

Minimum unit pricing in Scotland: A qualitative study of children and young people's own drinking and related behaviour

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**SHAAP/SARN 'Alcohol Occasional' Seminar
Tuesday 23rd June 2020, hosted as a webinar on the 'Zoom' platform**

Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to support the lunchtime 'Alcohol Occasional', seminars which showcase new and innovative research on alcohol use. All of the seminars are run in conjunction with the Royal College of Physicians of Edinburgh. These events provide the chance for researchers, practitioners, policy makers and members of the public to hear about alcohol-related topics and discuss and debate implications for policy and practice.

The current theme for the seminars is 'Alcohol through the life course'. Briefing papers, including this one, aim to capture the main themes and to communicate these to a wider audience. SHAAP is fully responsible for the contents, which are our interpretation.

Introducing the webinar, SHAAP Director Dr Eric Carlin noted that the study under discussion was undertaken with 50 young people. At the time it was published, the study was misunderstood, and in some cases misrepresented in the media. Some reports suggested that the study showed that MUP had failed to cut underage drinking in Scotland. Some commentary on social media (e.g. Twitter) focused



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on the sample size of the research, declaring it too small. Dr Carlin noted that this critique was misplaced and demonstrated a misunderstanding of the purpose of the research, which was qualitative (and interpretive), rather than statistical.

Clark began by explaining that MUP was introduced in Scotland in May 2018 and that it makes it illegal to sell a unit of alcohol for less than 50p in licensed premises in Scotland. He noted that when the research was commissioned, the researchers were asked to look at:

- Young people's understanding of price change as a result of MUP;
- What influence this had on their consumption of alcohol and if

the drinks they consumed were affected, and;

- How young people responded to this.

More broadly the study was to look at changing social and health harms and what factors other than MUP were important in young people's alcohol consumption. The research was qualitative, and intended to complement other studies as part of a suite of MUP evaluations. The intent of this study was to capture the lived experience of young people aged 13-17. Clark noted that the study involved 50 young people, and that there was a reasonable cross-section of young people in terms of age, sex, socio-economic status and location of residence (including urban vs.

rural). The researchers also spoke to staff and volunteers who worked with young people as part of the research.

Clark noted that young people mainly acquired alcohol from convenience stores. He stated that none of the young people interviewed acquired alcohol at supermarkets. The main method of acquisition was through proxy purchase. Some 16-17 year olds went to pubs and clubs with fake IDs, but parents appeared to have a limited role in acquisition for the young people in the study. Income among the young people in the study varied. However, the young people who participated in the research did not cite money in itself as a barrier to acquisition, even when it was limited.

One of the key questions within the study brief related to young people's perception of changes in the price of alcohol products at the time MUP was introduced. Some young people had an awareness that prices had changed. However, some of these changes, like those in the price of wine, would not have been a consequence of MUP. Some young people were aware of the price change in strong white cider, though this may have been due to media reporting. Where young people observed prices to have changed, **Clark** noted that they considered these changes small. Drinks that young people wanted to buy remained available to them after the introduction of MUP, as the drinks most popular with them remained largely unaffected by the policy.

Dr Nugent took over the presentation for its second half, to present findings on alcohol harms. She noted that these remained complicated both before and after the introduction of MUP. Young people, both men and women, reported being involved in violence. Young women in particular reported putting themselves in risky situations as a result of drinking, and the impact on sexual relationships was complex. **Dr Nugent** reported that young people talked openly about mood swings, hangovers and feeling sick as a result of drinking alcohol. Some mentioned alcohol as a trigger for drug use, most

notably cannabis. Many young people involved in the study talked about alcohol use in a positive and celebratory way. Others associated use with bereavement or hardship.

Based on these data, **Dr Nugent** argued that framing young people's drinking in relation to MUP alone narrows our understanding of their patterns of and motivations for consumption, which are complex. In addition, **Dr Nugent** noted that workers the researchers spoke to felt that the current narrative that all young people are drinking less, often based on SALSUS data, was missing an important component and insight into the lives of certain young people. Workers perceived a divide in consumption patterns between young people who are vulnerable or living in poverty and those who are "going places". Some young people in the study also commented on this dynamic, and said they felt they were being left behind compared to others their age.

After **Clark** and **Dr Nugent's** presentations there was a wide-ranging discussion. This covered questions such as whether it was significant that these young people were generally not getting alcohol from parents. Participants also queried whether the current 50p minimum price per unit was too low, and whether it would affect young people's drinking if raised. There was also discussion about the extent to which the young people's choice of drinks may or may not have been influenced by alcohol marketing.

There was much discussion about how the study's findings reflected that MUP was not designed for this group of young people, or with young people's drinking in mind, and that testing the effect of the policy with this study therefore distracted from its more interesting and significant findings. When asked whether they felt their research should influence policy formation the researchers answered that they felt it should, but if this was only as a focus on MUP then this might miss the most important lessons from the research.

Forthcoming events

Men and Alcohol: Final report launch

SHAAP and IAS are delighted to announce that we will be launching the final report of our Men & Alcohol seminar series on 9th September 2020 from 2-4pm BST.

For more information:

www.shaap.org.uk/events/shaap-events/men-and-alcohol-final-report-launch-9-sept-2020.html

Alcohol problems and recovery in rural Scotland: 'Rural Matters' report launch

You are warmly invited to join us online on 23rd September 2020, 2-4pm BST for the launch of our 'Rural Matters' report: Alcohol problems and recovery in rural Scotland: findings from a literature review and qualitative research study.

For more information:

www.shaap.org.uk/events/shaap-events/rural-matters-report-launch-23-sept-2020.html

Recent publications

COVID-19: Advice for heavy drinkers who are thinking about cutting back or stopping drinking alcohol:

www.shaap.org.uk/downloads/reports-and-briefings/240-covid-advice-for-heavy-drinkers.html

Advice for heavy drinkers who are thinking about cutting back or stopping drinking alcohol

▶ Is this advice for me?

This advice is intended to help you understand your drinking levels and avoid any serious alcohol withdrawal symptoms, should you plan to reduce or stop your drinking in the current context of the COVID-19 pandemic. We want to help you cut back in a planned way in order to improve your health in the short and long term.

It is important that you know that both the risks of continuing a high level of drinking and of harms from cutting back are higher, the more heavily you drink. If there are alcohol support services available and you are planning to reduce your drinking, you should use these, particularly if you are drinking over 30 units per day, which is around a bottle of spirits, 3 bottles of wine, 7 cans of strong lager (5% or more) or 4 litres of white cider. Withdrawal symptoms and complications are more likely at this very high level of consumption.

The support available from NHS and other services to help with alcohol detox and reduction for people who wish to do this will be reduced during the COVID-19 pandemic, though some services will be able to provide telephone and online advice. There is further information at the end of this guidance.

This advice is to help you, your families and friends self-manage alcohol reduction and/or withdrawal as safely as possible. If you are on your own with children, you will need extra support. If possible, you should seek professional help in supporting your family and get advice from your local addiction service before you start to cut down.

SHAAP: SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS www.shaap.org.uk

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