

Intended and unintended consequences of the implementation of minimum unit pricing of alcohol in Scotland: a natural experiment

Vivian So,^{1,2} Andrew D Millard,¹
S Vittal Katikireddi,^{1,3} Ross Forsyth,¹
Sarah Allstaff,⁴ Paolo Deluca,⁵ Colin Drummond,⁵
Allison Ford,⁶ Douglas Eadie,⁶ Niamh Fitzgerald,^{6,7}
Lesley Graham,³ Shona Hilton,¹ Anne Ludbrook,⁸
Gerry McCartney,³ Oarabile Molaodi,¹
Michele Open,⁹ Chris Patterson,¹ Samantha Perry,¹⁰
Thomas Phillips,^{5,11} Gabriel Schembri,¹²
Martine Stead,⁶ Janet Wilson,¹³ Chris Yap,¹⁴
Lyndal Bond¹⁵ and Alastair H Leyland^{1*}

¹MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK

²School of Geography and Sustainable Development, University of St Andrews, St Andrews, UK

³Place and Wellbeing Directorate, Public Health Scotland, Glasgow, UK

⁴Tayside Sexual and Reproductive Health Service, Ninewells Hospital and Medical School, Dundee, UK

⁵National Addiction Centre, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

⁶Institute for Social Marketing and Health, University of Stirling, Stirling, UK

⁷SPECTRUM Consortium, University of Edinburgh, Edinburgh, UK

⁸Health Economics Research Unit, University of Aberdeen, Aberdeen, UK

⁹NHS Lothian, Emergency Department, Royal Infirmary of Edinburgh, Edinburgh, UK

¹⁰NHS Greater Glasgow and Clyde, Emergency Department, Glasgow Royal Infirmary, Glasgow, UK

¹¹Institute for Clinical and Applied Health Research (ICAHR), University of Hull, Hull, UK

¹²Manchester University NHS Foundation Trust, Manchester, UK

¹³Leeds Teaching Hospitals NHS Trust, Leeds, UK

¹⁴Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

¹⁵Mitchell Institute, Victoria University, VIC, Australia

*Corresponding author alastair.leyland@glasgow.ac.uk

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

Consequences of minimum unit pricing of alcohol

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What was the question?

Minimum unit pricing for alcohol started in Scotland in May 2018, setting a minimum price per unit of pure alcohol of £0.50. England has no minimum unit pricing. We investigated whether minimum unit pricing helped to reduce drinking or if it did harm. We were also interested in the effects, as seen by heavy drinkers and young people, in rich and poorer communities in Scotland, and the unintended consequences. Finally, we investigated how well people involved in implementing the policy thought it had worked.

What did we do?

We treated the introduction of minimum unit pricing as a natural experiment [i.e. an event dividing the population into those experiencing minimum unit pricing (Scotland) and those left as before (England), with this division not being under the control of researchers]. We compared what happened before and after minimum unit pricing was implemented to see if Scotland differed from similar regions in England. We interviewed attendees at emergency departments in both countries about their drinking and whether or not their visit was related to alcohol. In sexual health clinics, we asked attendees about illegal drug taking and their drinking. We held other discussions in communities affected.

What did we find?

We found no strong evidence that minimum unit pricing had reduced alcohol consumption or harm in this group. We found no evidence that minimum unit pricing caused harm in this group. One measure showed that in Scotland, compared with England, alcohol was more likely to be bought from pubs, venues and restaurants after minimum unit pricing. There was an overall report of an increase in alcohol misuse in the previous year. We found no changes by age, sex or social circumstances, except for those aged < 19 years who were more likely to buy alcohol from an on- or off-licence after minimum unit pricing in Scotland, compared with England.

What does this mean?

Our study may have suffered from a failure to include those most likely to consume low-cost alcohol. We think that the reason that we found no effect either way from minimum unit pricing could be that the minimum price was too low to make a difference, that people did not notice it or that too few people who buy low-cost alcohol were included in our study. According to the World Health Organization, the price needs to keep pace with cost increases; however, it was unchanged in Scotland since being agreed in 2012.

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