 respondents; June 2021: 1000 respondents; November 2021: 1000 respondents; June 2022: 1000 respondents

surveys conducted in 2014, 2018, and March 2020 (pre COVID restrictions) and five surveys undertaken between June 2020 and June 2022 while COVID restriction were in place.

Sections 3 and 4 then go on to look at awareness and attitudes to the introduction of Minimum Pricing for Alcohol and draws upon data from the 2014, 2018 and March 2020 surveys only. It is worth noting that the 2014 report included information relating to drink preferences and locations of where respondents drank alcohol. While these subjects were covered in the 2018 and March 2020 surveys this analysis is not included in the main body of this report. Findings relating to this are provided in the accompanying annex.

1.3 **Significant differences**

Statistical significance testing of the data was undertaken in the analysis to aid interpretation of the results. When a difference between two sub-groups is described as being 'significant' in this report, this means that the probability of obtaining the finding by chance is less than one in 20 – i.e. it is likely to reflect a genuine relationship in the population¹². It should also be noted that the analysis presented in this report relies upon undertaking multiple statistical tests and therefore there is a chance of false significance in some of the analyses. This has not been taken into account and corrected for in the analysis.

More information on the survey methodology is included in Annex A. The full questionnaire is attached at Annex B.

¹² When survey data are tested for statistical significance, an assumption is made that the achieved sample represents a random sample of the relevant population. As the Wales Omnibus Survey uses proportional quota sampling, genuine statistical significance cannot, strictly speaking, be established. Therefore, 'significant' differences in this report refer to a pseudo-statistically significant difference at the 95 per cent confidence level.

2. Alcohol consumption

The World Health Organization’s Alcohol Use Disorder Identification Test – Consumption (AUDIT-C)¹³ (Babor et al, 2001) is a scoring system that asks three questions to gauge the risk associated with an individual’s alcohol consumption (Table 1). It is used in healthcare settings, including as part of the NHS Health Check programme, to provide information relating to alcohol consumption as a risk factor¹⁴.

Individuals that drink alcohol can then be categorised as ‘lower risk’ (a total score of four or less) or ‘increasing or higher risk’ (a total score of five or more). These three questions, suitable for this method of data collection, were asked in order to categorise respondents according to the risk associated with their alcohol consumption¹⁵.

Table 1: AUDIT-C questions on alcohol consumption

Questions	Scoring system				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

2.1 Frequency and quantity of alcohol consumption

Frequency of drinking alcohol

With regard to responses relating to the frequency of drinking alcohol there is an emerging trend that the proportion of respondents reporting never drinking alcohol has decreased over recent years, from 28 per cent in 2018 to 19 per cent in March 2020 and further still to one in ten (10 per cent) of respondents in June 2022.

¹³ [AUDIT : the Alcohol Use Disorders Identification Test : guidelines for use in primary health care \(who.int\)](https://www.who.int/publications/m/item/audit-the-alcohol-use-disorders-identification-test-guidelines-for-use-in-primary-health-care)

¹⁴ [NHS Health Check programme: supporting information - NHS Digital](https://www.nhs.uk/health-check-programme/supporting-information/)

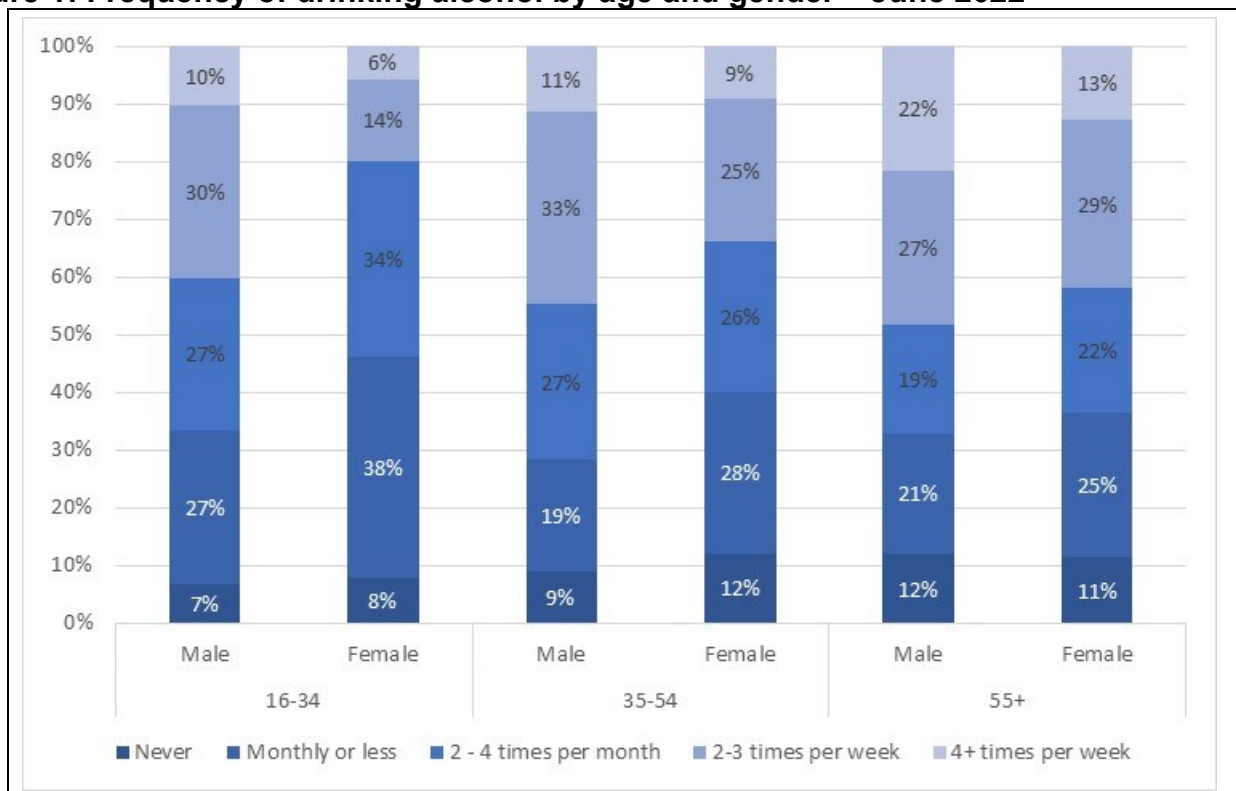
¹⁵ [Alcohol use disorders identification test for consumption \(AUDIT C\) \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101111/alcohol-use-disorders-identification-test-for-consumption-audit-c.pdf)

Meanwhile, the proportion of respondents reporting that they drink alcohol monthly or less has remained relatively stable fluctuating around one quarter of respondents (26 per cent as of June 2022). The proportion of respondents reporting that they drink at least 2-3 times per week has increased slightly from 2014 and 2018 (28 per cent and 27 of respondents respectively) to 38 per cent of respondents in June 2022, having peaked at 44 per cent in June 2020. For a full view of the data from 2014 to 2022 see table 1.1 in the accompanying data document.

In considering these findings against other data sources the National Survey for Wales collected data on drinking frequency in 2020-21 and 2021-22, and while the coding of drinking behaviour is different it does provide an estimate for the number of non-drinkers which, at 19 per cent in 2021-22, is higher than the figure of 10 per cent reported in June 2022 of this data. While this is of interest it is important to note that the questions from which this is derived are different and differences may reflect this. The Beaufort survey was administered via an online panel, whereas the National Survey during this period was administered through a mix of telephone and online methods.

Analysis of the 2022 data by age and gender shows that, across all age categories, a greater proportion of men than women drink alcohol at least twice per week (Figure 1). This was highest among men aged 55 years and over, where just under half drank alcohol at least twice per week, compared with 40 per cent of men under 35 years. Abstinence was highest among women aged 35-54 years and men aged 55+ (12 per cent of each report never drinking alcohol). Largely similar patterns were observed across other data collection periods. For breakdowns by age and gender for the other surveys please see tables 1.2 to 1.8 in the accompanying data document.

Figure 1: Frequency of drinking alcohol by age and gender – June 2022



Base: 1000 respondents.

Typical number of units drunk on a typical day when drinking

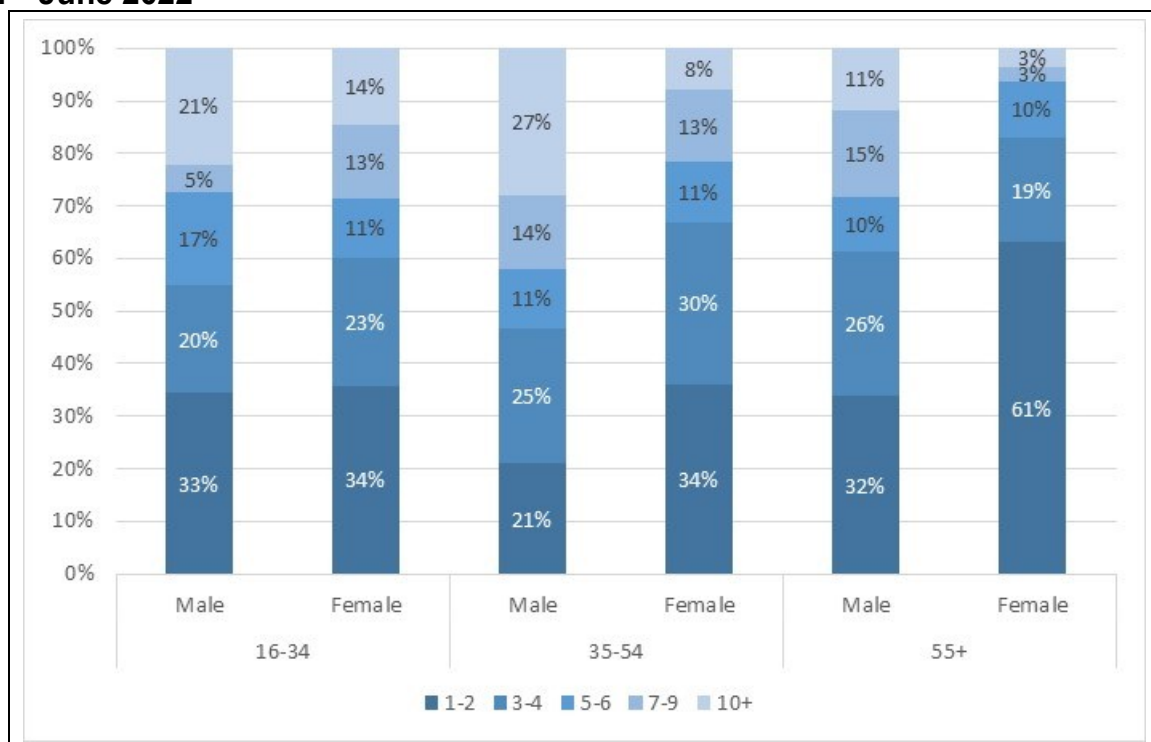
Respondents that drink alcohol were asked how many units of alcohol they drink on a typical day when drinking. A showcard was displayed to aid understanding of how many units are contained within various alcoholic drinks. From 2018 to the latest data in 2022 the proportion of respondents who reported drinking one or two units on a typical day has remained relatively stable at around one third (37 per cent in June 2022), which represents an increase on the equivalent figure for 2014 (29 per cent).

Similarly, the number of respondents who reported drinking 10 units or more has remained relatively stable fluctuating between 12 and 17 per cent from 2018 to 2022 and as of June 2022 is 13 per cent. This represents a decrease from one in five reporting drinking at this level in 2014. For a full breakdown of these figures for each survey please see table 2.1 in the accompanying data annex.

Analysis by age and gender in 2022 (Figure 2) shows that younger and middle-aged men were more likely to drink a high quantity of alcohol on a typical day when

drinking. For example, around one quarter of men (27 per cent) aged 35-54 and one fifth of men aged 16-34 drank 10 units or more on a typical day of drinking. This compares with 14 and 8 per cent of women aged 16-34 and 35-54, respectively. While men aged 55+ still drank more than their female counterparts, they tended to drink less than younger men with 11 per cent of men aged 55+ years drinking more than 10 units on a typical day of drinking. It is worth noting that while this overall pattern tends to be true across each of the surveys, there are substantial variations in the data and sometimes these differences are more or less pronounced than seen in these latest figures. For a full breakdown by age and gender for each survey please see tables 2.2 to 2.8

Figure 2: Units of alcohol consumed on a typical day when drinking by age and gender - June 2022



Base: All respondents that drink alcohol (897).

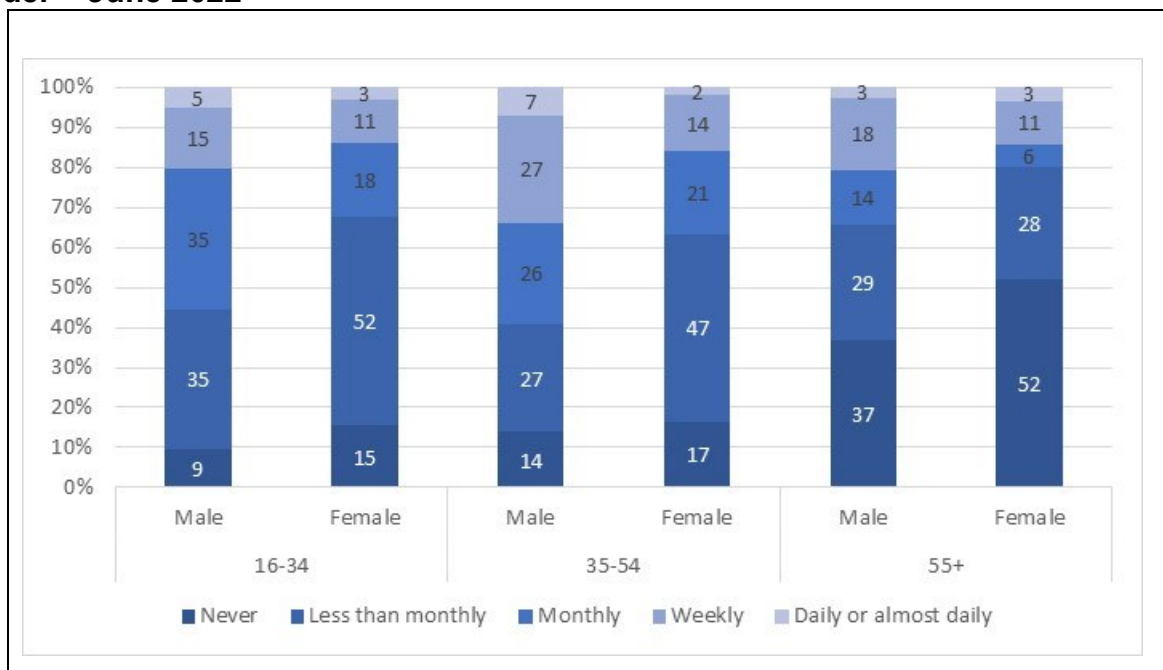
Frequency of binge drinking

To measure frequency of binge drinking, respondents were asked how often they had drunk eight or more units (men) or six or more units (women) on a single occasion in the last year. Overall, in 2014, one third of respondents who reported drinking (33 per cent) said that they had never drunk over these levels in the past

year, which increased to 38 per cent in 2018 before decreasing to 24 per cent in June 2020 where it has remained relatively stable with 26 per cent reporting this in June 2022. For those that said they had done so less than monthly, this has fluctuated around one third of people across all of the data collection periods, and as of June 2022 stands at 36 per cent. Likewise for those reporting that they had drunk over these levels at least weekly, the figure has remained relatively stable (with the exception of a dip to one in six in 2018 and an increase to one in four in November 2021) with around one in five respondents between 2014 and 2022 reporting this (Table 3.1 in accompanying data tables document).

As Figure 3 shows for June 2022 binge drinking was less common among women and was most prevalent in those aged 35-54. Overall, 20 per cent of men and 14 per cent of women aged 16-34 years said they drink above these levels at least weekly. Among 35-54 year-olds, this proportion is higher for men (34 per cent) and slightly higher for women (16 per cent). Lower levels are observed in the 55+ age group where 21 per cent of men and 14 per cent of women drink above these levels at least weekly. There is no clear pattern when considering changes between survey periods, however for those men aged 35-54 there was a trend of increasing binge drinking (those drinking at least 8 or more units at least weekly) from 2018 (19 per cent), peaking in November 2021 (44 per cent) before falling slightly back to 34 per cent in June 2022. For figures relating to the frequency of binge drinking by age and gender please tables 3.2 to 3.8 in the accompanying data tables document.

Figure 3: Frequency of binge drinking among respondents that drink alcohol by age and gender – June 2022



Base: All respondents that drink alcohol (897).

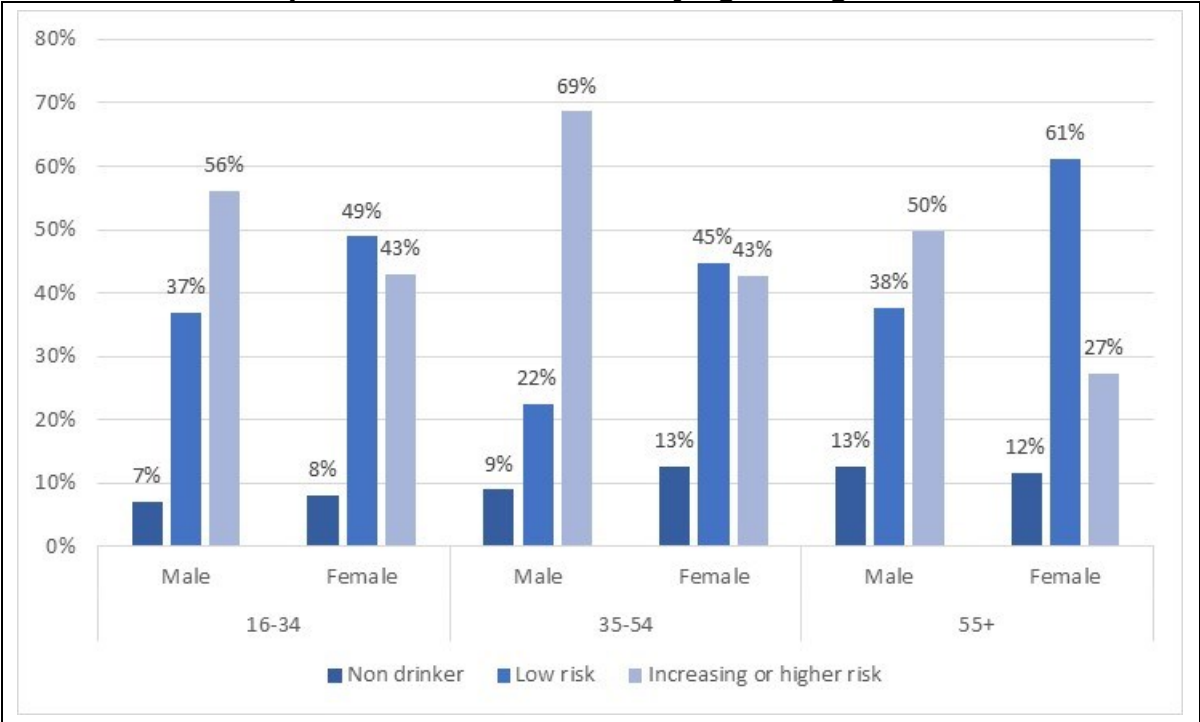
2.2 Increasing or higher risk drinkers

Using the World Health Organization’s AUDIT-C classification, the data collected as part of the surveys can be used to categorise the respondents as ‘non-drinkers’, ‘lower risk drinkers’, and ‘increasing or higher risk drinkers’. These categories are based on scores given against the answers to the three questions on typical frequency and quantity of drinking alcohol, and frequency of binge drinking. In 2014 around four out of ten respondents (38 per cent) were categorised as being at ‘increasing or higher risk’. Following an initial decrease to 33 per cent in 2018, the proportion categorised as increasing or higher risk has increased to 45 per cent in June 2022. Those identified as lower risk has remained relatively stable at around 40 per cent since 2018, while the proportion of non-drinkers has decreased, as noted previously. For an overview of the figures from 2014 to June 2022 see table 4.1 in the accompanying annex.

Figure 4 (below) shows the proportion of men and women in different age groups categorised as ‘increasing or higher risk’ drinkers in June 2022. Around six out of ten men, and around four out of ten women aged 16-34 years old are classed as being at ‘increasing or higher risk’. While a similar proportion of women aged 35-54

are classed as being at 'increasing or higher risk' this increases to around two thirds of men in this age group. Decreases are then seen in those aged 55+ years, with around half of men and a little over one quarter of women. Detail for the breakdown by age and gender for each wave of the survey can be seen in tables 4.2 – 4.8 in the accompanying data document.

Figure 4: Alcohol consumption risk classification by age and gender – June 2022



Base: 1000 respondents.

3. Awareness of and support for proposals to introduce minimum pricing for alcohol

The following section reports upon findings from the 2018 and March 2020 surveys and their relationship to previous findings reported from 2014. Specifically, it focuses on respondents' awareness and understanding of proposals around Minimum Pricing for Alcohol and levels of support for minimum pricing. These questions were not asked as part of the surveys undertaken from June 2020 to June 2022.

3.1 Awareness and understanding of proposals

All respondents were asked 'Are you aware of new laws to place certain controls on the price of alcohol that is sold in Wales?'¹⁶. Overall, awareness of controls on the price of alcohol has increased over time with around seven in ten respondents (69 per cent) spoken to in March 2020 (the time that the Act was implemented) reporting they were aware of proposals, higher than figures for both 2018 and 2014 when 46 per cent and 47 per cent, respectively, said they were aware of proposals.

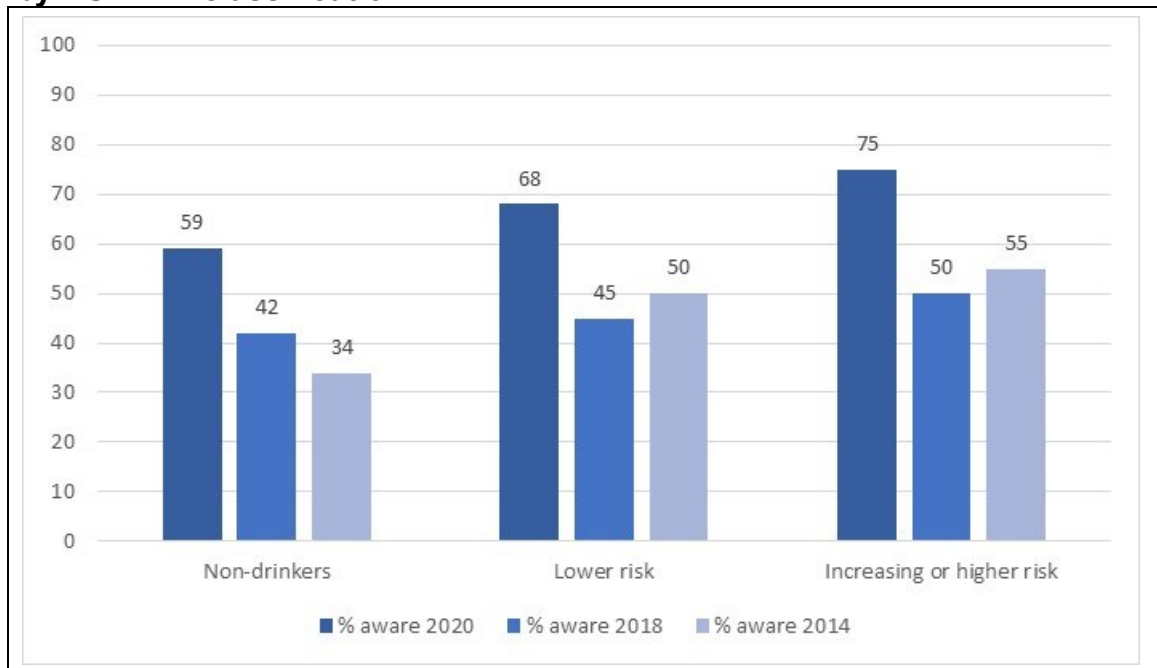
In 2014 there was a statistically significant difference in awareness by social group, with ABC1 respondents being more likely to say they were aware of proposals compared to C2DE respondents. While this remained statistically significant in 2018, by 2020 this difference in awareness had narrowed and was no longer statistically significant with 72 per cent of ABC1 respondents being aware of proposals compared to 66 per cent of C2DE respondents. Analysis also shows that there was a statistically significant difference by age in the 2020 responses, with those in the 16-34 age group being less likely to be aware of proposals (57 per cent) compared to 72 per cent of those aged 35-54 and 76 per cent of those aged 55+. It is worth noting that a similar significant difference with age was observed in the 2018 data.

Awareness was also significantly higher among drinkers than non-drinkers in 2020 but not in 2018. As Figure 5 shows, in 2020, 59 per cent of non-drinkers were aware

¹⁶ In 2014 and 2018 the wording of this question was 'are you aware of new proposals to place certain controls on the price of alcohol that is sold in Wales'

of proposals, rising to 68 per cent of lower risk drinkers, and three quarters of increasing or higher risk drinkers.

Figure 5: % of respondents aware of any proposals to place controls on price of alcohol by AUDIT-C classification



Base: 2020 - 713 respondents, 2018 – 1015 respondents, 2014 – 983 respondents.

Respondents that were aware of proposals to place controls on the price of alcohol sold in Wales were asked what they think the proposals are. Table 2 (below) shows the most common responses, with the latest responses from 2020 showing nearly two in five respondents (37 per cent) saying that a minimum price would be introduced and around one in four saying that prices would increase. While this represents a slight change from the 2018 responses where increasing price was the most common understanding at 36 per cent it is worth noting that these figures are not dissimilar to those reported in 2014 where 32 per cent mentioned the introduction of a minimum price and 30 per cent made any mention of increasing price. For figures for 2014 please see table 5.2 in the accompanying data tables appendix.

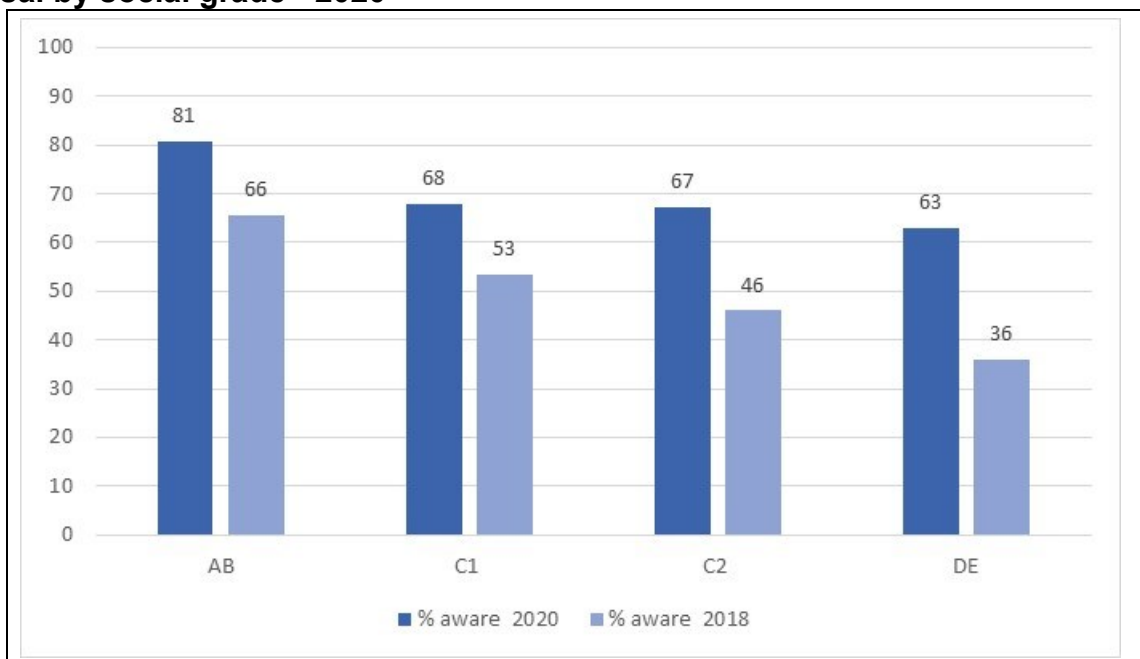
Table 2: What respondents think the proposals for price controls are

	% respondents (2020, All respondents who are aware of proposals to place controls on the price of alcohol sold in Wales (492))	% respondents (2018, All respondents who are aware of proposals to place controls on the price of alcohol sold in Wales (465))
Any mention of introducing a minimum price	37	29
Any mention of increasing price	27	36
Any mention of controlling price	6	4
Combat binge drinking / reduce drunkenness	6	3
Stop young people drinking	1	4

All respondents were then shown a description of the Welsh Government's proposal to introduce minimum pricing for alcohol and were asked if they had previously seen or heard anything about it.

In 2020 over two thirds of respondents (69 per cent) had seen or heard something about the proposal, an increase from 49 per cent in 2018. In addition to growing awareness, as figure 6 shows, there has also been a narrowing of the awareness gap between social grades. In 2018 there were some large differences between social grades, with awareness of the proposal being statistically significantly lower in social grades DE (36 per cent) and statistically significantly higher in social grades AB (66 per cent). By 2020 this gap had narrowed to 18 percentage points (81 per cent for social grade AB and 63 per cent for social grade DE) and DE respondents were no longer statistically significantly associated with lower awareness, although AB respondents were still statistically significantly more likely to be aware of the proposal.

Figure 6: % of respondents who had seen or heard anything about minimum pricing proposal by social grade - 2020



Base: 2020 - 710 responses, 2018 – 1011 responses.

There were statistically significant differences by age, with 59 per cent of 16-34 year-olds having seen or heard something about the new law compared with 71 per cent of 35-54 year-olds and 74 per cent of those aged 55+. Similar statistically significant differences were observed in the 2018 analysis but with lower overall numbers. In 2018, there was also a statistically significant difference according to gender, with women being less likely to have seen or heard something about the policy (45 per cent) than men (53 per cent). However, by 2020 this difference had disappeared. In addition, a statistically significantly greater proportion of increasing or higher risk drinkers (77 per cent) had seen or heard something about the proposals than those lower risk and non-drinkers (66 and 60 per cent respectively). A similar trend was also observed in 2018.

3.2 Support for minimum pricing proposals

As with awareness of the proposals, the data suggests that support for minimum pricing for alcohol has also increased since 2014. In 2020 just over half of respondents (54 per cent) were in favour of the proposal to introduce minimum pricing for alcohol; this was higher than in 2014 when just under half said they were in favour but lower than 2018 when over 6 out of ten respondents (62 per cent)

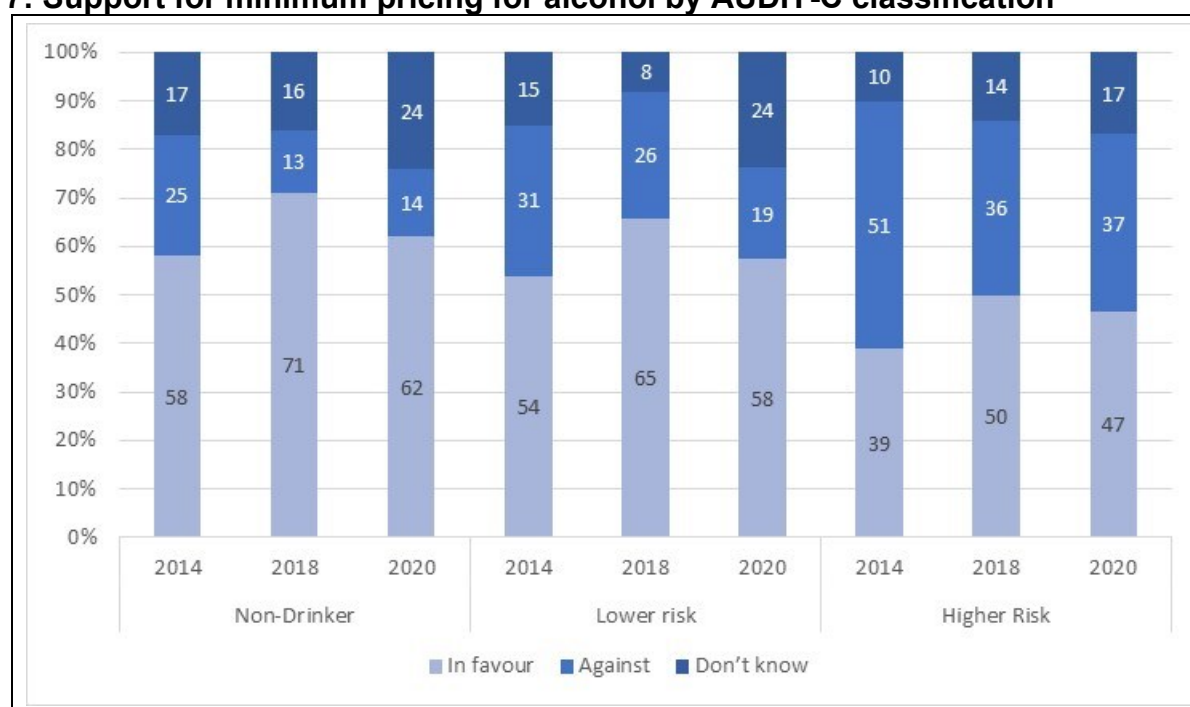
were in favour. In both 2018 and 2020 around a quarter (26 per cent and 25 per cent respectively) of respondents were against the proposal, while 12 per cent didn't know in 2018 and 21 per cent in 2020 (Table 3).

Table 3: Support for minimum pricing of alcohol

Frequency	% respondents (2020, 713 respondents)	% respondents (2018, 1,015 respondents)	% respondents (2014, 1,012 respondents)
In favour	54	62	49
Against	25	26	37
Don't know	21	12	14

Analysis by AUDIT-C classification shows a consistent pattern whereby support for minimum pricing proposals is statistically significantly lower among increasing or higher risk drinkers across 2014, 2018 and 2020. By 2020, just over one third of increasing or higher risk drinkers (37 per cent) were against the proposal compared with a fifth (19 per cent) of lower risk drinkers and 14 per cent of non-drinkers.

Figure 7: Support for minimum pricing for alcohol by AUDIT-C classification



Base: 2020 - 712 respondents, 2018 – 1015 respondents, 2014 – 983 respondents.

Respondents were asked why they were in favour of, or against, the proposal to introduce minimum pricing for alcohol. A wide range of reasons were given by those in favour, the most frequent in 2020 and 2018 (one in five respondents) being to stop people drinking so much, binge drinking and drunkenness in general, and to

encourage people to drink less (16 per cent in 2020 and 10 per cent in 2018). The proportion highlighting stopping young people drinking decreased from 2014 to 2018 and again from 2018 to 2020. For the figures relating to 2014 please see table 5.4 in the accompanying data document.

Table 4: Reasons for being IN FAVOUR of minimum pricing for alcohol

Response	% respondents (2020, 383)	% respondents (2018, 611) ^a
Stop people drinking so much /stop binge drinking / drunkenness	22	18
Encourage people to drink less	16	10
Stop young people drinking	5	10
Stop young people drinking so much / stop young people binge drinking / drunkenness	5	9
Alcohol is too cheap	7	9
Better for health	5	7
Reduce alcoholism / alcohol abuse	9	6
Alcohol is too easily available for young people / make it harder for young people to buy it	3	5
Other responses reported by less than 5 per cent of respondents ^b		
Alcohol is too cheap for young people / make it more expensive for young people to buy		
Alcohol is too easily available		
Better for pubs / level playing field		
Don't drink / wouldn't affect me		
Help NHS resources		
It will help / good idea (unspecific)		
Reduce alcohol-related problems (unspecific)		
Stop/discourage anti-social behaviour		
Stop / discourage crime		
Stop people drinking		
Stop supermarkets selling it too cheaply		

Base: All respondents in favour of minimum pricing (2020 – 383, 2018 – 611).

(a) Respondents were able to give more than one answer.

(b) 'Other' responses are presented alphabetically.

For respondents who were against the proposal to introduce minimum pricing, the most common reason given was that they didn't think it would make any difference to the amount people drink. The proportion stating this has remained stable at around one quarter of respondents in 2020 and 2018 consistent with the figure

reported in 2014. It is notable that reasons relating to cost rose from 12 per cent in 2018 to a quarter of respondents in 2020. For the figures relating to 2014 please see table 5.5 in the accompanying data document.

Table 5: Reasons for being AGAINST minimum pricing

Response	% respondents (2020, 178)	% respondents (2018, 259) ^a
Won't stop people drinking /won't work / won't make any difference	26	24
Would cost more /makes it too expensive / can't afford it	25	12
Individual choice / up to people what they drink	8	9
Unfair on moderate / responsible drinkers	12	9
Costs enough at moment / Already expensive	1	9
Unfair to those on low incomes / those who are poorer	12	7
Just tax revenue for government / money making scheme	5	6
Will cause shoplifting / crime	1	6
People turn to drugs / more dangerous alternatives	1	5
Other responses reported by less than 5 per cent of respondents ^b		
	Believe in competition / business set their own prices	
	Education would be better	
	Many suffer for actions of a few	
	Penalises wrong people	
	Unfair (unspecific)	

Base: All respondents against minimum pricing (2020 – 178, 2018 - 259).

- (a) Respondents were able to give more than one answer.
- (b) 'Other' responses are presented alphabetically.

4. Perceptions about impact of Minimum Pricing for Alcohol

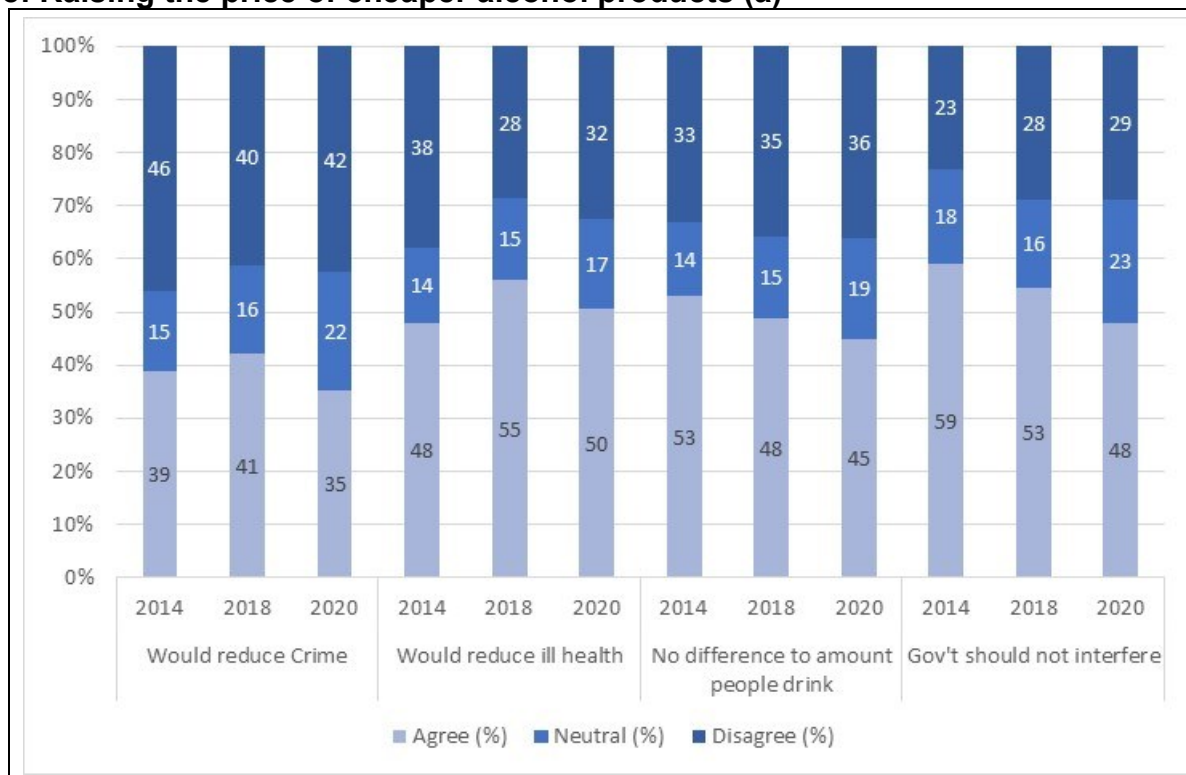
As with the previous section, these findings relate to data from the 2018 and March 2020 surveys and their relationship to previous findings reported in 2014. As part of these surveys all respondents were asked to the extent to which they agreed or disagreed with the following statements about raising the price of alcohol in supermarkets, off-licences and convenience stores:

- Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country
- Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country
- Raising the price of the cheaper alcohol products in these stores would not make any difference to the amount people drink
- How much someone drinks is a personal choice and the government should not interfere

These questions were not asked as part of the surveys conducted from June 2020 to June 2022.

Figure 8, below, shows that in 2020 a greater proportion of respondents agreed that raising the price of cheaper alcohol products in these stores ‘would reduce ill health’ (50 per cent agreed) than ‘would reduce crime’ (35 per cent agreed). Levels of agreement with both statements has fluctuated since 2014 but were at their highest in 2018 when 55 per cent agreed that raising the price of cheaper alcohol would reduce ill health and 41 per cent agreed that it would reduce crime. In terms of agreement with the statements it ‘would make no difference to the amount people drink’ and that the ‘government shouldn’t interfere’, levels of agreement with both statements have decreased since 2014. In 2020, 45 per cent of respondents agreed that it ‘would make no difference to the amount people drink’, while just under half of respondents (48 per cent) agreed that ‘the government should not interfere’. The following sections detail differences in levels of agreement by region and respondent characteristics (their age, gender, social class and AUDIT-C classification).

Figure 8: Raising the price of cheaper alcohol products (a)



Base: 2020 – 713 respondents, 2018 – 1015 respondents, 2014 -1012 respondents
 (a) 'Agree' category includes 'Strongly agree' and 'Agree'. 'Disagree' category includes 'Strongly disagree' and 'Disagree'. 'Neutral' category includes 'Neither agree nor disagree' and 'Don't know'.

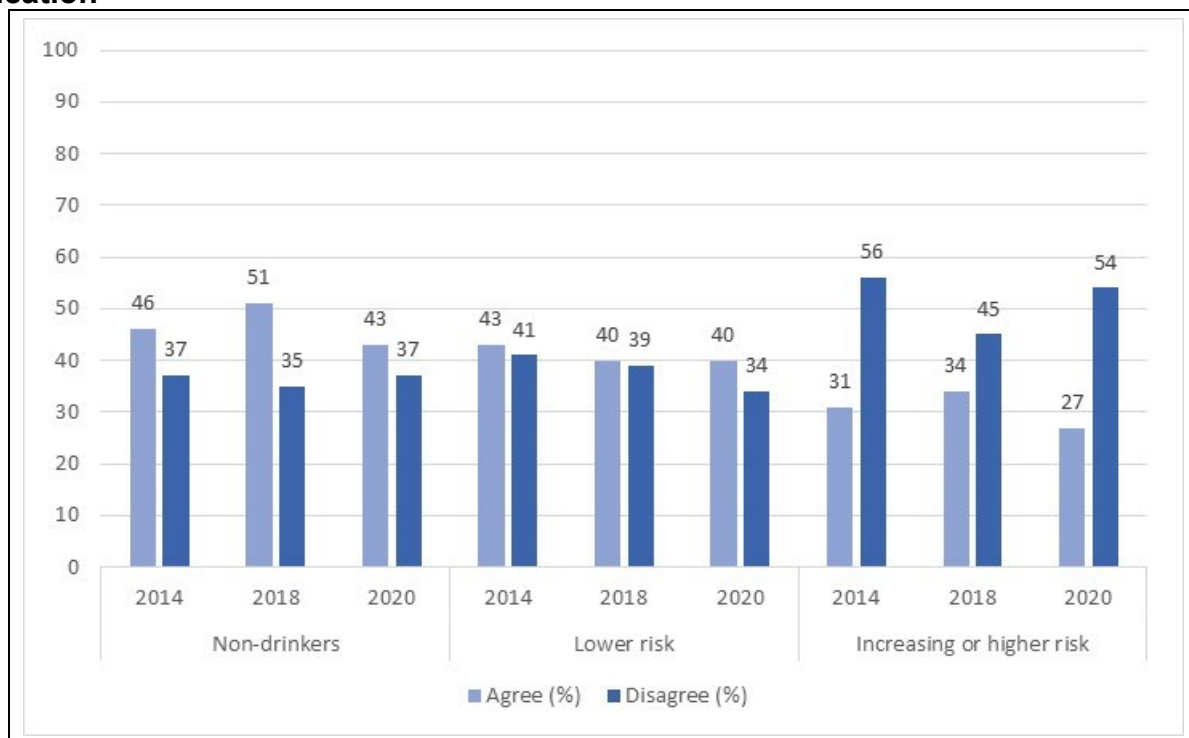
4.1 Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country

There were regional differences in agreement with the statement 'Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country'. In 2020 a greater proportion of respondents in North Wales and Mid and South West Wales disagreed that raising the price would reduce crime. In the Valleys and South East Wales however there was little difference between the proportions agreeing or disagreeing. Separate figures for 2014, 2018 and 2020 can be found in tables 6.1 and 6.2 of the accompanying data tables document.

In both 2018 and 2020 there was a statistically significant relationship between AUDIT-C classification and agreement with the statement that 'Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country'. In 2020 far fewer increasing or higher risk drinkers agreed with the statement (27 per cent) compared with lower risk drinkers and non-drinkers (40 and

43 per cent, respectively). This is similar to findings in 2014 and 2018 as seen in Figure 9.

Figure 9: ‘Raising price of cheaper alcohol products would reduce crime’ by AUDIT-C classification



Base: 2020 - 714 respondents, 2018 - 1014 respondents, 2014 - 983 respondents.

In both 2020 and 2018 there were no statistically significant differences by gender, social class or age. It is worth noting that the analysis in 2014 did find a statistically significant difference by age with those in the 55+ age group being more likely to agree that it would reduce crime, in both the 2018 and 2020 analysis the level of agreement across age groups was broadly similar.

4.2 Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country

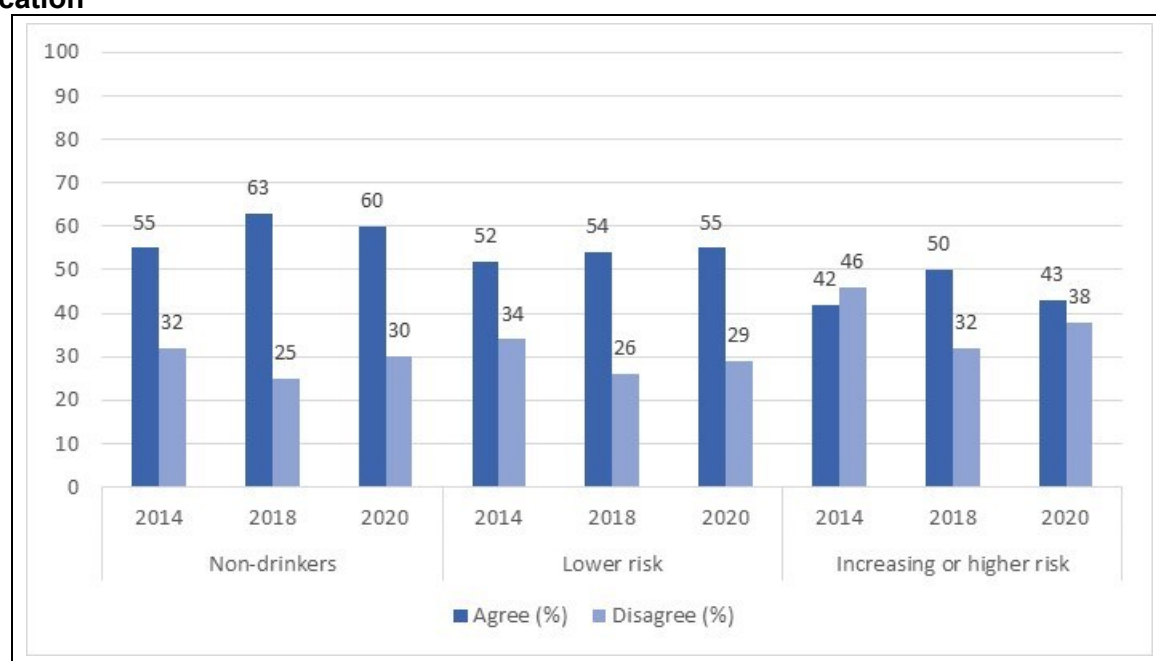
There were slight regional differences in agreement and disagreement with the statement ‘Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country’ although these differences were not statistically significant in 2020 and 2018.

In 2020 a greater proportion of respondents agreed that raising the price would reduce ill health than disagreed with the statement across all regions. Agreement with the statement was relatively consistent across the regions ranging from 54 per cent in the Valleys and South East Wales to 49 per cent in North Wales. In terms of

trends over time this level of agreement has remained relatively stable over the three survey periods as can be seen in tables 6.3 and 6.4 in the adjoining data appendix which includes the figures for agreement by region for each survey.

In both 2018 and 2020 there was a significant relationship between AUDIT-C classification and agreement with the statement that 'Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country'. As Figure 10 shows, across all years a greater proportion of non-drinkers and lower risk drinkers agreed that raising the price would reduce ill health. However, greater variation is seen with those increasing or higher risk drinkers. In 2014 they were more likely to disagree, in 2018 and 2020 they were more likely to agree, albeit only marginally in 2020, with 43 per cent in agreement and 38 per cent disagreeing with the statement.

Figure 10: 'Raising price of cheaper alcohol products would reduce ill health' by AUDIT-C classification



Base: 2020 - 715 respondents, 2018 - 1014 respondents, 2014 - 983 respondents.

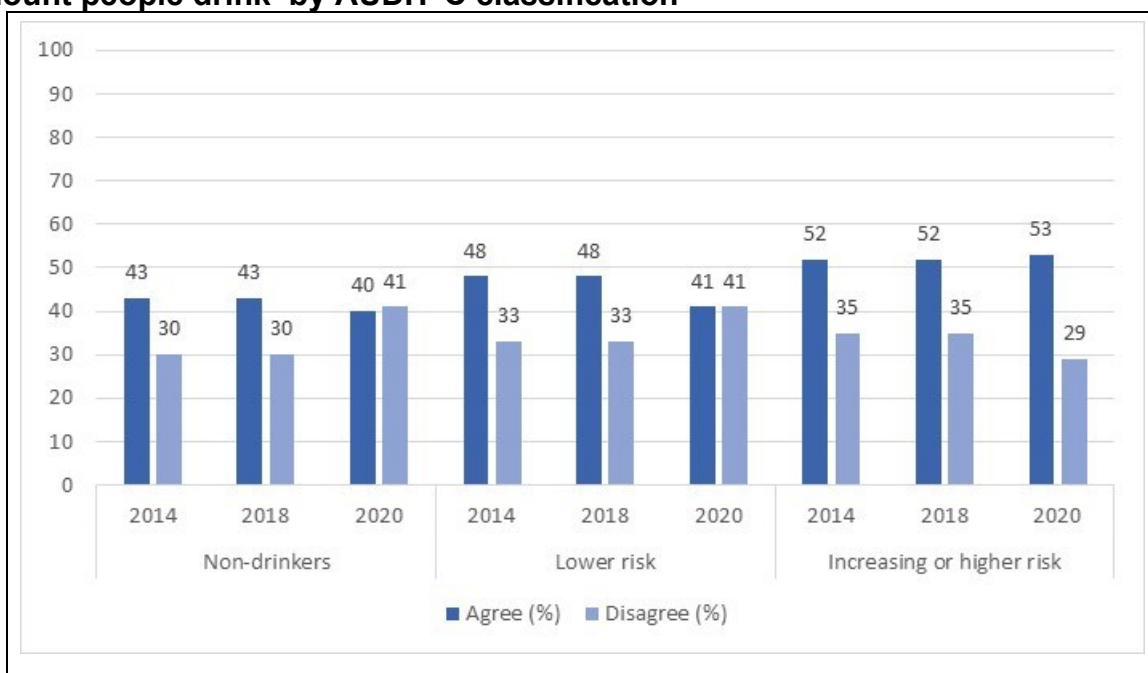
There were no statistically significant differences by gender or social class in 2018 and 2020 which is consistent with the analysis from 2014. While there had been a significant difference according to age in 2014, this difference had largely disappeared in 2018 and 2020. In 2018 and 2020 an increase in agreement in the 16-34 age group (54 per cent of whom agreed with the statement in 2020 compared to 44 per cent in 2014) has brought them broadly in line with those aged 35-55 and 55+.

4.3 Raising the price of the cheaper alcohol products in these stores would not make any difference to the amount people drink

Across all regions, a greater proportion of respondents agreed with the statement that ‘raising the price of cheaper alcohol products would not make any difference to the amount people drink’ than disagreed. In 2020 the proportion agreeing with this statement ranged from 41 per cent in North Wales to 50 per cent in Mid and South West Wales, while disagreement ranged from 31 per cent in Mid and South West Wales to 39 per cent in the Valleys and South East Wales. The figures for 2014, 2018 and 2020 can be found in tables 6.5 and 6.6 of the accompanying data tables document.

In 2020 there was a significant relationship between AUDIT-C classification and agreement with the statement ‘raising the price of cheaper alcohol products would not make any difference to the amount people drink’, with increasing and higher risk drinkers being more likely to agree. Significant differences were not observed in the 2018 analysis.

Figure 11: ‘Raising price of cheaper alcohol products would not make any difference to amount people drink’ by AUDIT-C classification



Base: 2020 - 714 respondents, 2018 - 1015 respondents, 2014 - 983 respondents.

As Figure 11 shows levels of agreement across AUDIT-C groups has remained relatively stable from 2014 to 2020, although with a slight decrease in agreement amongst those identified as lower risk. The proportion of non-drinkers and lower risk

drinkers disagreeing with the statement has increased slightly from around three in ten respondents in 2014 and 2018 to four in ten respondents in 2020.

When considering differences in levels of agreement by age, gender and social class there has been some variation between years. Starting with gender, in 2018 and 2020 there was no significant difference with the proportion of men agreeing with the statement being broadly similar to women. This is a departure from 2014 where men were statistically significantly more likely to agree with the statement that it would make no difference to the amount people drink.

With regards to age, in 2014 there were no statistically significant differences identified, however in 2018 a significant relationship was found. Those in the 55+ age group were more likely to agree with the statement (53 per cent) compared to those in the 16-34 and 35-54 age groups (46 per cent and 44 per cent respectively). By 2020 there was no longer a significant difference according to age.

Finally in terms of social grade, no statistically significant relationships were identified in 2014 and 2018. There was, however, a statistically significant difference by social grade in 2020 with 49 per cent of those from the C2DE social grade agreeing that raising the price would not make any difference to the amount people drink, compared with 43 per cent of those in the ABC1 grade.

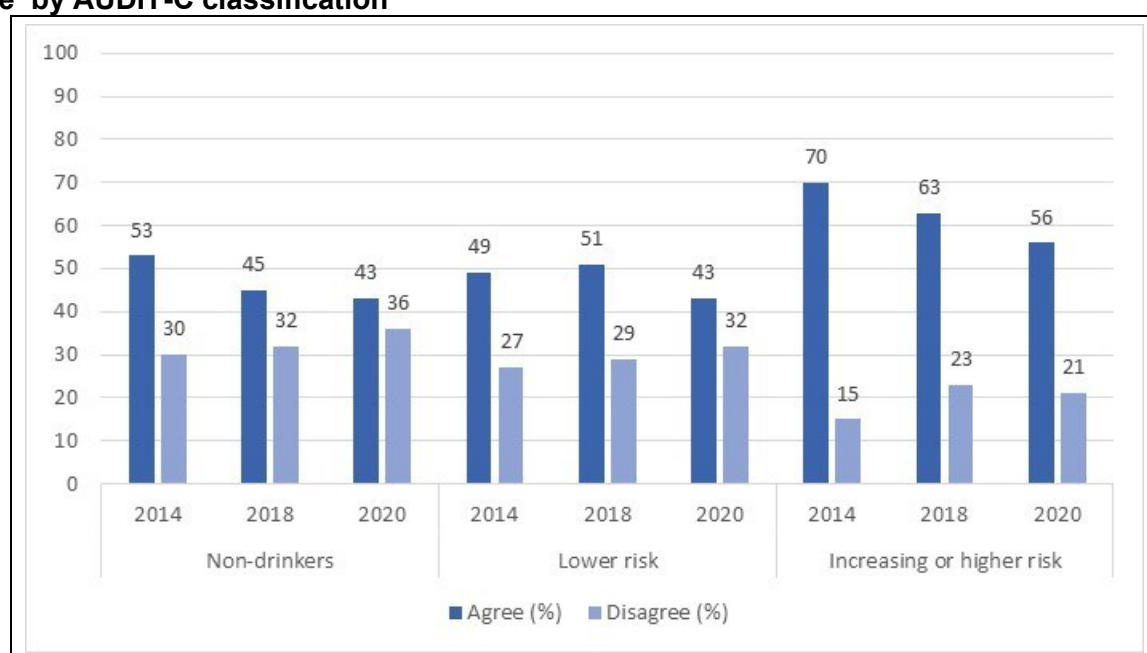
4.4 How much someone drinks is a personal choice and the government should not interfere

Across all regions, a greater proportion of respondents agreed that 'How much someone drinks is a personal choice and the government should not interfere' than disagreed with the statement although the proportion agreeing with the statement across all regions appears to be decreasing over time. In 2020 levels of agreement ranged from 41 to 50 per cent, while figures for 2014 ranged from 49 to 65 per cent. Conversely, and as would be expected, levels of disagreement with the statement have increased across all regions as can be seen in tables 6.7 and 6.8 of the accompanying data tables which contains the full range of figures from 2014-2020.

There was a significant relationship between AUDIT-C classification and agreement with the statement that 'how much someone drinks is a personal choice and the

government should not interfere'. As Figure 12 shows, there is a consistent pattern across years where agreement with the statement is statistically significantly higher in increasing or higher risk drinkers than with those lower risk and non-drinkers. In 2020, 43 per cent of non-drinkers and lower risk drinkers agreed with the statement, which rose to 56 per cent among increasing or higher risk drinkers. It is worth noting that across all three groups the proportion agreeing with the statement has decreased since 2014.

Figure 12: 'How much someone drinks is a personal choice and the government should not interfere' by AUDIT-C classification



Base: 2020 - 713 respondents, 2018 - 1014 respondents, 2014 - 983 respondents

As with the 2014 analysis there were no significant differences by age in 2018 and 2020, however, significant differences were found by gender in 2020 and by social class in 2018 and 2020. In 2020 a greater proportion of men (53 per cent) than women (44 per cent) agreed that 'how much someone drinks is a personal choice and the government should not interfere' which was a similar pattern to 2014. In the 2018 analysis, there was little difference between men and women, with 51 per cent of men agreeing and 52 per cent of women. In terms of social class there has been a consistent trend across all three years with a greater proportion of C2DE respondents agreeing with the statement (54 per cent in 2020) than ABC1 respondents (43 per cent in 2020).

5. Discussion

This survey was first conducted in 2014 to gain a better understanding of public attitudes in Wales to alcohol and minimum pricing and to complement modelling work carried out by the University of Sheffield (Meng et al, 2014). Legislation for the introduction of Minimum pricing for alcohol in Wales was introduced in 2018 and implemented in March 2020. This report provides findings from follow up surveys that offer important insight into public views on the acceptability of minimum pricing, perceptions of its likely impact on consumption, and other attitudes to alcohol and government intervention in this area and how these may have changed over time. As with the first survey this report forms part of a wider evidence base including ongoing work to consider the implementation and impact of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 through a number of commissioned studies for the evaluation.

There are some limitations and caveats with the research to note. While comparisons are made between data from 2014, 2018 and 2020, caution is required in interpretation. It cannot be said for certain that changes in reported attitudes between years are due to changing public attitudes as it cannot be ruled out that differences between years are an artefact of the sample spoken to in each year. There is also the issue of social desirability bias (Davies et al, 2010¹⁷) and recall bias (Stockwell et al., 2004¹⁸) that need to be considered given their particular relevance to the discussions of alcohol consumption and the use of face-to-face interview methods. These biases may manifest in different ways for different respondents but the possibility of under and overestimated reports of alcohol consumption should be considered when looking at the findings. Other surveys, such as the National Survey for Wales, provide data on peoples drinking habits and provide a useful point of comparison, albeit there will be important differences between sources that should be taken into consideration when making comparisons.

¹⁷ [Social desirability biases in self-reported alcohol consumption and harms - PubMed \(nih.gov\)](#)

¹⁸ [Under-reporting of alcohol consumption in household surveys: a comparison of quantity-frequency, graduated-frequency and recent recall - PubMed \(nih.gov\)](#)

Drinking behaviour

In terms of drinking behaviour there have been some changes. There is evidence that respondents are drinking more frequently but drinking fewer units when they do drink. The number of non-drinkers has decreased from around 26 per cent in 2014 to 10 per cent in 2022. While the proportion reporting drinking at least 2-3 times per week has increased from 28 per cent in 2014 to 38 per cent in June 2022. Meanwhile the proportion drinking 1-2 units on a typical day has increased from 29 per cent in 2014 to 37 per cent in June 2022. Conversely the proportion drinking 10 or more units on a typical day of drinking has decreased from 20 per cent in 2014 to 13 per cent in June 2022.

In terms of the frequency of binge drinking, the proportions drinking at that level both 'less than monthly' and 'at least weekly' have remained relatively stable from 2014 to June 2022 although the proportion of people reporting never drinking at this level has decreased from around one third of respondents in 2014 to a little over a quarter in June 2022. The proportion identified as being at increasing or higher risk has increased from 38 per cent in 2014 to 45 per cent in June 2022. Men remained more likely to be identified as increasing or higher risk drinkers, consistent with other findings such as the Sheffield Alcohol Policy Model (Meier, et al, 2021)¹⁹ and results from the National Survey for Wales²⁰²¹.

Awareness of Minimum Pricing for alcohol

Considering responses from 2014 to 2020 there has been a growing awareness of measures to introduce minimum pricing for alcohol. Respondents identified as being at 'increasing and higher risk' were more likely to be aware of minimum pricing for alcohol than non-drinkers. Analysis also shows that awareness of minimum pricing is significantly lower in those aged 16-34. The growing awareness of minimum pricing since 2014 is not surprising given the introduction of the legislation in 2018 and its implementation two years later in 2020. Moreover, the timing of the fieldwork

¹⁹ [Alcohol policy and gender: a modelling study estimating gender-specific effects of alcohol pricing policies - Meier - 2021 - Addiction - Wiley Online Library](#)

²⁰ [National Survey for Wales: results viewer | GOV.WALES](#)

²¹ It is worth noting that while men were more likely to be categorised as higher risk drinkers in the findings from the National Survey for Wales, they used a different method to categorise higher drinking and the used the same number of units as a threshold for men and women unlike the AUDIT-C methodology.

in 2020 corresponded with the introduction of minimum pricing and an associated two-week marketing campaign. Similarly the greater awareness of ‘increasing and higher risk’ drinkers than lower risk drinkers would be expected as they are more likely to be affected by the introduction of minimum pricing, as also noted by Buhociu et al (2021).²²

Support for Minimum Pricing for alcohol

Considering this growing awareness of minimum pricing it is noteworthy that as with 2014, the 2018 and 2020 surveys found that a greater proportion of respondents were in favour of the introduction of a minimum price for alcohol. In 2020 respondents were twice as likely to be in favour of minimum pricing than against (54 per cent in favour and 25 per cent were against). Moreover, looking across the years it appears there has been an overall increase in support and a decrease in opposition since 2014. Opposition to the introduction of minimum pricing for alcohol was highest among those ‘increasing and higher risk’ drinkers, reflecting that they are the most likely to be affected by its introduction, but even here opposition to it has decreased over time. It is also worth noting that these findings around support for minimum pricing are consistent with similar work undertaken in Scotland which also found a growing level of support for the policy (Ferguson et al., 2020)²³.

One possible explanation for the growing level of support for minimum pricing may be that the growing levels of awareness of the policy may be improving misconceptions about its perceived impact. This is somewhat reflected in peoples’ reported understanding of the proposals where the proportion that understand it as an ‘introduction of a minimum price’ has increased while the proportion referring to more general price increases has decreased.

Perceptions of the effects of Minimum Pricing for alcohol

When asked about perceptions of the effects of a minimum price for alcohol, the proportions agreeing with the statements that it would reduce crime or reduce problems of ill health remained relatively stable across the three surveys, with a

²² [Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers - Baseline \(gov.wales\)](https://gov.wales)

²³ [Public attitudes to Minimum Unit Pricing \(MUP\) for alcohol in Scotland \(publichealthscotland.scot\)](https://publichealthscotland.scot)

greater proportion expecting it to reduce ill health than reduce crime. While a greater proportion of respondents still agree with statements on price increases not making any difference to the amount people drink and how much someone drinks being a personal choice with which government should not interfere, the proportion in agreement with these two statements has decreased between 2014 and 2020. Consistent with the other responses, respondents who were 'increasing or higher risk' drinkers were more likely to disagree that minimum pricing would reduce crime and problems off ill health and more likely to agree that it would make no difference to peoples drinking and that the government shouldn't interfere.

Annex A: Methodology

The Wales Omnibus Survey sample is designed to be representative of the population resident in Wales aged 16 years and over. The unit of sampling is Lower Super Output Area (LSOA) and 69 interviewing points throughout Wales are selected with probability proportional to resident population, after stratification by unitary authority and social grade.

Within each sampling point, interlocking demographic quota controls of age and social class within sex are employed for the selection of respondents. Quotas are set to reflect the individual demographic profile of each selected point.

The data have been weighted by age group within gender within unitary authority grouping to give each cell its correct incidence within the Wales total derived from the results of the 2011 Census.

A fresh sample of interviewing locations and individuals are selected for each survey and no more than one person per household is interviewed. Interviews for the 2014, 2018 and March 2020 surveys were conducted face to face in the homes of respondents using CAPI (Computer Aided Personal Interviewing) technology. The surveys undertaken between June 2020 and June 2022 were conducted online using the Cint online panel exchange platform configured for PC, tablet and smartphone.

In 2018 the majority of the fieldwork was conducted between 17 and 30 September 2018, with a few interviews conducted after this date. A total of 1,015 face-to-face interviews were conducted and analysed for this survey.

In March 2020 the majority of the fieldwork was conducted between 24 February and 15 March 2020. A total of 713 face-to-face interviews were conducted and analysed for this survey. Fieldwork was unable to continue to reach the target 1,000 sample size due to the outbreak of the coronavirus and the introduction of social distancing measures which resulted in the suspension of face-to-face fieldwork.

The June 2020 survey took place between 10 and 22 June 2020 and achieved a total of 1000 responses. The November 2020 survey took place between 9 and 29 November 2020 and achieved a total of 1002 responses. The June 2021 survey took place between 14 and 27 June 2021 and achieved a total of 1000 responses. The November 2021 survey took place between 8 and 28 June 2021 and achieved a total of 1000 responses. The June 2022 survey took place between 6 and 26 June 2022 and achieved a total of 1000 responses.

Proportional quota sampling

When survey data are tested for statistical significance, an assumption is made that the achieved sample represents a random sample of the relevant population. However, as the

Wales Omnibus Survey uses proportional quota sampling (not random sampling), genuine statistical significance cannot, strictly speaking, be established²⁴. Therefore, when a difference between two sub-groups is described as being 'significant' in this report, this refers to a pseudo-statistically significant difference at the 95 per cent confidence level. This means that, if the survey did use a random sample, the probability of obtaining the finding by chance would be less than one in 20.

Chi-square analysis

The chi-square test has been used in the analysis to determine whether an observed relationship between two categorical variables in the sample (i.e. the 713 interviewees in 2020) is likely to reflect a genuine association in the population (i.e. the adult population resident in Wales aged 16 years and over).

Definition of regions

Table A.1, below, shows which unitary authorities in Wales make up the regions used in the analysis 2014 and 2018 while Table A.2, next page, shows which Local Authorities in Wales make up the regions in the 2020 analysis.

²⁴ Gschwend, T (2005). Analyzing Quota Sample Data and the Peer-review Process. *French Politics*, 2005, 3, (88–91).

Table A.1: Definition of regions 2018

Region	Unitary authorities
North Wales	Isle of Anglesey Gwynedd Conwy Denbighshire Flintshire Wrexham
Mid & West Wales	Ceredigion Powys Pembrokeshire Carmarthenshire
Swansea Bay	Swansea Neath Port Talbot Bridgend
Valleys	Rhondda Cynon Taf Merthyr Tydfil Caerphilly Blaenau Gwent
Cardiff & South East Wales	Vale of Glamorgan Cardiff Newport Torfaen Monmouthshire

Table A.2: Definition of regions 2020

Region	Unitary authorities
North Wales	Isle of Anglesey Gwynedd Conwy Denbighshire Flintshire Wrexham
Mid & South West Wales	Ceredigion Powys Pembrokeshire Carmarthenshire Swansea Neath and Port Talbot Bridgend
Valleys and South East	Rhondda Cynon Taf Merthyr Tydfil Caerphilly Blaenau Gwent Cardiff Vale of Glamorgan Torfaen Monmouthshire Newport

Definition of social grades

Table A.3, below, provides a definition of the social grade classification used in the analysis.

Table A.3: Definition of social grades

Social grade	Definition
ABC1	
A	High managerial, administrative or professional
B	Intermediate managerial, administrative or professional
C1	Supervisory, clerical and junior managerial, administrative or professional
C2DE	
C2	Skilled manual workers
D	Semi and unskilled manual worker
E	State pensioners, casual or lowest grade workers, unemployed with state benefits only

Sub-sample sizes

Table A.4, below, shows the number of respondents for each sub-sample used in the analysis in 2014 and Table A.5 and A.6 , shows the numbers for 2018 and 2020 respectively . The numbers of respondents are given for the unweighted and weighted samples.

Table A.4: Sub-sample numbers for region, age, gender and social grade (2014)

Sub-sample	Unweighted sample	Weighted sample
Region		
North Wales	248	228
Mid & West Wales	190	172
Swansea Bay	146	172
Valleys	212	177
Cardiff & South East Wales	216	263
Age		
16 – 34 years	291	296
35 – 54 years	323	330
55+ years	398	385
Gender		
Men	438	492
Women	574	520
Social grade		
ABC1	458	475
C2DE	553	536

Table A.5: Sub-sample numbers for region, age, gender and social grade (2018)

Sub-sample	Unweighted sample	Weighted sample
Region		
North Wales	202	229
Mid & West Wales	212	172
Swansea Bay	170	173
Valleys	211	178
Cardiff & South East Wales	220	264
Age		
16 – 34 years	271	297
35 – 54 years	295	331
55+ years	449	386
Gender		
Men	422	493
Women	593	522
Social grade		
ABC1	498	509
C2DE	512	501

Table A.6: Sub-sample numbers for region, age, gender and social grade (2020)

Sub-sample	Unweighted sample	Weighted sample
Region		
North Wales	125	161
Mid & South West Wales	298	242
Valleys and South East	290	310
Age		
16 – 34 years	200	209
35 – 54 years	191	233
55+ years	322	271
Gender		
Men	327	347
Women	386	366
Social grade		
ABC1	374	367
C2DE	336	343

Annex B: Questionnaire

ASK ALL

SHOW CARD

Q1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 - 4 times per month
- 2 - 3 times per week
- 4+ times per week

ASK IF EVER DRINK ALCOHOL AT Q1

SHOW CARD AND SHOW CARD

Q2. Please take a look at this card. How many units of alcohol do you drink on a typical day when you are drinking?

SHOW CARD

- 1 -2
- 3 - 4
- 5 - 6
- 7 - 9
- 10+

ASK IF EVER DRINK ALCOHOL AT Q1

SHOW CARD AND SHOW CARD

Q3. How often have you had [6 or more units (if female), or 8 or more (if male)], on a single occasion in the last year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

ASK IF EVER DRINK ALCOHOL AT Q1

SHOW CARD

Q4 . Which of the following do you usually drink, whether at home or when you are out?

[MULTICODE]

- Beer or lager
- Cider
- Wine
- Spirits (e.g. vodka, whiskey and gin)
- Ready mixed drinks (e.g. Bacardi Breezer, Smirnoff Ice and WKD)
- Sherry or port

ASK IF EVER DRINK ALCOHOL AT Q1

SHOW CARD

Q5. How often do you have a drink containing alcohol at home, or at someone else’s home?

- Never
- Monthly or less
- 2-4 times per month
- 2-3 times per week
- 4+ times per week

ASK IF DRINK ALCOHOL AT HOME AT Q5

SHOW CARD

Q6a. Thinking about the alcohol you buy to drink at home or someone else’s home, which of the following would you be most likely to choose? [MULTICODE]

NOTE TO INTERVIEWER: If the respondent says that their spouse/partner/flatmate etc. buys it not them, please answer from their perspective. (E.g. we want to know what is being bought in homes generally)

- Brands you have tried before and know you like
- Brands which are on special offer
- The brands that are the cheapest
- Own-label brands
- High-quality brands
- Don’t know

ASK IF MORE THAN ONE MENTIONED AT Q6a

SHOW CARD

Q6b. [if answered more than one] And which of the reasons you have chosen would you say is the most important?

- Brands you have tried before and know you like
- Brands which are on special offer
- The brands that are the cheapest
- Own-label brands
- High-quality brands

- Don't know

ASK ALL

Q7. Are you aware of any proposals to place certain controls on the price of alcohol that is sold in Wales?

- Yes
- No

ASK IF ANSWER YES AT Q7

Q7a. Can you tell me what you think this new law is?

OPEN ENDED

ASK ALL

SHOW CARD

A minimum price would set a floor price, meaning that alcohol could not be sold or supplied below that price. It would not increase the price of every drink, only those which are currently sold or supplied at below any minimum price. New laws will be / were introduced on the 2 March this year to set the minimum price for a unit of alcohol at 50p. Minimum pricing is likely to affect the price of alcohol sold in the off-trade (for example - in supermarkets and off-licences) which tend to sell cheaper alcohol. Alcohol sold in the on-trade (for example - in pubs and clubs) will be largely unaffected as they typically sell at well above the minimum level of 50p per unit.

Q8. Before today, had you seen or heard anything about this new law at all?

- Yes
- No

ASK ALL

SHOW CARD

Q9. Which of these statements about the proposal to introduce minimum unit pricing for alcohol best reflects your view?

- I am in favour of this proposal
- I am against this proposal
- Don't know

ASK IF IN FAVOUR OF PROPOSAL

Q10a. Can you tell me why you are in favour of this proposal?

OPEN ENDED

ASK IF AGAINST PROPOSAL

Q10b. Can you tell me why you are against this proposal?

OPEN ENDED

ASK ALL

SHOW CARD

Q11. I am going to read out some statements about raising the price of alcohol in supermarkets, off-licences and convenience stores and I would like you to say how strongly you agree or disagree with each one.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

“Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country”

“Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country”

“Raising the price of the cheaper alcohol products in these stores would not make any difference to the amount people drink”

“How much someone drinks is a personal choice and the government should not interfere”

ASK IF EVER DRINK ALCOHOL

SHOW CARD

Q12. Where do you usually shop for alcohol? / In which of the following places do you usually shop for alcohol?

- Supermarket, convenience store or off-licence in Wales
- Supermarket, convenience store or off-licence in England
- Online / home delivery
- Other (please specify)
