

Evaluating the impact of Minimum Unit Pricing for alcohol in Scotland

PHINS Conference

3rd November 2023

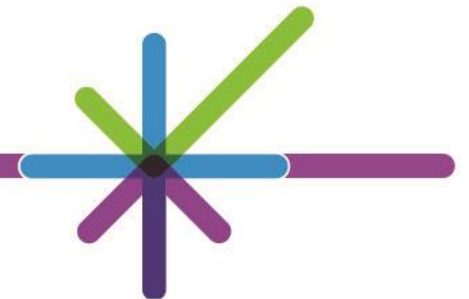
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Public Health Scotland



What is MUP in Scotland?

- Minimum unit pricing (MUP) sets a minimum price below which alcohol cannot be sold in licensed premises in Scotland.
- MUP was implemented on 1 May 2018 at £0.50 per unit.
- Population-level and targeted
- MUP is set in legislation - the legislation includes:
 - Sunset clause - requires that MUP cease after six years of operation unless the Scottish Parliament votes for it to continue.
 - Review clause - requires Ministers to lay before the Scottish Parliament a report on the operation and effects of MUP after five years of being in place.
- The Scottish Government commissioned Public Health Scotland to conduct an independent evaluation of MUP that will help to inform the Scottish Parliament decision on whether MUP will continue.



The evaluation

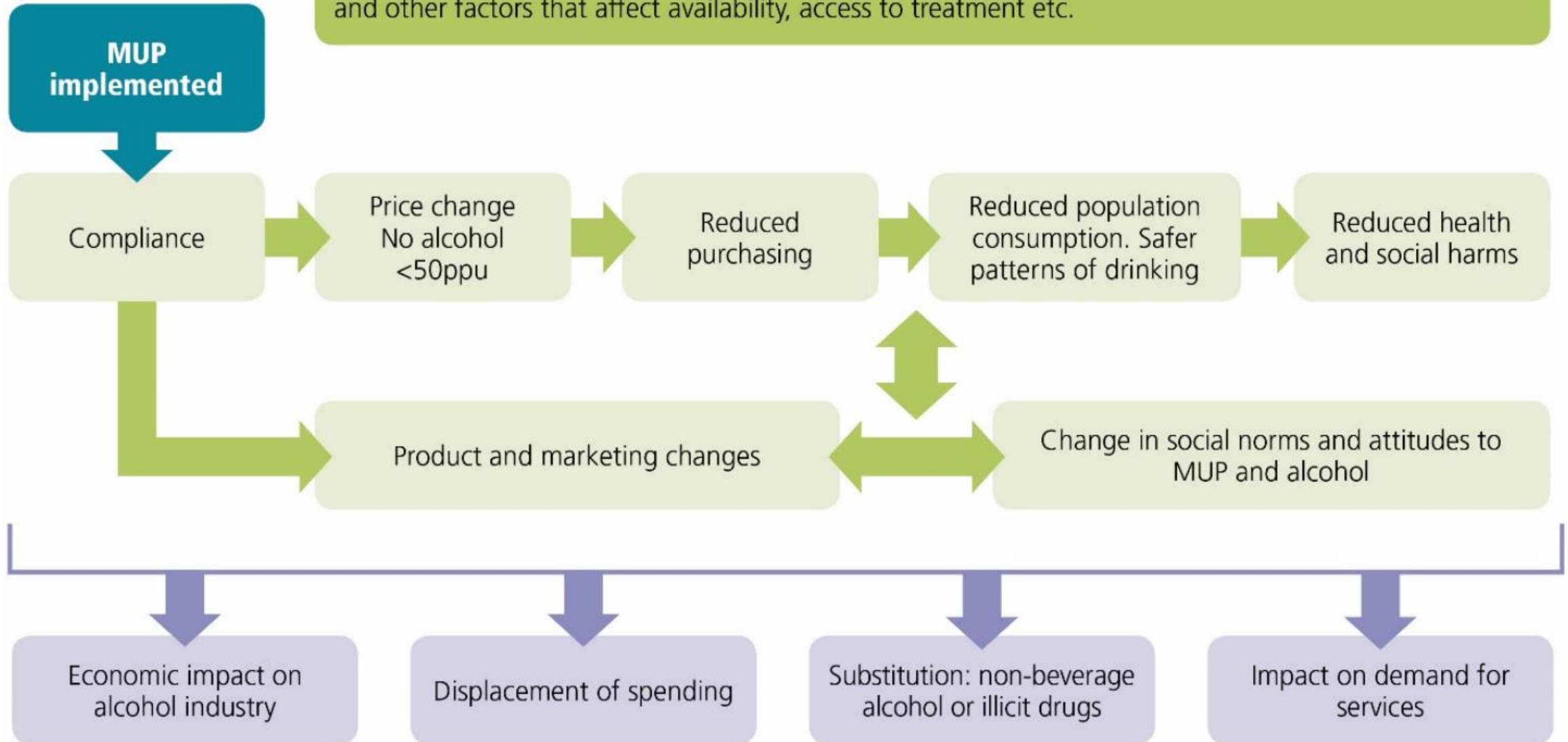
- Two overarching evaluation questions:
 - To what extent has implementing MUP in Scotland contributed to reducing alcohol-related health and social harms?
 - Are some people and businesses more affected (positively or negatively) than others?
- We took a theory-based approach to the evaluation of MUP
 - Theory of change
 - plausible chain of events to lead to an overall outcome
 - evidence-based and informed by expert consultation



Minimum unit pricing – theory of change

Influence of factors external to the strategy

e.g: other influences on alcohol price and/or disposable income that affect affordability. Alcohol policy and other factors that affect availability, access to treatment etc.



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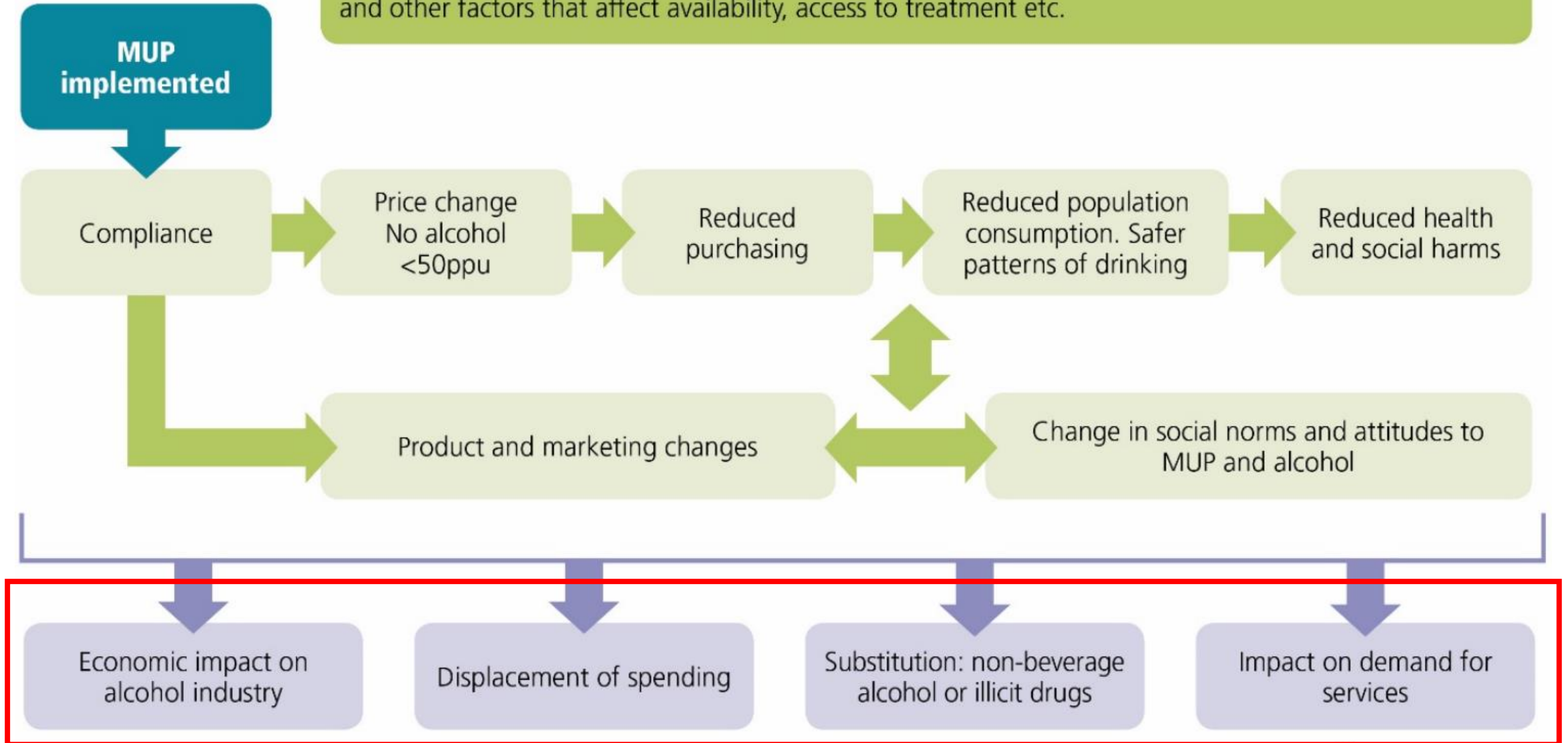
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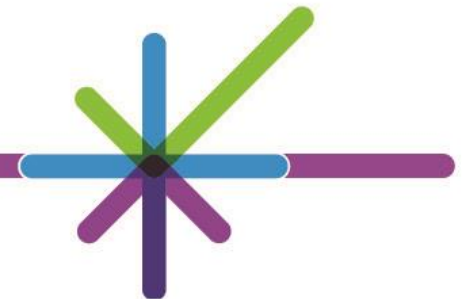
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The evaluation

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- We took a theory-based approach to the evaluation of MUP
 - Theory of change
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- Evidence synthesis
 - 40 studies covering the main steps in the theory of change
 - Different types of evidence
 - quantitative (impact)
 - qualitative (experience)

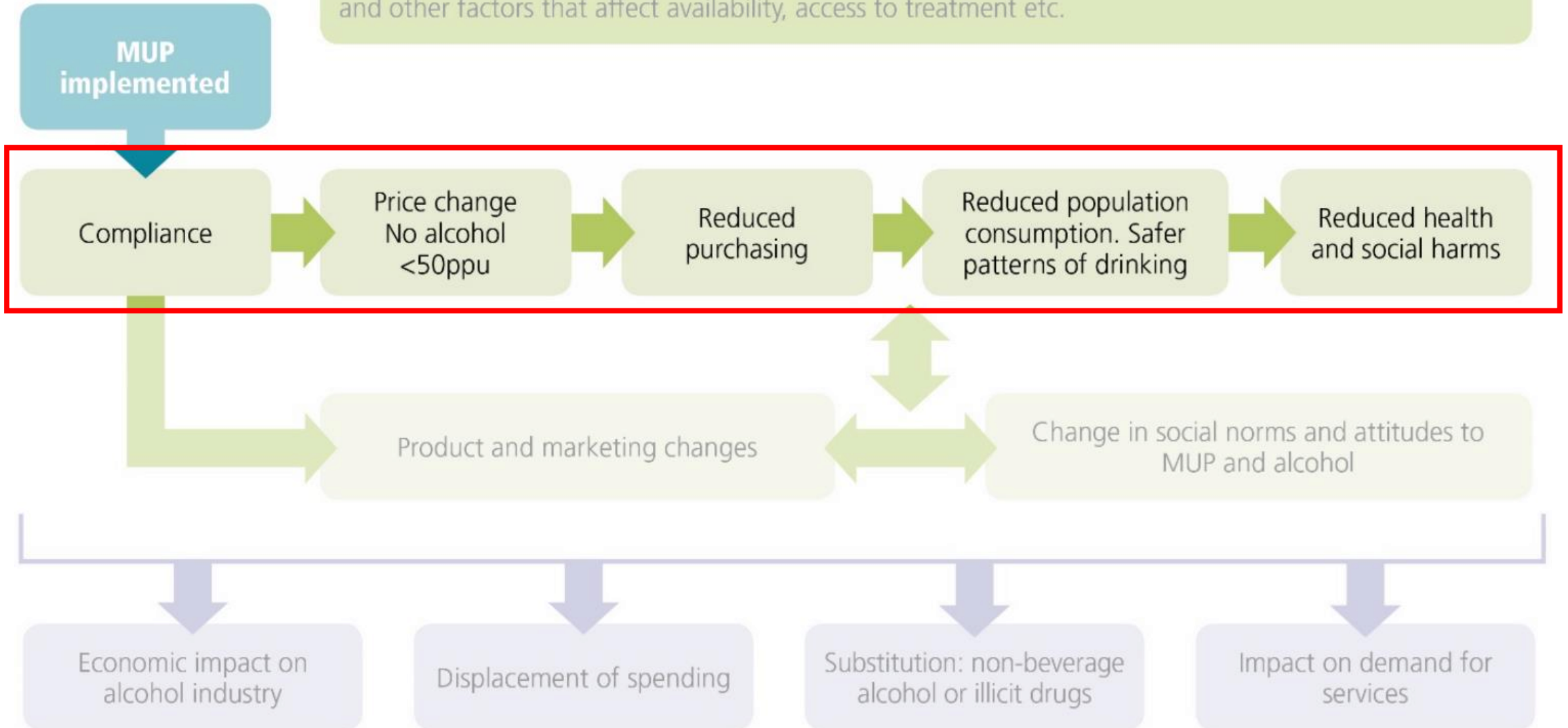


Main findings

Minimum unit pricing – theory of change

Influence of factors external to the strategy

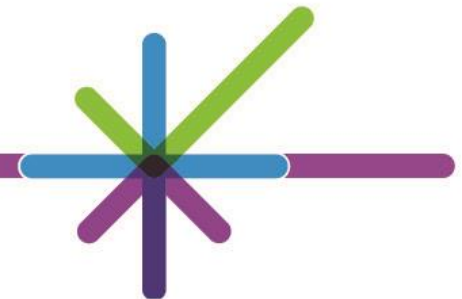
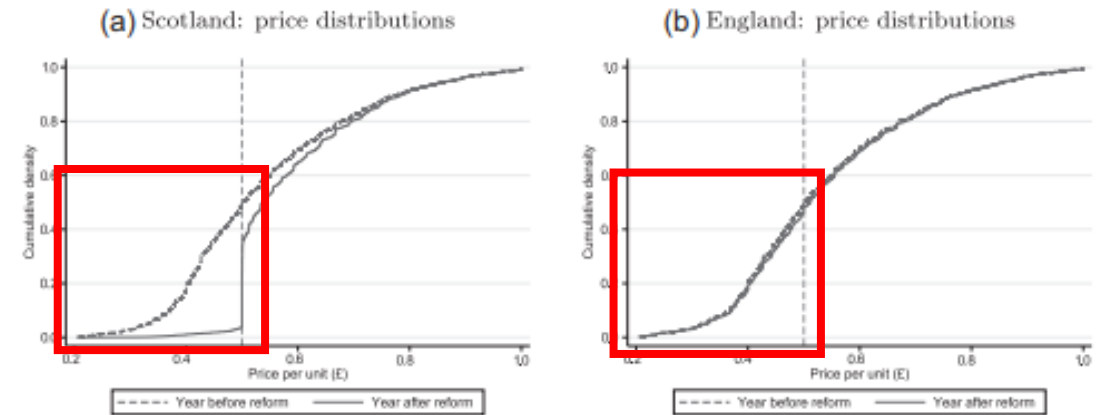
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Compliance

- 13 studies in total
 - Six quantitative, nine qualitative
- Overall message?
 - MUP was well complied with by retailers
- Strong quantitative evidence
 - Sales of alcohol below £0.50 per unit largely disappeared
 - Consistency across a range of different data sources
- Qualitative evidence showed
 - Retailers found the legislation relatively easy to follow
 - Some isolated instances of sales below £0.50, atypical

Compliance



Price change
No alcohol
<50ppu

Price

- 15 studies in total
 - 10 quantitative, five qualitative
- Strong quantitative evidence
 - Immediate and sustained increase in average price per unit (£0.035 to £0.06)
 - relative to both pre-MUP trend and to a control area (England/England & Wales)
 - Consistency across a range of different data sources
 - Average increase driven by increases in certain products
 - Cider, perry and own brand-spirits
 - typically sold below £0.50 per prior to MUP
 - Prices tended to be clustered in the £0.50 to £0.65 per unit range
 - Little change above £0.65 per unit

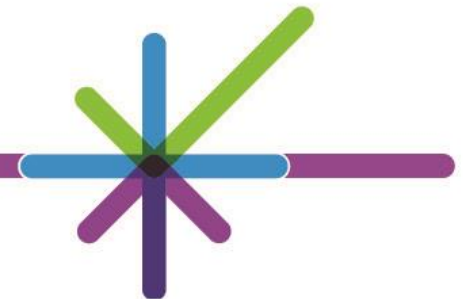
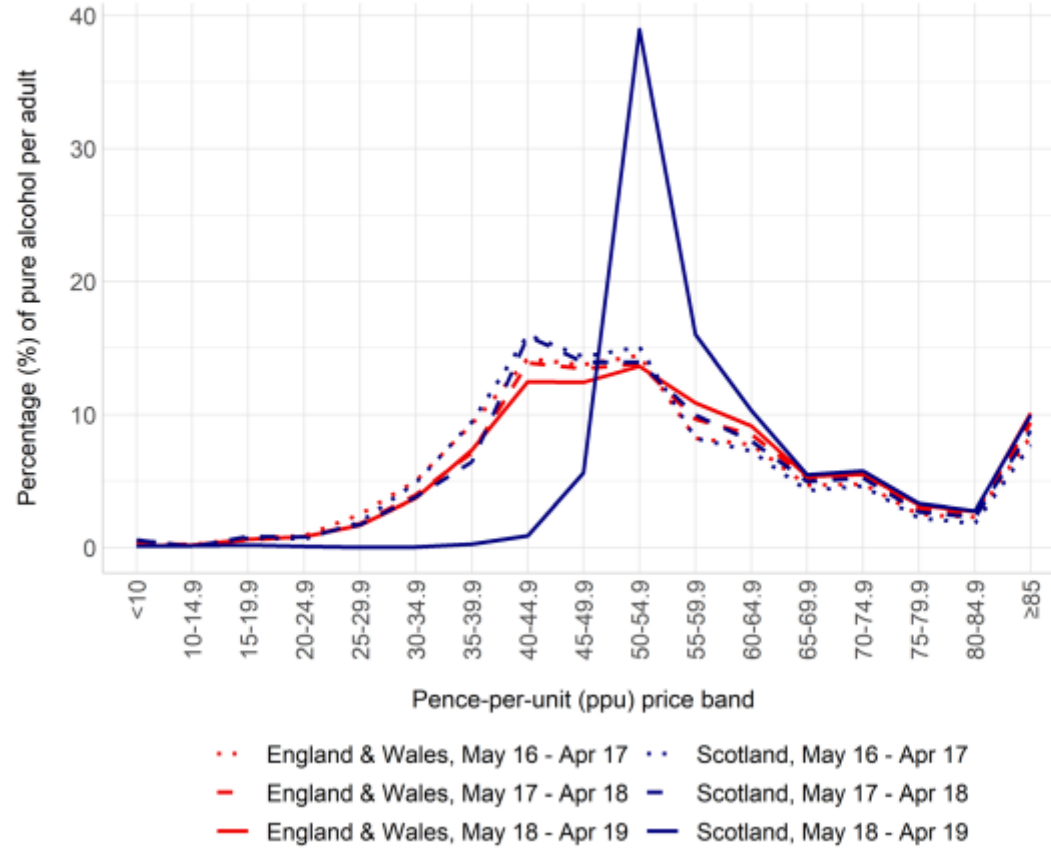


Figure 5: Estimated price distribution (%) of pure alcohol (litres per adult) sold in the off-trade, Scotland and England & Wales, May 2016 – April 2019



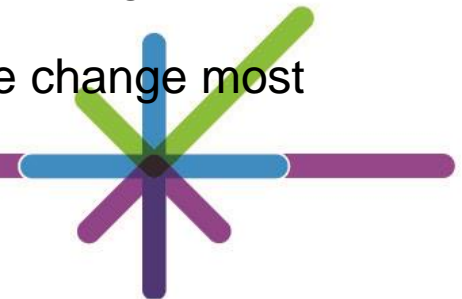
Source: Ferguson et al, 2022. Public Health Scotland



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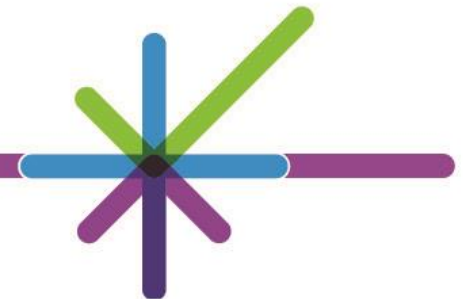
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 - Prices tended to be clustered in the £0.50 to £0.65 per unit range
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- Qualitative evidence consistent with quantitative
 - Retailers - reported increased prices for some product lines, in particular high-strength, low-cost ciders and own-label products; some small retailers reported little change
 - Consumer – awareness dependent on type of drink consumed; if noticed price change most typically described as small and not necessarily attributed to MUP

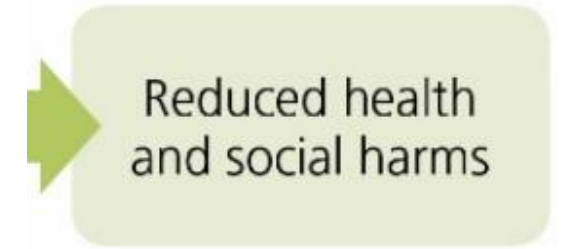


Consumption

- 21 studies in total
 - 18 quantitative, five qualitative
- Strong quantitative evidence
 - Reduction in population-level consumption (retail sales) at one and three years post implementation
 - 3% reduction driven entirely by a reduction in sales through the off-trade.
 - Greatest reductions for cider, perry and spirits; increase in fortified wine sales.
 - From household purchasing data greatest reductions in the households that purchased the most
 - One study – top 5% reduced by 14.8%; no change in lowest 70%.
 - Greatest reduction in cider and spirits; smaller reductions for wine and beer.
- Mixed qualitative evidence
 - Varied impacts on quantity and/or types of alcohol consumed
 - Limited impact on those with probable alcohol dependence



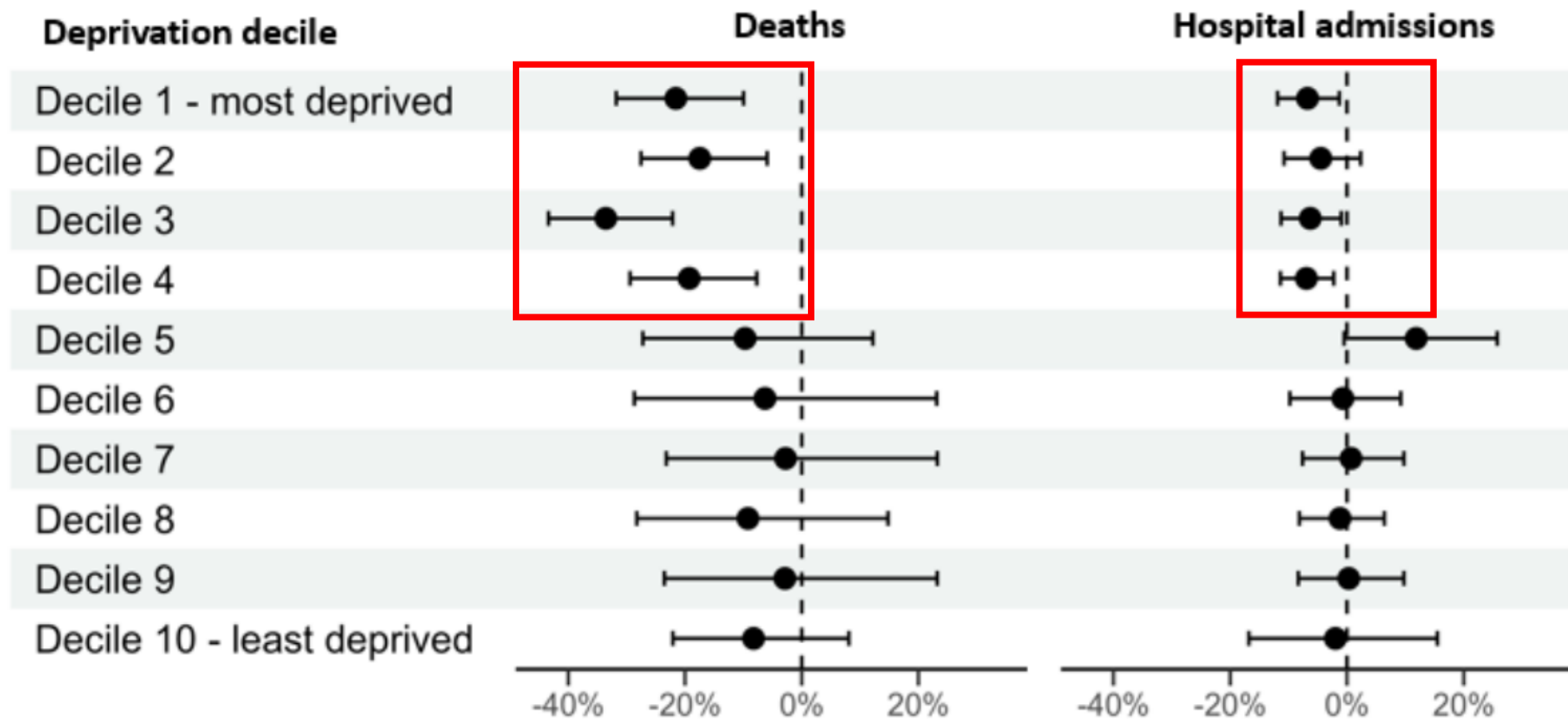
Reduced harm to health



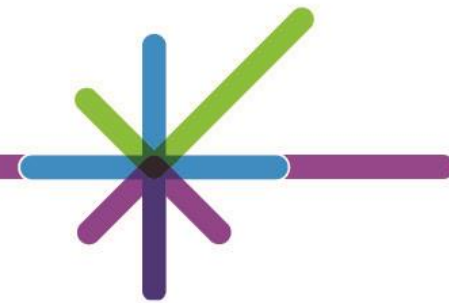
- Eight studies in total
 - Six quantitative, three qualitative
- Reduction in wholly alcohol-attributable deaths and hospital admissions
 - Deaths estimated to reduce by 13.4% (-18.4% to -8.3%, $p < 0.001$) and hospital admissions by 4.1% (-8.3% to +0.3%, $p = 0.06$)
 - Reductions were amongst chronic conditions (e.g. alcoholic liver disease)
 - Reductions driven by reductions amongst men and those in the most deprived 40% (SIMD)



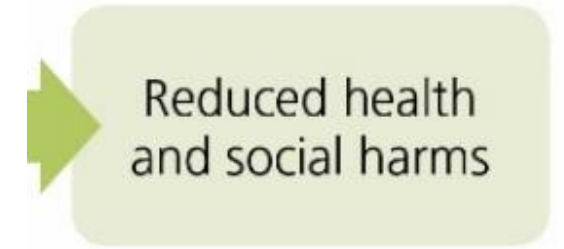
Figure 3. Percentage change in wholly attributable outcomes following MUP implementation, by deprivation



Source: Wyper et al, 2023. Public Health Scotland



Reduced harm to health



- Five other quantitative studies
 - No evidence of impact, negative or positive
 - Prescribing for alcohol dependence
 - Ambulance callouts related to alcohol use
 - Emergency department attendance
 - Severity of alcohol dependence
 - Self-reported health status
- Three qualitative studies
 - A range of findings
 - Increased withdrawal in homeless and street drinkers
 - Increased consumption of spirits/switching to spirits, resulting in potential to increase health harms
 - Increased treatment-seeking as a result of reduced affordability
 - In under 18s, no change in self-reported alcohol-related health harm

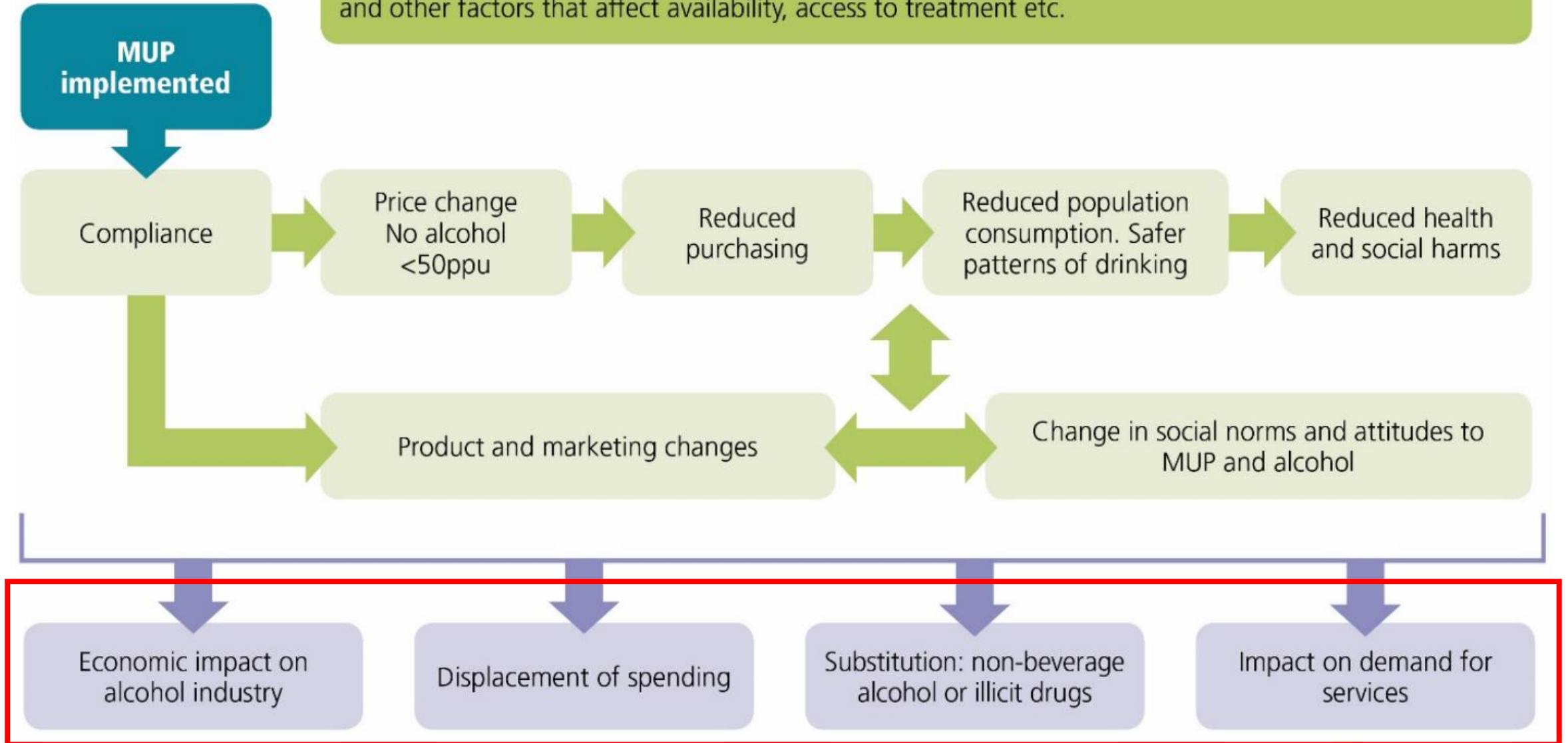


Other findings

Minimum unit pricing – theory of change

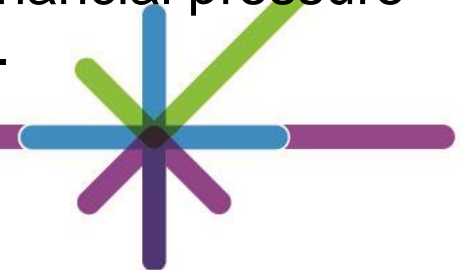
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Social outcomes

- Population level (quantitative)
 - No evidence of increase in illicit drug use/switching to drugs/illicit alcohol
 - No change in crime (increase or reduction)
 - No change in household food expenditure or nutritional quality of food
 - Reduced sugar intake (sugar from alcohol)
 - Some increase in expenditure on alcohol for highest purchasing households; no change for lower purchasing households.
 - Inconsistent evidence of impact on RTAs
- Individual level (qualitative)
 - Some evidence of increased drug use amongst those who already use drugs, and particularly if drinking at harmful levels.
 - For those with alcohol dependence, some evidence of increased financial pressure and using mitigating strategies such as reducing spending on food.



Alcoholic drinks industry

- No consistent evidence, either positive or negative, on 5 key metrics
 - number of enterprises and business units; employment; turnover; gross value added; and output value
- Off-trade sales value increased
 - Reduced volume sales offset by increased revenue through increased retail prices



Conclusion

Overall...

- MUP is effective at a population level
 - Reduced consumption (sales)
 - Greatest reductions in households purchasing the most
 - Reduced alcohol-attributable deaths
 - Reduced alcohol-attributable admissions
 - Impacts on alcohol-related health inequalities
- MUP is not the be-all and end-all of alcohol policy
 - Limited impact on consumption in those with alcohol dependence
 - Some exacerbation of existing behaviours and/or financial pressures

