

**Research Report**

**24-month Review of the Introduction of Minimum Pricing for Alcohol in Wales**

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# 24-month Review of the Introduction of Minimum Pricing for Alcohol in Wales

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## 24-month Review of the Introduction of Minimum Pricing for Alcohol in Wales

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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/keyword	Definition
ABV	Alcohol by Volume (% strength an alcohol drink is sold at)
APB	Area Planning Boards (local substance use commission and delivery units – Wales)
APOSM	[Wales's] - Advisory Panel on Substance Misuse
AUDIT	Alcohol Use Disorders Identification Test
MESAS	[Public Health Scotland's] - Monitoring and Evaluating Scotland's Alcohol Strategy unit
MHH	Moderate, Hazardous, Harmful drinkers
MPA	Minimum Pricing for Alcohol – (i) used to refer to the policy of setting a minimum price for alcohol (ii) Shorthand reference to Welsh Government Policy
MUP	Minimum Unit Price – (i) a minimum price level set per unit which is used as a mechanism of minimum pricing for alcohol. (ii) Shorthand reference to Scottish Government Policy, the policy itself is also routinely referred to as MUP.
NHS	National Health Service
NPS	Novel/New Psychoactive Substances (see also Spice)
PAG	Project Advisory Group
PHS	Public Health Scotland
PPU	Pence per unit, expressed as for example 50ppu
OTC	Over-the-counter medication
RTD	Spirit-based 'ready-to-drink' beverages
SARG	Sheffield Alcohol Research Group
Spice	Common name for particular type/s of NPS (i.e. synthetic cannabinoids).
NOTE: There are several acronyms that are used within single paragraphs/ passages – but nowhere else in the report. They have a specificity to the point	



made and are not general to the whole. These are not listed here but are each given a full title at the first time of use.

## 1. Introduction

- 1.1 In November 2018, Welsh Government issued a specification for an evaluation that would assess the process and impact of the introduction of a minimum price for alcohol (MPA) in Wales.
- 1.2 The contract was split into four 'lots':
- Lot 1 – a Contribution Analysis;
  - Lot 2 – work with Retailers;
  - Lot 3 – qualitative work with services and service users; and
  - Lot 4 – an assessment of impact on the wider population of drinkers.
- 1.3 Three of the contracts (Lots 1, 3, and 4) were awarded to a consortium of researchers based at Glyndwr University Wrexham, Figure 8 Consultancy, and the University of South Wales<sup>1</sup>. The Retailers contract was awarded to the National Centre for Social Research. This report pertains to the Contribution Analysis (Lot 1), which seeks to synthesise and comment on the early contribution the introduction of a minimum price for alcohol in Wales has made to alcohol related behavioural, consumption, and retail outcomes.
- 1.4 This report provides an analysis of the Welsh minimum pricing journey so far. It is a synthesis document that offers an overall evaluation of the implementation, early (24 month) impact and initial considerations of the introduction of MPA into Wales. In doing so this report has brought together a range of secondary and primary data material. This includes the interim reports from the other three lots as above, some additional new primary interview data and material from evaluations and reflections on the implementation of pricing policies in other jurisdictions, notably Scotland. In order to maintain a manageable volume and readability, it has deliberately

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<sup>1</sup> Lot 1 is led by Glyndwr University (Wrexham); Lot 3 is led by Figure 8 Consultancy Services Ltd (Dundee); and Lot 4 is led by The University of South Wales.

not (overly) repeated detail that is elsewhere, concentrating instead on the key learning whilst signposting to the existing evidence trail.

### **Aims and objectives**

- 1.5 This is an interim report and as such it does not provide any explicit concluding messages about the overall impact of the Welsh MPA policy. This will be confined to the final report due in early 2024. Evaluation of MPA in Wales, as well as the more substantive evaluation of Minimum Unit Pricing (MUP) in Scotland, remain on-going. This report is intended to highlight what appears to be emergent so far.
- 1.6 The overall aims of the Contribution Analysis study are: to assess the contribution (if any) that the introduction of MPA in Wales has made to any (measurable and observable) changes in alcohol related behavioural, consumption and retail outcomes. In doing so attention was paid to the following objectives:
- Refining and evaluating contribution against a Theory of Change.
  - Providing a synthesis evaluation of other specific Welsh evaluations of MPA.
  - Analysing wider literature, other Welsh data sets and jurisdictional evaluations (notably Scotland).
  - Undertaking additional specific primary data collection to account for other possible contributions and explanations.
- 1.7 It should be noted that as an overall synthesis report it collates messages across the whole population, and as such explores considerations for general population, moderate, hazardous, harmful, treatment seeking and dependent drinkers. The rest of the report unpicks these definitions and potential impacts on each group in more detail.

### **Language (labels and descriptors)**

- 1.8 Throughout this report, the term Minimum Pricing for Alcohol (MPA) is consistently used in two contexts:

- as the overall expression to capture all the different international policy approaches to implementing minimum price for alcohol, and
- where it refers specifically to Welsh Government policy.

1.9 The expression Minimum Unit Pricing for Alcohol (MUP) is consistently used in two contexts:

- when explicitly considering that the mechanism of price per unit is used as the means of implementing MPA; and
- where it refers specifically to Scottish Government policy.

1.10 More broadly speaking this report adopts a sensitive approach to the language used to describe those drinking alcohol. This is consistent with the need for such, as highlighted in a previous Welsh Government policy evaluation<sup>2</sup>. In doing so it:

- avoids use of terms that can be considered to be discriminatory or stigmatising notably alcoholic or addict/addiction;
- adopts the term ‘drinker/s’ to denote anyone who has consumed alcohol in the last year, no matter the quantity consumed;
- is consistent with other researchers, it utilises the terms *moderate*, *hazardous*, *harmful*, and *dependent* (drinking), in the manner in which they broadly align to, and are defined on the basis of, AUDIT scores<sup>3</sup>; and
- it is deliberate in its use of distinguishing between harmful drinkers, often those exceeding governmental recommended levels of consumption and those as either dependent or seeking/in specialist alcohol treatment services.

### Report structure

1.11 This report is the first of two reports that will be produced in relation to this project<sup>4</sup>. It is divided into eleven further chapters, detailed in **Table 1.1** below, each taking account of a different evidential consideration that can be

<sup>2</sup> [Review of Working Together to Reduce Harm: Substance Misuse Strategy, 2008 to 2018 | GOV.WALES](#)

<sup>3</sup> [AUDIT : the Alcohol Use Disorders Identification Test : guidelines for use in primary health care \(who.int\)](#)

<sup>4</sup> The second is our final report and will be produced at 42 months post implementation of the legislation, and will be due to be submitted in draft in Spring 2024.

regarded as relevant to understanding the contribution MPA has had in Wales on alcohol-related behavioural, consumption and retail outcomes.

**Table 1.1: Content of report chapters**

<b>Chapter</b>	<b>Content description</b>
<b>Chapter 2</b>	This chapter outlines the overall context for MPA in Wales. It considers the specific policy evolution within Wales as well as the wider journey of pricing for alcohol policies internationally. In doing so it introduces the key theory of change model that underpins these approaches.
<b>Chapter 3</b>	This chapter presents the methodology of contribution analysis which has been utilised in developing our synthesis approach.
<b>Chapter 4</b>	This chapter provides a summary of the key messages from the myriad of available literature reviews available on minimum pricing. In doing so it summarises and signposts the main literature summary reports, including that which has been utilised in both the Welsh and Scottish evaluations.
<b>Chapter 5</b>	This chapter explores the overall framework adopted for the whole policy evaluation. It builds on chapter 2 to provide an understanding of the theory of change that has validated the arguments for minimum pricing. It then outlines how we have developed a detailed logic model to identify the vast number of considerations within this. It concludes by offering the detail of that logic model.
<b>Chapter 6</b>	This chapter provides a summary of the lessons that have been learnt so far in Wales through a synthesis of the other three bespoke evaluations directly commissioned by the Welsh Government.
<b>Chapter 7</b>	This chapter collates a range of messages available from specific key Welsh data sets, including those looking at alcohol consumption, alcohol death, hospital admissions and crime data.
<b>Chapter 8</b>	This chapter explores a range of other factors that have to be considered when trying to understand the complex wider contextual situation into which MPA is being evaluated. Many of these offer potential other contributions for patterns of alcohol consumption.
<b>Chapter 9</b>	This chapter provides a summary of the messages garnered from undertaking some specific interviews with key stakeholders. These interviews/messages pay particular attention to any additional messages not necessarily captured through the other three commissioned research studies.
<b>Chapter 10</b>	This chapter provides a summary of the lessons that have been learnt so far from the Scottish evaluation of MUP.
<b>Chapter 11</b>	This chapter is a discussion chapter in which the threads and conclusions are drawn together from the preceding chapters.

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**Chapter 12** This chapter provides a summary of emerging messages and early recommendations.

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## 2. Background and context

2.1 The background for the Welsh Government's introduction of a minimum pricing for alcohol (MPA) policy has been set out in detail in a number of previous reports<sup>5</sup>. This chapter summarises the legal and policy contexts of the policy and explains developments within Wales. The chapter concludes by introducing the key framework or theory of change model that underpins approaches to MPA.

### Policy development

2.2 Minimum pricing for alcohol has become an increasingly established policy response across the globe. It sits within a diversity of policy frameworks that seek to regulate a legal market and address the known harms caused by excessive alcohol use.

#### *Overall alcohol policies and role of pricing*

2.3 Alcohol use is weaved into much of the Welsh cultural and social fabric. For many, it can be largely harmless, and alcohol spaces (such as pubs) provide many people with many of their economic and social connections. However, the harm often linked to excessive alcohol use is clear, and may be experienced by individuals, families, communities, and the wider society. It is this harm that leads governments, including the Welsh Government, to develop public health alcohol policies, aimed at reducing harmful alcohol consumption<sup>6</sup>.

2.4 Managing alcohol affordability, is considered to be one of the key effective elements of a successful alcohol policy<sup>7</sup>. The other three key elements can be considered as availability, marketing, and politics<sup>8</sup>. Whilst affordability focuses on the issue of price. Availability has regard for where and when

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<sup>5</sup> [Research into the potential for substance switching following the introduction of minimum pricing for alcohol in Wales \(gov.wales\)](#); [Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers - Baseline \(gov.wales\)](#)

<sup>6</sup> [Livingston 2022 Minimum pricing – what can we say so far?](#)

<sup>7</sup> [Burton et al 2017 A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies:](#)

<sup>8</sup> [About Us « UK-Ireland Alcohol Research Network \(Acorn\) \(alcoholresearch-uk-irl.net\)](#)



alcohol can be sold, i.e. control on licensing and retail environments.

Marketing approaches pay particular regard to the role of advertising and promotion and its impact on encouraging alcohol consumption. Politics has concern for the activity of broader economic and social agendas.

- 2.5 An effective holistic alcohol policy is likely to include a combination of activities against all four of these domains. For example both the Irish and Scottish Governments' Public Health [Alcohol] legislative bills, include not only a policy on the minimum price of alcohol but also measures to affect alcohol availability and marketing.
- 2.6 Existing literature explores issues of availability, marketing, and price (see **Appendix 1.1, 1.2 and 1.3**). Evaluation of effectiveness, such as the modelling noted in **Chapters 4 and 5**, tend to be dominated by a number of specialist groups, and schools of academics with expertise in these given areas. Summary statements in the tables of these appendices consistently highlight that one of the most effective actions available to governments to influence alcohol consumption is to control price and thus its affordability.
- 2.7 MPA can take place in a number of forms. These can include minimum unit approaches (MUP), but can also include policies that focus on alcohol taxation, prohibit the sale of alcohol below the cost of production, or target specific products. Different variations of MPA have been introduced throughout the world (see **section 2.21-2.22** below). These tend to be whole population policies, i.e. they affect all who buy (consume) alcohol, albeit they may have differential impacts on various subgroups of the population. Some Governments may have intended to target specific populations within the whole, depending on which pricing approach they adopted.
- 2.8 Alcohol consumption may be affected by policies not specifically intending to target consumption. This could include a country's broader economic and social policy. Alcohol consumption may be addressed in related health and social care policy developments.
- 2.9 In Wales for example, alcohol, and in particular dealing with some of the consequences of more sustained consumption, sits with and is outlined within broader Welsh Government policy, notably the two key cornerstone

legislations of Social Services and Well-being [Wales] Act 2014 and The Future Generations [Wales] Act 2016. Alcohol consumption is also potentially influenced by approaches encapsulated within broader substance use policies a country may develop. For example, Welsh Government substance misuse<sup>9</sup> strategies influence the services that specific agencies might develop to tackle behaviour related to harmful alcohol use.

2.10 The most recent Welsh Government substance misuse strategy was outlined in the *Working Together to Reduce Harm (2008-2018)* document<sup>10</sup>. More recently, and consistent with its well-being and future generations approach, the Welsh Government has had specific delivery plans sitting within these broader community, prevention, and partnership strategic approaches. The current substance misuse (including alcohol) delivery plan is for 2019-2022<sup>11</sup>. This builds on the previous 2008-2018 strategy and has five broad aims:

- preventing harm;
- support for individuals;
- supporting and protecting families;
- communities; and
- stronger partnerships.

2.11 These two different, and overlapping, policy approaches in response to alcohol use are illustrated side side-by-side in **Table 2.1** below.

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<sup>9</sup> Welsh Government strategies continue to be named and refer to misuse rather than use, despite the recommendation on p81 of

<sup>9</sup> [Livingston et al 2018 Review of Working Together to Reduce Harm: Substance Misuse Strategy](#)

<sup>10</sup> [Livingston et al 2018 Review of Working Together to Reduce Harm: Substance Misuse Strategy](#)

<sup>11</sup> [Substance misuse delivery plan: 2019 to 2022 | GOV.WALES](#) (N.B. this received an update in response to COVID-19).

**Table 2.1: Comparing alcohol and substance use policy approaches**

<b>Alcohol Policy Theme</b>	<b>Considerations (Whole and specific populations, all and specific alcohol products)</b>	<b>Substance use strategy theme</b>	<b>Considerations (Alcohol and illicit, illegal, legal, and prescribed other drugs)</b>
Availability	<ul style="list-style-type: none"> <li>• Licensing, i.e. who, where and when alcohol can be sold by</li> <li>• Outlet density, i.e. number of retailers in any community</li> </ul>	Availability	<ul style="list-style-type: none"> <li>• Underage sales</li> </ul>
Marketing	<ul style="list-style-type: none"> <li>• Advertising</li> <li>• Product display, i.e. where within a retail space</li> </ul>	Prevention	<ul style="list-style-type: none"> <li>• Health Promotion</li> <li>• Harm Reduction</li> <li>• Brief Interventions</li> </ul>
Price	<ul style="list-style-type: none"> <li>• Minimum Price</li> <li>• Price sensitive promotions, i.e. Happy Hours</li> <li>• Multiple Product Discount, i.e. buy one get one free</li> </ul>	Treatment	<ul style="list-style-type: none"> <li>• Community Prescribing</li> <li>• Detoxification (in-patient and community)</li> <li>• Residential Rehabilitation</li> </ul>
Politics	<ul style="list-style-type: none"> <li>• Economic context, including inequalities, tourism etc</li> <li>• Role of Industry</li> <li>• Social and cultural role of alcohol</li> </ul>	Communities	<ul style="list-style-type: none"> <li>• Illegal Market disruption/enforcement</li> <li>• Licensing</li> <li>• Trading standards</li> <li>• Night-Time Economy</li> </ul>

### *MPA in Wales*

2.12 The Welsh Government MPA legislation concerns itself only with affordability<sup>12</sup>. This reflects some of the limited nature of the powers of the devolved Government in Cardiff, i.e. that they have devolved responsibility for public health policy, but that much of the legislative control for issues

<sup>12</sup> There were conversations in 2014 about including minimum pricing in the Welsh Governments broader public health bill, but it was decided to extract MPA and settle for a separate bill. That the specific bill was then restricted to price rather than include say public health objectives in licencing conditions reflected the limits of devolution (see **Chapter 9** and **Appendix 1.2**).

associated with alcohol advertising, licensing, and taxation remain in the control of the UK (United Kingdom) government at Westminster parliament level. The ultimate timing of the Welsh Government's introduction of their Public Health (Minimum Price for Alcohol) (Wales) Bill, whilst a follow on from the increasing international evidence and Scotland's journey, was in the end specific to the establishment of the Wales Act 2017, in which the redefined delineation between Cardiff and Westminster suggested that a Welsh Act 2017 on MPA after this date would probably not be possible<sup>13,14</sup>.

#### *Development of Welsh MPA policy*

- 2.13 The introduction of an MPA policy in Wales was subject to three stages of consultation:
- firstly in 2014 as part of the Public Health White Paper<sup>15</sup>;
  - secondly in 2015 on a draft Public Health (Minimum Price for Alcohol) (Wales) Bill<sup>16</sup>; and
  - finally, in 2018, consultation on draft regulations specifying a preferred level of an MUP of 50ppu<sup>17</sup>.
- 2.14 In setting a price of 50ppu the Welsh Government explicitly set out its policy to *'target alcohol consumption among hazardous and harmful drinkers, with the aim of delivering greater health benefits to those most at risk, while taking account of impacts on moderate drinkers and interference in the market'*<sup>18</sup>. In deciding on the 50ppu level, the Welsh Government were also mindful of the long running arguments and concluding considerations of the Scottish Government's legal battle to establish the legitimacy of its (50ppu) MUP policy.
- 2.15 It should be noted that hazardous and harmful are the middle two of the four AUDIT related categorisations of drinkers. They sit between a) moderate drinkers whose drinking is not considered risky, and b) dependent drinkers

<sup>13</sup> [Livingston et al 2021 Perceptions of substance switching and implementation of minimum pricing](#)

<sup>14</sup> [Lesch and McCambridge 2021 Policy communities, devolution and policy transfer:fonline.com](#)).

<sup>15</sup> [Written Statement - Launch of Public Health White Paper consultation \(2 April 2014\) | GOV.WALES](#)

<sup>16</sup> [Draft Public Health \(Minimum Price for Alcohol\) Bill | GOV.WALES](#)

<sup>17</sup> [consultation-document-mup\\_0.pdf \(gov.wales\)](#)

<sup>18</sup> [Written Statement - Public Health \(Minimum Price for Alcohol\) \(Wales\) Bill \(23 October 2017\) | GOV.WALES](#)

whose drinking is considered particularly debilitating and leads to immediate treatment needs. It appears that Welsh Government, in regard to the development of their MPA policy, was targeting these groups, mindful of those who were in 2017 drinking above UK recommended guidelines of 14 units per week (see **Chapter 7**).

- 2.16 The Welsh Government policy development phases also included working with the University of Sheffield Alcohol Research Group (SARG) to analyse various modelled impacts of introducing a minimum unit price at various levels in Wales<sup>19</sup>. The most recent report was published on 22<sup>nd</sup> February 2018. The modelling undertaken by the University of Sheffield estimated that large alcohol tax increases would be required to achieve the same effects as a 50ppu MUP. Importantly, it also estimated that the reduction in alcohol-attributable health inequalities would be lower under those equivalent tax increases<sup>20</sup>.
- 2.17 The Public Health (Minimum Price for Alcohol) (Wales) Bill was passed through the National Assembly in Wales in June 2018 and received Royal Assent, becoming an Act, on 9<sup>th</sup> August 2018. It set a minimum price for alcohol based on a unit of alcohol per 50ppu price. The legislation took effect on March 2<sup>nd</sup> 2020.

#### *MPA within the UK*

- 2.18 Within the UK only Scotland and Wales have a minimum pricing for alcohol policy in place. Since 2022 the Northern Ireland executive has been engaged in a consultation on Minimum Unit Pricing for Alcohol<sup>21</sup>. Moreover, the Westminster Government through licensing policy has since 2014 implemented a ban on selling alcohol below the level of alcohol duty plus VAT (Value Added Tax). Be that as it may, the Westminster Government has stated that there are '*no plans for the introduction of MUP in England*', although it would continue to monitor the progress of MUP in Scotland and

<sup>19</sup> [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report \(gov.wales\)](#)

<sup>20</sup> [Written Statement - Public Health \(Minimum Price for Alcohol\) \(Wales\) Bill \(23 October 2017\) | GOV.WALES](#)

<sup>21</sup> [Consultation on Minimum Unit Pricing of Alcohol in NI | Department of Health \(health-ni.gov.uk\)](#)

consider the evidence of its impact<sup>22</sup>. Discussion of the role of tax and excise duty, and recent 2022 changes are discussed further in **Chapter 8**.

- 2.19 Due to the more extensive legislative powers retained by the Scottish parliament public health, licensing and other powers are more fully devolved in Scotland than in Wales. The Scottish government passed The Alcohol (Minimum Pricing) Scotland Act in 2012. Implementation of some policy elements in the act with regards to availability and marketing were swift. However, there was a significant delay in implementing the MUP element following an unsuccessful legal challenge from the Scottish Whisky Association (see **Chapter 8** for a broader exploration of the contribution of the alcohol industry to alcohol policy and pricing in particular). Scotland eventually introduced a minimum price per unit of 50p on 1<sup>st</sup> May 2018.
- 2.20 The Northern Irish Government has recently carried out an extended consultation on introducing a MUP of 50ppu<sup>23</sup>. This is an alignment with the Welsh and Scottish introduced price levels rather than the Eire (Republic of Ireland) price which is higher. This has some implications for cross-border activity, a) at a potentially higher price differential than the implications are for cross-border activity between Wales and England, and b) where other cross border activity is concerned with post Brexit opportunities.

#### *MPA globally*

- 2.21 In closest proximity to Wales, Eire (Republic of Ireland) has now become the third country in the world after Wales and Scotland to introduce a whole country minimum price policy. This came into effect in Jan 2022. It was similar to Scotland's' approach in that it is embedded in a broader Public Health (Alcohol) Act<sup>24</sup> and was signed into law in 2018. It is an approach that tackles availability, marketing, as well as price, and includes governing the sale, promotion, price, and labelling of alcohol. The Irish price is calculated differently to Wales and Scotland (i.e. by per grams of alcohol rather than in units), and is done so in the Euro currency (€1 for a unit of alcohol 10g) and

<sup>22</sup> [Alcohol: minimum pricing \(parliament.uk\)](https://www.parliament.uk)

<sup>23</sup> [Extension of Consultation on Minimum Unit Pricing for Alcohol | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk)

<sup>24</sup> [Public Health \(Alcohol\) Act 2018 \(irishstatutebook.ie\)](https://www.irishstatutebook.ie)

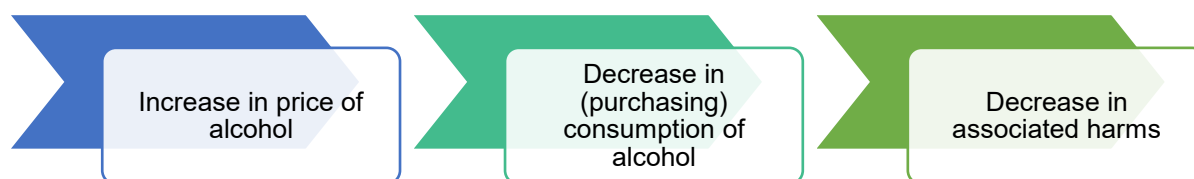
has the approximate equivalency of 70p per unit<sup>25</sup> (at the time of writing as it is dependent upon a fluctuating exchange rate).

- 2.22 Minimum [unit] pricing for alcohol has been utilised in other smaller specific state-limited contexts, notably in Australia and Canada. Minimum pricing for alcohol through other mechanisms has been adopted elsewhere. For example, Uzbekistan prohibits below-cost selling (selling for a price less than the production cost) and Belarus, Russia, Ukraine, and Moldova have different levels of minimum pricing depending on the type of alcohol (i.e., beer, wine, spirits)<sup>26</sup>.

### Overall Theory of Change for pricing policies and Welsh Government starting point

- 2.23 Alcohol minimum pricing policies are based on a straightforward theory of change. At their core is the following proposition:

**Figure 2.1: Basic Theory of Change for alcohol minimum pricing policies**



- 2.24 This core formula is often translated into a single page diagrammatic theory of change. The theory of change with assumed intended actions, outputs, and outcomes, then becomes the core framework for any evaluation<sup>27</sup>. In this context the Welsh Government set out its initial theory of change for MPA, firstly during the bill scrutiny stages<sup>28</sup>, and then in a revised form via a formal letter from the then Cabinet Secretary for Health and Social Services to the Chair of the Health Social Care and Sport Committee in December

<sup>25</sup> [First Results of Alcohol Minimum Unit Pricing in Ireland - Movendi International](#)

<sup>26</sup> [Livingston et al 2021 Perceptions of substance switching and implementation of minimum pricing](#)

<sup>27</sup> [The evaluation of Minimum Unit Pricing \(MUP\) for alcohol: Summary \(healthscotland.scot\)](#)

<sup>28</sup> [Letter from the Cabinet Secretary for Health and Social Services to the Chair of the Health Social Care and Sport Committee in December .pdf \(senedd.wales\)](#)

2018<sup>29</sup> (see **Figure 2.2** below, *which we have produced as it was published, including its use of MUP rather than MPA*).

- 2.25 For the purposes of this interim report, the authors have translated this starting point into a more comprehensive overall evaluation framework involving, a more developed theory of change with associated logic models. This is consistent with the contribution analysis methodology preferred by the Welsh Government to evaluate MPA in Wales. This methodology is outlined in **Chapter 3** and the detail of how we have evolved the evaluation framework is provided in **Chapter 5**. The versions used by both Welsh Government and our subsequent evaluation have many parallels to those used for the Scottish evaluation of MUP (see **Chapters 5 and 10**).

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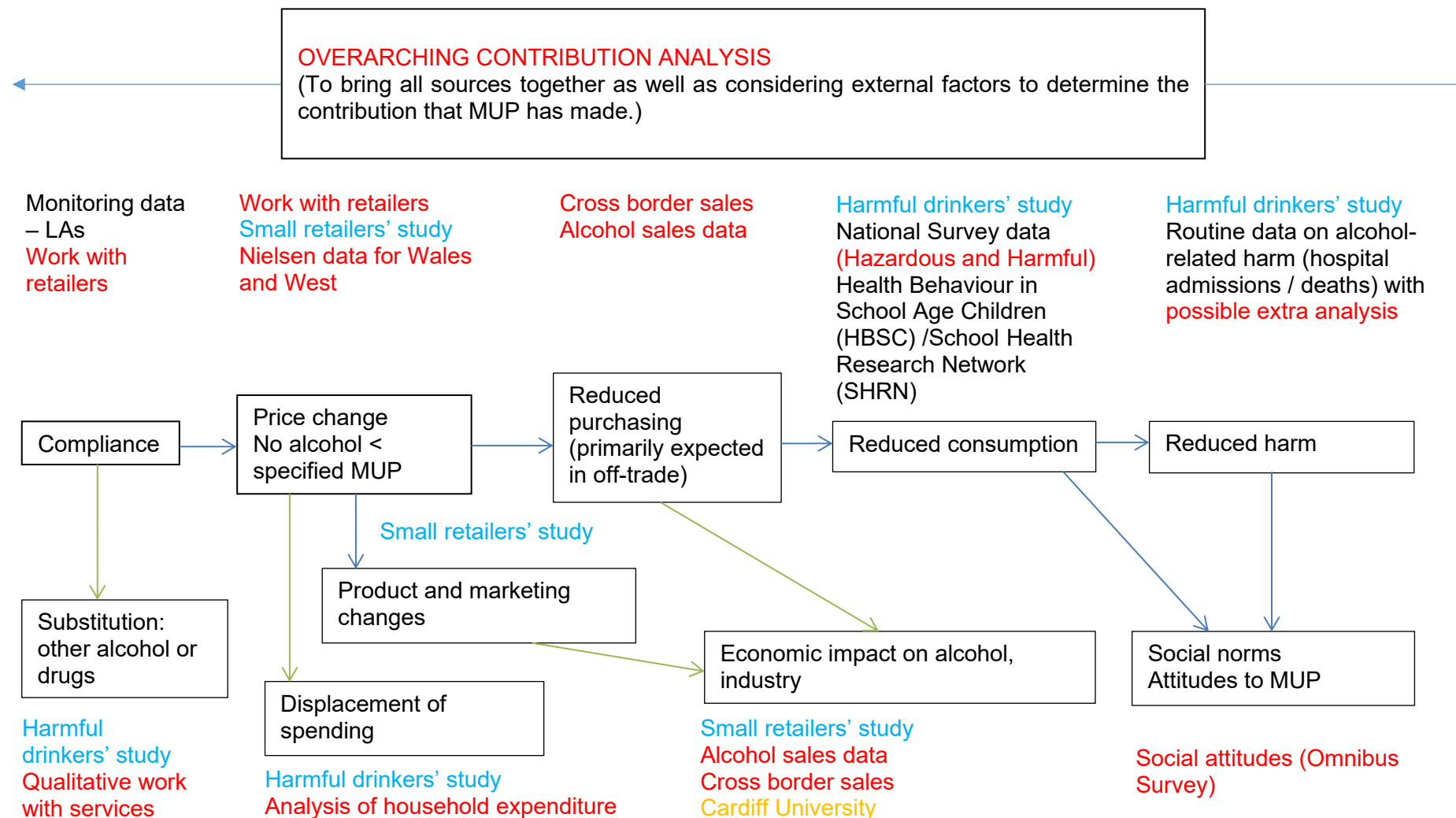
<sup>29</sup> [Letter from Welsh Government to the Chair of Health Social Care and Sport Committee on Minimum Price \(senedd.wales\)](https://www.senedd.wales/letter-from-welsh-government-to-the-chair-of-health-social-care-and-sport-committee-on-minimum-price)



### Figure 2.2: Welsh Government initial Theory of Change - MUP Wales

(Showing existing studies elsewhere and possible additional studies to be commissioned)

NOTE: Text in red outlines work to consider commissioning. Text in blue is a Scottish study.



### 3. Methodology

#### Summary

- Contribution Analysis was the preferred methodological approach identified by Welsh Government in the commissioning process.
- The approach has been previously adopted by the Welsh Government and the research team to evaluate other alcohol and other substance use policies.
- The approach is specifically designed to look at complex system evaluation, where there are multiple actors, actions, and outputs to be considered.
- The methodological approach has stages, these overlap as much as they are linear. The overall evaluation of MPA in Wales is an active on-going process which draws upon several sequential and overlapping considerations (data sources).

#### Introduction

- 3.1 This chapter presents an overview of the methodology of Contribution Analysis.
- 3.2 It is an evaluation methodology that was prescribed by the Welsh Government for this specific commission and is being used by the Scottish Government for the evaluation of their MUP policy (see **Chapter 10**). The Welsh Government, and this report research team, have previously adopted a Contribution Analysis approach for a prior evaluation of the Welsh Government's overall substance misuse strategy<sup>30</sup>.
- 3.3 Contribution Analysis is amongst a group of evaluation methodologies that offer a combination of realist and theoretical elements and often used when

<sup>30</sup> [Review of Working Together to Reduce Harm: Substance Misuse Strategy, 2008 to 2018 | GOV.WALES](#)

evaluating more complex systems of change that involve various direct and indirect actors and actions<sup>31</sup>.

### **Contribution Analysis: Stages of the evaluation process**

- 3.4 Contribution Analysis adopts the following stages<sup>32</sup>:
- (i) Set out the cause-effect issue (or attribution problem) to be addressed.
  - (ii) Develop the postulated theory of change and risks to it.
  - (iii) Gather the existing evidence on the theory of change.
  - (iv) Assemble and assess the contribution story, and challenges to it.
  - (v) Seek out additional evidence.
  - (vi) Revise and strengthen the contribution story.
- 3.5 In essence this means the evaluation takes the given core premise, assumption, or theory of change as the starting point or scaffold for the study. In this case the core premise/assumption is that the existing identification of harms of excessive alcohol use, and the argument that these can be reduced through increasing price which results in reduced consumption.
- 3.6 The ultimate aim of the evaluation is to make some credible claims about the consequence of the related activities. The claims of credibility derive from:
- evidence that planned activities actually took place (i.e. policy was implemented and followed);
  - analysis of expected (and unexpected) results (i.e. the multiple data sources); and
  - accounts of other influencing factors on the results observed (i.e. in this instance what else may account for price increase and changes in alcohol related consumption and behaviour).

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<sup>31</sup> [Livingston et al 2020 The potential of contribution analysis to alcohol and drug policy](#)

<sup>32</sup> Mayne, J. (2011). *Contribution analysis: Addressing cause and effect*. In: R. Schwartz, K. Forss, & M. Marra (Eds.), *Evaluating the complex* (pp. 53–96). New Brunswick, NJ: Transaction Publishers.

### Key activities adopted for this evaluation

3.7 **Table 3.1** below provides a summary of the key activities adopted for this evaluation against the aforementioned six core stages of Contribution Analysis.

**Table 3.1 Activities adopted for this evaluation**

Stages of the process model	Key activities of this evaluation
1. Set out the cause-effect issue (or attribution problem) to be addressed	<ul style="list-style-type: none"> <li>Adoption and adaptation of minimum pricing models and their associated Theories of Change and Logic Models (Welsh Government, Scottish Government, and the Sheffield Alcohol Research Group<sup>33</sup>).</li> </ul>
2. Develop the postulated theory of change and risks to it	<ul style="list-style-type: none"> <li>Identifying assumptions and risks inherent within the modelling, and in particular the Welsh context and version for such.</li> </ul>
3. Gather the existing evidence on the theory of change	<ul style="list-style-type: none"> <li>Synthesising existing literature searches on alcohol policy and minimum pricing.</li> <li>Summarising previous completed and published pricing studies, including those in Scotland.</li> </ul>
4. Assemble and assess the contribution story, and challenges to it	<ul style="list-style-type: none"> <li>Synthesise analysis of the completed and ongoing Welsh MPA evaluations.</li> <li>Examination of other related Welsh data sets.</li> <li>Pay attention to affirming and alternative behaviours and explanations.</li> </ul>
5. Seek out additional evidence	<ul style="list-style-type: none"> <li>Undertake some additional new primary qualitative interviews with key stakeholders.</li> </ul>
6. Revise and strengthen the contribution story	<ul style="list-style-type: none"> <li>Consult on and develop the reporting framework and its associated narrative.</li> </ul>

3.8 As this report has multiple chapters, and incorporates findings from the other studies, the specifics of timeframes, research samples, and data collection methods have been detailed within each of those chapters and their various different elements/studies. This said, in regard to the overall adoption of the contribution analysis methodology, the following observations can be made:

<sup>33</sup> [Sheffield Alcohol Research Group: Publications | ScHARR | The University of Sheffield](#)

- Much of the activity for this report has been completed in parallel to activity in relation to the other components of the evaluation.
- By consequence of the research team being involved in three out of four of these projects it has been possible to have some advanced warning and cross-fertilisation of two of the other projects into this report.
- Welsh Government have also provided timely versions of drafts and final reports related to the retailers' study.
- Two of the research team (AP and WL) have also had parallel involvement in one of the suite of projects informing the Scottish evaluation. Those experiences have also informed and cross-fertilised some of this report.
- Data collection and report writing for this interim stage, has been cumulative over the whole implementation period, with an intensification in the latter stages.

3.9 The key data sources for this overall evaluation can be summarised as:

- (i) international literature;
- (ii) bespoke evaluations of Welsh MPA;
- (iii) other key Welsh alcohol data sets;
- (iv) bespoke new primary qualitative interviews; and
- (v) Scottish evaluations of MUP.

3.10 The need to pay constant regard for the Scottish evaluations<sup>34</sup> is explored in **Chapter 10**.

3.11 In analysing the data this report reflects the adoption of what can broadly be considered as a qualitative approach. Evidence has been explored against a combination of propositional starting points and emerging alternative understandings. This analytical approach was utilised a framework composed of the following considerations:

- (i) policy;
- (ii) implementation;
- (iii) changes in alcohol consumption and purchasing;
- (iv) alternative coping for affordability;

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<sup>34</sup> [Protocol for the evaluation of Minimum Unit Pricing for alcohol \(healthscotland.scot\)](https://healthscotland.scot)

- (v) external factors and influences; and
- (vi) gaps in existing and new evidence.

## 4. Summary of the Literature

### Summary

- There is an increasing body of international literature supporting minimum pricing for alcohol as one of the effective ways of contributing to reducing alcohol related harms.
- A number of reviews of the specific pricing for alcohol policy literature have already been undertaken for and published by Welsh Government.
- The literature highlights a number of core messages about the impact of different price levels and expected changes.

### Introduction

4.1 Over the last decade a significant volume of literature has focused on:

- the different ways to impact on alcohol related harms, i.e. community safety, criminal justice, epidemiology, health promotion, policy, treatment etc.; and
- the role that price and pricing policies play in this picture (See **Appendices 1.1, 1.2, and 1.3**).

Much of this evidence base has supported the Welsh Government's approach and was cited to support the passage of legislative implementation. This report does not repeat the details of those arguments but rather provides:

- a brief summary of the key messages from the literature and expectations of minimum pricing policies; and
- specific references to other summaries and syntheses of the literature, including those explicitly within either the previous Welsh or Scottish MPA/MUP evaluations.

## Price as an effective policy measure

- 4.2 Alcohol policy has for many decades taken a broad problems-based perspective with emphasis placed on prevention and or alleviation of population wide alcohol related harms<sup>35</sup>. As noted in chapter one, responding to those problems, especially treatment, has often sat in other health and social care, including substance use related arguments and strategies. Alcohol pricing policy predominantly sits within such reducing harms discourses. One of the most comprehensive and influential reports on the efficacy of such approaches is the very recent 2022 report on the potential value of minimum pricing from the World Health Organisation (WHO)<sup>36</sup>. They identify pricing policies as among the most effective measures that policy makers can use to address the harms of alcohol. Their research suggests a strong correlation exists between reduction in consumption and harms following the introduction of minimum pricing measures. The core message from this for Welsh Government, seems to be that an alcohol pricing policy, should be amongst one of the measures introduced to help combat the harms of excessive alcohol consumption.
- 4.3 The literature for the evidence for minimum pricing policy comes in three core forms: systematic reviews; modelling studies; and evaluations of real-world implementation scenarios. Systematic reviews highlight a strong effectiveness for alcohol pricing-based policies. Modelling illustrates that the potential impact or effectiveness of pricing increases with any rate of price increase.
- 4.4 It is important to note, as highlighted in **Chapter 2**, that much of this literature acknowledges that within this potential reduction of overall population consumption and associated harms there is likely to be a more pronounced effect on certain populations drinking very cheap alcohol and or with low incomes, thus overall efficacy of the policy may also depend on the use of targeted brief interventions and treatment provision for dependent drinkers (again, see **Chapter 1**, and **Appendices 1.1 and 1.2**).

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<sup>35</sup> [Edwards 1997 Alcohol policy and the public good](#)

<sup>36</sup> [Launch of the WHO/Europe report on minimum pricing of alcohol](#)



4.5 This chapter provides an overview of this detail of the core messages about pricing as an effective policy measure, but also leaves some of the specific evaluation of the Welsh and Scottish real-life implementations to their respective chapters (**Chapters 6 and 10**).

### **Reviews for MPA policy literature for Welsh Government**

4.6 As part of Welsh Government-funded research on MPA, several reviews of the literature relating to the impact of minimum pricing for alcohol have been published to date:

- The first focused on studies investigating the potential for substance switching and other unintended consequences of introducing MPA (Holloway et al, 2019)<sup>37</sup>.
- The second updated that review to include more recent publications and extended it to include studies that had investigated the impact of MPA more broadly (Buhociu et al, 2021)<sup>38</sup>.
- Added to this have been further updates contained within (a) the immediate post implementation/COVID 19 report<sup>39</sup> of the research examining the impact on the wider population of drinkers, and (b) the interim reports both from that study and of the work with services and service users.

4.7 Within the Scottish evaluations there are also some detailed literature reviews of alcohol policy frameworks and more specifically minimum pricing.

4.8 An overview of the potential literature considerations, sources and key themes are identified in **Table 4.1** below. Some of these messages are expanded upon in subsequent chapters, i.e. Welsh and Scottish policy implementation evaluations (**Chapters 6 and 10**), core crime and health

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<sup>37</sup> The 'Switching Study' included a full literature review on this topic covering studies up to and including 2018. [Research into the potential for substance switching following the introduction of minimum pricing for alcohol in Wales \(gov.wales\)](https://gov.wales/research-into-the-potential-for-substance-switching-following-the-introduction-of-minimum-pricing-for-alcohol-in-wales)

<sup>38</sup> [Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers - Baseline \(gov.wales\)](https://gov.wales/assessing-the-impact-of-minimum-pricing-for-alcohol-on-the-wider-population-of-drinkers-baseline)

<sup>39</sup> [Impact of COVID-19 and the minimum pricing for alcohol: impact on wider population | GOV.WALES](https://gov.wales/impact-of-covid-19-and-the-minimum-pricing-for-alcohol-impact-on-wider-population)

data sets (**Chapter 7**), and role of other economic and political actors/factors (**Chapter 8**).

**Table 4.1: Summary of literature themes and headline messages**

<b>Theme</b>	<b>Source type</b>	<b>Messages</b>
Price as a policy mechanism	<ul style="list-style-type: none"> <li>• Policy reviews and research</li> <li>• Systematic evidence reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol pricing policies are an effective approach to reducing alcohol related harms.</li> <li>• Pricing policy approaches need embedding in a broad range of alcohol policy measures.</li> </ul>
Expected changes (prices and consumption) of any policy implementation	<ul style="list-style-type: none"> <li>• Modelling reports</li> <li>• Pre policy implementation studies</li> <li>• Trading standards data</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with and implementation of alcohol polices can be done successfully.</li> </ul>
Actual changes (prices and consumption) post policy introduction	<ul style="list-style-type: none"> <li>• Sales data analysis</li> <li>• Direct reporting (quantitative and qualitative) from drinkers</li> <li>• Retailer based studies</li> </ul>	<ul style="list-style-type: none"> <li>• Prices do change with policy implementation, including significant raise on the very cheap alcohol products.</li> <li>• Price increases lead to modifications in purchasing behaviour and product availability.</li> <li>• Observable reductions in overall population purchasing and therefore assumed consumption.</li> </ul>
Impact on specific populations	<ul style="list-style-type: none"> <li>• Direct reporting (quantitative and qualitative) from specific populations of drinkers and/or professionals working with them</li> </ul>	<ul style="list-style-type: none"> <li>• Many types of drinkers/groups of populations report no impact of minimum pricing (product of choice unaffected, income levels high enough, price not a factor in drinking etc).</li> <li>• Certain populations report difficulty in managing affordability of alcohol with price increase (i.e. dependent or low-income populations).</li> </ul>
Maintaining affordability	<ul style="list-style-type: none"> <li>• Direct reporting (quantitative and qualitative) from specific populations drinkers and/or</li> </ul>	<ul style="list-style-type: none"> <li>• Many drinkers switch between different products and alcohol type to maximise drinking within budget.</li> </ul>

	professionals working with them	<ul style="list-style-type: none"> <li>• Coping mechanisms are often the extension of behaviours that existed prior to policy implementation; i.e. borrowing, using debt, going without food, not paying bills or rent.</li> <li>• Switching from alcohol to other drug use is primarily concerned with those who had prior experience of such.</li> <li>• There is some but limited evidence of crime, illicit and illegal alcohol purchasing, shoplifting etc as a means to maintain affordability.</li> <li>• Some evidence of cross border purchasing for those with income and transport means/opportunity and proximity to the border.</li> </ul>
Expected and actual impact other behaviours	<ul style="list-style-type: none"> <li>• Routine crime, health data sets etc.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>• Wider policy literature</li> <li>• Studies on other economic, health and social care considerations including questions about alcohol use</li> </ul>	<ul style="list-style-type: none"> <li>• The evaluation space is messy: <ul style="list-style-type: none"> <li>○ Affordability affected by benefits, global economies, pandemic etc</li> <li>○ Role of other actors in shaping alcohol policy, drinking behaviour and purchasing practices.</li> </ul> </li> </ul>

## Core messages

- 4.9 The descriptive analysis of the literature has deliberately not been repeated here as it can be found elsewhere. Plenty of signposts to that literature have been provided within the text and footnotes. Further, the three appendices that provide an overview of literature that supports both Chapter 1 and this Chapter (see **Appendix 1.1: Alcohol policy literature**; **Appendix 1.2: Pricing policy formulation**; and **Appendix 1.3: Alcohol industry**) offer clear details and links to some of the principal literature that underpins this brief summary narrative.
- 4.10 In summary the core messages are detailed below.
- Price control is an effective mechanism to reduce consumption.
  - Modelling suggests price control will lead to a reduction in alcohol harms.
  - Pricing approaches need to be embedded in wider holistic alcohol policy approaches
  - Pricing control brings about expected and actual changes in product price and availability.
  - The effectiveness and impact are dependent on the price level set.
  - The policy, whilst affecting all products and thus all populations, is likely to and does impact differently on specific populations.
  - Those heavy drinkers on low incomes are most affected, and will adapt behaviour to manage affordability accordingly.
  - Any pricing policy does not operate in a vacuum and is affected by a range of other economic, political, and social considerations.
- 4.11 The overall literature arguments for and evidence of the potential impact of minimum pricing of alcohol are increasingly well established. The Welsh MPA implementation and its bespoke set of evaluations are now another addition to this picture. As such, the rest of this report, continues the contribution to our evidence and understanding of such.

## 5. Evaluation Framework

### Summary

- Adoption of contribution analysis methodology has led to the development of specific *theories of change* for minimum pricing, which in turn have established associated; *logic models*, *assumptions*, inherent *risks* and regards for wider *alternative considerations* and possible explanations for any potentially observed impacts of MPA in Wales.

### Introduction

- 5.1 This chapter provides an overview of the evaluation framework used within this report. It unpacks the detail associated with core Theories of Change that have validated the arguments for minimum pricing, and in particular the initial one adopted by the Welsh Government (see **Chapter 2**). It then outlines how we have understood the activities, assumptions and risks associated with this and how within the overall theory of change approach a number of considerations and logic models support the analysis. It concludes by offering the specific theory of change adopted for this evaluation (**Figure 5.5**).

### Identification of starting points for MPA Theory of Change

- 5.2 The overall agreed (commissioned) focus of this study and therefore the overall evaluation is to: assess the contribution (if any) that the introduction of MPA in Wales has made to any (measurable and observable) changes in alcohol related behavioural, consumption, and retail outcomes.
- 5.3 This can be considered broadly equivalent to the two summary evaluation questions set by Public Health Scotland [PHS] for the evaluation of MUP:
- To what extent has implementing MUP in Scotland contributed to reducing alcohol-related health and social harms?

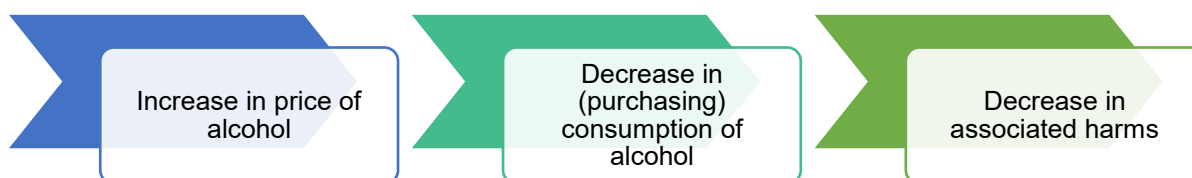
- Are some people and businesses more affected (positively or negatively) than others?<sup>40</sup>

5.4 It therefore becomes clear that any overall evaluation framework needs to have at its core the issues of price, consumption, behavioural, and harm changes, whilst at the same time taking account of the assumptions made regarding explanations of (and confounders for) such changes.

#### *Starting points – Theory of Change*

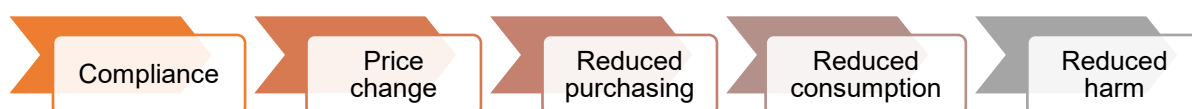
5.5 As noted in chapter two, the core theory of change for alcohol minimum pricing approaches can be reduced to the following assertion:

**Figure 5.1: Basic Theory of Change for alcohol minimum pricing policies**



5.6 These three elements are reflected in the Welsh Government Theory of Change (see **Figure 2.2** in **Chapter 2**), which has at its core five elements, as indicated in **Figure 5.2** below:<sup>41</sup>

**Figure 5.2: MPA core proposition**



5.7 The Welsh Government Theory of Change identified the following set of further considerations:

- *Other potential effects*: substitution of other alcohol and drugs; displacement of spending; product and marketing changes; economic impact on alcohol industry; and social norms/attitudes towards the policy.
- *Specific studies*: ‘harmful drinkers’ and ‘small retailers’.

<sup>40</sup> [The evaluation of Minimum Unit Pricing \(MUP\) for alcohol: Summary \(healthscotland.scot\)](https://www.healthscotland.scot)

<sup>41</sup> [Letter from Welsh Government to the Chair of Health Social Care and Sport Committee on Minimum Pric.pdf \(senedd.wales\)](https://www.senedd.wales)

- *Possible data sources*: monitoring data (Local Authority); Kantar and other alcohol/cross border sales data; National Survey data; routine hospital/deaths data; social attitudes (Omnibus Survey); and analysis of household expenditure.
- *Suggested activity*: qualitative work with services and work with retailers.

5.8 Most of these considerations were then translated out into four explicitly commissioned evaluation studies, which are detailed in **Chapter 1**.

5.9 Alongside these starting points we have also taken cognisance of the following elements of international evidence in order to develop a more detailed Theory of Change (see **Figure 5.5** below) relating to this evaluation of implementation of MPA across Wales, and taking account of the specific considerations underpinning the Welsh MPA evaluation portfolio (see **Chapters 2 and 3**):

- The Sheffield Alcohol Policy Model, as adapted for Welsh Government for the purposes of implementing MPA<sup>42,43</sup>.
- PHS's Theory of Change for MUP (see **Figure 5.3** below) and the full published portfolio of evidence from PHS's MESAS evaluation of MUP programme<sup>44</sup>.
- The detailed Theory of Change outlined in the Scottish *Harmful Drinkers* study<sup>45</sup> (see **Figure 5.4** below) which was a subsequent iteration of the PHS Theory of Change, developed to address specific questions relevant to the study objectives.<sup>46</sup>
- The specific contextual nature of Welsh policies, including alcohol and treatment (**Chapter 2**).

### Figure 5.3: Public Health Scotland's Theory of Change for MUP<sup>47</sup>

<sup>42</sup> [The Sheffield Alcohol Policy Model \(SAPM\) – SARG](#)

<sup>43</sup> [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report Summary \(gov.wales\)](#)

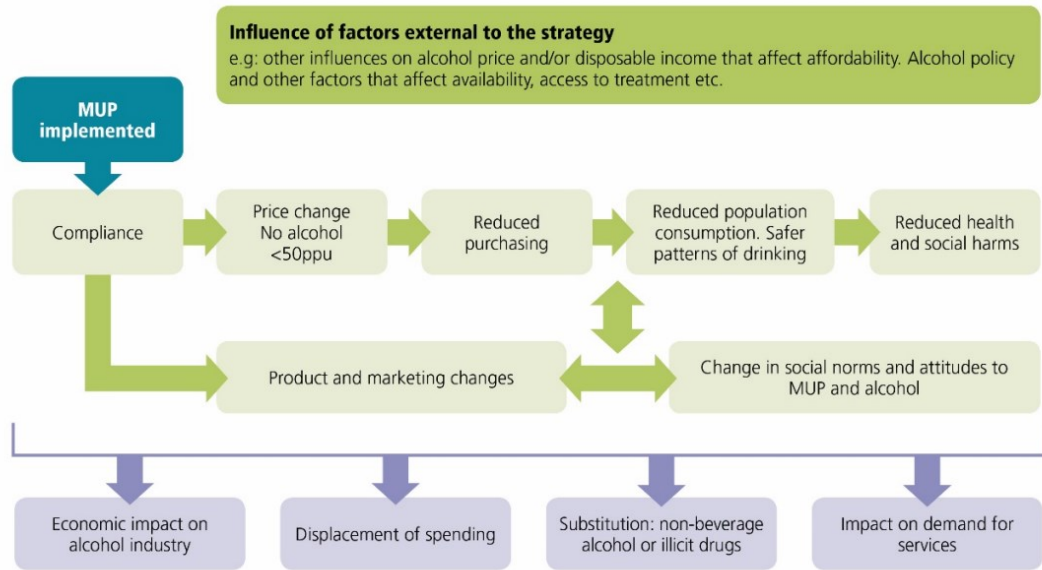
<sup>44</sup> [Evaluation of minimum unit pricing \(MUP\) - Alcohol - Health topics - Public Health Scotland](#)

<sup>45</sup> [Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels - Publications - Public Health Scotland](#)

<sup>46</sup> It is worth noting that any overall minimum pricing policy Theory of Change may be broken down in respect of each of the different constituent elements of any minimum pricing policy. A good example of this might be one associated with hazardous and harmful drinkers or those associated with a treatment-based population. Such an example of this next level of a Theory of Change model is that as developed by Holmes et al. (2022) to support their evaluation of this population within Scotland (see **Appendix 1.2**).

<sup>47</sup> [Protocol for the evaluation of Minimum Unit Pricing for alcohol \(healthscotland.scot\)](#)





**Figure 5.4: Scottish ‘Harmful Drinkers’ study Theory of Change**



5.10 Inherent to the development of theories of change is additional regard to the following considerations:

- clarifying the assumptions behind why the policy/intervention is expected to work;
- defining the associated risks to these assumptions;

- identifying other possible explanations for change;
  - timelines for expected short, medium, and long-term outcomes.
- 5.11 Theories of change have some assumed inputs (activities) and outputs. They also seek to anticipate expected outcomes (impacts).
- 5.12 For the purpose of evaluation, models identify the likely data sources that might explain some or all of the elements. In mapping out the detail of these considerations, a number of *result chains*<sup>48</sup> (that might be referred to as the Logic Models) were used. Examples are provided in **Table 5.3** (below) and within **Appendix 1.4**.

*Starting points – assumptions and risks*

- 5.13 The most obvious assumption for this evaluation and framework is built around the effect of the finally agreed and implemented price in Wales of 50ppu (see **Chapter 2**).
- 5.14 It is worth noting that any given price will have likely modelled effects which are those at the time of the modelling rather than the actual price implementation. In subsequent chapters (**11 and 12**) regard is given to how the chosen value of 50ppu was consciously adopted, to what extent inflation and other cost and price increases undermine any potential impact of this chosen price.
- 5.15 The Theory of Change and any chosen price level have within them inherent **assumptions** (i.e. salient events and conditions necessary, or likely to be necessary, for the specific chain of events to occur – for the prior cause to lead to the subsequent effect), and **risks**: (i.e. salient events and conditions which would likely prevent the Logic Model from following through).

**Table 5.1 MPA Theory of Change – assumptions and risks**

<b>Assumptions</b>	<b>Risks</b>
<ul style="list-style-type: none"> <li>• 50ppu is a sufficient unit price to influence consumption levels, invoke behavioural change.</li> </ul>	<ul style="list-style-type: none"> <li>• 50ppu is an insufficient unit price to influence consumption levels, invoke behavioural change.</li> </ul>

<sup>48</sup> *Results chain* logic models represent a theory of change as a linear process with inputs and activities at the front and long-term outcomes and impacts at the end.

<ul style="list-style-type: none"> <li>• Stable economy and inflation rates.</li> </ul>	<ul style="list-style-type: none"> <li>• Unstable economy and higher levels of inflation.</li> </ul>
<ul style="list-style-type: none"> <li>• Increases in cost per unit of alcohol will lead to reduced consumption (i.e. alcohol consumption is subject to normal demand/supply contingencies).</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol consumption increases despite price increase (other factors more influential).</li> </ul>
<ul style="list-style-type: none"> <li>• The introduction of MPA will be associated with increased awareness of the harms associated with alcohol use and will increase the extent to which safe consumption is on the public, political, and practice development agendas.</li> </ul>	<ul style="list-style-type: none"> <li>• The introduction of MPA does not contribute to any wider harms of alcohol prevention activities or behavioural change.</li> </ul>
<ul style="list-style-type: none"> <li>• Reducing alcohol intake by reducing the number of units of alcohol purchasable for a set budget will lead to positive health and social behaviour changes.</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals will offset an MPA increase in price of current alcohol type by; increase their spend on alcohol, switching to other types of alcohol etc (i.e. no obvious reduction in consumption just because of any price increase).</li> </ul>
<ul style="list-style-type: none"> <li>• Awareness raising activities (by Welsh Government) pre-MPA implementation will lead to a broad understanding that the policy is targeted at hazardous and harmful drinkers.</li> </ul>	<ul style="list-style-type: none"> <li>• Welsh Government messaging about MPA is not received or is misinterpreted.</li> </ul>
<ul style="list-style-type: none"> <li>• The majority of harmful and hazardous drinkers will not seek to maintain their consumption at established levels through other means e.g. work, crime, debt; cross-border shopping, home brew.</li> </ul>	<ul style="list-style-type: none"> <li>• Levels of alcohol consumption are maintained through a range of other harmful behaviours by the majority of hazardous and harmful drinkers.</li> </ul>
<ul style="list-style-type: none"> <li>• There will not be an increase in the use of other drugs as a consequence of higher alcohol prices.</li> </ul>	<ul style="list-style-type: none"> <li>• The introduction of MPA is followed by an increase in the use of other drugs.</li> </ul>
<ul style="list-style-type: none"> <li>• Current trends in alcohol consumption (and related problematic consequences) will</li> </ul>	<ul style="list-style-type: none"> <li>• Future trends in alcohol consumption (and related problematic consequences) are not certain and</li> </ul>

remain relatively stable over a long period.	are subject to change. For example, increase in older, over 50's, and specific populations (homelessness, vulnerable, young etc.).
<ul style="list-style-type: none"> <li>No fundamental changes to law about legality of alcohol or illegality of other drugs (certainly in next 3 years).</li> </ul>	<ul style="list-style-type: none"> <li>Changes in UK alcohol or other drug legislation disrupts the contribution of MPA.</li> </ul>
<ul style="list-style-type: none"> <li>Continuation in the specific availability/sale of strength/size of alcohol products.</li> </ul>	<ul style="list-style-type: none"> <li>Adaptation of strength/size of alcohol products by industry, to keep products attractive and perceived as affordable.</li> </ul>

*Starting points – alternative explanations for change*

5.16 In developing the evaluation framework and considering what additional data might need to be acquired, a framework of other considerations regarding factors that might have negative or positive impact on rates of overall alcohol consumption and purchasing behaviour was also developed.

5.17 These are summarised in **Table 5.2** below.

**Table 5.2: Activities adopted for this evaluation**

<b>Negative impacts</b>	<b>Positive impacts</b>
<ul style="list-style-type: none"> <li>Pushback against a perceived “nanny state” interfering in personal lifestyle choices.</li> </ul>	<ul style="list-style-type: none"> <li>Lowering of recommended drink limits.</li> </ul>
<ul style="list-style-type: none"> <li>Countervailing marketing campaigns run by alcohol industry.</li> </ul>	<ul style="list-style-type: none"> <li>Changing drinking cultures - alcohol consumption reducing amongst young people – and pick up by media.</li> </ul>
<ul style="list-style-type: none"> <li>Reduced availability of credit/borrowing or increased debt.</li> </ul>	<ul style="list-style-type: none"> <li>Increased availability and affordability of low and non-alcoholic drinks.</li> </ul>
<ul style="list-style-type: none"> <li>End of austerity and increased affordability of alcohol, particularly relative to income.</li> </ul>	<ul style="list-style-type: none"> <li>Increased emphasis on social prescribing and wellbeing services.</li> </ul>
<ul style="list-style-type: none"> <li>Shifting public health priorities (increasing focus on dietary risks and obesity).</li> </ul>	<ul style="list-style-type: none"> <li>Media documentary of ‘celebrity’ accounts of difficult drinking and positive recovery/abstinence.</li> </ul>

<ul style="list-style-type: none"> <li>• Dedicated alcohol services being cut and pressure on remaining services.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased availability of self-help information.</li> </ul>
<ul style="list-style-type: none"> <li>• Changes to the 'marketing mix' – production, price, promotion, and place.</li> </ul>	<ul style="list-style-type: none"> <li>• Social movements such as Dry January, Soberistas.</li> </ul>
<ul style="list-style-type: none"> <li>• Political climate e.g. focus on Brexit mean the alcohol strategy being delayed (boundaries of devolution).</li> </ul>	<ul style="list-style-type: none"> <li>• Brexit – increases in wine prices.</li> </ul>
<ul style="list-style-type: none"> <li>• More cultural shift from drinking in pubs to drinking at home.</li> </ul>	<ul style="list-style-type: none"> <li>• Change of view of Westminster Government in favour of alcohol pricing policies.</li> </ul>
<ul style="list-style-type: none"> <li>• Unusually hot weather/global warming.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in range of alcohol specific services.</li> </ul>
<ul style="list-style-type: none"> <li>• Major sporting events of particular Welsh significance and associated drinking e.g. Six Nations rugby/World Cup football.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in alcohol duty from Westminster (i.e. decrease in relative affordability of alcohol).</li> </ul>
<ul style="list-style-type: none"> <li>• Rollout of Universal Credit (larger monthly sums of money) (other benefit changes).</li> </ul>	
<ul style="list-style-type: none"> <li>• No increase in alcohol duty from Westminster (i.e. increase in relative affordability of alcohol).</li> </ul>	
<ul style="list-style-type: none"> <li>• Duty-free returning under a 'no deal' Brexit (i.e. cheaper alcohol available).</li> </ul>	

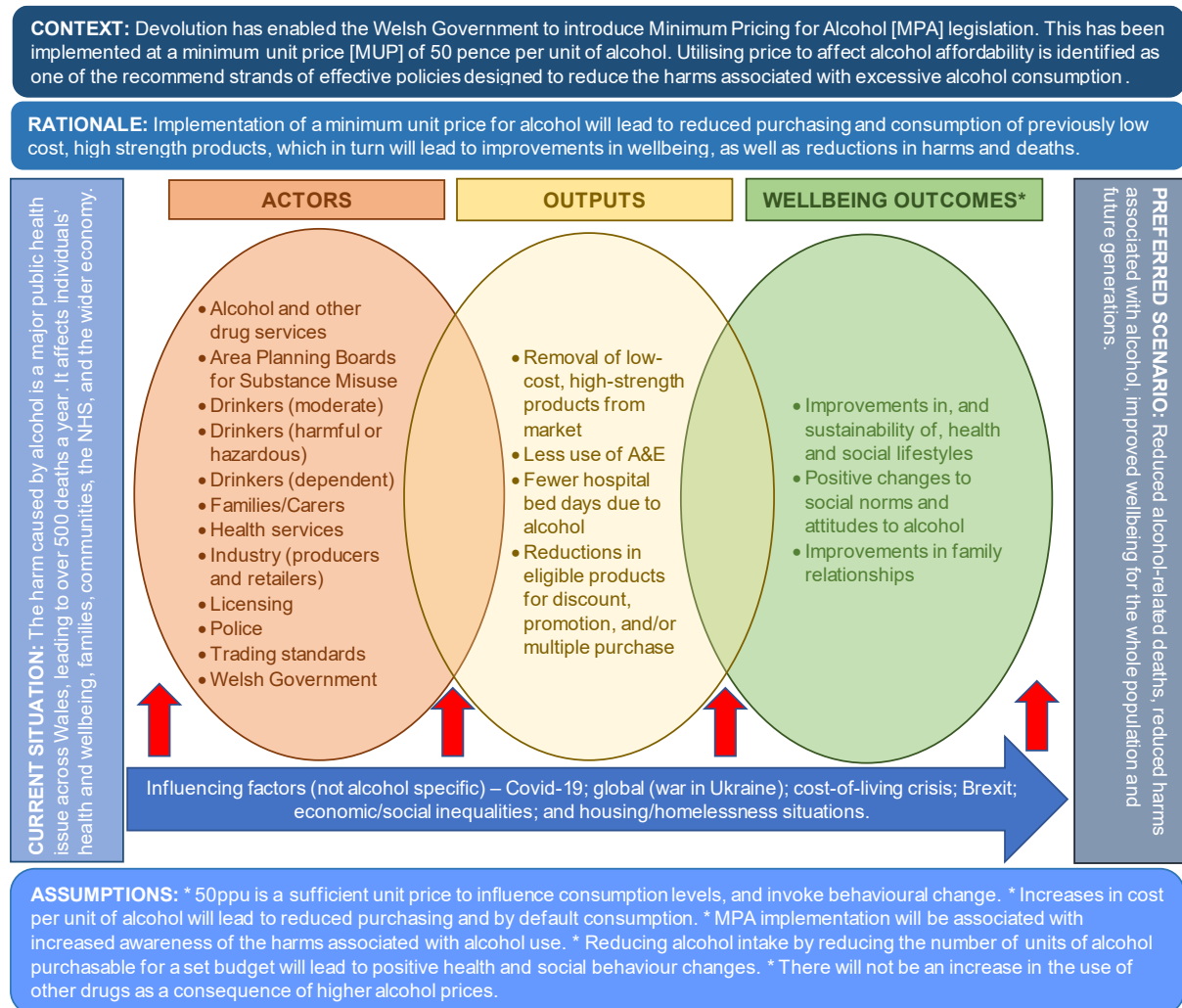
*Starting points – timelines (outcomes)*

- 5.18 Contribution Analysis and other realist evaluations require that the core theory of change is then unpacked into a series of timeline-focused logic models. These have regard for potential intended inputs, outputs and activities, mapping these over time and against potential activities.
- 5.19 In providing a detailed analytical framework to guide our evaluation approach and activities, a number of core logic models were developed by the evaluation team. This included the mapping of activities over time and three time sequenced (immediate, intermediate, and long term) effects, possible data sources and commentary.

## Our Theory of Change

5.20 Our evaluation approach combines all of these considerations into one framework. The overall Theory of Change is reflected in **Figure 5.5** below.

**Figure 5.5: Refined iteration of a Welsh-specific MPA Theory of Change in light of the Contribution Analysis evaluation**



5.21 The logic models consider different activities planned, intended target groups, potentially observable outcomes and anticipated impacts in a series of result chains (per element of the Theory of Change). This is illustrated in the following example of the assumed successful policy introduction.

**Table 5.3 Results chain – example**

<b>Inputs</b>		<b>Outcomes</b>		
<b>Activities</b>	<b>Target groups</b>	<b>Immediate (3 months)</b>	<b>Intermediate (18 months)</b>	<b>Long-term (42+ months)</b>
<ul style="list-style-type: none"> <li>• Introduction of policy</li> </ul>	<ul style="list-style-type: none"> <li>• Whole population (and specific groups within)</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance</li> <li>• Price changes</li> </ul>	<ul style="list-style-type: none"> <li>• Increased profile of alcohol use and harms</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in overall population consumption</li> </ul>
<b>Impact</b>				
<ul style="list-style-type: none"> <li>• Reduction in alcohol related harms</li> </ul>				
<b>Potential Data Sources</b>				
<ul style="list-style-type: none"> <li>• Trading standards data/interviews, Retail data analysis, Omnibus Lifestyle data</li> </ul>				

5.22 These detailed starting points continue to be refined over the evaluation period. Contribution Analysis is not a wholly linear approach and revisiting the understanding and interpretation of the Theory of Change and logic models is an ongoing process informed by the evidence and data gathering processes.

## 6. Lessons learnt so far – Welsh evaluations

### Summary:

- Clear evidence that the policy was successfully implemented, and for the large part with a good level of compliance.
- Support for the policy and tackling cheap products, public health and generational trends, but with expressed concern about impact on dependent and low-income drinkers.
- Evidence of price and product changes.
- Evidence of behavioural changes to maintain and support affordability
- COVID-19 and cost of living consistently cited as complicated factors in shaping consumption, purchasing and associated experiences.

### Introduction

- 6.1 The Welsh Government has directly commissioned a much smaller set of bespoke evaluations than the Scottish Government. These we have introduced elsewhere.
- 6.2 This chapter provides a summary of the other three commissioned projects, their different reporting timelines, their key messages, and a synthesis of shared meta messages.
- 6.3 The Welsh Government also commissioned one other directly related MPA study, a pre-implementation project examining the likelihood of individual drinkers switching substances as a consequence of any increase in the cost of drinking, known as the ‘Switching Study’<sup>49</sup>. This study is also referenced within this chapter.

<sup>49</sup> [Research into the potential for substance switching following the introduction of minimum pricing for alcohol in Wales \(gov.wales\)](https://gov.wales/research-into-the-potential-for-substance-switching-following-the-introduction-of-minimum-pricing-for-alcohol-in-wales)



## Summary of Welsh evaluations

6.4 The specific studies commissioned by Welsh Government have concentrated on the potential impact on drinkers and retailers. Each have a distinct focus and these are summarised in **Table 7.1** below.

**Table 6.1: Summary of Welsh MPA evaluations**

Study	Summary
<ul style="list-style-type: none"> <li>Switching study</li> </ul>	<ul style="list-style-type: none"> <li>Pre-implementation study with service users and service providers to explore the extent to which switching between substances may be a consequence of introducing the Public Health (Minimum Price for Alcohol) (Wales) legislation.</li> </ul>
<ul style="list-style-type: none"> <li>Contribution Analysis (<b>this report</b>)</li> </ul>	<ul style="list-style-type: none"> <li>An overall synthesis study exploring potential impact of the legislation and the range of other considerations that might have affected implementation.</li> </ul>
<ul style="list-style-type: none"> <li>Retailers study</li> </ul>	<ul style="list-style-type: none"> <li>Specific study exploring quantitative sales data and qualitative interviews with a range of retailers.</li> </ul>
<ul style="list-style-type: none"> <li>Treatment population study (service users and service providers)</li> </ul>	<ul style="list-style-type: none"> <li>Specific study assessing both the experience and impact of MPA on service users (harmful, hazardous, and dependent drinkers) and services across Wales (including exploring the extent to which switching between substances may have been a consequence of the legislation and the impacts of minimum pricing on household budgets).</li> </ul>
<ul style="list-style-type: none"> <li>Wider population study</li> </ul>	<ul style="list-style-type: none"> <li>Specific study assessing the impact of the minimum price for alcohol legislation on the wider population of moderate, hazardous and harmful drinkers.</li> </ul>

The detail of which agency leads against which study and who are the principal investigators can be found in **Appendix 1.5**.

6.5 The four projects have each been commissioned within a broad longitudinal time frame. This has had regard for pre-baseline data collection, post-implementation activity, interim reports (this stage summer/autumn 2022) and final reporting. The overall evaluation was set to have final data collection at 42 months post implementation (December 2023), with final reports within six months of this (June 2024). The detail of these timelines set against each individual project is found in **Appendix 1.6**.

6.6 As a consequence of the pre- and immediate post-implementation activity a number of the studies have already had published reports and journal articles made available to the public. The detail of these can be found in **Appendix 1.7** and are summarised below.

**Table 6.2: Summary of published Welsh MPA evaluation reports and literature**

Study	Published/publishing status
'Switching study'	<ul style="list-style-type: none"> <li>• <a href="#">Final Project report on Welsh Government website</a></li> <li>• Journal article available</li> </ul>
'Contribution Analysis study'	<ul style="list-style-type: none"> <li>• Interim report (this study)</li> </ul>
'Retailers study'	<ul style="list-style-type: none"> <li>• <a href="#">Baseline report on Welsh Government website</a></li> <li>• <a href="#">Interim report (submitted)</a></li> </ul>
'Treatment population study'	<ul style="list-style-type: none"> <li>• <a href="#">Interim report (submitted)</a></li> </ul>
'Wider population study'	<ul style="list-style-type: none"> <li>• <a href="#">Baseline report on Welsh Government website</a></li> <li>• <a href="#">Immediate post-implementation report on Welsh Government website</a></li> <li>• <a href="#">Interim report (published)</a></li> </ul>

NOTE: Reports are published on the [Statistics and Research pages](#) of the Welsh Government website

6.7 The authors of this report have had access to all three of the above interim reports prior to their publication, and thus able to take account of them within this report. The remainder of this chapter provides a summary of key messages from each study and then a synthesis of relevant meta headlines.

### Summary of key findings to date from each evaluation

6.8 Each of the previously published reports have provided a substantive level of detail, and it is not appropriate to over repeat such here. Instead we have provided a tabulated summary of the key findings from the pre (**Table 6.3**) and post (**Table 6.4**) implementation elements that will have all been published prior to this report.

*Pre-implementation***Table 6.3: Summary of key messages from pre-MPA implementation evaluations**

<b>Study</b>	<b>Key messages</b>
'Switching study'	<ul style="list-style-type: none"> <li>• Most likely anticipated switching was within alcohol products and brands rather to any other drug type.</li> <li>• An anticipated adaption of existing behaviour to maintain affordability/prioritise alcohol; going without food, not paying bills, borrowing etc.</li> <li>• Switching to other drugs most likely with those already using a mixture of substances rather than alcohol only.</li> <li>• Switching, if it happens, mostly likely to benzodiazepines.</li> <li>• Generally very little awareness of the impending implementation and MPA policy, and therefore a lack of any preparation.</li> <li>• Some expressed concerns about the potential impact of intensifying coping mechanisms, especially increased financial strain and impact on wider family members.</li> <li>• Some specific concern about potential increase in adverse behaviours such as moves to stronger alcohol consumption, increase in crime (notably shoplifting).</li> </ul>
'Retailers study'	<ul style="list-style-type: none"> <li>• Awareness of the policy among retailers varied.</li> <li>• Awareness and preparation greater amongst chain retailers.</li> <li>• Preparation actions included checking prices against the MPA, training staff, alerting customers, and adjusting stock.</li> <li>• Some retailers expected to benefit through increased competitiveness, others saw a risk of falling sales.</li> <li>• Expectation that retailers close to the English border, and those selling low-price alcohol, would be the ones most negatively affected.</li> <li>• Impact expected to be minor and short lived.</li> <li>• Support that policy could reduce harmful consumption, but scepticism of this at 50ppu price level.</li> <li>• Some speculation that people on low incomes with alcohol dependency would continue to buy alcohol anyway - leaving them with less money for essentials – or would turn to shoplifting.</li> </ul>

' Wider population study'	<ul style="list-style-type: none"> <li>• Mixed level of awareness of MPA policy. Attitudes towards policy were supportive for general population impact but with concern of cost implications for certain drinkers.</li> <li>• Little sense of any preparation for the impending implementation.</li> <li>• Substance switching considered unlikely.</li> <li>• Most drinkers thought it unlikely that their drinking patterns would change as a result of MPA. (Alcohol as affordable or perceived need for drinking).</li> <li>• Sense of and concern that MPA would broadly impact on the dependent group of drinkers only. Specific concerns included; impact on households, increase in acquisitive crime and impact on relationships.</li> </ul>
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*Immediate post implementation*

**Table 6.4: Summary of key messages from post-MPA implementation evaluations**

<b>Study</b>	<b>Key messages</b>
'General population and COVID-19'	<ul style="list-style-type: none"> <li>• Literature analysis and new data collection reflects the period March to December 2020, up to 9 months after MPA implementation.</li> <li>• Both literature and interviews highlighted that (a) COVID-19/lockdown reduced overall population levels of drinking due to closure of on sales from pubs and restaurants; and (b) individuals' consumption was reported as increasing for some, decreasing for others and no obvious change for the rest.</li> <li>• The experience of COVID-19 and the associated lockdown provided opportunity for changes in drinking and purchasing behaviour.</li> <li>• Many interviewees had noted Welsh Government and other media publicity about the impending implementation of MPA, although there was little evidence of preparing for the policy change, including the anticipated activity of stockpiling.</li> <li>• In the interviews, there was little notice of MPA and price changes among this population, post March 2020, reflecting a) restrictions of lockdown and b) products of choice not affected by the price change. However changes in price and</li> </ul>

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	<p>availability of strong ciders was noticed among some of the respondents.</p> <ul style="list-style-type: none"> <li>• In all but one case interviewees identified that any changes to drinking were directly attributed to COVID-19.</li> <li>• The data confirmed previous study predictions about the noticeable impact and or change in behaviour to maintain affordability was limited to a small number of more dependent and or low-income individuals. Affordability was maintained through the adaption or extension of existing rather than new coping strategies. Instances of the anticipated negative response of say shoplifting or other crime were rare.</li> <li>• Switching to other drugs only happened for the small numbers with prior experience of using multiple substances.</li> <li>• ‘The general consensus of opinion was that MPA had made little difference to our interviewees’ lives’ (p76).</li> </ul>
<p>‘ Retailers study (Interim report)’</p>	<ul style="list-style-type: none"> <li>• Moderate improvement in retail awareness and understanding of policy since baseline.</li> <li>• Continued broad support and agreement for the policy but concern about how it was affecting the poorest, and this being exacerbated by recent increases in cost of living.</li> <li>• Policy only found to impact a few/limited number of products.</li> <li>• Sense among retailers that the policy had increased competition between smaller retailers and larger chain retailers.</li> <li>• COVID-19 has had a significant impact on business, and affected early preparations and implementation.</li> <li>• Cost of living increases made alcohol price increase less noticeable.</li> <li>• The report included quantitative data, using two datasets and relevant outcomes through a Controlled Interrupted Time Series approach and comparisons between England and Wales. Apart from marked price increases for cider and subsequent reduced sales in Wales, the majority of the quantitative tests showed no statistical significant difference for the measure sin Wales compared to those in England.</li> </ul>
<p>‘ Treatment population study (Interim report)’</p>	<ul style="list-style-type: none"> <li>• Most individuals usually found a way to maintain drinking habits, although slightly reduced consumption was noted for some. Service providers noted a swap of purchasing</li> </ul>

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among drinkers to stronger alcohol products and cheaper brands.

- Many individuals were already engaged in significant economic sacrifices to maintain the affordability of alcohol, prior to any MPA implementation.
- Any changes in drinking or other behaviours was often linked to many factors and not MPA. COVID-19 and the cost of living crisis were often cited.
- The interviews often highlighted a lot of unmet, health, economic, social support, and alcohol treatment needs across the sample.
- There was limited reporting of anticipated crime, e.g. shoplifting and other negative responses to MPA. Service providers reported some increases in other drug use, notably the use of 'street' Benzodiazepines.
- Many individuals and service providers considered MPA as punitive and targeted at people who drink dependently. This shaped attitudes of support for and (mis) understanding of the policy.
- Respondents also commented on a lack of, pressure upon or reductions in complementary health, alcohol treatment and wider social support services.

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'Wider population study (Interim report)'

- Majority of respondents were aware of the policy, but light on demonstrating a detailed understanding of it. Attitudes were favourable for its potential in terms of long-term change, and negative in regard to concerns for the immediate impact on dependent drinkers.
  - Observations on price and availability of alcohol repeated those of earlier studies. For those whose drink of choice was not affected by MPA or with sufficient income any price change not noticed. For others the price change was seen in strong alcohols, notably cider. The absence of some special offers in Wales, as compared to England, was observed by some. Few participants noted any change in the availability of alcohol products.
  - The majority of drinkers in this study continued drinking at the same frequency and quantity as they had before MPA had been implemented (drink of choice not affected or not drinking enough to be impacted upon).
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- Among the few reporting changes in their drinking, were accounts of both increases and decreases, with the most commonly cited reasons being health or COVID-19 related.
  - There were a small number of cases where MPA was a clear instigator for change.
  - Changes in drinking behaviour among a small number of high risks drinkers indicated switching from strong white cider to spirits either alone or in combination with wine and strong lagers.
  - Any reported changes in expenditure on alcohol were most commonly related to COVID-19 and the increasing cost of living rather than MPA.
  - Many drinkers were able to absorb any price increases, for the smaller number who could not, affordability was maintained by extending existing coping behaviours like: shifting their household budgets to free up money for alcohol, cross-border shopping, online shopping, shoplifting, and in one case home brewing.
  - Very few drinkers reported any changes in their use of other substances, i.e. most drinkers had not used illegal drugs before and had not started to do so in the past two years.
  - A smaller number of individuals with previous reference of other drug use, reported they continued to do so post MPA implementation.
  - For the majority of drinkers, MPA had little or no effect on their personal lives.
  - Some drinkers reported improvements in their health following MPA as the increase in price had encouraged them to stop drinking or cut down their intake.
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## Summary of meta messages

### *Policy*

- 6.9 Whilst awareness of the policy appears to have picked up with implementation, the level of detailed understanding remained limited across all groups of drinkers, service providers, and retailers.
- 6.10 All groups were broadly supportive of the policy and its potential to reduce harm and change generational behavioural trends.
- 6.11 There was concern expressed throughout all the evaluations for the pronounced impact on the heaviest drinkers with low incomes.
- 6.12 In 2023 the Welsh Government published a report which analysed findings from both the 2018 and 2020 waves of the Wales Omnibus Survey with regard to public attitudes to, and awareness of, MPA in Wales. The report showed that awareness and support for MPA increased from 2014-2020. There was a significant minority who had a more negative attitude towards MPA and who thought it would not necessarily make any difference.

### *Observed impact on alcohol behaviour, consumption, products and purchasing*

- 6.13 Most drinkers appeared to be unaffected by MPA at the 50ppu price level. By consequence there was no reporting for the majority of any changes in behaviour.
- 6.14 Changes in behaviour were noted and marked in the smaller number of high risk or dependent drinkers. And even more so where they also had low incomes.
- 6.15 Most marked in the changes observed was that of a switch away from the previously cheap cider products towards spirits, wine, and strong lagers.
- 6.16 For those struggling, the maintenance of affordability was usually achieved through the extension of existing coping mechanisms. Typical of which would be going without food or paying other bills.
- 6.17 Whilst there was reporting of some other drug use, crime, and other extended negative consequences, these were for the minority of mostly



dependent drinkers rather than all, and were often compounded by COVID-19 related experiences.

*COVID-19 and cost of living increases*

- 6.18 Reporting post-implementation has consistently highlighted COVID-19 and cost of living increases as playing a very significant role in behaviour changes and choices.
- 6.19 COVID-19 has had a significant and varied impact on individuals' drinking behaviour and consumption.
- 6.20 The cost of living increases have made any price increases less noticeable.
- 6.21 The two years since implementation were reported to have negatively impacted on the availability of service provisions, often with COVID-19 restrictions and resource squeezing being cited as the causal factors.

## 7. Other Welsh Data

### Summary:

- Some indications of MPA impact on consumption if sales used as a proxy measure, but less so when drinkers are directly asked.
- Increases in alcohol-attributable deaths likely to be due to a multiple of factors rather than any lack of efficacy of MPA.
- Reductions in alcohol related hospital admissions, although likely to be due to a multiple of factors rather than a huge efficacy impact of MPA.

### Introduction

7.1 As has been previously noted the Welsh Government's intention for MPA was to target those considered as hazardous and harmful drinkers. Namely those drinking at potentially risky levels rather than those whose levels of consumption are especially high and consistent with treatment. Among the indicative outcomes of modelling was the suggestion of reduction in alcohol-related illness, alcohol-attributable deaths, and alcohol-attributable hospital admissions. This chapter explores some of the Welsh specific data that reflects the trends over the last few years, including since the introduction of MPA, against some of these measures.

### Alcohol consumption

7.2 The pre-MPA implementation picture suggested that:

- Between 2016-2019, 60% of drinkers in Wales were identified as moderate, with approximately 15% as harmful, and 2% as hazardous<sup>50</sup>.
- In 2017 one in five adults in Wales were drinking more than 14 units (i.e. above recommended UK guidelines<sup>51</sup>).

<sup>50</sup> [National Survey for Wales 2016-17 to 2018-19: alcohol consumption prior to introduction of minimum price \(gov.wales\)](#)

<sup>51</sup> [Adult lifestyle \(National Survey for Wales\): April 2016 to March 2017 | GOV.WALES](#)

- Recent (2020) Wales Omnibus survey data identified 10% of respondents drinking four or more times per week. It highlighted very slight variations in patterns of frequency and volumes of consumption from 2014. It continues to show that older men represent the drinkers who are most at risk<sup>52</sup>.

### 7.3 The post-MPA implementation picture suggests that:

- The previous chapter has established that those drinkers surveyed and interviewed in other components of the evaluation have suggested that MPA has had little effect on their alcohol consumption.
- The 2021-2022 National Survey for Wales highlights that 16% of adults reported that they drank more than the weekly guidelines. While this might imply a small reduction on the above 2017 one in five figure, it can't be directly compared to the previous National Survey data due to changes in methodology and questions asked<sup>53</sup>.
- Alcohol Change also reported a survey of 1,000 drinkers that suggested the vast majority (92.5%) did not reduce their drinking as a consequence of MPA<sup>54</sup>.
- In addition and highlighted in **Chapter 8**, it is clear that COVID-19 has also impacted on patterns of alcohol consumption.

### 7.4 The previous chapter has demonstrated the early impact on reduced Welsh sales (often used as a proxy for consumption), as established in the 'Retailers study'. Other studies have also identified this, concluding that the introduction of MPA in Wales brought about an immediate (positive) effect on alcohol sales<sup>55</sup>. Welsh data compared to that of western England indicated an 8.2% price increase, and a purchase decrease of 8.6% following the introduction of MPA<sup>56</sup>. Similar pictures have been highlighted in **Chapter 10** for Scotland too.

<sup>52</sup> [the report](#) included data on alcohol consumption measured by using the three AUDIT C questions. These were collected on a six-monthly basis between 2020 and 2022

<sup>53</sup> [National Survey for Wales 2021-2022](#)

<sup>54</sup> [Press release: Alcohol Change UK](#)

<sup>55</sup> [Wales' drinking habits: \(senedd.wales\)](#)

<sup>56</sup> [Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses - The Lancet Public Health](#)

## Alcohol-related deaths

7.5 According to the modelling undertaken by the Sheffield Alcohol Research Group [SARG] in 2018, a 50ppu minimum price would lead to 66 fewer alcohol-attributable deaths<sup>57</sup>. The modelling identifies a significant time lag (20 years) for some health conditions between changes in drinking and changes in negative health income. We are unlikely therefore to see any such results during the initial period of the legislation and first four years of evaluation.

7.6 However, it is clear that over the last three years, including the period since the introduction of MPA, that reports on alcohol deaths in Wales, and those accounting for both England and Wales, show a notable increase in the number of alcohol-related deaths. The detail of the links and evidence for this picture are provided in **Appendix 1.8**.

### *Overview of current statistics*

7.7 Key statistics in relation to current levels of alcohol-related deaths are:

- In 2020 alcohol-specific deaths in Wales rose by 18.2%.
- 2020-21 statistics indicate another such rise of around 7%.
- Similar rises in death rates are noticeable in England and Scotland.
- The rate of alcohol-specific deaths is significantly higher for males than females.
- In the period 2015-2020 alcohol-specific deaths in Wales were highest in the most deprived areas. With the five-year average for males being approximately 20% higher in the most deprived area compared with the least.
- Alcohol-specific deaths in Wales are concentrated within the urban populations of the south and north of the country.
- Recent rates of deaths are most marked in their volume and increases among those aged 45-69.

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<sup>57</sup> [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales:](#)  
Final report

- Recent rates of deaths in Wales are slightly higher than those for England, but noticeably lower than those for Scotland and Northern Ireland.

Despite this current statistical increase, it is important not to lose sight of the fact that long-term trends for alcohol-related deaths show a decline<sup>58</sup>.

- 7.8 There are perhaps a range of factors therefore that might account for these increases rather than suggesting any ineffectiveness of MPA itself.

*Other factors possibly accounting for rises in number of deaths*

- 7.9 One of the difficulties in establishing clarity about any increase in death related statistics is accounting for other possible explanations for any such increase, rather than just any level of consumption, even for those recorded as alcohol-related deaths. Two notable factors contributing to increases in deaths of this period have been austerity (deprivation) and COVID-19.

- Mortality rates across the UK stopped improving in the early 2010s. Increasing death rates have been observed amongst the poorest across the UK since 2010. A growing evidence base has attributed these changes to UK Government's austerity policies which have cut both the income of the poorest and a range of important public services<sup>59</sup>. In Scotland alcohol attributed deaths were 5.6 times as likely in the most deprived areas of Scotland compared to the least deprived areas. This is more than the deprivation gap for all causes of death, which is 1.9<sup>60</sup>.
- Up to 16<sup>th</sup> September 2022, a total of 10,814 deaths involving COVID-19 had occurred during the pandemic in Wales. The pandemic has resulted in about 139,000 excess deaths in England and Wales by 29<sup>th</sup> July 2022, and it has caused the biggest fall in life expectancy since World War II<sup>61</sup>.

<sup>58</sup> [Alcohol deaths rise sharply in England and Wales | The BMJ](#)

<sup>59</sup> [Bearing the burden of austerity: how do changing mortality rates in the UK compare between men and women? | Journal of Epidemiology & Community Health \(bmj.com\)](#)

<sup>60</sup> [Alcohol-specific deaths, 2021, Report \(nrscotland.gov.uk\)](#)

<sup>61</sup> [Deaths from COVID-19 \(coronavirus\): | The King's Fund \(kingsfund.org.uk\)](#)

### **Hospital admissions**

- 7.10 According to the modelling undertaken by SARG in 2018, MPA at 50ppu would eventually (after 20 years) lead to 1,281 fewer alcohol-attributable hospital admissions per year<sup>62</sup>.
- 7.11 In 2015-16 alone, there were 54,000 hospital admissions in Wales attributable to alcohol. Alcohol-attributable hospital admissions cost the NHS an estimated £120 million a year<sup>63</sup>.
- 7.12 Alcohol attributable hospital admissions in Wales showed a marked drop for 2020-2021 (23%). However, it should be noted that other hospital admissions were also significantly reduced for this period, probably due to the impact and restrictions of COVID-19<sup>64</sup>.

### **Inspections – Licensing**

- 7.13 Between March 2020 and March 2022 Trading Standards Wales had inspected 3,013 of the 3,157 premises registered with licenses to undertake off sales of alcohol. This represents an equivalency of 95.44% of sites visited in Wales. The inspections were undertaken with an emphasis on supporting implementation. As such inspectors highlighted with retailers some minor under minimum price selling (usually incorrect price compared to volume calculations), almost all of which was corrected on a second inspection. This period only saw six fixed penalty notices issued where a second inspection continued to highlight retailers not complying with MPA.<sup>65</sup>

### **Alcohol Change Cymru**

- 7.14 Alcohol Change Cymru has undertaken a series of analyses comparing the prices of a selection of popular alcoholic drinks in supermarkets in England and Wales in 2019, 2020, and 2022. The data and summary reports have been made available to Welsh Government and MPA research teams.
- 7.15 This data has been really useful, in that it has demonstrated a clear level of compliance in the post-implementation prices observed. Further it has

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<sup>62</sup> [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report](#)

<sup>63</sup> [Plenary 24/10/2017 - Welsh Parliament \(assembly.wales\)](#)

<sup>64</sup> [Wales' drinking habits: how much has changed since minimum pricing for alcohol? \(senedd.wales\)](#)

<sup>65</sup> Summary from information provided by Head of Trading standards in interview for chapter 9.

provided detail that has shown which products have increased in Wales as a consequence of MPA, but also those that have not. The detail of their reports also continues to show significant nuance and variation among the key headlines or messages.

- They were able to identify a range of beers, ciders, spirits, and wines that in November 2019 were all available for a below 50p per unit price.
- In 2020 they were able to observe that some products, notably strong ciders and lagers, were no longer available for sale.
- In addition, they observed that supermarkets had introduced a much larger range of 350ml and 500ml spirit products to enable them to be sold at certain key price points (e.g. 500ml for £9.99).
- By 2022 this trend of smaller bottles of spirits appeared to have largely been reversed.
- More generally by 2022 most supermarkets appeared to be selling own brand spirits exactly on the 50ppu price point (i.e. a consistent price of £13.13 per 700ml and £18.75 per litre).
- In addition, by 2022 they recorded a range of reductions in ABV of certain products to help keep their price at a lower level.
- Finally, some products that had initially disappeared in 2020 had returned to the Welsh shops by 2022.

7.16 In reviewing the cumulative data for the three years, Alcohol Change Cymru have noted the following important additional observations.

- The survey data disproves the idea that all alcoholic drinks in Wales are either priced the same as, or are more expensive than, those in England. For example, a 70cl bottle of [Brand] Gin at [Supermarket] in England is priced at £16 (61p per unit); at [same Supermarket] in Wales, it is available for £13.30 (50p per unit). Therefore, there are alcoholic drinks available in England being sold below the 50ppu MUP threshold and that are sold exactly at the 50ppu per unit threshold in Wales; but there are also occasions where alcoholic drinks are already priced above the 50ppu threshold in England, but are sold exactly at the 50ppu threshold in Wales.

- The impact of MPA on multiple discount or multi-buy prices and products available. In their survey, the cheapest item per unit for sale in England is [Brand] cider at 27p per unit, as part of a multi-buy deal where 36 cans (three cases of 12 x 440ml cans) are available for £18.99. The equivalent product in Wales would have to be priced at £35.64 but was not available for purchase. Overall, they noted that in England stores there were 21 multi-buy deals recorded, compared to only five in Wales.
- More generally that some prices have continued to remain stable or even decrease where they might have been expected to at least increase under inflation. They found that the prices of many of the alcoholic drinks in 2019 are unchanged in 2021, or priced slightly cheaper. For example, four cans of [Brand] lager at [Supermarket] was priced at £3.60 in December 2019. In December 2021, the product is £3.49 in England and £3.52 in Wales.



## 8. Other factors

### Summary

- Implementation of MPA was immediately followed by COVID-19, which has had a significant impact on alcohol consumption and purchasing behaviour.
- The alcohol industry is an influential actor, whose activities are often in discord with those of a harm reduction agenda.
- The media has a role in shaping, positively or negatively policy framing and public health messaging.
- There is evidence of cross-border shopping, although this represents a small fraction of overall sales.
- Personal and societal economic contexts directly impact on relative affordability of alcohol.
- Alcohol tax duty has remained relatively low or frozen and as such increases the relative affordability of alcohol.

### Introduction

8.1 As has been established through the preceding chapters alcohol consumption, policy, and treatment does not take place in a vacuum. It is influenced by a range of factors. One of the most striking differences between the timing of the Scottish implementation and that in Wales, is that the latter was very proximate to the COVID-19 outbreak and has continued into the 2022 ‘cost of living crisis’. Along with these two huge confounding scenarios, it is also important to take regard for other influences on the possible impacts being observed (or not). These include regard for the role of the alcohol industry and media, and include a range of other economic and social policy considerations. This chapter explores some of these wider contribution matters<sup>66</sup>.

<sup>66</sup> The multiplicity of influences on a single health related behaviour, is clearly illustrated in the [Foresight](#) mind map on obesity.

## COVID-19

- 8.2 The extent of the wider impact of COVID-19 on Welsh society, health and services is well documented. The Welsh Government provides an interactive COVID-19 online dashboard<sup>67</sup>. This identifies a range of predominantly adverse impacts on: deaths; NHS activity; the economic and labour market; and society/public services. COVID-19 has<sup>68</sup> also had a number of specific interactions with individuals' alcohol consumption and purchase behaviour; most notably affecting consumption, restricting and changing opportunities to purchase, impacting on income and affordability, and providing different motivations and opportunities to drink. It has further resulted in a number of changes to the nature of support service provision for those seeking help in relation to their drinking and other health and social needs. This was recognised in a revised version of the Welsh Government Substance Misuse Delivery Plan<sup>69</sup>. These have been particularly marked and negative amongst certain groups (i.e. people who use drugs<sup>70</sup>, and those experiencing homelessness<sup>71</sup>).
- 8.3 It is impossible to escape that the immediate implementation of MPA in Wales coincided with the explosive impact of COVID-19 and the move to a first full national lockdown (i.e. both events occurred in March 2020). The very nature of these as co-occurring events led the Welsh Government to commission an additional and specific report from the project looking at the impact on the wider population of drinkers to evaluate this immediate proximity and any observable interactions and impact<sup>72</sup>. The key messages from that report are noted in **Chapter 6** above, and also includes a specific literature review of the impact of COVID-19 on alcohol consumption<sup>73</sup>.

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<sup>67</sup> [COVID-19 in Wales: interactive dashboard | GOV.WALES](#)

<sup>68</sup> We deliberately use the present tense. In that at the time of writing (summer 2022) whilst the wider societal practice has a sense of some 'return to normal' individuals continue to be exposed to the virus and its long-term effects, and the nature of any third winter experience is not yet known.

<sup>69</sup> [Substance-misuse-delivery-plan-2019-to-2022. \(gov.wales\)](#)

<sup>70</sup> [Bancroft et al 2022 Illicit economy in time of COVID](#)

<sup>71</sup> [Nyamathi et al 2022 Perceptions of Homeless Adults and Their Providers on Coping With the Impact of COVID-19 Pandemic on Mental Health, Substance Use, and Harm Reduction Services](#)

<sup>72</sup> [Impact of COVID-19 and the minimum pricing for alcohol: impact on wider population | GOV.WALES](#)

<sup>73</sup> [Impact of COVID-19 and the minimum pricing for alcohol: impact on wider population | GOV.WALES](#)

- 8.4 One of the messages, that has then remained constant over the last two years, is that COVID-19 has been a much bigger ‘event’ than the introduction of MPA. This message was also clearly heard from the individuals interviewed specifically for this study (see **Chapter 9**). It is easy to conclude that to a greater extent it has overshadowed the implementation of MPA. It has been a huge preoccupation for individuals, ministers, and service providers. This has meant that the evaluation of the impact of MPA in Wales has not perhaps had the same clean window or focus as that of Scotland’s MUP introduction, although of course it can still be argued that England can be used as a ‘control’ (i.e. it experienced COVID-19 but did not have MPA).
- 8.5 It has quite simply made ‘unpicking’ data and being able to make any observable consequences of the policy beyond those of compliance, price, and product change, very difficult and increasingly obscured. As noted below, the role of individual affordability of alcohol has now been further compounded by the intensification of experiences of poverty and income tightening through the emergent ‘cost of living crisis’.
- 8.6 This said, and taken as a whole, it is possible to suggest some core messages about the relationship of COVID-19, alcohol consumption, and MPA in particular.

**Table 9.1: Core messages about COVID-19, alcohol consumption, and MPA**

Message	Commentary and further information sources
COVID-19 as a distraction	<ul style="list-style-type: none"> <li>• COVID-19 as a distraction for individuals, media, services and governments (including redirection of resources).</li> </ul>
COVID-19 as a potentially bigger factor in changing drinking behaviour	<ul style="list-style-type: none"> <li>• <b>Chapter 7</b></li> <li>• <a href="#">Public Health Scotland - Alcohol sales and COVID-19</a></li> <li>• <a href="#">Hardie et al 2022 COVID-19 article (Sheffield Group)</a></li> <li>• <a href="#">Barbosa et al 2002 COVID-19 Alcohol in US article</a></li> </ul>
COVID-19 induced changes in drinking may have very long term effects	<ul style="list-style-type: none"> <li>• <a href="#">The-COVID-19-Hangover-report-July-2022.pdf (ias.org.uk)</a></li> </ul>

Overall alcohol sales (due to closure in on-sales) fell in 2020-21 if measured by total alcohol duty receipts	<ul style="list-style-type: none"> <li>• HMRC Alcohol Bulletins i.e. <a href="#">HMRC Alcohol Bulletins Oct 2022</a></li> </ul>
COVID-19 impacted on the nature of support and treatment services for individuals/drinkers.	<ul style="list-style-type: none"> <li>• Assessing early Impact of MPA and COVID-19 report</li> <li>• <a href="#">Barod Cymru - Lessons-from-COVID-19</a></li> <li>• <a href="#">Seddon et al 2022 Older People Alcohol and COVID-19</a></li> <li>• <a href="#">Richert and Nordgren, 2022 Social Work Drugs and COVID-19</a></li> </ul>
COVID-19 leads to greater support/sympathy with Cardiff/Welsh Government specific messaging.	<ul style="list-style-type: none"> <li>• <a href="#">Welsh Government 2022-public-views-coronavirus-COVID-19-</a></li> <li>• Not just COVID-19 – other Welsh and Scottish examples include: free hospital parking; slightly different higher education fees; free prescriptions; free school meals; etc.<sup>74</sup></li> </ul>

Table notes: See **Chapter 9** and **Appendix 1.10 and 1.11** for additional new primary data considerations.

### Alcohol Industry

- 8.7 Alcohol is a legally available consumer product. As such availability, marketing, and price occurs as much (if not more) as a consequence of (economic) industry action as it does of government policy.
- 8.8 In considering the alcohol ‘industry’ and its influence on product availability and price, it is worth considering that this is made up of a number of groups of actors. More broadly, these can be distinguished into those of producers and retailers. It can also be considered to include a variety of trade associations. Although it should be noted in the context of massive global neo-liberal economic organisations, these boundaries are often increasingly blurred.
- 8.9 **Chapters 2, 3, and 4** summarise the overall elements of alcohol policy. In addition to core considerations of availability, marketing, and price we have

<sup>74</sup> For similar surveys see for example - [Unchecked 2021 Attitudes-of-Welsh-voters-to-regulation-and-deregulation.](#)

noted that effective alcohol policy also sits within the wider issue of politics. In this latter context, and to gain further understanding of MPA policy implementation, it also becomes important to note the challenge and amelioration of policy that is caused by wider alcohol industry tactics of lobbying, mobilisation, and obstruction. That the alcohol industry is a major political actor has now become a well-established policy and research consideration, with comparisons of industry behaviour often made with those of other industries bordering on public health discourse and policy, such as food, gambling, or smoking.

8.10 A detailed account of this behaviour is often highlighted by a focused group of academics and researchers. A summary of a range of papers is detailed within **Appendices 1.2 and 1.3**. For the purpose of this report we have tried to summarise this material about alcohol industry behaviour into two core considerations:

- a direct role in MPA; and
- wider alcohol policy relevant interventions.

8.11 The alcohol industry has had the obvious direct impact of causing delay to MUP and MPA legislation implementations through legal court challenges. This was substantive in Scotland, but also even after that testing in the courts had occurred, was also felt for a shorter three-month delay in Wales. This has had the effect of creating a significant politician hesitancy and regulatory chill in regard to other alcohol and similar policy activities<sup>75</sup>. Further it has been suggested that the pressure to introduce the policy with the unusual ‘sunset clause’<sup>76</sup> (the requirement to ask a Government to actively continue a legislation or it becomes lapsed) enables a further opportunity for industry challenge. The specifics for the Welsh MPA sunset clause are that Welsh Ministers have to lay a report on the operation and effect of the legislation (five years after implementing MPA) and then bring forward Regulations, should they wish the provisions in the 2018 Act to continue<sup>77</sup>.

<sup>75</sup> [Hawkins and McCambridge 2020 ‘Tied up in a legal mess’: The alcohol industry’s use of litigation](#)

<sup>76</sup> [Sunset Clauses in International Law and their Consequences for EU Law \(europa.eu\)](#)

<sup>77</sup> [Integrated Impact Assessment \(gov.wales\)](#)

- 8.12 Court delays in implementation certainly ensured that the industry had more preparation time to realign its commercial activities. This included responding to minimum pricing by changing a range of products in both their ABV [Alcohol By Volume] strength or volume size<sup>78</sup>. For example, the wider use of the 50cl spirit bottle to ensure that they were attractive within certain sensitive price points (i.e. £9.99).
- 8.13 The industry, in its various guises, has been amongst the most vociferous in lobbying, mobilising, and vocalisation of opposition to the policy in a number of countries, notably Ireland, Wales, and Scotland (see **Appendix 1.3**). This activity has been a manifestation of the wider tactics outlined below, used by the industry in more broadly challenging alcohol consumption and public health policy approaches.
- 8.14 More broadly, in regard to countering certain alcohol policies, a number of industry approaches, strategies, and tactics have been identified. Key amongst these are:
- developing long term relationships for political lobbying activity and coalitions of opposition;
  - promoting alternative narratives including an underplaying and reframing of the problem and normalising use;
  - focusing on harm reduction rather than reductions in consumption;
  - challenging the accuracy and legitimacy of the public health evidence base;
  - blaming irresponsible drinkers and promoting responsible drinking;
  - promotion of alcohol industry as a responsible actor and trustworthy for self-regulation; and
  - utilisation of no and low alcohol to subvert restrictions on advertising.
- 8.15 Corporate activities are thus used for industry gains to hopefully replace policy, give alcohol and its industry a halo effect. All of this activity can be summarised in the notion of focus on managing threats to commercial interests (i.e. profits<sup>79</sup>). Although it should be noted that the relatively weak

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<sup>78</sup> [Anderson et al 2020 Impact of low and no alcohol beers on purchases](#)

<sup>79</sup> [McCambridge et al 2018 Alcohol industry involvement in policymaking:](#)

role of the industry in Wales, with its over preoccupation on Holyrood (Scotland) and Westminster (England), is suggested as a contributing factor that enabled the Welsh Government to implement MPA<sup>80</sup>.

- 8.16 This is what Wilt describes as the ‘*commodification and deregulation by Big Alcohol*’ which has successfully maintained self-regulation and offloaded responsibility for harm on ‘problem’ users ‘especially through the discourse of “responsible drinking”’<sup>81</sup>.
- 8.17 It is important to note these commentaries about the alcohol industry refer to the larger corporate global industries of production and retail. A balance needs to be struck in such conversations as local small-scale sustainable alcohol producers and local retailers (pubs, shops and restaurants) all have a positive role to play in Welsh community life and valued tourism industry.
- 8.18 The conclusion is that the alcohol industry does have influence but is not without its limits. The literature would suggest this was more overt (concentrated) previously in Scotland and more recently in Eire than perhaps in Wales. This might reflect less visibility as many of their operative domains are not exclusively devolved to Wales, but occur in Westminster as much as Cardiff. It may also reflect the importance of the specific character of Welsh political institutions and a public health policy community actively supporting the framing of MPA<sup>82</sup>.

## Media

- 8.19 Much of the alcohol industry attempts to stop or ameliorate (in their favour) public alcohol policy, including pricing developments, and has utilised the media to broadcast its perspectives<sup>83,84</sup>. This is often referred to as part of the increased polarisation/politicisation, and less use of (balanced) evidence-

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<sup>80</sup> [Lesch and McCambridge 2021 Reconceptualising Alcohol Policy Decision Making](#)

<sup>81</sup> Wilt, J. (2022). *Drinking Up the Revolution: How to Smash Big Alcohol and Reclaim Working-Class Joy*. Repeater Books.

<sup>82</sup> [Full article: Policy communities, devolution and policy transfer: The case of alcohol pricing in Wales \(tandfonline.com\)](#)

<sup>83</sup> [How did policy actors use mass media to influence the Scottish alcohol minimum unit pricing debate? Comparative analysis of newspapers, evidence submissions and interviews \(gla.ac.uk\)](#)

<sup>84</sup> [Implications for alcohol minimum unit pricing advocacy: What can we learn for public health from UK newsprint coverage of key claim-makers in the policy debate? - ScienceDirect](#)

based journalism, or sometimes inferred, as a decline in media standards. However, this said, the media can also play a positive role in successful health promotion messaging.

- 8.20 Recent examples of the media being used to question the efficacy of MPA were some outspoken calls by Welsh Conservatives, following the Scottish Drug Forum's use of media following the release of the Scottish drug-attributable death figures for 2022.<sup>85,86</sup>
- 8.21 It has been demonstrated that polarised views (vested interests) remained constant between proponents and opponents of minimum pricing, with very little shift through public media debate and positioning.<sup>87</sup>

### **Cross-border**

- 8.22 The lack of a MPA policy in neighbouring jurisdictions, and in particular for Wales and Scotland that of England, has raised the concern about the likely impact of any cross-border shopping activity and the impact on small retailers operating on any such border, as drinkers potentially seek cheaper alcohol in their neighbouring communities.
- 8.23 **Chapter 10** highlights that in Scotland cross-border shopping has taken place. However, the numbers of individuals doing so are really very small in relation to overall population. Where it has taken place, it has only taken place for those living close to the border and whom additionally have the means (i.e. car and income) and opportunity (i.e. time) to take advantage of any possible financial gain offered by the cross-border shopping commute.
- 8.24 In Wales, the available reports (notably **Chapter 6**) suggest that so far, the picture is a similar one to that in Scotland. Cross-border shopping is evident, albeit it largely confined to those within proximity to England and with the relevant opportunity and means to take advantage of any such advantage to

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<sup>85</sup> [Call for review of minimum alcohol pricing in Wales after link to drug deaths – Swansea Bay News](#)

<sup>86</sup> [Welsh Conservatives call for review of minimum alcohol pricing after links to drug deaths \(nation.cymru\)](#)

<sup>87</sup> [Implications for alcohol minimum unit pricing advocacy: What can we learn for public health from UK newsprint coverage of key claim-makers in the policy debate? - ScienceDirect](#)



be gained. Most notably, among these appear to be the Deeside/Wrexham and Powys border communities.

### **Finance and Markets**

- 8.25 Minimum alcohol pricing is all about affordability. As such, both personal and wider societal economic considerations are important factors in regard to the relative impact of any alcohol pricing policy.

#### *Personal economics*

- 8.26 All of the preceding chapters have made it clear that despite the universality of minimum pricing policies (i.e. they affect the price of products available to and bought by all), income disparity is a significant factor in how they are experienced. Quite simply put, they are a policy that has a much greater impact on those with low incomes. Such low-income groups also include a large number of the dependent and homeless drinkers who have up until recently relied on cheap alcohol products, notably cider and lagers, to make their alcohol consumption affordable. Given this impact, this evaluation has pointed to the need to see pricing policy within the bigger picture and a number of other policy considerations, this does not necessarily suggest alcohol pricing policy is a bad thing, but rather it accentuates the need for broader social justice policies that address such inequalities.
- 8.27 Social and health outcomes, including alcohol-related, are consistently worse for individuals and areas of socio-economic deprivation<sup>88</sup>.
- 8.28 One of the low-income groups is those who access the benefit system. A number of key Universal Credit and housing benefit changes have occurred since the introduction of MPA. The decision making for these lies beyond the Welsh Government, but has implications for Welsh individuals. For example, it appears that the payment of monthly sums under Universal Credit or housing benefit directly to individuals has had a negative impact on dependent drinkers. For example, increased opportunities to spend large

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<sup>88</sup> [University of Glasgow - Schools - School of Health & Wellbeing - Research - MRC/CSO Social and Public Health Sciences Unit - Research - Health Inequalities in Scotland: Epidemiological Trends Report](#)

sums on alcohol and then forgo the payment of other bills<sup>89,90</sup>. It has also been argued that the implementation of these benefit systems, in particular sanction-related activities, have led to greater levels of deprivation<sup>91,92,93</sup>.

- 8.29 The recent intensification of pressures on household budgets through the emerging 'cost of living' crisis also has a disproportionate effect on those with low incomes. In particular it seems the rapidly increasing cost of essential goods, food, heating, and housing bills in particular are having a significant impact. Previous chapters have confirmed that any such squeeze for drinkers who have a perceived need or dependency means that they will prioritise alcohol over these bills, and with all the potential attendant detrimental consequences of their own and other family members health.
- 8.30 Finally, for some, the last two years and the influence of COVID-19, has had a detrimental impact on personal incomes, often through loss of employment.
- 8.31 Personal income levels and relative disparity (low income or poverty rates) are caused by many factors, but a few of the key and recent developments have been highlighted here. Given that MPA appears to disproportionately affect those with lower incomes, these other contextual factors appear to accentuate the perception of a policy that is targeting those on low incomes (see **pre-implementation and interim reports** from the project looking at the impact on the wider population and the work with services and service users).

#### *Societal economics*

- 8.32 More broadly speaking, the continued cost of living crisis has added significant pressures to budgets available to provide support and treatment

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<sup>89</sup> [Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels - Publications - Public Health Scotland](#)

<sup>90</sup> Qualitative work with services and service users interim report.

<sup>91</sup> [In-work Universal Credit: Claimant Experiences of Conditionality Mismatches and Counterproductive Benefit Sanctions | Journal of Social Policy | Cambridge Core](#)

<sup>92</sup> [Impact of Universal Credit in North East England: a qualitative study of claimants and support staff - PMC \(nih.gov\)](#)

<sup>93</sup> [Full article: Universal Credit, Lone Mothers and Poverty: Some Ethical Challenges for Social Work with Children and Families \(tandfonline.com\)](#)

services, with further spending cuts being announced by the UK government chancellor (October 2022).

- 8.33 The cost of living crisis represents a period of intense inflation (10% at the time of drafting this report). Whilst fuel costs are a significant contributory factor here, this often hides more general inflationary price pressures. It is worth reflecting that a period of broader inflation increases enable higher price increases of products including alcohol to be buried in the expectation that a basket of goods just costs more.
- 8.34 Personal and societal economics become, along with COVID-19, another huge confounder, especially in areas that focus on product price and affordability. It becomes clear that it has made the whole political landscape more complex, and certainly adds an extra (more difficult) element to any minimum price rise conversations and/or implementation.
- 8.35 There is also a lot of persuasive literature that articulates the need to understand entrenched and problematic use of alcohol and other drugs as a deliberate manifestation of larger capitalist and globalised societies that result in the dislocation and marginalisation of individuals and communities. These arguments suggest there any many limits to current alcohol and other drug policy approaches<sup>94</sup>.

### **Changes in Tax**

- 8.36 Minimum pricing for alcohol is often compared favourably to direct taxation on alcohol approaches. Indeed, original modelling argued that on current UK levels that large changes in tax were required to match the impact of 50ppu<sup>95</sup>.
- 8.37 UK tax (exercise and VAT) levels on alcohol have not increased much in the last decade. Alcohol duty is supposed to increase annually by the rate of the

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<sup>94</sup> Alexander, B. (2010). *The globalisation of addiction: A study in poverty of the spirit*. Oxford: Oxford University Press; Davies, J. (2021). *Sedated: How modern capitalism created our mental health crisis*. London: Atlantic; and Johnson, H.R (2016). *Firewater: How alcohol is killing my community (and yours)*. University of Regina Press.

<sup>95</sup> [Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report](#)

Retail Price Index. However, during the last ten years this has only happened once, in 2017/18, and has otherwise been frozen or reduced. This has the impact of making alcohol relatively more affordable in real terms if, for example, adjusting income rises or inflation<sup>96, 97</sup>.

- 8.38 In October 2022 the government announced a 12.3% (at current RPI) increase in alcohol duties, which will almost certainly reduce the affordability of alcohol. In August 2023 alcohol duties will move from a product by product rate to one based on alcohol by volume, this will possibly increase affordability for certain products<sup>98</sup>.
- 8.39 Within the European Union (EU) there are very different alcohol taxation policies. The evidence is limited about where these duties are designed to minimise public health harms by ensuring that drinks containing more alcohol are taxed at higher rates. Instead, tax rates appear to reflect national alcohol production and consumption patterns<sup>99</sup>.

### **Generational trends**

- 8.40 When a policy is concerned with reducing overall population consumption, it is also worth noting that overall consumption goes through cycles of generational change. There is a lot of evidence to suggest that among the population of younger drinkers there is an emerging pattern of increased levels of reduced or no drinking<sup>100,101</sup> (this often also extends to illegal drug use). However, other reports are also keen to note that within these trends, certain high risk patterns of consumption remain among different groups of young people.

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<sup>96</sup> [Angus 2019 Modelling Alcohol Duty impacts](#)

<sup>97</sup> Institute for Alcohol Studies, Alcohol Alert, October 2022, and related Twitter statements.

<sup>98</sup> [Office for Budget Responsibility Alcohol Duties](#).

<sup>99</sup> [Comparing alcohol taxation throughout the European Union - Angus - 2019 - Addiction - Wiley Online Library](#)

<sup>100</sup> [Oldham Holmes Youth drinking in decline FINAL.pdf \(sheffield.ac.uk\)](#)

<sup>101</sup> [Long waves of consumption or a unique social generation? Exploring recent declines in youth drinking: Addiction Research & Theory: Vol 28, No 3 \(tandfonline.com\)](#)

## Conclusion

- 8.41 Whilst MPA is concerned with affordability, overall alcohol policies and harm reduction also consider the need to reduce availability (see **Chapter 2**). It is also worth noting that the number of premises with licences to sell alcohol in England and Wales has reached their highest level since comparable records began in 2008, including a 31% increase between March 2018 and March 2022. Such increased availability may possibly negatively counteract attempts to reduce affordability<sup>102</sup>.
- 8.42 Many of the factors highlighted in this chapter do not appear overtly within any of the core Theory of Change models for MPA. In one sense they are beyond the simple cause and effect notion of the rationale for minimum pricing approaches. However, it is clear that they need to be working considerations, and as such have been active within our logic model and assumption considerations (see **Chapter 5**).
- 8.43 Much of the content of this chapter has helped us shape one of our core conclusions that the evaluation of MPA is a messy space, and the intense activities of the last few years as described above, only serve to intensify these complexities. Given this, we consciously chose to add many of them as factors in our conversations regarding the collection of new primary data (see **Chapter 9**).

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<sup>102</sup> [Alcohol and late night refreshment licensing England and Wales, year ending 31 March 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/alcohol-and-late-night-refreshment-licensing-england-and-wales-year-ending-31-march-2022)

## 9. New CA primary data

### Summary

- Only those with a very specific policy implementation focus reported any detailed awareness of or involvement with MPA in their job role.
- There was a lot of emphasis placed on understanding intention and impact of policy between drinker types, namely; moderate, hazardous, harmful and dependent.
- The complexities of devolution and policy environments were consistently reinforced.
- There was consistent feedback that the 50ppu level needs updating, but that this is likely to be a difficult political decision in times of financial constraints.
- There was an echoing of messages heard in the other evaluations around compliance, behavioural and product change, potential impacts on crime and health, and any switching to other drug use.

### Introduction

- 9.1 The overall approach to this evaluation has been that of adopting a Contribution Analysis methodology. This is explained above in **Chapter 3**. The methodology identifies that an important element is to consider any additional new data or perspectives that may be needed in order to help understand some of the interconnected complexities, alternative explanations, and identified gaps. **Chapters 7 and 8** have thus contributed to the overall picture in this regard. Added to this we have undertaken new primary qualitative interview data collection with a purposefully sampled group of individuals. This chapter provides a brief summary of the specific methodology for this element, and then offers an analysis of their contribution to the key thematic messages.

## Methodology

- 9.2 The additional new primary data we have acquired has been that of bespoke qualitative nature. This has either been conducted through one-to-one interviews or group focused conversations.
- 9.3 Adopting a specific targeting of a diversity of individuals and roles led each interview to be of a highly semi-structured nature. A broad outline schedule was followed, and topics of interest included:
- the extent to which MPA had been an active part of their work experience;
  - any obvious post implementation changes;
  - exploration of unintended consequences;
  - attitudes and understanding of the policy; and
  - other factors that contribute to effective alcohol policy delivery.
- 9.4 This interim report reflects two distinct periods of interview data collection.
- Firstly, three specific pre-implementation interviews to add to the data already collected in the 'Switching study' and what was envisaged to be captured during the baseline collection for the other three commissioned projects.
  - Secondly, in the period January 2022 to Aug 2022 to enable the capture of reflections on the first 18 months or so of MPA implementation.

## *Sample*

- 9.5 In total we interviewed 24 individuals in 13 individual interviews and four group conversations. These interviews are detailed in **Table 9.1** below. For more information see **Appendix 1.9**. Individuals had both national, regional, and local roles and were sought amongst a range of sectors/organisations and with a number of perspectives in mind.
- 9.6 The descriptors used for quotes within the presentation of findings and/or **Appendix 1.10** are purposely kept as vague as possible to ensure some element of confidentiality. Descriptors in **Appendix 1.9**, provide a flavour of sector/role. This said, many of the individuals interviewed in senior positions and often the only one in any such role within Wales, were happy to be quoted directly. However, because others were not, and in consistency with

our ethical approval, the anonymity approach has been reinforced in that for quotes we simply use a R1, R2 approach, with individuals with group interviews assigned the same number (i.e. R1-R17 in total). The ordering of which does not reflect the chronological order in which the interviews were conducted or listed in **Appendix 1.9**.

- 9.7 Interviews were analysed thematically. Consistent with the Contribution Analysis methodology this was done later into the report writing stage to ensure that the extraction of findings represented an exploration of alternative explanations for other data findings, further contribution to gaps in understanding, and signposting to other data sources. The analysis was done against a broad coding framework of known propositional starting points rather than as free emergent coding.
- 9.8 The account of the findings below, and in particular illustrative quotes, is kept to a summative minimum, more detailed data examples are found in **Appendix 1.10**.
- 9.9 Ethical approval for this element of the study was approved by Glyndwr University Ethics Committee (id405 – 11-09-2019).

### **Thematic Messages**

- 9.10 Like all qualitative studies there is far more data than can be presented in the confines of succinct reporting. In **Appendix 1.10** further examples to those listed below are provided. This appendix highlights the repeated nature of some of the thematic messages across the respondents. The key issue is that the interviews across a range of considerations have regard for detail and nuance. In the wider public discourse, as well as the conversations reflected in both Welsh and Scottish evaluations (see previous chapters), discussion of MPA/MUP often becomes binary and reductionist. Through having general policy orientated conversations about the cross cutting agendas, the complexity and subtlety that needs to be explored and understood were frequently reported. In the concluding discussion how this can be reflected and understood as a messy policy landscape has been articulated.



*Policy Formation*

- 9.11 The majority of respondents were supportive of the MPA policy. Typical of those responses were sentiments such as

‘To be honest I was supportive and I still am supportive.’ [R4]

And

‘Because from a public health perspective you and I know it’s obvious.’ [R15]

- 9.12 Respondents often cited two core issues about the inappropriateness of really cheap alcohol and the massive health impacts of very heavy drinking.

‘But I think from a pure ethical standpoint, it should continue, because I don’t think alcohol should be that cheap.’ [R9]

‘I do think it’s a good thing because there are a lot of health issues with alcohol.’ [R7]

- 9.13 For a good number of respondents, the necessity and evidence for MPA was clear. It was expressed as just an obvious thing to do.

‘Yeah. I mean, I’ve got to say, the science about MUP has been there forever. It’s just very bizarre seeing Scotland and now Wales going, “No, we need to check the data is true.” It’s a bit like saying, “Do antibiotics kill bacterial infections, when antibiotics are sent in?” “No, what we need to do is a special study in our country, because really our country has different bugs.”’ [R15]

- 9.14 We did have reported the odd exceptions to this endorsement and these were always framed around the notion of it making no difference to those needing to drink.

‘Because it’s a physical need to drink isn’t it? If you’ve got an addiction and you need to drink because you’re going to go into withdrawal then you’re going to find the money from somewhere.’ [R17]

- 9.15 We deliberately explored with individuals the journey of the policy, its intended action/targets, and its actual impact. Many respondents were careful in exploring the nuances of this conversation. They were also keen to

emphasise that the policy could not work as, nor should be seen as, a standalone policy for alcohol problems. Additionally, they emphasised that MPA should sit within a range of alcohol and wider health/inequality policies. Often there was an acknowledgement that the intention was for a middle group of drinkers, neither moderate nor dependent but rather whose drinking was hazardous and harmful. Yet many reported a realisation that its impact was perhaps being felt by the poorest of the heaviest drinkers.

‘Minimum unit pricing is generally more effective at targeting heavier drinkers than it is at targeting poor drinkers.... What it’s really good at is targeting poor heavy drinkers.’ [R5]

‘The main thing that I’ve been thinking about MUP in Wales is that we spent something like 10 years saying, “This is not about dependent drinkers. This is about the general drinking population. It’s about that group of people in the middle who drink too much.” Then I looked at what it was actually doing to prices ... Basically, it hit off-brand spirits and white ciders, and some of the strong lagers ... it is a targeted measure that hits the heaviest drinkers.’ [R10]

- 9.16 There was a lot of value attached to how the policy introduction usefully raised conversations about broader public health and alcohol considerations.

‘So, you’ve got raising public awareness, providing information about MPA and in there I’d say, “and the public health aims of the legislation.”’ [R3]

‘I think it was really good. I think causing debates and voicing their views on things is really healthy for our society for us to not only just have these discussions but what listening can be had from that and what more can be done.’ [R6]

‘And on a population level, that small decrease can actually make a difference as well to our outcome. So, it’s both on the individual level, every little bit counts as well as perhaps on the whole population.’ [R16]

#### *Early expectations and experiences*

- 9.17 Despite deliberately targeting a sample whose various job roles had a direct link with alcohol, its consequences, policy, and service provision, we

frequently heard that MPA had played no or very little role in their job. It was a conversation they were just not having (unless prompted).

- 9.18 Overall the messages from this group of respondents reinforced many of the messages that there has been a very good level of compliance with the policy. In particular, they noted: a lack of reporting to authorities; the inherently positive nature of the retail industry sectors actions; and the evident change of price of products to above the 50ppu minimum.

‘my understanding is though that with the kind of policing in commerce of the policy, businesses are generally understanding and get it, and are okay with complying with it’ [R8]

‘There’s no interest in breaking the law, and it’s possible in some of the smaller shops, but then I’ve been to quite a few of the smaller shops. I don’t think anyone’s really got the stomach for it.’ [R10]

- 9.19 Trading Standards Wales have, over the period since implementation of MPA, visited 95% of those retail premises with licenses to sell alcohol. These were almost exclusively routine planned inspections and were very rarely triggered off by any intelligence suggesting concern. The rare instances of non-compliance often materialised to be errors in minimum price calculation based on strength of alcohol or products included in multi-buys. These errors were usually acknowledged and immediately corrected. Trading Standards have only issued six fixed penalty notices for non-compliance.

- 9.20 The stories of disappearing strong ciders, adjustments in products and promotions within Wales were repeated in these interviews. These observations were often highlighted through comparison with the different prices, promotions and products available in England.

‘So, I am aware of that. And I do notice – and I go in to a Welsh supermarket and it’s just not there.’ [R16].

### *Behavioural changes*

- 9.21 Our respondents reinforced the perspective that for many, including even dependent drinkers, MPA has not resulted in individuals significantly changing drinking behaviour or giving up.

‘They tend to stick to the same drinks they’ve always drunk. But that’s only my experience of it. But I don’t think it’s changed their drinking habits’. [R17]

- 9.22 Rather, that it has led to adaptations of drinking behaviour and these have been most marked amongst those most affected.

- 9.23 The respondents reported that it was the subtle switching between brands, size, and type that was the more standard response to say a cheap cider becoming unavailable or less attractive.

‘If you’ve got £10 and you’re facing the choice between two bottles of wine or some white cider, you may well say, “Well look, if either is going to cost me £10, I’ll buy the wine because it’s a nicer drink,” because dependent drinkers, just like other drinkers, also have preferences.’ [R10]

- 9.24 The accounts of switching to other drugs, were resonant of those reported among the Welsh and Scottish evaluations (see Chapter 7 and 10). That the use of other drugs was most likely by those with previous experience of drug use and that this included use of ‘street’ prescription drugs. There were no suggestions of the pre implementation concerns about any mass switch of alcohol users to illegal drugs.

‘Your average street drinker has got no interest in heroin at all.’ [R9]

‘...the majority [of those switching to other drugs] would already have used something.’ [R12]

#### *Maintain affordability*

- 9.25 The interviews also reported many of the same messages about maintaining affordability to those found in **Chapters 7 and 10**. That individuals were extending existing coping mechanisms to make alcohol remain affordable.

Typically these include, going without food, not paying, borrowing money or going into debt.

- 9.26 The respondents also reflected on the extent to which the relative affordability of alcohol is being increased by other cost rises notably food and fuel

‘And to be honest with you, I wonder as well whether MUP in effect will get lost in all the energy costs we’re seeing and the cost of fuel and everything.’ [R11]

*Price level*

- 9.27 For this specific group of respondents we asked direct questions about their perspective on the current price level.

- 9.28 The introduction of the 50ppu price level was seen as an understandably realistic starting point, especially given the legal challenges. However, it was also seen as a cautious introduction, at which level the impacts were always going to be limited by the price level.

‘The more intelligent politicians in Cardiff Bay will appreciate that. If you pass cautious measures, you’ll get cautious outcomes. I think that’s not a bad message to be giving them.’ [R10]

- 9.29 Reflecting on the current price level our respondents expressed cognisance that the 50ppu level would have a limited impact, it would target certain products and drinkers, and not necessarily the whole population.

‘Well, you should be able to afford 14 units a week, and if you want more than 14 units a week, then this is exactly what this policy is about. So, I think it does hit that. It takes the easy affordability away from people who are necking 200 units a week, but leaves it still affordable for most people to have sensible levels of alcohol.’ [R9]

‘In a sense, if what you want to do is take cheap vodka and strong cider out of the market, 50ppu is fine. If you want to start having a big impact on the whole drinking population, you need to go higher...’ [R10]

- 9.30 Many were able to see the need for, and/or argue for, a rise in the price level.

‘It needs to go up, bluntly’. [R15]

‘I guess when they first proposed it ten years ago, 50p was probably the lower end but it probably seemed reasonable. But by the time it was rolled out, it’s like what are you doing? Why haven’t you changed this at all? It just seemed...’ [R16]

9.31 Although it was noted that raising the price of alcohol is always a difficult political conversation.

‘So it’s a political decision.’ [R5]

‘As someone who’s generally committed to telling the truth in public, I think we should be honest about that and say, “Actually yeah, we could drive it up, but it might cause problems as well.’ [R10]

### **Concluding summary messages**

9.32 The purpose of this new primary data collection was to hear from other voices and other messages not offered elsewhere. The sample (**Appendix 1.9**) highlights the inclusion of other stakeholders. For example, licensing, police, psychiatry, public health, and trading standards, all of whose perspectives on MPA have yet to be captured elsewhere. Whilst they offered some additional evidence and new perspectives, much of their commentary reinforced messages from other evaluations rather than provided radical new interpretations.

9.33 What was different was there were more messages around policy implementation and effectiveness.

9.34 There were some nuances that suggested while dependent drinkers were maintaining habits there was perhaps a subtle impact in reducing overall number of units being consumed.

‘Well, it’s reduced the number of units that they’re drinking.’ [R15]

‘I think it would – and even at that level, just cutting down by a little bit...’ [R16]

9.35 Respondents also realised that the potential benefits of MPA were long term and would not easily be seen within the initial policy evaluation or typical political time frames.

9.36 There was some acknowledgement that decisions around price enforcement, issues of affordability of alcohol and reducing health harms was often a political or policy balancing act

‘I think there’s probably a lot of that, because these are broader issues of statism versus individualism’. [R10]

‘I suppose it’s the public health message, as seen with the pandemic, is if you’re too firm and severe and everything settles, well, people don’t like you, and if you don’t do it people don’t like you, so you’re wrong either way but it’s the right thing to do.’ [R15]

9.37 Finally, there was considerable acknowledgement of how COVID-19 and the ‘cost of living crisis’ has been a huge messy (evaluation, resource, and impact) distraction.

‘Then, obviously, COVID’s come along, and that’s just making a real mess of the health evaluation.’ [R5]

‘COVID has definitely played a part in that, in that complete distraction for the public and what have you.’ [R11]

‘It’s difficult with the noise of COVID.’ [R15]

‘...now in terms of people’s weekly shop and so on, and things are really beginning to squeeze, ...that’s going to be a massive consideration.’ [R11]

9.38 In this regard many reinforced that many actors, considerations and factors were responsible for shaping drinking practices and more specifically MPA.

‘So how much impact does one thing have on the model as opposed to anything else.’ [R16]

‘It’s only part of a whole scale change to the way people live their lives, the way people are treated.’ [R9]

**Next Steps**

- 9.39 We will be undertaking further fresh primary data collection, qualitative interviews, and group conversations in the period Feb 2023-Aug 2023 to inform the final report. This will include both some repeat interviews with those of this period and some new additional contributions.



## 10. Lessons learnt so far – Scottish evaluations

### Summary:

- The Scottish MUP policy was successfully implemented with strong rates of compliance.
- Indications are of overall drop in sales of alcohol since introduction of MUP, slightly reduced over time but nonetheless sustained over three years of evaluation.
- Self-reporting of drinking is mixed, with reports of no change, less and some increase in consumption.
- Reporting of adverse effects such as switching to other drug use, crime or increased health and social care demand are very limited.
- The value in Wales reflecting on the Scottish evaluation programme occurs through the earlier implementation, the ability to look at impact in the absence of COVID-19 and larger scale.

### Introduction

10.1 This chapter provides a summary of the lessons that have been learnt so far from the Scottish evaluation of MUP. It begins with an outline of the overall evaluation and projects undertaken in Scotland, before a summary of the key messages regarding:

- compliance;
- price and availability;
- consumption;
- associated drinking behaviours; and
- harms and social norms.

It is accompanied with a tabulated summary of the projects, funders, research teams, and publication information.

## Overall Scottish evaluation

10.2 It is important to have regard for the developments in Scotland for the following reasons:

- The Scottish Government's MUP policy preceded the Welsh Government's MPA policy and therefore emergent evaluations and research are also occurring ahead of those in Wales, and provide valuable indicators and lessons.
- As noted in the bill passage, that whilst Scottish and Welsh data collected are insufficiently similar to support direct statistical comparison, it is clear that there are a number of important parallels that allow broader comparisons and conclusions to be drawn between, and from, Scotland's experience, to that of Wales. Most notably, that the composition of groups of drinkers is not fundamentally different between the two countries, the common experience of devolution, the whole nation approach, the same 50ppu price level of initial introduction, etc.<sup>103</sup>
- Scotland's implementation was followed by a 22 month window before any COVID-19 restrictions were imposed and therefore offers a greater COVID-19-free perspective on initial implementation effects.
- The Scottish Government's infrastructure and resources to support the evaluation through PHS's (Public Health Scotland) MESAS (Monitoring and Evaluation of Scotland's Alcohol Strategy)<sup>104</sup> programme of work are significantly greater. PHS have had the financial and staff resource to undertake, commission, and support many more evaluations<sup>105</sup> (**see Table 10.1 and Appendix 1.11**) as opposed to the four evaluations commissioned by the Welsh Government (**Appendix 1.5**). The full Scottish MUP evaluation protocol has been published and regularly updated<sup>106</sup>. Scottish evaluations therefore provide a much more extensive

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<sup>103</sup> Livingston/Perkins during the legislation drafting stages, advised the Welsh Government that with less resources available to them, and given this greater level of Scottish activity, they should undertake a smaller number of key evaluations and as long as the messages from Welsh evaluations strongly resonated with those of Scotland they could with a degree of confidence develop future Welsh policy on a combination of Welsh and Scottish evaluations (as well as the broader international research evidence base).

<sup>104</sup> [Monitoring and Evaluating Scotland's Alcohol Strategy \(MESAS\) - Alcohol - Health topics - Public Health Scotland](#)

<sup>105</sup> [Protocol for the evaluation of Minimum Unit Pricing for alcohol \(healthscotland.scot\)](#)

<sup>106</sup> [Minimum unit pricing \(MUP\) evaluation - Publications - Public Health Scotland](#)

volume of analysis about the impact of the implementation of a minimum unit pricing policy, and more specifically within the current UK context’.

- PHS host a bespoke MUP section<sup>107</sup> and all the reports both published and due to be published are available through a one page timeline and corresponding links<sup>108</sup>.
- The high international profile of the Scottish implementation (as the first whole national one) ensured that it attracted a wide level of researcher interest. So, in addition to the PHS funded evaluations, there have been additional independently commissioned evaluations, some indirectly supported by PHS (see **Appendix 1.11**) and others where PHS have not been involved.
- PHS/MESAS provides an annual MUP update in the form of a formal report to the Convenor of the Scottish Parliament’s Health, Social Care and Sport Committee. The latest of these was in June 2022<sup>109</sup>. The two previous updates were published in May 2020<sup>110</sup> and July 2021<sup>111</sup>.
- MESAS continues to provide an annual report exploring overall indicators of alcohol consumption and related health and social harms, which actively incorporates MUP considerations. The latest available, at the time of drafting this report, was the June 2022<sup>112</sup> version.
- PHS have signalled their intent to publish a final overarching report covering all PHS and other published studies on MUP in Scotland, and have drafted a protocol that outlines how they will synthesise the evidence from PHS-funded, separately funded, and other studies<sup>113</sup>. It is expected that this report will be published in June 2023 and it will be utilised to inform the final Contribution Analysis report for MPA in Wales.

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<sup>107</sup> [Evaluation of minimum unit pricing \(MUP\) - Alcohol - Health topics - Public Health Scotland](#)

<sup>108</sup> [Timeline of evaluation of MUP - Overview of evaluation of MUP - Evaluation of minimum unit pricing \(MUP\) - Alcohol - Health topics - Public Health Scotland](#)

<sup>109</sup> [MUP letter to the convenor of the Health, Social Care and Sport Committee \(publichealthscotland.scot\)](#)

<sup>110</sup> [MUP - Letter to Convenor of Scottish Parliament’s Health and Sport Committee - Publications - Public Health Scotland](#)

<sup>111</sup> [MUP - Letter to Convenor of Scottish Parliament’s Health, Social Care and Sport Committee - Publications - Public Health Scotland](#)

<sup>112</sup> [Monitoring and Evaluating Scotland’s Alcohol Strategy \(MESAS\), 2022 \(publichealthscotland.scot\)](#)

<sup>113</sup> [MUP letter to the convenor of the Health, Social Care and Sport Committee \(publichealthscotland.scot\)](#)

10.3 Given this context, this chapter provides a summary of key messages to date that have been published in PHS-funded, separately funded, and other studies from Scotland. These messages are collated against a number of the key theory of change considerations. In concluding these messages the following have been drawn upon:

- published reports by MESAS/PHS;
- MESAS annual monitoring reports (as noted above);
- subsequent peer-reviewed journal articles from those evaluations; and
- other Scottish MUP specific journal articles.

A summary of the published material is provided at the end of this chapter. The detail of the published material is available in **Appendix 1.11** and below, where we: list the evaluations, primary focus, date of publication, funder, research team, and any journal outputs. **Appendix 1.11** further notes those evaluations which are yet to report.

10.4 For the remainder of this chapter studies are referred to by a code-cross referenced within the following summary table and **Appendix 1.11**..:

**Table 10.1: Summary of Scottish evaluation reports and journal articles**

Primary theme	Report	Date of publication	Research type
Consumption	• (S2) Self-reported consumption	<i>Due late 2022</i>	
	• (P2) Children and Young People drinking and behaviour	Published	<ul style="list-style-type: none"> <li>• Qualitative 13-17 year olds</li> <li>• Sample: 50 x Young People and 21 x Staff</li> </ul>
	• (P3) Sales based Consumption - Descriptive Analysis	Published	<ul style="list-style-type: none"> <li>• Original study</li> <li>• Off sales data for 12 month post implementation</li> </ul>
	• (P7) Sales based Consumption - Statistical Analysis	Published	<ul style="list-style-type: none"> <li>• Time Series Analysis</li> </ul>

	<ul style="list-style-type: none"> <li>• (P13) Sales based Consumption -Final Report</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Interrupted time series regression of sales data</li> </ul>
	<ul style="list-style-type: none"> <li>• (P10) Drinking at Harmful levels interim report</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Mixed Methods, large group of 'in treatment' drinkers and providers sampled</li> </ul>
	<ul style="list-style-type: none"> <li>• (P17) Consumption on different sales data</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Secondary data analysis</li> </ul>
	<ul style="list-style-type: none"> <li>• (P18) Reliability of sales data</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Secondary data analysis</li> </ul>
	<ul style="list-style-type: none"> <li>• (P15) Drinking at Harmful levels - Final report</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Mixed Methods, large group of 'in treatment' drinkers and providers sampled, plus use of very large scale survey data</li> </ul>
Behavioural change	<ul style="list-style-type: none"> <li>• (S3) Individual level behaviour change in the context of Minimum Unit Pricing</li> </ul>	Dec 2020	<ul style="list-style-type: none"> <li>• Original study</li> <li>• Mixed methods</li> </ul>
	<ul style="list-style-type: none"> <li>• (S7) Household Expenditure (expenditure on food and nutritional value)</li> </ul>	<i>Due late 2022</i>	
	<ul style="list-style-type: none"> <li>• (S4) Homeless Drinkers</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Qualitative study</li> <li>• 46 individuals direct experience, 41 Service Providers and Stakeholder group interviews</li> </ul>
	<ul style="list-style-type: none"> <li>• (P16) Cross-Border Purchasing</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Synthesis of literature and</li> </ul>

			(secondary) data analysis
Health and social harms	<ul style="list-style-type: none"> <li>• (P5) Harm from others- Children and young people</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Qualitative study</li> <li>• Focus groups with service practitioners</li> </ul>
	<ul style="list-style-type: none"> <li>• (S1) Assessing alcohol consumption and alcohol-related attendances in emergency departments</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Mixed methods using repeated cross-sectional surveys and focus groups</li> </ul>
	<ul style="list-style-type: none"> <li>• (S5) Ambulance Callouts</li> </ul>	<i>Due late 2022</i>	
	<ul style="list-style-type: none"> <li>• (P14) Hospital Admissions and Deaths</li> </ul>	<i>Due early 2023</i>	
	<ul style="list-style-type: none"> <li>• (S6) Prescribing</li> </ul>	<i>Due late 2022</i>	
	<ul style="list-style-type: none"> <li>• (P12) Crime and disorder; public safety and nuisance</li> </ul>	(Late 2021)	<ul style="list-style-type: none"> <li>• Secondary data analysis</li> </ul>
Implementation and compliance	<ul style="list-style-type: none"> <li>• (P1) Compliance</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Mixed methods: qualitative interviews and descriptive statistical analysis</li> </ul>
Other (industry and price)	<ul style="list-style-type: none"> <li>• (P4) Short-term impact on the alcohol drinks industry</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Mixed methods: quantitative data analysis, qualitative case studies and telephone interviews</li> </ul>
	<ul style="list-style-type: none"> <li>• (P20) Economic impact on industry Final report</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Mixed methods: quantitative data analysis, qualitative case studies and desktop review</li> </ul>
	<ul style="list-style-type: none"> <li>• (P6) Small retailers</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Mixed methods:</li> </ul>

			<ul style="list-style-type: none"> <li>• Analysis of Electronic Point of Sale (EPoS) data</li> <li>• Audit of 20 small retail stores</li> <li>• Review of the retail trade press</li> </ul>
	<ul style="list-style-type: none"> <li>• (P9) Price distribution</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Descriptive Data Analysis</li> </ul>
	<ul style="list-style-type: none"> <li>• (P11) Alcohol Products and Prices</li> </ul>	<i>Due late 2022</i>	
Other	<ul style="list-style-type: none"> <li>• (P8) Public Attitudes to MUP</li> </ul>	Published	<ul style="list-style-type: none"> <li>• Secondary Data analysis</li> </ul>

Table notes:

Further details of each study's research questions, methods, data sources, outcome measures and rationale can be found in **Appendix 1.11**.

The last full systematic search of available Scottish data for the purposes of the first draft of this report was conducted on 09-08-2022. There have been subsequent published reports and publications, some of these have been added ad hoc since, in revised draft versions since August 2022 .

*Related Public Health Scotland reports***Table 10.2: Related Public Health Scotland reports**

Theme	Report
(P19) Impact of COVID-19	<ul style="list-style-type: none"> <li>• <a href="#">Richardson; E. Giles, L and Fraser. C. (2022) Alcohol sales and harm in Scotland during the COVID-19 pandemic. Edinburgh. Public Health Scotland.</a></li> </ul>

*Related Journal Articles – Specific to Scottish MUP only***Table 10.3: Related journal articles (specific to MUP only)**

Theme	Report
Time series Analysis – Kantar Data	<ul style="list-style-type: none"> <li>• <a href="#">O'Donnell, A.; Anderson, P.; Jan-Llopis, E.; Manthey, J.; Kaner E and Rehm, J. (2019) et al. Immediate impact of minimum unit pricing on alcohol purchases in Scotland: controlled interrupted time series analysis for 2015-18 BMJ; 366</a></li> </ul>
Time series Analysis – Kantar Data	<ul style="list-style-type: none"> <li>• <a href="#">Anderson, P.; O'Donnell, A.; Kaner., E.; Jan-Llopis, E.; Manthey, J.; and Rehm, J. (2021) Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses. Lancet 6(8): 557-565.</a></li> </ul>
Secondary Analysis of MESAS published data	<ul style="list-style-type: none"> <li>• <a href="#">Xhurxhi, I.P. (2020), The early impact of Scotland's minimum unit pricing policy on alcohol prices and sales. Health Economics, 29: 1637-1656.</a></li> </ul>

- 10.5 Please note that for P3 and P7 there are different publications and reports listed in the **Appendix 1.11** These describe and update the findings in slightly different manners. The following narrative draws on the March 2021 update for P3 and for the published journal article for P7.

**Compliance**

- 10.6 Compliance with MUP has been found to be generally high (P1; P4; P6). Detected breaches were minor and no increases in illegal alcohol related



activity has been identified. Successful compliance was attributed to the mandatory status of MUP, the relatively small number of products affected at a price level of 50ppu (making checking easier) and general guidance and support provided to retailers. Successful implementation (S1) and compliance is an important first step for achieving intended policy outcomes.

- 10.7 There was a mixed degree of awareness of the policy amongst different populations of Scottish drinkers. For example, a study with homeless drinkers suggested a generally high level of awareness (S4), whereas other studies reported drinkers with a general awareness of price increase rather than the policy itself (P5; P15), and for other drinkers there was little or no awareness of either the policy or price change (P15).

### **Price and Availability**

- 10.8 There have been a number of observable price related changes in Scotland since the introduction of MUP. The average sales price of alcohol products per unit rose from 55p to 60p, in the 12 months following implementation (P3, AR 2019). Similar average price rises were accounted for within other studies<sup>114</sup><sup>115</sup>. Correspondingly the proportion of alcohol sold below 50ppu fell (AR2019) and there were direct reports of increased prices for alcohol being paid by drinkers (P15).
- 10.9 Many alcohol products being drunk were already above the implementation price of 50ppu, and as such remained unaffected by MUP (P2; P15).
- 10.10 There were some observable changes in availability of certain products following the introduction of MUP (P2; S3). Most notably in those products (i.e. white ciders), whose price was most adversely affected by MUP (P2; P15).
- 10.11 Some reports suggested there was very little awareness or understanding of the policy implementation amongst certain drinkers (P15; S1), others

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<sup>114</sup> [Immediate impact study, O'Donnell 2019](#)

<sup>115</sup> [Early impact study, Xhurxhi 2020](#)



- 10.17 With regards to the reliability of alcohol sales data, PHS have evidenced a degree of comparability between different sources of retail data (P17) and that alcohol sales data is likely to represent an under, rather than overestimation, of alcohol consumption per adult. (P18).

*Spending*

- 10.18 The increase in price for certain products meant for those regularly previously purchasing at below 50ppu before MUP their average spend on alcohol increased following MUP implementation (P15).

**Consumption (sales and reported)**

- 10.19 Changes in consumption have been evaluated by MESAS in two different ways. Firstly, by using sales of alcohol as a proxy measure for consumption (P17; P18), and secondly, with research projects gauging directly self-reported changes in consumption.

*Self-reported*

- 10.20 A range of different reports and studies took direct reported evidence of pre- and post-implementation changes for drinkers within Scotland. The majority of these investigations were focused on specific populations of drinkers (i.e. young people, homeless, or those engaged in treatment).
- 10.21 The self-reports of changes in levels of drinking following MUP varied. For many, where the price of their drink did not change and/or their income levels were high enough, the price increase did not result in any change in drinking behaviour. Some studies reported that drinkers were consuming fewer units post-implementation (S3; S4), although any reported reduction in units did not automatically equate with reductions in overall patterns of consumption or dependency (S3; P15). A small number of people with limited budgets also reported drinking less (P2). For two studies there were individuals who drank less or more, but where the overall conclusion was in general of no real change.
- 10.22 Where any changes in the consumption of alcohol were noted, or mentions made of stopping or entering treatment, MUP was not a key consideration in

such changes (P2; P15; S4). However, in some instances MUP may have had a minor influence on such decisions (P15). There is a range of reports which suggest that motivations for, and consequences of, drinking reflect complex lives and multiple considerations, and not just price (P15; P5). Consequently, any changes in consumption were often accounted for through other reasons than price. For example, for young people (P2), getting older, different friendship groups, changes in taste or tolerance, changes in money (available), or personal circumstances were cited as reasons why change had happened.

### **Other behavioural change**

- 10.23 The Scottish evaluations also reported on a range of other behavioural change in response to MUP, notably; maintaining affordability, cross border shopping and criminal activity.

#### *Maintaining affordability*

- 10.24 Many individuals with significant drinking habits or dependencies developed means of prioritising the purchase of alcohol over other spending necessities (i.e. household bills, food or rent), with MUP exacerbating this tendency (P15; S4). This also included increased borrowing from family and friends and use of foodbanks (P15). Several studies referenced the financial impact of poverty or benefit changes as being more impactful on individual/family circumstances than MUP (P15; M5).

#### *Cross-border*

- 10.25 There has been no large scale evidence for substantive cross-border purchasing (P1; P3; P4; PH16). Whilst it is possible to evidence some potential increase in sales in North England, when compared to the rest of England, this is relatively small in relation to overall population purchasing behaviour(P16).
- 10.26 There was some consistent detailed survey and interview accounts of actual cross-border purchasing. The majority of this reporting was confined to those living in the two Scottish regions directly bordering with England (P10; P15; P16). Cross-border shopping required individuals to use/access a private

vehicle and often reflected moving their overall grocery shopping from a Scottish to an English supermarket (P15), or a visit for another purpose such as regular work or visiting family (P16). PHS (16) undertook a demand analysis which suggested the level of purchasing required to break even against any additional incurred travel costs was significant.

#### *Switching to other substances*

- 10.27 Some reports highlighted that there was no (or little) evidence of any switching from alcohol to other drugs (P15; S1; S3). However, some reports found a little evidence of some substitution to illicit drugs in those drinkers that were already using drugs, but not in alcohol only users (M15, S4, S3, S1). There were two studies (Services Providers in M15 and street/homelessness drinkers in S4) that showed some concern about the increased use of benzodiazepines, notably that which was referred to as 'street valium'.

#### *Criminal and illegal behaviour*

- 10.28 There was little evidence of any widespread increase in crime (P15), in particular in either theft or violence, as a consequence of MUP (P15). MUP was noted for a small minority of homeless drinkers to increase their existing behaviour of stealing to obtain alcohol (S4). It should be noted there was no evidence of any reduction in alcohol-related crime either.

### **Health and Social Harms**

- 10.29 The overall sense across a number of reports was that the introduction of MUP had not led to a raft of noticeable changes in health and social care service considerations. There was no change amongst the drinking and support needs of young people (P2), and within the emergency departments study (S1), there was no evidence of a beneficial impact of minimum unit pricing. Where the providers of support and treatment services for drinkers were interviewed about the impact of MUP (on the demand or nature of their service), the core message was of no obvious change and business as usual (M15; S4).

10.30 Impact on retailers – There was no overt negative impact on retailers in regard to either closures or staff, and researchers summarised a ‘new equilibrium’ in which lower volumes but higher prices largely balanced out (P4, P20). However the impact did depend on the pre MUP sale offer provided by any given retailer i.e. for some retailers there was no change (didn’t sell products below 50ppu), for some the increased price off set the decrease in sales and for a specific group of others that were often more reliant on selling products below 50pu they reported a loss.

## 11. Discussion

### Summary

- There is an emerging data story to be told about Welsh MPA introduction. This is not a straightforward cause and effect story, rather a nuanced and detailed one of a complex landscape.
- The policy implementation has been broadly welcomed and accompanied with high levels of retail compliance.
- The Welsh MPA introduction appears to be offering some consistency with wider international expectations. Whilst also offering some specifics pertaining to the Welsh context.
- MPA in Wales has largely brought about the removal of cheap cider from the shops, with drinkers predominantly switching to strong lager, spirits or wine.
- Those most adversely affected by MPA appear to be dependent drinkers on low incomes.
- Any volume of feared expected negative impacts has not materialised.
- Understanding other potential impacts of MPA has been made more difficult by other factors, notably COVID-19 and the emergent cost of living crisis experienced by many.
- Regard now needs to be given to the potential price level to maintain any observed impacts and ensuring the availability of treatment and other (financial-related) support to dependent drinkers on low incomes.

### Introduction

- 11.1 This study has synthesised a lot of different considerations. In doing so it has been able to distil six thematic messages that have been repeated across a range of the previous chapters. These are of a successful and broadly welcomed policy implementation, with some clearly limited identified emerging effects/impacts. In this there are many messages that resonate with the more comprehensive Scottish evaluation. This is a policy

implementation which reflects the adopted 50ppu level and a myriad of other contextual factors within a complex economic, political, and social context. We discuss these in more detail below.

### **Implementation**

- 11.2 The history of the route to the Welsh Government arriving at passing legislation to enable a minimum pricing policy and the successful implementation of MPA in March 2020 is well established (see **Chapter 2**). The implementation has been accompanied by a very high level of compliance among retailers (see **Chapters 6, 7 and 9**). It feels that the Welsh Government are to be applauded for seizing the opportunity to do so before it probably disappeared with the arrival of the Wales Act 2017. In doing so, they have responded positively to the increasing level of international evidence arguing for pricing policies as an effective, essential, and an integral part of overall Governmental approaches to tackling the harmful consequences of alcohol use (see **Chapter 4**).

### **Attitude to Policy**

- 11.3 MPA has been broadly welcomed. With many evaluations recounting that different individuals and groups supporting discomfort about the availability of overly cheap alcohol products and the potential benefit for future generations (see **Chapters 6 and 9**). This support has been accompanied by some consistent concern about the impact on the specific population of more dependent drinkers, especially those on low incomes (see **Chapters 6 and 9**). The interim report from the qualitative work with services and service users in particular has identified how this concern has become an established misunderstanding of whom the Welsh Government identified as the target populations at the time of the policy's inception.



### Observable and reported impacts

- 11.4 In assessing the nature of any impact it is important that we try to take as holistic as possible account of what the costs or harms of alcohol use may be<sup>117</sup>. Whilst studies can report changes in consumption and related behaviour (see **Chapters 6, 9 and 10**), individual data (see **Chapter 7**) and other possible factors (see **Chapter 8**) make it very difficult to suggest any direct cause and effect.
- 11.5 The most obvious observable impact, as evidenced repeatedly in Wales and Scotland with regard to comparatives in England, has been on those products previously sold at prices significantly below 50ppu, most notably cheap ciders. These products received a huge price increase, which often resulted in their disappearance from shop shelves and/or customers switching to other alcohol products (see **Chapters, 6, 7, and 10**).
- 11.6 The majority of products were not affected at 50ppu and by consequence most drinkers were similarly unaffected (see **Chapter 6**).
- 11.7 However, many of those drinking at the end of any harmful spectrum (i.e. at levels consistent with treatment or dependency), who had previously managed affordability through the purchase of the cheapest products, were significantly impacted upon by the implementation of MPA. This was most stark among those who also had low-income levels (see **Chapter 6**). Affordability for this group was also adversely impacted on by a range of other factors associated with socio-economic deprivation (see **Chapter 8**).
- 11.8 There was a lot of pre-implementation concern about the possibility of MPA leading to increases in some negative behaviours, such as shoplifting or a switch to other drug use (see **Chapters 2, 4, and 6**). The post-implementation reporting identified only limited evidence of such, mostly amongst those really struggling with affordability and prior experience of other drug use (see **Chapter 6**).

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<sup>117</sup> [Which cost of alcohol? What should we compare it against? - PubMed \(nih.gov\)](#)

## Price Level

- 11.9 Wales has adopted a 50 pence per unit price level. This is the same level as adopted by Scotland (see **Chapter 2**). This itself has allowed us to consider comparisons of the evidence from both countries (see **Chapter 5**). This report has highlighted how this price level might be considered both a cautious and pragmatic initial one (see **Chapters 6 and 11**). The price level was a debated and deliberated choice by the Welsh Government (see **Chapter 2**). Some of the arguments for this are succinctly summarised within their integrated impact assessment<sup>118</sup>.
- 11.10 The price level of 50ppu has been attributed to the successful implementation<sup>119</sup>. It has been argued that the relatively small level of observable consequences and impacts reflects the price level as adopted<sup>120</sup>. Some of the original modelling was undertaken on the 50ppu price over a decade ago, in the time since then there has been inflation rises, a significant range in the increase in the cost of living and a range of modest to larger increases in income levels. As the 50ppu price stands still these factors increase the relative affordability of alcohol (see **Chapter 8**). Although for those on lower incomes it has been argued that incomes have decreased relative to costs.
- 11.11 It can be argued that the 50ppu price, whilst the legally established and effective introductory price, is now an ‘outdated’ price and that for MPA/MUP to remain impactful the price needs to rise. That is to say the deprivation gap has increased and is known to adversely affect health and social care outcomes (see **Chapter 8**).
- 11.12 There have been active calls for such increases, particularly among campaign groups and the medical profession.<sup>121</sup> Many of these calls articulate that 65p represents a more realistic and up to date price level.

<sup>118</sup> [Integrated Impact Assessment \(gov.wales\)](https://gov.wales)

<sup>119</sup> [Intended and unintended consequences of the implementation of minimum unit pricing of alcohol in Scotland: a natural experiment \(nih.ac.uk\)](https://nih.ac.uk)

<sup>120</sup> [Intended and unintended consequences, Millard et al 2021](#)

<sup>121</sup> [Widespread support to increase MUP \(alcohol-focus-scotland.org.uk\)](https://alcohol-focus-scotland.org.uk)

### **Resonance with literature and other evaluations**

- 11.13 During the legislation forming and pre-implementation periods it became increasingly clear that Wales was following in the footsteps of Scotland (see **Chapter 2**). Further, that as Scotland was the first country to implement a minimum pricing policy at a whole national level, that they would be subject to a huge amount of scrutiny and would need to respond with a very comprehensive evaluation (see **Chapter 5**). In this context the Welsh Government has been alert to following a process of engaging with other evaluation teams, notably PHS, and establishing whether the Welsh evaluation provides a reassuring resonance with other international evaluations or points to the need to expand and refine the Welsh evaluation activity.
- 11.14 Both early on and at the interim stages it has become clear that the headline messages emerging from the implementation of the Welsh MPA have reassuringly resonated with those of the literature, other evaluations, and in particular Scotland (see **Chapters 6 and 10**).
- 11.15 There have been no significant alternative messages to emerge from the Welsh evaluation when compared to Scotland and elsewhere. There has within this story been some more nuanced detail that specifically reflects the Welsh context and timing of the implementation (i.e. COVID-19, a slightly more extended cross-border and different devolved governmental powers) (see **Chapters 6, 7, and 9**).

### **Contribution analysis – a messy evaluation space**

- 11.16 The adopted methodology of Contribution Analysis is deliberately designed to take account of a situation where there are a vast range of complex and influencing considerations (see **Chapters 3 and 5**). This report has highlighted that the specifics of the Welsh MPA implementation have turned out to be even more complex than anyone anticipated. Minimum pricing is about affordability and reducing consumption to reduce harms (see **Chapters 2, 4, and 5**). In this light, 2020-2022 have been dominated by the onset of a global pandemic and economic crisis (see **Chapter 7**). These,

along with a range of other factors, have led to the researchers hearing consistent messages about how difficult it has been to discern all but a specific number of obviously observable impacts of MPA (see **Chapters 6-10**).

- 11.17 The exploration of the experiences of drinkers within the work with services and service users, and the work exploring the impact on the wider population of drinkers is consistent with other researchers, in that the terms *moderate*, *hazardous*, *harmful*, and *dependent* (drinking) align to, and are defined on the basis of, AUDIT scores<sup>122</sup>. It is important to emphasise, that in sampling terms this does not differentiate between those whose pre-implementation purchasing of alcohol was either above or below the MPA implementation price of 50ppu. The sampling captures individuals included in the study who were inherently not impacted by MPA (or limited to a minimal level) because the price of their purchased alcohol (pre- vs post-MPA) had not changed (or had only changed by a minimal amount). As a consequence, the samples are therefore based on whole cohorts of either treatment-based drinkers and wider population drinkers, rather than samples based on those who had experienced a change (or not) in the price of their purchased alcohol post-implementation.

### Limitations

- 11.18 We have outlined the clear methodological process and framework considerations of the evaluation (**Chapters 3 and 5**). Contribution analysis nonetheless requires the evaluators to ultimately make sense of any 'performance story'. In doing so, we are mindful that as a team we have become excessively immersed in minimum pricing policy considerations for many years. In many ways such detailed knowledge and understanding may be considered a strength. However, it could equally be argued that our analysis lacks objectivity. We entrust in keeping the report to a readable

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<sup>122</sup> [AUDIT : the Alcohol Use Disorders Identification Test : guidelines for use in primary health care \(who.int\)](http://www.who.int)

size, that the Appendices provide a sufficiency of signpost to the underlying evidence base for the conclusions we have drawn.

- 11.19 We have noted the relative smallness of the bespoke Welsh MPA evaluations, both number of studies and some of the sample sizes within. The limitations in this are in part compensated for by the consistent echoing with the larger Scottish evaluation set.
- 11.20 We think there are several **gaps** in the data, evaluations, evidence, and literature, and by consequence are perhaps missing from this report, most notably:
- explicit Welsh data gathered/that reflects the views of and impact on children, young people and family members; and
  - Welsh MPA research explicitly from within NHS settings (i.e. as per the Scottish ‘Harmful Drinkers’ study)<sup>123</sup>.

### **Concluding comments**

- 11.21 This study has been able to distil six overall thematic messages that have been repeated across a range of the previous chapters. These are delineated and summarised in the next chapter and in the executive summary. Taken as a whole they tell a story of a successful and broadly welcomed policy implementation, with some clearly limited identified emerging effects/impacts. There appears to be clear evidence supporting good retailer compliance, and certain previously cheap alcohol products being removed. Most drinkers appear to have been unaffected (can afford or product of choice not affected), but a small group of predominantly dependent and low-income drinkers appear to be particularly adversely affected. In this there are many messages that reassuringly resonate with the more comprehensive Scottish evaluation portfolio. This is a policy implementation which reflects the adopted 50ppu level and a myriad of other contextual factors within a complex economic, political, and social context. As such, extensive positive or negative impacts are harder to discern.

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<sup>123</sup> We note, however, that the messages acquired from treatment/dependent drinkers in NHS and voluntary sector appear to be very similar.

## Next steps

- 11.22 This study confirms that there is now an emerging picture of what can be said about the implementation of alcohol pricing policies on a whole nation scale<sup>124</sup>.
- 11.23 The Scottish picture is one that has a number of evaluations now in the public domain. We will gain a fuller and rounded understanding of the Scottish implementation when PHS's overarching synthesis evaluation is published in June 2023. This will then lead to Scottish Government considerations about the continuation of the policy under its current sunset clause conditions and regard for future price levels. Given some of the strong resonance accounted here between the Scottish and Welsh measures, this will also offer a fresh level of insight into the effectiveness of MPA at 50ppu that can be taken into Welsh Government actions regarding the next steps for its own policy and or price level.
- 11.24 The Welsh picture is also emerging<sup>125</sup>. This includes an immediate effect on sales, but perhaps less so consumption. Our understanding will further be informed by the final round of Welsh evaluations and the final overall evaluation (second version of this report) in 2024.

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<sup>124</sup> [Livingston 2022 Minimum pricing – what can we say so far?](#)

<sup>125</sup> [Evans 2022 Wales' drinking habits: how much has changed since minimum pricing for alcohol? \(senedd.wales\)](#)

## 12. Emerging messages and early considerations

### Summary

#### *Six key overall messages*

- Overall successful policy implementation
- Some specific observable impacts so far
- General agreeability with the policy, but concern for certain populations
- Confidence in Welsh evaluations through a strong resonance with Scottish evaluations
- The need for regular increases in the minimum price, to retain any impact value
- Understanding of MPA sits within a complex and messy evaluation space

#### *The key recommendations*

- For Welsh Government about; maintenance of evaluation processes, further messaging about the policy and ensuring that complimentary treatment policy remains effective.
- For service providers about; better preparing and supporting dependent and low-income drinkers for the impact of the policy

### Introduction

- 12.1 The previous chapter has outlined how we have an emerging story to tell and that this has arrived at this interim report with six key messages. These are highlighted below. Each comes with an accompanying number of elements to contribute to that overall key message.

### Key Messages

#### *Key Message 1: Successful policy implementation*

- There has been a very good level of compliance with the policy. Retailers report being well informed and comfortable in their implementation.

Trading Standards Wales reported only six fines issued in response to 3,000 plus inspections, and price checks through a number of evaluations show minimum prices being consistently adopted. Although some of the respondents in the two research projects involving feedback from drinkers indicated the existence of some non-compliance, the overall picture would indicate this as the exception rather than the norm.

- There have been clear observable price changes on specific products. Product checks and direct reporting indicate certain products have acquired new post 50ppu price points and some products as a consequence have disappeared or are rare to purchase. There has been some industry product reformulation, i.e. reduced abv or product size to increase product affordability.
- The Welsh Government seized the opportunity before the Wales Act 2017 to implement the policy. This is in alignment with other non-English UK governments, other worldwide governments, and the World Health Organisation and as such should be applauded for this decision.

*Key Message 2: Observable impacts thus far*

- Product changes/availability. More specifically the introduction of the policy raised the price of a number of previously especially cheap alcohol products, notably cider.
- Impact on consumption. For most no obvious impact, either not drinking at sufficient volume or product not affected at the 50ppu level.
- For those often dependent drinkers looking to maintain affordability has predominantly been done by adapting pre-existing coping/purchasing/affordability behaviours, notably going without food, or not paying bills.
- Negative crime/health matters (most specific in small element of overall population, notably those who 'need' alcohol)
- This is combined with a range of concern about availability of and impact on treatment services and addressing wider social and health inequalities.

*Key message 3: General agreeability with the policy*



- The policy has been broadly welcomed. This is highlighted in many of the evaluations and reports above, and includes a positive response within all groups, e.g. drinkers, enforcement agencies, providers, and retailers. This is most often accompanied with agreed concern about the availability of cheap alcohol and protecting future generations.
- Despite this there has been some opposition to the policy (notably among some providers and drinkers) and consistent pre- and post-MPA implementation concern expressed about the impact on those heavy drinkers with low incomes.

*Key Message 4: Strong resonance with Scottish evaluations*

- The Welsh evaluation has some (positive) consistent echoing of messages resonant with Scottish evaluation outcomes. This should provide confidence in Welsh evaluations and any likely impacts of MPA.

*Key message 5: A cautious price*

- The relatively limited effects, both positive and negative, reflect the 50ppu price level and it being an initially cautious one. While it was the price level deliberately chosen for implementation, given it is based on an economic environment that has rapidly changed, many have been arguing that it now needs to be updated.
- Any potential effect of the minimum price is eroded over time by factors such as inflation or rising cost of living.
- The current socio-economic climate is a difficult one in which to raise the minimum price or a perceived additional living cost.

*Key Message 6: MPA in Wales occupies a messy policy delivery and evaluation space*

- The specific nature of the devolution boundaries, define the extent to which the Welsh government can influence relevant socio-economic and policy matters.
- MPA needs to be seen in the context of the elements of effective alcohol policy, notably effective treatment provision.
- There are a multiplicity of possible contributing accounts for data outcomes and any observable impact of MPA.

- It is clear that in particular COVID-19, and the emerging 'Cost of Living' crisis have become huge distracting influences.

### **Early Considerations (recommendations)**

12.2 Given this is an interim evaluation rather than a completed review, this report provides the following key considerations, rather than conclusive recommendations, for the Welsh Government to potentially act on:

- Maintain and support the current commitment to evaluation and monitoring of the MPA policy.
- Actively consider a review of the current 50ppu price level. It seems likely that a price increase is required to maintain any of the impact of MPA observed so far. Any price increase will require well-crafted communication and implementation in the current economic context.
- Continue to engage with PHS, monitor its final outcome report. Continue to compare Scottish findings with those of Wales. This comparative, when consistent, enables confidence in the Welsh evaluation suite.
- Where necessary consider what other evaluations may be required, for example the impact of MPA on children, young people and families.
- Reinforce communications about whom the policy is targeting. This may include the need for a re-launch of messaging about the policy. The Welsh Government has a number of other strategic responses for supporting the population of harmful drinkers who need treatment and related support. The messages about this need to be better understood and by consequence the messages about whom the intended Welsh target for MPA is too.
- Given the expressed concern for and impact on dependent drinkers with low incomes of the MPA policy, it seems imperative that Welsh Government ensure delivery, resourcing and support of an effective treatment system, consistent with other policies/strategies, i.e. The Substance Misuse Delivery Plan.
- Where possible, continue to mitigate on matters of poverty and social injustice, as it is increasingly clear that MPA impacts most heavily on those heavy drinkers with lower levels of income and experiencing

poverty. In this regard, also consider how the next 'Substance Misuse' delivery plan does more to integrate the intersections of support for food, housing, income and other social security considerations, within those of direct treatment services. (Noting inequality and subsequent deprivation is such a critical factor in health outcomes).

12.3 We also offer the following recommendations for service/treatment providers:

- Better promote the policy of MPA and offer clear signposting to support services for help with budgeting, housing, food banks, relationship advice, counselling, referral into detox.
- Be clear in offering explicit harm reduction advice re the potential harms of switching from one alcohol product to another and or to spirits or other substances