

**Research Report**

**24-Month Review of the Introduction of Minimum Pricing for Alcohol in Wales: Appendices**

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

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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

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**Appendices: Livingston, Madoc-Jones, Perkins, Holloway, Buhociu and Murray (2022). 24-month Review of the introduction of Minimum Pricing for Alcohol in Wales. Cardiff: Welsh Government, GSR report number 65/2023**  
Available at: <https://www.gov.wales/minimum-pricing-alcohol-contribution-analysis>

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

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# Appendices

## Appendices

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## **Appendix – 1.1 – Overview of literature: alcohol policy (2016-2023\* only)**

This table is presented in chronological rather than alphabetical order to enable the reader to access the most recent material more easily

*\*This is a sample selection of material accessed by authors. Other material within and before the specified dates has also informed various thinking within the report.*

Year of Publication	Authors	Title/Subject	Available at
2023	Pettigrew, S.; Booth, L & Pinoh Gomes, A-C.	<a href="#">Public perceptions of responsibility for alcohol control actions by actor type in seven countries</a>	Addictive Behaviors
2022	Holloway, K.; Buhociu, M.; Murray, S.; Livingston, W and Perkins, A	<a href="#">Assessing Impact of COVID-19 and the Early Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers.</a>	Welsh Government
	Homes, J.; Buykx, P.; Perkins, A.; Hughes, J.; Livingston, <i>et al</i>	<a href="#">Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels</a>	Public Health Scotland
	Nicholls, J & Cairney, P.	<a href="#">Using policy theories to interpret public health case studies: the example of a minimum unit price for alcohol</a>	Paul Cairney.wordpress
	Nicholls. J.; R. O'Donnell.; L. Mahon & Fitzgerald, N.	<a href="#">Give us the real tools to do our jobs': views of UK stakeholders on the role of a public health objective for alcohol licensing</a>	(Journal of) Public Health
	Uusitalo, L <i>et al</i>	<a href="#">Changes in alcohol purchases from grocery stores after authorising the sale of stronger beverages: The case of the Finnish alcohol legislation reform in 2018</a>	Nordic Studies Alcohol and Drugs
	World Health Organisation	<a href="#">No Place for cheap alcohol: The potential value of minimum pricing</a>	World Health Organisation
2021	Boniface, S.; Atkinson, A.M.; Critchlow, N.; Jones, M.; Meadows, B & Severi, K.	<a href="#">UK alcohol marketing regulation is failing: a new approach is needed to prioritise protection for all</a>	(Journal of) Drugs-Education Prevention and Policy
	Buhociu, M.; Holloway, K.; May, T.; Bennett, T.; Livingston, W.	<a href="#">Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers: Baseline Report</a>	Welsh Government

	and Perkins, A.		
	Buykx, P.; Perkins, A.; Hughes, J.; Livingston, W <i>et al</i>	<a href="#">Impact of Minimum Unit Pricing among people who are alcohol dependent and accessing treatment services: Interim report: Structured interview data</a>	Public Health Scotland
	Livingston, W.; Holloway, K., May, T., Buhociu, M., Madoc Jones, I and Perkins, A.	<a href="#">Adapting existing behaviour: perceptions of substance switching and implementation of minimum pricing for alcohol in Wales.</a>	Nordic Studies on Alcohol and Drugs
	Organisation for Economic Co operation and Development (OECD)	<a href="#">Preventing Harmful Alcohol Use'</a>	Organisation for Economic Cooperation Development
	World Health Organisation	<a href="#">Making the WHO European region safer developments in alcohol control policies, 2010–2019.</a>	World Health Organisation
2020	Beech, J.; Cooper, E.; Holmes, J & McKenna, H.	<a href="#">What role do taxes and regulation play in promoting better health?</a>	KingsFund
	Griffith, R.; O'Connell, M & Smith, K.	<a href="#">Tackling heavy drinking through tax reform and minimum unit pricing</a>	Institute for Fiscal Studies
	Livingston, W. Madoc-Jones, I and Perkins, A	<a href="#">The potential of Contribution Analysis to alcohol and other drug policy strategy evaluation: an applied example from Wales</a>	(Journal of) Drugs, Education, Prevention and Policy
	Sherk, A. <i>et al</i>	<a href="#">The Potential Health Impact of an Alcohol Minimum Unit Price in Québec: An Application of the International Model of Alcohol Harms and Policies</a>	Journal of Studies on Alcohol and Drugs
	Woodhouse, J.	<a href="#">Alcohol: minimum pricing: House of Commons briefing paper-5021</a>	UK Parliament
2019	Angus, C., Holmes, J. & Meier, P	<a href="#">Comparing alcohol taxation throughout the European Union</a>	Addiction
	Burton, R. <i>et al</i>	<a href="#">The range and magnitude of alcohol's harm to others A report delivered to the Five Nations Health Improvement Network. A rapid review of cross</a>	Public Health England

		<a href="#">sectional surveys</a>	
	Holloway, K.; May, T.; Buhociu, M.; Livingston, W.; Perkins, A. and Madoc-Jones. I.	<a href="#">Research into the potential for substance switching following the introduction of minimum pricing for alcohol in Wales</a>	Welsh Government
2018	Angus, C., Holmes, J., Brennan, A. & Meier, P	<a href="#">Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report</a>	Welsh Government
	Fraser, S.; Valentine, K & Seear, K.	<a href="#">Emergent publics of alcohol and other drug policymaking</a>	Critical Policy Studies
	Kemp, A.	<a href="#">UK perspective on evidence based policy planning</a>	UK Government
	Royal Society of Edinburgh	<a href="#">Response to the Scottish government consultation on implementation of minimum unit pricing for alcohol. Advice paper 18-03.</a>	Scottish Government
2017	Burton, R., Henn, C., Lavoie <i>et al</i>	<a href="#">Rapid evidence review of the effectiveness and cost effectiveness of alcohol control policies: an English perspective.</a>	Lancet
	Edman, J.	Alcohol Consumption as a Public Health Problem 1885 1992	A Kettle Bruim Society Conference paper
	Gavens, L <i>et al</i>	<a href="#">Processes of local alcohol policy-making in England: Does the theory of policy transfer provide useful insights into public health decision-making?☆</a>	(Journal of) Health and Place
2016	Bhattacharya, A.	<a href="#">Which cost of alcohol? What should we compare it against?</a>	Addiction
	Nelson, J. P & McNall, A.D.	<a href="#">Alcohol prices, taxes, and alcohol-related harms: A critical review of natural experiments in alcohol policy for nine countries.</a>	(Journal of) Health Policy
	Vandenberg, B & Sharma, A	<a href="#">Are Alcohol Taxation and Pricing Policies Regressive? Product-Level Effects of a Specific Tax and a Minimum Unit Price for Alcohol</a>	Alcohol and Alcoholism

## **Appendix 1.2 – Overview of literature: pricing policy formulation**

Source	Key Message
<p><a href="#">Angus, C., Holmes, J., and Meier, P. S. (2019) Comparing alcohol taxation throughout the European Union. <i>Addiction</i>, 114: 1489– 1494.</a></p>	<p>Comparative study of various taxation rates. Beer and spirits taxed fairly consistently more variety for wine/cider etc. UK and Ireland among lowest rates for spirits.</p>
<p><a href="#">Babor T., Caetano R., Casswell S., Edwards G., Giesbrecht N., Graham K. et al. (2023) <i>Alcohol: No Ordinary Commodity—Research and Public Policy</i>. Oxford, UK: Oxford University Press. Third Edition <b>Alcohol No Ordinary Commodity 2023.pdf</b></a></p>	<p>Key Book. Including a final section which reviews effective alcohol policy- Overall, the strongest, most cost-effective strategies include (i) increased prices (taxation) (ii) restrict availability, restrictions on the physical availability of alcohol, (iii) drink-driving countermeasures, (iv) targeted brief interventions</p>
<p><a href="#">Beech, J.; Cooper, E.; Holmes, J and McKenna, H.(2020) <i>What role do taxes and regulation play in promoting better health?</i> London, The Kings Fund.</a></p>	<p>Briefing. Key messages (i) Fiscal and regulatory policies are important tools for policy makers to correct harmful market failures. (ii) Scope for UK to be bolder</p>
<p><a href="#">Bhattacharya, A. (2017) <i>Which cost of alcohol? What should we compare it against?</i>. <i>Addiction</i>, 112: 559– 565.</a></p>	<p>Outlines how policy makers and researchers need to have a more refined understanding and use of ‘costs’ of alcohol use. Suggests current policy based on outdate and not fully reliable data.</p>
<p><a href="#">Boniface, S.; Atkinson, M.A.; Critchlow, N.; Jones, M.; Meadows, B and Katherine Severi, K (2021): <i>UK alcohol marketing regulation is failing: a new approach is needed to prioritise protection for all</i>, <i>Drugs: Education, Prevention and Policy</i>,</a></p>	<p>The UK’s current complaints-led self-regulatory approach fails to protect consumers and vulnerable groups from being exposed to influential alcohol marketing.</p>
<p><a href="#">Burton, R., Henn, C., Lavoie, D., O’Connor, R., Perkins, C., Sweeney, K., et al. (2017). <i>A rapid evidence review of the effectiveness and cost effectiveness of alcohol control policies: an English perspective</i>. <i>Lancet</i>,389(10078), 1558-1580.</a></p>	<p>Evidence review of effectiveness and cost effectiveness of different policy approaches. Evidence strongest for those addressing affordability and marketing. Some evidence for availability. Very little long lasting effect of health promotion information.</p>



<p><a href="#">Hawkins, B and McCambridge J. (2020) Policy windows and multiple streams: an analysis of alcohol pricing policy in England. Policy and Politics 48(2):315-333.</a></p>	<p>The need for high level political commitment in order to implement controversial policies, even when they are backed by strong supporting evidence. Highlights importance of civil society actors.</p>
<p><a href="#">Lesch, M and McCambridge, J. (2021) Waiting for the wave: Political leadership, policy windows, and alcohol policy change in Ireland. Social Science &amp; Medicine. 282:114116.</a></p>	<p>Importance of political leadership.</p>
<p><a href="#">Lesch, M and McCambridge, J. (2021) Reconceptualising the study of alcohol policy decision-making: the contribution of political science. Addiction Research and Theory 29(5):427-435.</a></p>	<p>Uptake of new ([policy-alcohol policy] ideas depends on the existing configuration of interests, institutions and ideas. Example of Wales – policy change promoted by (i) power to legislate pre Wales Act (ii) relatively weak alcohol industry and (iii) active public health community.</p>
<p><a href="#">Lesch, M. and McCambridge, J. (2022), A long brewing crisis: The historical antecedents of major alcohol policy change in Ireland. Drug and Alcohol Review 41:135-143.</a></p>	<p>Identifies decades long struggle to have alcohol policy identified as a public health issue – fuelled by lack of institutional authority and earlier policy failures.</p>
<p><a href="#">McCambridge, J.; Kypri, K.; Sheldon, T.A.; Madden M and, Babor, T.F. (2020) Advancing public health policy making through research on the political strategies of alcohol industry actors. Journal of Public Health 42(2):262-269.</a></p>	<p>Article articulates the need to understand the changing nature of alcohol industry and its behaviour as explicit and heuristic within alcohol research considerations.</p>

### Appendix 1.3 -Overview of literature; alcohol industry

Article and Source	Key Message
<a href="#">Anderson P, Jané Llopis E, O'Donnell A, et al.(2020) Impact of low and no alcohol beers on purchases of alcohol: interrupted time series analysis of British household shopping data, 2015–2018. BMJ Open 10:e036371.</a>	Active reformulation of products; no and low , and those in the 6.9%+ proof range.
<p>Babor, T and Robaina, K. (2017) Public health countermeasures to minimize the harmful effects of the alcohol industry. Conference Paper, KBS.</p>	Literature identify five overall public health measures to <i>counter</i> industry activities 1) surveillance of alcohol industry corporate social responsibility activities, corporate political activities, and compliance with marketing regulations; 2) research on the alcohol industry itself both as an inducer of alcohol-related problems and as an influence on alcohol policy; 3) formulation of conflict of interest policies, transparency declarations and risk assessments; 4) including public health considerations in trade agreements; and 5) community action projects
<a href="#">Bartlett A, and McCambridge J. (2021) Appropriating the Literature: Alcohol Industry Actors' Interventions in Scientific Journals. Journal of Studies Alcohol Drugs.82(5):595-601.</a>	Two main strategies used by industry to question alcohol research – 1) question it's accuracy, 2) question its legitimacy.
<a href="#">Barlow, P.; Gleeson, D.; O'Brien, P and Labonte, R (2022). Industry influence over global alcohol policies via the World Trade Organization: a qualitative analysis of discussions on alcohol health warning labelling, 2010–19. Lancet 10(3):E429-437.</a>	Evidences use of industry arguments (downscaling nature of problems, promoting alternative policy etc) by WTO members on proposed alcohol labelling policy introduction into 10 member counties.
<p>Bryant, L. (2020). Nudge theory and alcohol policy: how nudge frames drinkers and industry. London: Institute of Alcohol Studies.</p>	Nudge theory used to frame blame on drinkers and industry as a reliable actor.
<a href="#">Bryden A, Petticrew M, Mays N, Eastmure E, and Knai C. (2013) Voluntary agreements between government and business - a scoping review of the literature with specific reference to the Public Health Responsibility Deal. Health Policy.110(2-3):186-97.</a>	Outlines role of voluntary agreements. Effectiveness is related to those with ambition and sanctions.

<p><a href="#">Calnan, S., Davoren, M. P., Perry, I. J., &amp; O'Donovan, Ó. (2018). Ireland's Public Health (Alcohol) Bill: A Critical Discourse Analysis of Industry and Public Health Perspectives on the Bill. <i>Contemporary Drug Problems</i>, 45(2), 107–126.</a></p>	<p>Signs of a neoliberal rhetoric emerging within the public health discourses, raising a question over whether the Bill and its supporting discourses signal a paradigmatic shift or are more indicative of a policy embracing hybrid forms of rule.</p>
<p><a href="#">Critchlow, N., Moodie, C. and Houghton, F. (2022) Brand sharing between alcoholic drinks and non-alcoholic offerings: a challenge to Ireland's restrictions on alcohol advertising. <i>Irish Journal of Medical Science</i></a></p>	<p>Utilising non-alcohol brands to subvert restrictions on alcohol advertising</p>
<p><a href="#">Dwyer, R.; Room, R.; O'Brien, P.; Cook, M and Gleeson, D.(2022) industry submissions to the WHO 2020 Consultation on the development of an Alcohol Action Plan: A content and thematic analysis Report for the Foundation for Alcohol Research and Education [FARE]</a></p>	<p>Identify to key alcohol industry response. (i) Respond strongly to proposed actions that limited their role and participation in alcohol governance and (ii) insist on a focus on harm reduction rather than reduced consumption.</p>
<p><a href="#">European Centre for Monitoring Alcohol Marketing (EUCAM). (2021) The seven key messages of the alcohol industry: Information for everyone who wants to be aware of the real intentions of the alcohol industry</a></p>	<p>Seven Key Industry messages (i) normalising use, (ii) problems caused by small numbers of drinkers (iii) Promoting responsible drinking, (iv) no negative impact of advertising (v) info and education as best form of prevention, (vi) role of alcohol free/low alcohol in reducing harm and (viii) Alcohol problems can only be solved if ALL parties work together.</p>
<p><a href="#">Hawkins, B and McCambridge J. (2020) Tied up in a legal mess': The alcohol industry's use of litigation to oppose minimum alcohol pricing in Scotland. <i>Scottish Affairs</i>;29(1):3-23.</a></p>	<p>A process of undermining and delaying (i) creation of significant 'regulatory chill' in other policy areas in Scotland and UK alcohol policy more generally. (ii) creation of delay. (iii) inclusion of 'sunset clause' as a further opportunity for challenge.</p>
<p><a href="#">Hawkins, B.; Holden, C and McCambridge, J (2012) Alcohol industry influence on UK alcohol policy: a new research agenda for public health, <i>Critical Public Health</i>, 22:3, 297-305, DOI: 10.1080/09581596.2012.658027</a></p>	<p>Commentary paves the way for a new research agenda on the alcohol industry as a political actor.</p>
<p><a href="#">Lesch, M and McCambridge, J. (2022) Understanding the Political Organization and Tactics of the Alcohol Industry in Ireland 2009–2018 <i>Journal of Studies on Alcohol and Drugs</i> 83:4, 574-58.</a></p>	<p>Three interrelated industry tactics – (i) obstruction through participation, (ii) coalition-building and mobilizing proxies, and (iii) making use of extensive political resources in lobbying</p>

<p><a href="#">Madden, M. and McCambridge, J. (2021) Alcohol marketing versus public health: David and Goliath?. Globalization and Health 17:45</a></p>	<p>Positioning by corporate actors of the state as Goliath, and alcohol drinker/industry as David. - producing a dystopian version of individual freedom which allocates responsibility for risk to individuals and renders invisible the processes of maximising shareholder wealth.</p>
<p><a href="#">McCambridge J, Hawkins B, Holden C. (2014) Vested interests in addiction research and policy. The challenge corporate lobbying poses to reducing society's alcohol problems: insights from UK evidence on minimum unit pricing. Addiction. 109(2):199-205.</a></p>	<p>Maps process and success of alcohol producers and retailers in adopting long term political influencing relationships. Influence of lobbying.</p>
<p><a href="#">McCambridge J, Mialon M and, Hawkins B. (2018) Alcohol industry involvement in policymaking: a systematic review. Addiction. 113(9):1571–84.</a></p>	<p>Alcohol industry actors are highly strategic, rhetorically sophisticated and well organized in influencing national policymaking. Two key influencing approaches (i) reframing policy debates (ii) adopting approaches to manage threats to commercial interest</p>
<p><a href="#">Sama T. B and Hiilamo H. (2019) Alcohol industry strategies to influence the reform of the Finnish Alcohol Law. Nordisk Alkohol Nark. 36(6):556-568..</a></p>	<p>Alcohol industry strategies during alcohol law reform stages (i) lobbying of Members of Parliament (ii) constituency alliance building with retailers (iii) advocate for policy alternatives; liberalisation.</p>
<p><a href="#">Savell E, Fooks G, and Gilmore A, B. (2015) How does the alcohol industry attempt to influence marketing regulations? A systematic review. Addiction 111(1):18-32.</a></p>	<p>Five main strategies identified including (i) arguing against regulation rather promoting self-regulation, (ii) promoting corporate responsibility and (iii) challenging and manipulating the evidence base.</p>

**Appendix 1.4 – Logic Model Exemplar**

Inputs		Outcomes			Impact	Potential Data Sources
<i>Activities</i>	<i>Target groups</i>	<i>Immediate (3 months)</i>	<i>Intermediate (18 months)</i>	<i>Long-term (42+ months)</i>		
Removal of low price, high strength products	Business Producers	Compliance Product removal	Change in alcohol purchase and consumption behaviour	Reduction in overall population consumption. Possibly product realignment (lower strength or smaller bottles)	Reduction in overall units purchased and consequently alcohol related harms	Trading standard Prosecutions, Drinker and provider Interviews Kantar Data

**Appendix 1.5 – Summary of Welsh evaluations: agencies and investigators**

Study	Lead Agency/Principal Investigator	Partners	Principal Investigator
Switching Study	University of South Wales.	Figure 8 Consultancy Glyndwr University	Prof. Katy Holloway
Contribution Analysis	Glyndwr University.	Figure 8 Consultancy University of South Wales.	Prof. Wulf Livingston
Retailers Study	NatCen Social Research	None	
Treatment Population Study	Figure 8 Consultancy.	Glyndwr University. University of South Wales	Mr. Andrew Perkins
General Population Study	University of South Wales	Figure 8 Consultancy Glyndwr University	Prof. Katy Holloway.

## **Appendix 1.6 Summary of Welsh evaluations : timelines**

(NB. This table merges original and intended dates as there has been some delay in 18 month data collection and interim report as a consequence of Covid related interruptions).

Contribution Analysis	Theory of Change Logic Model Stakeholder interviews Interim report Stakeholder interviews Final report	Feb 2020 April 2020 2020-2021 Sept 2022 2022-2024 Summer 2024	Completed Completed Completed This Report
Retail	Baseline 18 month data collection Interim report 42 month data collection Final Report	Feb 2020 Sept 2021 Jan 2022 Dec 2023 Spring 2024	Published Completed Submitted
Treatment Population	Post implementation data collection 18 month data collection Interim report 42 month data collection Final report	June 2020 Early 2022 July 2022 Dec 2023 Spring 2024	Completed Completed Submitted
General Population	Baseline Immediate Covid 18 month data collection Interim report 42 month data collection Final report	Feb 2020 July 2020 Early 2022 June 2022 Dec 2023 Spring 2024	Published Published Completed Submitted

## Appendix 1.7 Summary of Welsh evaluations : reports

Study Element	Publication Title	Available at
Switching	Holloway, K.; May, T.; Buhociu, M.; Livingston, W.; Perkins, A. and Madoc-Jones. I. (2019) <a href="#">Research into the potential for substance switching following the introduction of minimum pricing for alcohol in Wales: Final Report Cardiff: Welsh Government</a> GSR report number 48. /2019.	Welsh Government
	<a href="#">Livingston, W.; Holloway, K., May, T., Buhociu, M., Madoc Jones, I and Perkins, A. (2021) Adapting existing behaviour: perceptions of substance switching and implementation of minimum pricing for alcohol in Wales. Nordic Studies on Alcohol and Drugs. 38(1):22-34.</a>	Nordic Studies on Alcohol and Drugs
Contribution Analysis	Interim Report (This Study)	
Retailer Study	<a href="#">Evaluation of the Minimum Price for Alcohol in Wales – Baseline Research with Retailers and Quantitative Analysis Plan</a>	Welsh Government
	<a href="#">Evaluation of the Minimum Price for Alcohol in Wales – Interim report on Research with Retailers and Quantitative Analysis</a>	Welsh Government



Treatment Population Study	<a href="#">Assessing the Experiences and Impact of Minimum Pricing for Alcohol on Service Users and Service Providers: INTERIM FINDINGS</a>	Welsh Government
General Population Study	<p>Buhociu, M.; Holloway, K.; May, T.; Bennett, T.; Livingston, W. and Perkins, A. (2021) <a href="#">Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers: Baseline Report Cardiff Welsh Government</a> GSR report number 45/2021</p> <p>Holloway, K.; Buhociu, M.; Murray, S.; Livingston, W and Perkins, A. (2022). <a href="#">Assessing Impact of COVID-19 and the Early Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers. Cardiff: Welsh Government</a>, GSR report number 23/2022.</p> <p>Buhociu, Holloway, May, Livingston and Perkins (2022). <a href="#">Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers: Interim Findings. Cardiff: Welsh Government</a>, GSR report number 18/2023</p>	<p>Welsh Government</p> <p>Welsh Government</p> <p>Welsh Government</p>

## Appendix 1.8 Alcohol-related deaths

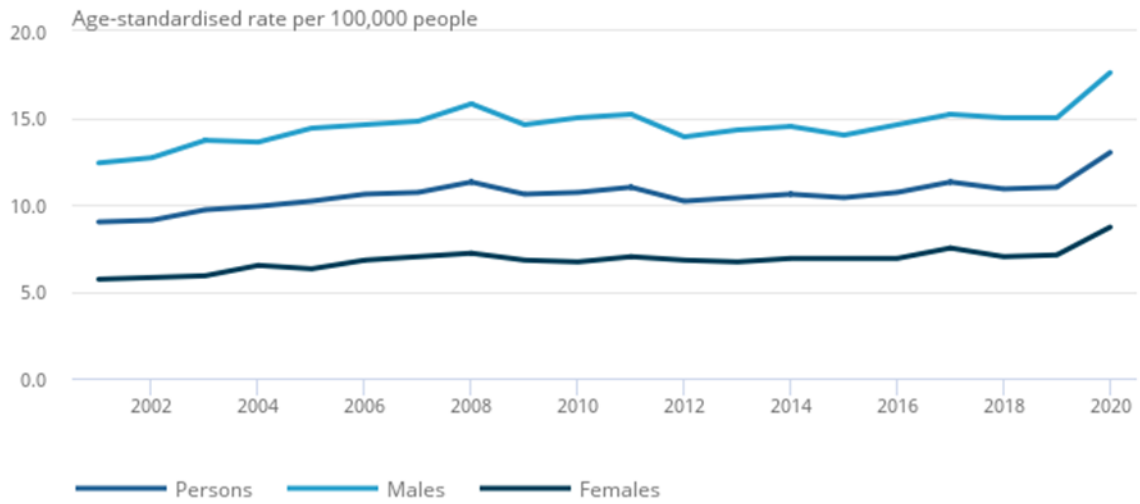
### Sources

		<b>Data Location</b>
Office for National Statistics	2020 data	<a href="#">Office for National Statistics</a>
National Records for Scotland	2021 data	<a href="#">NHS Scotland</a>
Colin Angus – Policy modeller at SARG	Various	Provides analysis and graphs @victimofmaths (Twitter) Data sets and codes are also made publicly available by open source @github.com
Holmes, J & Angus, C	Commentary on spike	<a href="#">Alcohol deaths rise sharply in England and Wales: A spike is concerning but we mustn't lose sight of longer term trends across the UK. British Medical Journal; 372:n607</a>
Walsh D, Dundas R, McCartney G, et al (2022)	Austerity Related deaths	<a href="#">Bearing the burden of austerity: how do changing mortality rates in the UK compare between men and women? <i>Journal of Epidemiology and Community Health</i></a> Published Online.

## Key Figures

Figure 1: The alcohol-specific death rate for 2020 was 18.2% higher than the previous year

Age-standardised alcohol-specific death rates per 100,000 people, by sex; England and Wales, deaths registered between 2001 and 2020

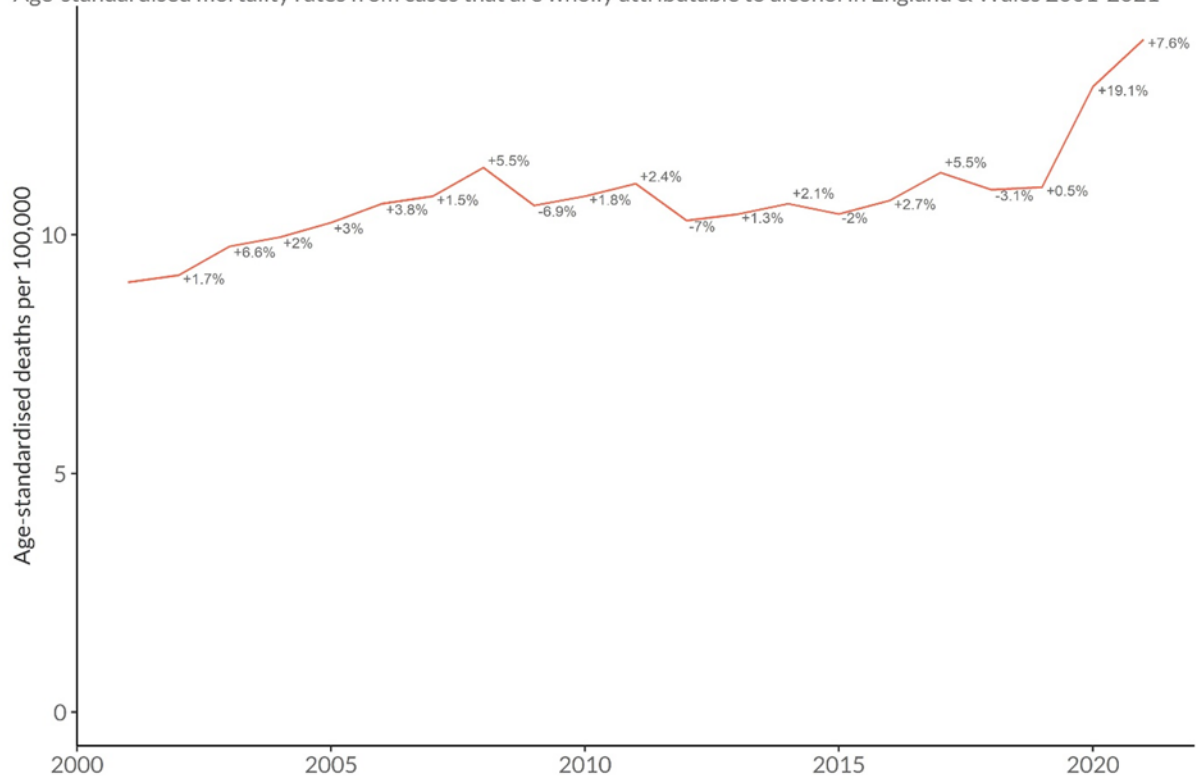


Source: Office for National Statistics - Quarterly alcohol-specific deaths in England and Wales

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## Alcohol-specific deaths rose again in 2021

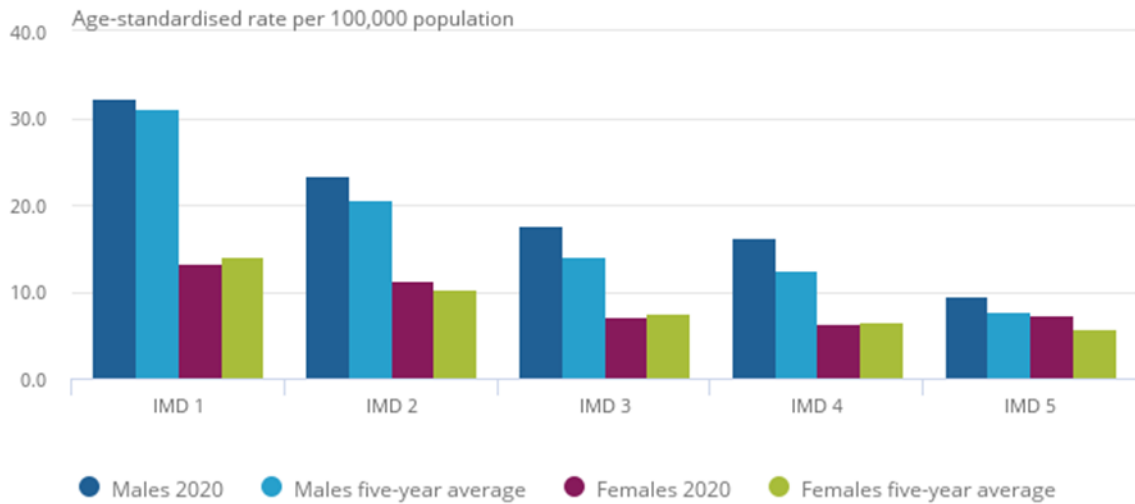
Age-standardised mortality rates from cases that are wholly attributable to alcohol in England & Wales 2001-2021



Data from ONS' 21st Century Mortality dataset | Plot by @VictimOfMaths

### Figure 5: In Wales, alcohol-specific deaths continue to be highest in the most deprived areas

Age-standardised rates of alcohol-specific deaths per 100,000 population by deprivation quintile, Wales, registered between 2015 and 2020

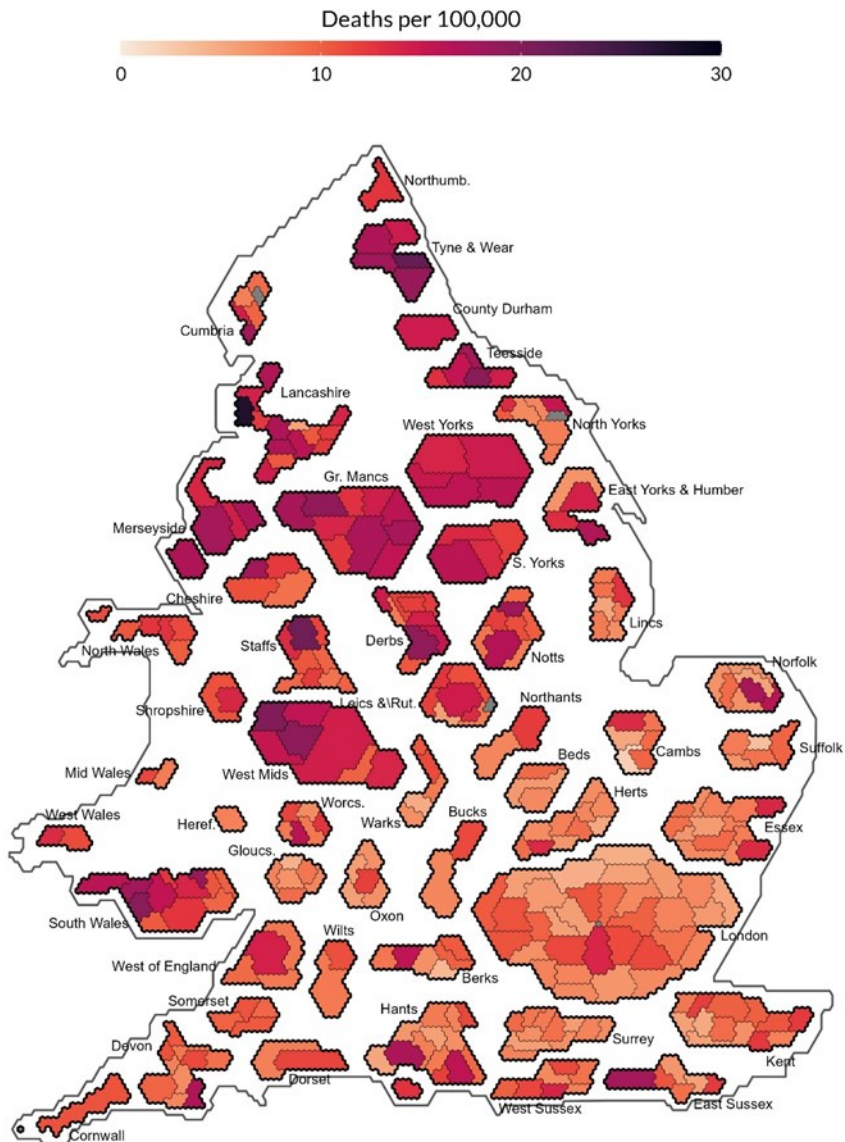


Source: Office for National Statistics – Quarterly alcohol-specific deaths in England and Wales

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## Alcohol-specific deaths in England & Wales in 2017-19

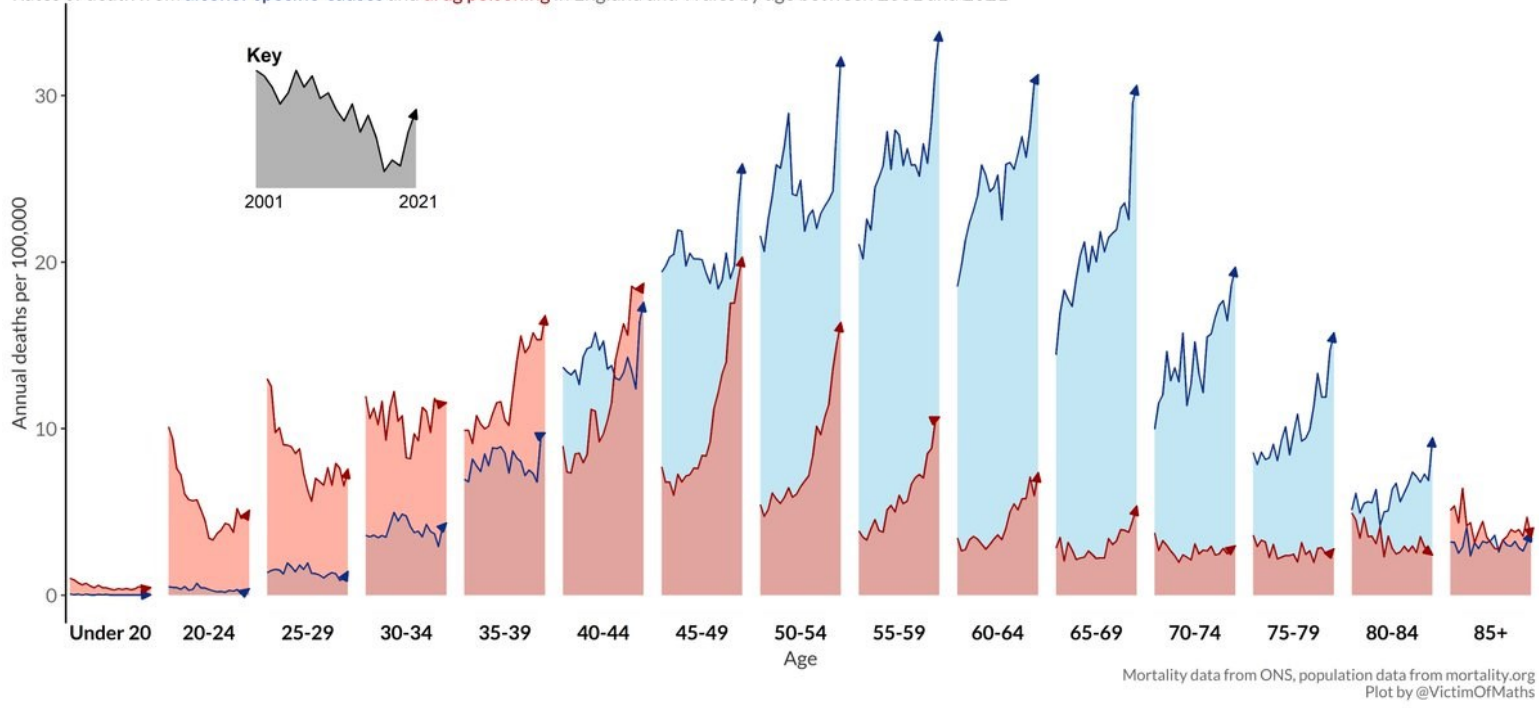
Age-standardised mortality rates for causes that are 100% attributable to alcohol.  
Grey areas have too few deaths to robustly calculate these rates.



Data from ONS, OHID & DHC Wales, Cartogram from @carlbaker/House of Commons Library  
Plot by @VictimOfMaths

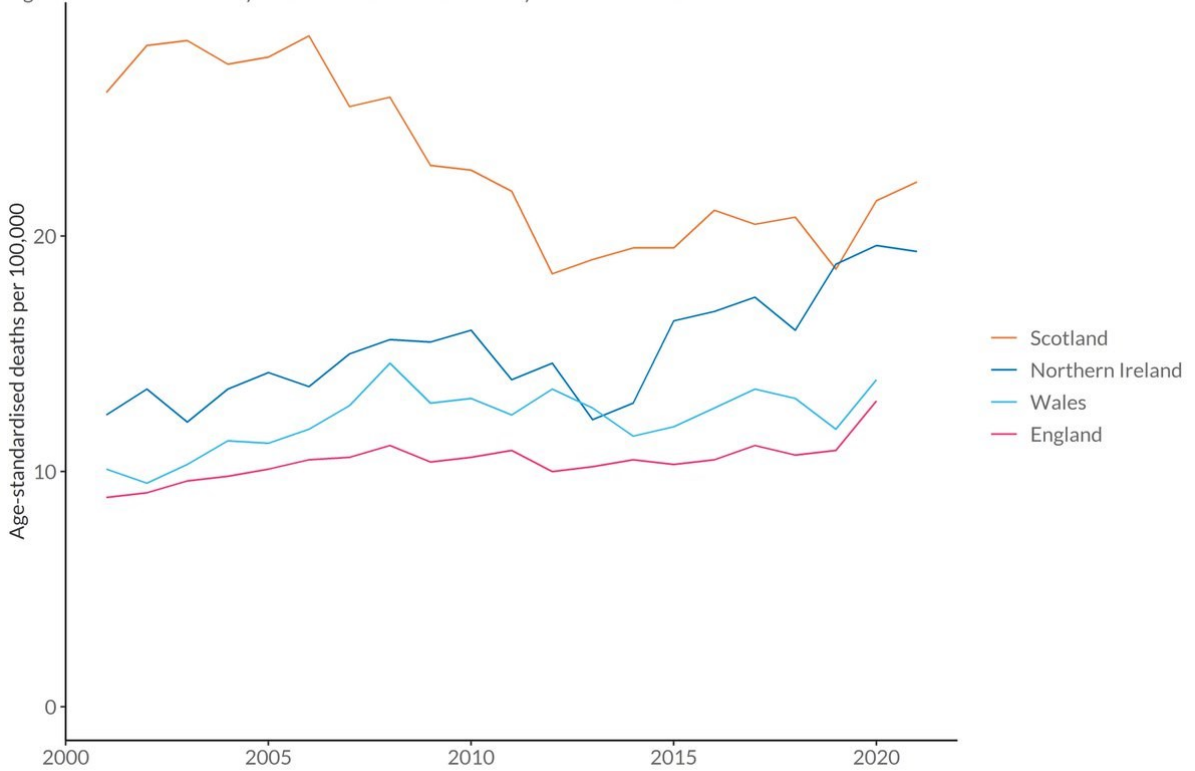
## Deaths from both alcohol and drugs have risen in recent years

Rates of death from alcohol-specific causes and drug poisoning in England and Wales by age between 2001 and 2021



## Scotland & Northern Ireland have the highest alcohol-specific death rates

Age-standardised mortality rates from causes that are only attributable to alcohol



Data from ONS, NRS & NISRA | Plot by @VictimOfMaths



**Appendix 1.9 – Summary of new primary data collection interviews.**

Phase	Date	Interviewee/s	Interview focus
Early Considerations	Dec 2019	Welsh Government Substance Misuse Branch Staff -	Clarity of processes and motivations for policy adoption.
	Dec 2019	Local Police (Officer)	Exploration of any early impact of MPA introduction and especially increases in any related crimes.
	Dec 2019	Local Trading Standards (Officer)	Exploration of any early impact of MPA introduction and especially issues of compliance
Interim Booked in	Jan 2022	University/Psychiatry (Professor)	Understanding nature of affordability within complex treatment contexts/attitude towards policy effectiveness
	Feb 2022	Regional Police and Crime Commissioner	Understanding of how MPA is perceived within broader criminal justice commissioning and policing priorities and practice
	Feb 2022	Regional (Police) Licensing Officer-	Understanding of how MPA is perceived within specific policing priorities and practice
	Mar 2022	Regional Area Planning Board Co-ordinator	Understanding how the introduction of MPA has impacted or not on the activities of the local APB
	Apr 2022	Alcohol Change (Cymru) staff member	Broader considerations of MPA policy introduction and exploration of agencies specific MPA data collection activities (reported in chapter 9)
	Apr 2022	Sheffield Alcohol Research Group staff member	Understanding in more detail the nature of MPA (theoretical) modelling
	Apr 2022	Welsh Government Substance Misuse Branch staff	Understanding key messages and process related the initial post implementation period.
	Apr 2022	Regional Team Leader Third Sector Provider	Understanding the specific impact on Homelessness/Street Drinking/Mental Health populations.
	Apr 2022	Trading Standards Wales (senior staff member)	Understanding the overall nature of first 18-month compliance considerations.
	Apr 2022	Individual Family Member/Families Support representative	Exploration of considerations of impact of MPA on a) direct personal experience as family member and b) other family members of support group.
	May 2022	(Public Health Wales (Senior staff member with remit for alcohol and other drugs)	Exploration of the policy from a public health perspective and discussion about PHW data sets.

	May 2022	Regional Focus Group A	Bespoke conversation with a group of other providers beyond those involved in direct treatment provision
	May 2022	Regional Focus Group B	Bespoke conversation with a group of other providers beyond those involved in direct treatment provision. Specific conversations re Cross Border experiences
	Aug 2022	University/Psychiatrist	Understanding nature of affordability within complex treatment contexts/attitude towards policy effectiveness

## Appendix 1.10 – New primary data examples

(please note -some truncation has been required to maximise anonymity)

Comparisons with Scotland	There seems to be a degree of consistency there. (R11)
Policy Devolution Messy Space	<p>.....but that tackling availability theme, because of our policy levers, which were fairly weak really, because a lot of that is in kind of reserved territory, it was really difficult, and I think obviously that was why it came out from the evaluation strategy as being something that was difficult for us in Wales. (R3)</p> <p>.....we felt there should be a public health objective added to the licensing objectives, because in England and Wales we don't have that, the licensing objectives don't have a public health focus,...(R3)</p> <p>There's also been a bit of uncertainty about what to describe minimum pricing as, and I think this has arisen out of the fact that the Scottish Government very clearly talked about having a population-level approach to reducing harm. That was always what they said, because minimum pricing isn't the only thing that they've done, and they've introduced a lot of other measures. They had a whole strategy, and the overarching theme of that was about population-level interventions (R5)</p> <p>But it was all because we recognised policy-wise that we wouldn't be able to deal with the rising alcohol harms without doing something about pricing (R3)</p> <p>it's based on fairly established research that one of the most important factors that determine consumption levels on a population level is price, and as price of alcohol goes down in relation to household incomes, et cetera, consumption goes up. It's a fairly consistent correlation (R9)</p> <p>If your aim is to reduce harm, then you need to find the group that is experiencing the most harm and try and address it in that group. Very heavy poor drinkers are suffering a massively higher burden (R5)</p> <p>[still a public health bill]..... , 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]</p> <p>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)</p> <p>At the end of the day it's very much how we present something as to the impact that it actually has. So if you sort of raise it by a pound and as you say everything's going back to the supplier, they've now got a fantastic advertising budget. But if you raise it by a pound and there's clawback on it and we can actually utilise it from a health perspective, that's surely what should be happening. (R4)</p> <p>But it's making that more relatable to the general public and what does it actually mean in practice? (R6)</p>

	<p>Maybe it's just one of these things that people will get used to, like no one complains about seatbelts in cars anymore.(R10)</p> <p>The other complicating factor is that the world is complicated and has many, many, many moving parts, obviously, and what we're doing in our modelling is saying, "All else being equal, this would..." What we're modelling is essentially the marginal difference between a world where you introduce this policy and nothing else happens, and a world where just nothing else happens. Obviously, in the real world something else is always happening. You always have to consider that when you're trying to appraise how right or wrong you were (R5)</p> <p>So, it's a massive... addiction is a symptom of the fact that people's lives are dreadful. It's not the cause of their dreadful lives. It's only part of a whole scale change to the way people live their lives, the way people are treated. Yeah. (R9)</p> <p>Can we turn around and say it's had an impact? It wouldn't surprise me if you turned around and said, it hasn't changed anything. It wouldn't surprise me, because I think it's been done in isolation, without tying it in to other useful parts or policies. That's the issue with it (R9)</p> <p>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)</p> <p>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)</p> <p>Politically, I suspect it's useful to do these studies because you can keep the retailers off your back, and their lobbyists (R15)</p> <p>Because from a public health perspective you and I know it's obvious. Duh. (R15)</p> <p>So, I was aware of it and I was aware it was effective, but I was also aware that there were some parts of central government, Westminster Government that were very sceptical. (R16)</p>
Modelling	<p>So, essentially what we're trying to say is, we're trying to come up with a best estimate of what will happen when you change something. Essentially what we're doing is, it's kind of like a quantitative evidence synthesis. So, we're taking all of the available relevant data that we can find, so we want data on alcohol consumption, we want to know who's drinking how much, and then we want to know how much they're paying for it, because minimum pricing is obviously a policy that affects cheaper alcohol more than more expensive alcohol, and it's really important to understand how those things vary across different groups of the population, because there's obviously a lot of variation. Then we also combine that with evidence on how people respond to price changes. (R5)</p>

	<p>So really, modelling is just a mathematical framework in order to, technical word, smush all of these data sources and evidence together to say, “If we look across the piece, what’s our best estimate of what the impact of these policies would be?” (R5)</p> <p>Increasing focus on inequality and not just general impacts in Scotland, is that they have a sunset clause which comes up next year. So, if you were going to increase it, assuming the political decision is that they want to keep the policy, that would be a logical time to change the level. You get to five years, you look at all this evidence and you say, “It seems to have worked, but obviously inflation, so we’ll increase or...” (R5)</p> <p>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)</p> <p>But you’re right. I suppose this is what I mean. We spent 10 years saying it’s not just about dependent drinkers, and by the time we introduced it, it turned out it was because that’s what a 50p minimum unit price did by 2020. (R10)</p> <p>So how much impact does one thing have on the model as opposed to anything else (R16)</p>
The Price level 50p	<p>. I suspect that the MUP would have had more problems getting through the Assembly, through the Senedd, if it had been any higher, and people would have said, “Why? Why aren’t you doing it at 50p? It’s good enough for the Scots.” (R10)</p> <p>.....setting it at a level that affects moderate drinkers, and not having something that’s too impactful on poverty? (R3)</p> <p>I would have put it higher personally. (R4)</p> <p>But 67p or 65p, that is a different measure. I know someone said to me recently, “Why don’t we put it up to a pound?” I thought, that would be an entirely different measure. That would be £9 minimum for a bottle of wine. That would be across the whole of the general drinking population.(R10)</p> <p>So, the more you ratchet up the minimum price the less targeted it becomes, because if you set a really low minimum price, you’re only affecting really cheap...(R5)..... So it’s a political decision, where you want to make that trade-off between targetedness and overall effectiveness (R5)</p> <p>We did because if you’re going to interfere in the market it has to be proportionate, otherwise it’s a restriction of free trade. I get that because there is a risk. (R10)</p> <p>Then there’s the slight complication of, do you want to stick to a round number? It makes calculations easier for retailers and people doing it in their head, so do you really want to introduce a system that’s going to say, “Well, today, this year, the minimum price is 51.6p”? (R5)</p> <p>In some ways it’s almost ‘how long’s a piece of string?’ I suppose. But you’ve got to put something in to try it out. (R6)</p> <p>Yes, I think looking at what Wales looked at and Scotland looked at, I think 50p was a reasonable conclusion. It’s also easier to tot up in your head, isn’t it? (R9)</p>

	<p>In a sense, if what you want to do is take cheap vodka and strong cider out of the market, 50p is fine. If you want to start having a big impact on the whole drinking population, you need to go higher. I think the level of the price is really a question about what you think minimum unit pricing is for. Who is it supposed to affect? What is it supposed to do? (R10)</p> <p>I:But if you wanted to have an impact on vodka, whisky, tequila, gin, you'd probably be talking about a minimum unit pricing of closer to £1, £1.20, £1.30. R:I would be in favour of that. (R6)</p> <p>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)</p> <p>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)</p> <p>I am taken by 50p, the 50p level a couple of years ago really hit home, because the things that cost less than 50p a unit in my experience I'd never come across, apart from as names that my drinkers applied to some of their drinks. (R15)</p> <p>It needs to go up, bluntly (R15)</p> <p>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)</p> <p>and I've also heard lots of arguments about people saying, it's easier for the local shops to calculate 50p or £1 rather than 62.5p or whatever, if you did a perfect mathematical model. So, it's like, in which case, at what stage, are you then going to make that jump to a pound? (R16)</p>
Compliance	<p>I am not aware there have been any issues- indeed I don't even think it has come up as an issue and certainly no-one has complained or suggested any problems with the legislation (R1)</p> <p>. To the best of my knowledge the law is being applied and we've not had any reports that it isn't (R2)</p> <p>but 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)</p> <p>£13.13 is the new normal for a standard-sized bottle of spirits, yeah (R10)</p> <p>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)</p>
Price and Product changes	<p>So, although there was a lot touted in the press at the beginning about "Oh my God, the average nice middle class family having a bottle of wine at the weekend, you're not going to be able to afford it anymore." It's kind of like, "it's nothing to do with you lot." It's white cider. So, there were a lot of misconceptions when it came out about what the impacts were meant to be.. (R9)</p>

	<p>.....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)</p> <p>But in terms of simple observation, from our fieldwork in the shops you can see the biggest bottles of strong cider disappeared completely. To some extent they've come back, but at a lower ABV. There's a really complex picture there.(R10)</p> <p>We just don't see that.[Cider] You see it over the bridge, but not here (R15)</p> <p>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)</p> <p>I mean, you walk in to our local supermarket here in England and it is piled high, the first thing you see is normally, big crates of 24 beers for £12, I don't know what it is, but it just feels like it – and then your wine as well, before you've even got in to the supermarket, and the end of every aisle. (R16)</p> <p>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)</p>
Shopping Behaviour	<p>I wonder about dodgy vodka. I mean is that why they've done it? Because it's this secretly imported dodgy shit, under-the-counter, that people are getting hold of. (R9)</p> <p>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)</p> <p>I think there has been an element of black market trading. A lot of people got around it that way, under-the-counter stuff. That's a factor. There's always somebody... If you go, for example, to a crack house that's quite well-run, there's quite likely to be cans of lager for sale....(R12)</p> <p>{from the drug dealer}....You'll be able to go and get a white, a brown, and a can of lager and walk off. (R12)</p>
Maintaining Affordability Changing Consumption Patterns	<p>Yeah. It does seem they are continuing to consume. (R9)</p> <p>It hasn't provided that kind of, as you say, that wall that someone would simply come up against and realise, "Really, I can't afford this stuff anymore. You know, you can't get a can for less than £4," or something, which would be the case with a minimum price of twice the level. (R10)</p> <p>It looks like the big bottles of the strongest drinks have gone. What I'm seeing on the ground is that people tend to be drinking cans, so still they're drinking the half-litre cans if they're drinking on the street, and the other thing that I've noticed is that standard-sized bottles of wine seem to be quite popular amongst the heaviest drinkers. I've seen more wine litter, and I think it's because you can get them for a fiver, and you can get reasonably drunk for £4 or £5, and it's quite an attractive offer. (R10)</p>

	<p>where I hear of individuals around the border line, vulnerable individuals with alcohol issues that actually go into one of those corner shops and still pick up a crate of lager and pay for it out of their next giro (R4)</p> <p>In debt to the retailer. (R4)</p> <p>but I do think there's going to be the potential for an increase in crime for people who can't afford alcohol to potentially use crime to fund them drinking because obviously it's getting more and more expensive and they're going to depend on that habit. (R7)</p> <p>But the one thing I think could be a problem is withdrawal. But it didn't come to fruition. (R9)</p> <p>No, it's not a consideration at all. It's just, "How much do I need to get a can? £1.50? Can you lend me £1.50?" That's it, really (R12)</p> <p>because even the poor souls who live in, begging for money. They always seem to get their substance of choice. So, if they make it more expensive, it's just they eat less if they eat at all. Their dogs will suffer more, (R14)</p> <p>has got its head up its backside if they think making it more expensive is going to do anything more than increase crime levels. (R14)</p> <p>Everyone switched across to Stella wife-beater at eight per cent, or wine, or actually spirits. So, you don't come across the cider drinkers anymore because that 50p has stopped that 'cider that's never seen an apple' experience. It's no longer on the table. White Lightning? That's right, that's one {R15)</p> <p>No, okay, the dog that didn't bark. No, nobody's had any issues with affording their alcohol habit. I would argue you're right in terms of when you said that, the retailer was going... They're on the equivalent of 60 to 70 to 80 units with their nine litres of Scrumpy. They come to see us on, really, 10 to 40 units a day to come to us for a problem. Very rarely it's about 40 units. They're not going higher. (R15)</p> <p>I haven't really noticed much of a difference. They still manage to buy alcohol perhaps or do without food and things instead then.(R17)</p> <p>I think when you've got an addiction that strong then you'll find a means of getting the alcohol no matter how much it costs really won't you? (R17)</p>
Health Benefits	<p>Well, it's reduced the number of units that they're drinking. (R15)</p> <p>They're not rushing to detox (R15)</p> <p>I think it would – and even at that level, just cutting down by a little bit...(R16)</p> <p>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)</p>
Switching	<p>(pre policy fear) I suppose one of the things that threw up for me at that time was if we look at when it happened in 2018 we had a bit of an explosion of other substances within that homeless community..... by raising the minimum alcohol price did we move some of the homeless community in particular into spice use.... (R4)</p>



	<p>Your average street drinker has got no interest in heroin at all. The benzo one was a bit more of a... because you'd be tickling the same receptors. But I guess a lot of the drinking element is the fact that it's a liquid and there's a taste to it and you sit around and share a bottle with your mates or whatever, as opposed to benzos where you have one and then go to sleep for a few days. So, it's a slightly different thing. (R9)</p> <p>It's a long, long time since I've heard anyone talk about drinking methylated spirits or anything like that. It's a long, long time. It's a long time since I've seen anyone drinking it. (R10)</p> <p>{Switching/Cross Border] They can't be bothered most of the time. It's like the idea of people that would distil their own spirits, which is a tremendously skilled and somewhat dangerous process. Most of us would struggle to distil anything palatable. (R10)</p> <p>There's a hell of a lot of black market prescription drugs, a lot of pregabalin and diazepam and that kind of thing, so there's an increased intake of that, I would say. Spice is still a factor. It's not as prevalent as it was, I would say, but within that community it's still a factor. A lot of drinkers, a lot of people that were drinkers, did start using spice, that's for sure. (R12)</p> <p>...the majority would already have used something, and perhaps would use that something more. There will be cases of people who have started using something that wouldn't have specifically, but I couldn't quantify that. (R12)</p>
Retailers	<p>, it isn't going to be a problem for the likes of Tesco or M&amp;S, the problem is going to be, if anywhere, with small shops and off licences. But they have had a very difficult year and I'm not convinced it is wise for us to heap misery upon them at this stage by taking steps in relation to MUP especially as the need to do so is not evidently clear. (R2)</p> <p>most of the supermarkets seemed to have abandoned their basics or savers or everyday ranges of alcoholic drinks, because you can't sell them cheaply enough to make them saleable in the market. They have no place in the market anymore.(R10)</p> <p>I've been very interested that so many of the supermarkets actually seemed willing to just push a load of stuff down to 50p a unit and leave it there, because sometimes products do not sell well at their minimum possible price. Some products actually sell better for being more highly priced. (R10)</p> <p>WG had a lot of engagement with retail sector (me)</p>
Direct personal experiences	<p>And again no, simply because I don't really drink the sort of alcohol that would have been really impacted by minimum alcohol pricing (R4)</p> <p>Cider, I've noticed a lot of the cider and some of the stronger lagers, because I did used to, when the football is on, I might have a can or a couple of cans of lager. So I did used to drink Stella Artois and that was like 5% but then they reduced the volume didn't they as well? People are trying to suit their own needs as opposed to try and keep their market share (R6)</p>

Covid as a distraction	<p>I have been committed with Covid 19 matters since March, work has been relentless in recent weeks in particular, so I have had no involvement or have no knowledge on how MUP has evolved since 2.3.20 (R1)</p> <p>To be honest, I think it just got lost in COVID (R12)</p> <p>Now I don't believe that happened because of COVID. (R13)</p> <p>We haven't been doing any visits or any compliance monitoring because of covid-19- I'm not convinced we have been in a position to do that safely or that we will be in such a position in the foreseeable future. (R2)</p> <p>All of my staff are redeployed at the moment to ensure businesses including shops are adhering to the rules in relation to being covid secure (R2)</p> <p>Then, obviously, COVID's come along, and that's just making a real mess of the health evaluation. So it's going to be really hard to say with absolute certainty, "This policy has saved X number of lives." (R5)</p> <p>Absolutely. I think the Welsh evaluation is a fascinating challenge because of the timing of the introduction and the pandemic. It's going to be incredibly difficult to unpick, particularly given the pandemic very specifically had impacts on availability, like effective availability of alcohol, with all the pubs being shut, and it being hard for people to go out shopping, and increasing online shopping, (R5)</p> <p>not long after it being introduced, then came along the pandemic and then we had a different outlook of the world around us and what was more of a pressing issue to everybody at that time (R6)</p> <p>I think it has been shadowed by COVID. (R7)</p> <p>COVID has definitely played a part in that, in that complete distraction for the public and what have you (R11)</p> <p>COVID has just mucked it up so much. It's part of a naturalistic study of what was going to happen. The impact of COVID on drinking has been far greater in the wrong direction than MUP was ever going to be and that's what we've become, that we're aware of, and almost overwhelmed with, is those very late, very heavy drinking presentations, into acute hospitals. (R9)</p> <p>... well post-COVID, the alcohol care team has gone from one nurse to five nurses. So, there's a lot more people in our acute hospitals being picked up now. So, I'm seeing a lot more when I go there on a Wednesday and they're referring a lot more, and these are the people then that are super-poorly. So, we didn't have that before COVID and before MUP. So, that's another thing that's altered stuff. It's all confounded isn't it, messing it up? (R9)</p> <p>{Sunset Clause} Yes, they've got to hang that out to dry because COVID fucked it up. They've got to give it five years from now really, not five years from when it came in. (R9)</p> <p>... It's difficult with the noise of COVID.(R15)</p> <p>. So, it was a crazy time. (R16)</p> <p>it hasn't been part of Public Health Wales operational priorities for the last two years (R16)</p> <p>we've completely been focused on COVID until the last four months (R16)</p>
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	<p>Specific distraction in first couple of months where they might have been greater policy implementation backlash (me)  Some training of Trading Standards officers did not happen due to Covid (my paraphrase)</p>
Covid Improved policy support	<p>{Covid and Welsh Govt policy}....I think for probably millions of people across the UK it's been a real wake-up call that, "Oh actually, they do things differently in these places."(R10)  Yes, I think people have got a lot more used to having government messages around them. Whether that's been a good thing or a bad thing, I don't know. (R10)  My impression of people's response to COVID and lockdown is very much like my impression of people's response to MUP. It's that many people's reaction to both things was set before the thing happened. If people don't like being told what to do by the government, however well intentioned, then they didn't like having government messages around the place. If people generally feel looked after by the government or the NHS, then they didn't mind the messages or they were glad to have them. (R10)  I think there's been a greater understanding hasn't there, ever, of devolution and the fact that there are different powers in Wales, Scotland, Northern Ireland. .... I think at its very basic level even Joe Public in England now understands that some laws are different in Scotland, Wales, and Northern Ireland, which is the plus, I suppose (R11)</p>
Cost of Living Ukraine	<p>I think there's definitely a risk for those of us who work mostly on alcohol issues that we think that everyone else is thinking about alcohol as much as we are. They may well be thinking about petrol, or bread, or anything more. If there's a global grain shortage as a result of the ongoing war in Eastern Europe, the price of wine may well be the least of our concerns. (R10)  ...but I wonder as this is building 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)</p>
Industry	<p>It would be interesting to know, if it were ever possible, what discussions or negotiations have taken place about what prices these things are going to be sold at, and who holds the whip hand on that. Are supermarkets saying to their suppliers, "No, you need to give us something at £8 because we can only sell it at £13.13," or are the producers saying, "Look, we're going to give you something that you can sell at this price"? (R10)  I kind of get the impression from the limited contacts I've had with the industry over the last few years that they had their shot at stopping MUP, and it failed, and so they're adapting. (R10)  . Because they are businesses seeking to make a profit, if a product won't sell under the MUP regime they'll stop trying to sell it. They'll find something else that can be sold. (R10)  Will they do smaller bottles? (R15)  I mean, they're very smart. We'll always be one or two or three steps behind the industry (R15)</p>
Awareness	<p>Some Welsh Government (me)  Knowledgeable colleagues sharing/visiting offices (me)</p>

Sources of information	<p>One of the issues for us is that working out what the correct price should be is not easy but luckily my staff have apps on their phones now that they can use to calculate whether alcohol is being sold at the right price (R2)</p> <p>Not a lot (R7)</p> <p>I think that's probably a big part of it. I think also because the Welsh media is not widely consumed in Wales, and people get their messages from all over...(R10)</p> <p>I remember because I came to your event where you were informing people about it, the consultation events and all of that (R12)</p> <p>? Did you even know about it? R:No. Still not. No idea. (R14)</p> <p>I was very aware of the Scottish journey and of the legal cases around that,(R16)</p>
Attitude to Policy	<p>To be honest I was supportive and I still am supportive (R4)</p> <p>I think to be honest with you though, rather than a minimum pricing, I think more money could have actually been put in to services and put into prevention and educational programmes starting at a much younger age with children around the effects of alcohol. (R4)</p> <p>Support for education/prevention rather than pricing for younger and future generations (Often repeated)</p> <p>I think we need to talk more preventative (R6)</p> <p>there's an upswing in tax related to this sort of minimum pricing and where is that upswing of tax going to be or have an impact? (R4)</p> <p>I think there are a lot of health benefits to that as well. (R6)</p> <p>I do think it's a good thing because there are a lot of health issues with alcohol (R7)</p> <p>Yeah, I remember a report, a good few number of years ago now, that came out of Alcohol Research Council, before they changed their name, they had a really nice set of infographics that demonstrated something like, of the average child's pocket money in the UK, you could purchase four times the weekly recommended limit. That shouldn't be. So, as a basic idea, I've always thought alcohol shouldn't be that cheap, it shouldn't be. (R9)</p> <p>So, this is part of human behaviour, this is part of human society to search out something and if you lived in a totally prohibitless culture, people would go nuts. (R9)</p> <p>But I think from a pure ethical standpoint, it should continue, because I don't think alcohol should be that cheap (R9)</p> <p>I think my concern at the time was just, as a general population measure, it will probably have a positive impact, but on this particular group that you're talking about it's likely to have a negative impact on health, really, just because people will prioritise whatever substance it is...(R12)</p> <p>a load of rubbish, because that's not going to work, because even the poor souls who live in, begging for money. They always seem to get their substance of choice. So, if they make it more expensive, it's just they eat less if they eat at all. Their dogs will suffer more (R14)</p>

	I think I've got better things to spend my time on you than a piece of nonsensical legislation. (R14)
MPA not a primary (professional) concern	<p>I can honestly say I have not had any conversation regarding MUP in Wales with any of my colleagues or partners. (R1)</p> <p>We haven't employed new staff or anything like that to monitor MUP- it will be managed within existing resources (R2)</p> <p>I: Has minimum unit pricing been a subject for discussion in APB circles since you've taken up post? R:No. (R4)</p> <p>They don't really talk about it, but like I said perhaps because it was introduced and the time it was introduced and although it was just a short, sharp impact, then along came the pandemic which just overtook everything, so I think people's priorities changes significantly. I know policing priorities would have changed just as health would have (R6)</p> <p>Not that I'm aware of, certainly not for me in my role. (R7)</p> <p>I suspect that it isn't. We've not been contacted about it (R10)</p> <p>I think other things took over and no one really talks about it, to be honest. I'm not really conscious of people talking about it,(R12)</p> <p>Certainly, in terms of service providers, they have all been completely consumed with just trying to keep services going in a safe way, and the primary concern has been risk management, and covering staff, and all of that really. No, if I'm honest, minimum pricing kind of just came and went in that sense. (R12)</p>
Alcohol not the problem rather the coping	<p>So, it's the social issues, it's the wider issues, it's proper mental health support, it's resilience. It's a workplace that is supportive and understanding, all those things. (R16)</p> <p>It's the general drinking culture in this country that needs to change, not the price of alcohol. (R14)</p>
Balancing tensions,	<p>I think there's probably a lot of that, because these are broader issues of statism versus individualism. (R10)</p> <p>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)</p> <p>The Scandinavian experience is that you end up with people jumping across transnational borders, and I'm sure you will have your fingers on where is the ideal minimum unit price to just balance the getting money still going into the Treasury to keep them at bay, but actually getting a public health. (R15)</p>

### Appendix 1.11– Summary of Scottish studies

Further details of each studies research questions, methods, data sources, outcome measures and rationale can be found [here](#)

Primary Theme	Report	Funding	Authors	Date of Publication	Research Type, Publication Links and Related Journal articles
Consumption	(S2) Self-reported consumption	MRC/CSO core funds for SPHSU.	Led by MRC/CSO SPHSU, University of Glasgow.	<i>Due late 2022</i>	
	(P2) Children and Young People drinking and behaviour	MESAS	Iconic Counselling	Published	Research Type Qualitative 13-17 year olds Sample; 50 x Young People and 21 x Staff <a href="#">Final Report</a> – Published Jan 2020  MESAS <sup>1</sup> <a href="#">Briefing</a> – Jan 2020
	(P3) Sales based Consumption - Descriptive Analysis	MESAS	NHS Scotland (Giles, L.; Robinson, M and Beeston, C)  Update, (Giles, L.; Richardson, E. and Beeston. C.)	Published	Research Type (original study) Off Sales Data for 12month post implementation <a href="#">Final Report</a> – Jan 2020 (Dated Nov 2019)  MESAS <a href="#">Briefing</a> Jan 2020  <a href="#">Update</a> -March 2021
	(P7) Sales based Consumption -	MESAS	NHS Scotland	Published	Time Series Analysis, <a href="#">Final Report</a> – June 2020  Time series - <a href="#">Briefing</a> –

<sup>1</sup> Publication of studies are identified as either MESAS or PHS, as they are published with different branding/logos and this is to help orientate reader as to what they physical experience.

	Statistical Analysis		(Robinson, M.; Mackay, D.; Giles, L.; Lewsey, J and Beeston . C)		Update - as above Research Team Article Robinson, M.; Mackay, D.; Giles, L.; Lewsey, J.; Richardson, E and Beeston (2021) <a href="#">Evaluating the impact of minimum unit pricing (MUP) on off-trade alcohol sales in Scotland: an interrupted time-series study</a> <i>Addiction</i> 116(10): 2697-2707.
	(P13) Sales based Consumption - Final Report	MESAS	NHS Scotland	Published	<a href="#">Final report</a>  PHS <a href="#">Briefing</a>
	(P10) Drinking at Harmful levels interim report	MESAS	University of Sheffield and Figure8Consultancy	Published	Buykx, P.; Perkins, A.; Hughes, J.; Livingston, W.; Johnston, A.; McCarthy, T.; McLean, A.; Wright, A.; Little, S and Holmes, J (2021) <a href="#">Impact of Minimum Unit Pricing among people who are alcohol dependent and accessing treatment services: Interim report: Structured interview data</a> . Edinburgh: Public Health Scotland
	(P17) Consumption on different sales data	PHS	MESAS	Published	Giles; L. Richardson; E. McaKay, D and Beeston, C. (2022) <a href="#">Estimating population alcohol consumption in Scotland: the impact of using different sources of alcohol retail sales data</a> . Edinburgh. Public Health Scotland.
	(P18) Reliability of sales data	PHS	MESAS	Published	Fraser; C. Javornick; N. McQueenie, R and Giles, L. (2022) <a href="#">Estimating population alcohol consumption in Scotland: assessing the validity and reliability of alcohol retail sales data</a> . Edinburgh, Public Health Scotland.

	(P15) Drinking at Harmful levels - Final report	MESAS	University of Sheffield and Figure8Consultancy	Published	Homes, J.; Buykx, P.; Perkins, A.; Hughes, J.; Livingston, W.; Boyd, J.; Johnston, A.; McCarthy, T.; McLean, A.; Wright, A.; Little, S.; Gardiner, K.; Peddle, L.; Yannoulis, Y.; Stevely, A.; Mackay, D.; Hernández Alava, M.; Brennan, A.; Meier, P.; Sasso1, A. and Angus, C. (2022) <a href="#">Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels. Edinburgh: Public Health Scotland Briefing</a>
Behavioural Change	(S3) Individual level behaviour change in the context of Minimum Unit Pricing	Alcohol Change UK	Led by MRC/CSO SPHSU, University of Glasgow.	Dec 2020	McCann, M.; Kwasnicka, D.; Boroujerd, M.; O’Gorman, E.; Anderson, M.; Craig, P and Liddell, D. (2021) <a href="#">Studying individual-level factors relating to changes in alcohol and other drug use, and seeking treatment following Minimum Unit Pricing implementation. London, Alcohol Change.</a>
	(S7) Household Expenditure (expenditure on food and nutritional value)	Chief Scientist Office (CSO).	University of Aberdeen	<i>Due late 2022</i>	N/A
	(S4) Homeless Drinkers	Chief Scientist Office (CSO).	Glasgow Caledonian University in collaboration with Queen Margaret University, NHS Greater Glasgow and Clyde, University of Victoria (Canada), University of	Published	CSO <a href="#">Briefing</a> -



			Stirling and Herriot Watt University.  (Elliot et al)		
	(P16) Cross-Border Purchasing	PHS	MESAS	Published	Chung-Patterson; H. Beeston; C. McQueenie.R. Soutar; L. Giles; L. Mackay,; L. Donaghy; G and Watson, M. (2022) <a href="#">Evaluating the impact of Minimum Unit Pricing (MUP) of alcohol in Scotland on cross-border purchasing. Scotland. Public Health Scotland.</a>
Health and Social Harms	(P5) Harm from others- Children and young people	MESAS	NHS Scotland (Ford, J.; Myers, F. Burns, J and Beeston, C.)	Published	<a href="#">Final Report</a> – May 2020  MESAS <a href="#">briefing</a> – May 2020
	(S1) Unintended consequences study; including attendances in emergency departments, substitution to other drugs etc	National Institute for Health Research (NIHR)	Led by MRC/CSO, SPHSU, University of Glasgow and University of Stirling.	Published	So V, Millard AD, Katikireddi SV, Forsyth R, Allstaff S, Deluca P, et al. (2021) <a href="#">Intended and unintended consequences of the implementation of minimum unit pricing of alcohol in Scotland: a natural experiment. Public Health Research</a> 9(11)
	(S5) Ambulance Callouts	Chief Scientist Office (CSO)	Institute of Social Marketing, University of Stirling, University of Glasgow and University of Sheffield.	<i>Due late 2022</i>	
	(P14) Hospital Admissions and Deaths	MESAS	NHS Scotland	<i>Due early 2023</i>	

	(S6) Prescribing	Alcohol Change UK	University of Glasgow	<i>Due late 2022</i>	
	(P12) Crime and disorder; public safety and nuisance	MESAS	Manchester Metropolitan University Crime and well-being Big Data Centre	(Late 2021)	<a href="#">Study Protocol</a> – Published Nov 2020 <a href="#">Final Report</a> -October 2021 MESAS <a href="#">Briefing</a> -October 2021
Implementation and Compliance	(P1) Compliance	MESAS	NHS Scotland (Dickie et al)	Published	<a href="#">Final Report</a> – August 2019  MESAS <a href="#">Briefing</a>
Other (Industry and Price)	(P4) Short-term impact on the alcohol drinks industry	MESAS	Frontier Economics	Published	<a href="#">Report</a>  MESAS <a href="#">Briefing</a>
	(P20) Economic impact on industry Final report	MESAS	Frontier Economics	Published	<a href="#">Final report</a>  PHS <a href="#">Briefing</a>
	(P6) Small retailers	MESAS	University of Stirling (Stead et al)	Published	<a href="#">Final Report</a> – May 2020  MESAS <a href="#">Briefing</a> – May 2020  Stead, M.; Eadie, D.; Purves, R.I.; McKell, J.; Critchlow, N.; Angus, K.; Angus, C & Fitzgerald, N. (2022) <a href="#">Implementation of alcohol minimum unit pricing (MUP): a qualitative study with small retailers, Drugs: Education, Prevention and Policy,</a>
	(P9) Price distribution	MESAS	NHS Scotland (Ferguson, K.; Giles, I and Beeston, C.)	Published	<a href="#">Final Report</a> – June 2021  MESAS <a href="#">Briefing</a> - June 2021

					(Data Appendix sheet available)
	(P11) Alcohol Products and Prices	MESAS	NHS Scotland	<i>Due late 2022</i>	
Other	(P8) Public Attitudes to MUP	MESAS	NHS Scotland (Ferguson, K.; Beeston, C and Giles, L.)	Published	<a href="#">Final Report</a> -September 2020

Related Public Health Scotland reports

(P19) Impact of Covid	Richardson; E. Giles, L and Fraser. C. (2022) <a href="#">Alcohol sales and harm in Scotland during the COVID-19 pandemic. Edinburgh. Public Health Scotland.</a>
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Related Journal Articles – Specific to Scottish MUP only

Time series Analysis – Kantar Data	O'Donnell, A.; Anderson, P.; Jan-Llopis, E.; Manthey, J.; Kaner E and Rehm, J. (2019) et al. <a href="#">Immediate impact of minimum unit pricing on alcohol purchases in Scotland: controlled interrupted time series analysis for 2015-18 BMJ</a> ; 366
Time series Analysis – Kantar Data	Anderson, P.; O'Donnell, A.; Kaner., E.; Jan-Llopis, E.; Manthey, J.; and Rehm, J. (2021) <a href="#">Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses. Lancet</a> 6(8): 557-565.
Secondary Analysis of MESAS published data	Khurxhi, I.P. (2020), <a href="#">The early impact of Scotland's minimum unit pricing policy on alcohol prices and sales. Health Economics</a> , 29: 1637-1656.