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Public attitudes to minimum unit pricing of alcohol



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Knowledge and Analytical Services

Welsh Government

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Executive summary

- The Welsh Government's Public Health White Paper, published in April 2014, includes a proposal to introduce a minimum unit price of alcohol in Wales in order to reduce the harms associated with alcohol misuse.
- To help gain a better understanding of public attitudes to alcohol and minimum unit pricing, the Welsh Government commissioned questions in the March 2014 wave of the Wales Omnibus Survey, conducted by Beaufort Research Ltd. Questions were asked of 1,012 respondents. The survey is designed to be representative of the population resident in Wales aged 16 years and over.

Stated impact of minimum unit pricing

- Respondents that drink alcohol were asked if the introduction of a minimum unit price would lead them to drink more, the same, a bit less, or a lot less than they currently do. The higher the minimum unit price, the greater the proportion of drinkers that said they would drink a bit or a lot less alcohol:
 - 6 per cent would drink less alcohol at the 50 pence level;
 - 14 per cent would drink less alcohol at the 60 pence level; and
 - 24 per cent would drink less alcohol at the 70 pence level.
- Given the concern over the distributional impact of minimum unit pricing of alcohol on different socio-economic groups, it is worth noting that the proportion of respondents saying they would drink less at each level was the same for ABC1 and C2DE respondents. However, the lack of a difference in expected effect between ABC1 and C2DE respondents may suggest limited population-wide understanding of the degree to which individuals will be impacted by a given minimum unit price.
- At the 50 pence level, there was a small but statistically insignificant difference in the proportion of lower and increasing or higher risk drinkers who said they would drink less. However, this difference grows as the minimum unit price increases and is statistically significant at the 60 pence and 70 pence levels. Double the proportion of 'increasing or higher risk' drinkers say they would drink less at a minimum unit price of 70 pence (32 per cent) than 'lower risk' drinkers (16 per cent).
- This suggests that minimum unit pricing may be successful at targeting increasing or higher risk drinkers, with the difference appearing to grow as minimum unit price increases.

Support for proposals to introduce minimum unit pricing for alcohol

- All respondents were asked 'Are you aware of any proposals to place certain controls on the price of alcohol that is sold in Wales?'. Overall, just under half of respondents (47 per cent) said they were aware of proposals.

- Respondents that were aware of any proposals were asked what they think the proposals are. Around a third of respondents (32 per cent) specifically mentioned that a minimum price would be introduced, and a similar proportion (30 per cent) said that prices would increase.
- To test prompted awareness, all respondents were then shown a description of the Welsh Government's proposal to introduce minimum unit pricing of alcohol, and were asked if they had previously seen or heard anything about it. Around half of respondents (52 per cent) said they had seen or heard something about it. A significantly greater proportion of drinkers (57 per cent) had seen or heard something about the proposals than non-drinkers (38 per cent).
- Around half of respondents (49 per cent) were in favour of the proposal to introduce minimum unit pricing of alcohol. Almost four out of ten (37 per cent) were against the proposal, while 14 per cent didn't know.
- Half of increasing or higher risk drinkers (51 per cent) were against the proposal, compared with a third (31 per cent) of lower risk drinkers and a quarter (25 per cent) of non-drinkers.
- Respondents were asked why they were in favour of, or against, the proposal to introduce minimum unit pricing of alcohol. A wide range of reasons were given by those in favour, the most frequent being to stop binge drinking and drunkenness in general (21 per cent), and specifically among young people (19 per cent).
- For respondents who were against the proposal to introduce minimum unit pricing, one quarter (25 per cent) said they didn't think minimum unit pricing would make any difference to the amount people drink.

Alcohol consumption

- Overall, a quarter of respondents (26 per cent) said that they never drink alcohol, while another 23 per cent said that they drink alcohol monthly or less. Almost one out of ten respondents (8 per cent) said that they drink alcohol four or more times per week.
- Around three out of ten respondents that drink alcohol (29 per cent) said they drink one or two units on a typical day when drinking, while at the other end of the scale, one out of five respondents (20 per cent) said they drink 10 units or more. Men under 35 years of age were the most likely to drink a high quantity of alcohol on a typical day when drinking.
- Among respondents that drink alcohol, around one out of five (19 per cent) said they had drunk over six units (women) or eight units (men) at least weekly in the past 12 months. Binge drinking was more common among younger respondents and men.

- Using the World Health Organization's AUDIT-C classification, around four out of ten of all respondents (38 per cent) were categorised as being at 'increasing or higher risk', while one third (33 per cent) were categorised as 'lower risk'. The remainder were non-drinkers (26 per cent) or not classified (3 per cent).
- There was a marked difference by age and gender, with six out of ten men, and around four out of ten women, aged 16-54 years classed as being at 'increasing or higher risk'. This compares with three out of ten men, and one out of ten women, aged 55+ years.

Drinking at home and pre-loading

- A greater proportion of 'increasing or higher risk' drinkers consume alcohol at home at least twice per week compared with 'lower risk' drinkers, and were also significantly more likely to pre-load (drink alcohol at home before a night out).
- Of respondents that had consumed alcohol at home before a night out in the past 12 months, around six out of ten (61 per cent) said they usually have one or two drinks before going out, while one out of ten (9 per cent) said they have enough to get drunk.
- Regular pre-loading was most common among respondents under 35 years of age, with 29 per cent of men and 26 per cent of women saying they had consumed alcohol at home before a night out at least twice a month in the past year.
- Respondents that drink alcohol at home were asked what the most important considerations are when choosing what to buy. Around six out of ten respondents (61 per cent) said choosing familiar brands was the most important consideration. In total, around a quarter of respondents chose an answer option related to getting a bargain or a good deal ('brands which are on special offer', 'brands that are the cheapest', or 'own-label brands').

Raising the price of alcohol in supermarkets, off-licences and convenience stores

- All respondents were asked to what extent they agreed or disagreed with a series of statements about raising the price of alcohol in supermarkets, off-licences and convenience stores.
- A greater proportion of respondents agreed that raising the price of cheaper alcohol products in these stores 'would reduce ill health' (48 per cent agreed) than 'would reduce crime' (39 per cent agreed).
- More than half of respondents (53 per cent) agreed that it 'would make no difference to the amount people drink', while six out of ten respondents '59

per cent' agreed with the statement that 'how much someone drinks is a personal choice and the government should not interfere'.

Discussion

- It is important to note the potential limitations of this study given the difficulties around social desirability bias and recall bias when answering survey questions about subjects such as alcohol consumption, particularly in a face-to-face interview setting. Such biases may lead respondents to distort reports of alcohol consumption by providing responses that are perceived as being more consistent with social norms.
- Despite these limitations, public perceptions of minimum unit pricing suggest that the law may be well targeted at reducing consumption among more risky drinkers:
 - A successful minimum unit pricing law is likely to have most impact on off-trade alcohol sales, and may therefore reduce 'pre-loading'. This survey found that a greater proportion of 'increasing or higher risk' drinkers consume alcohol at home more frequently – and are more likely to 'pre-load' before a night out – than 'lower risk' drinkers.
 - At the 50 pence minimum unit price level, a slightly higher proportion of 'increasing or higher risk' drinkers said they would drink less alcohol than 'lower risk' drinkers – but as the minimum unit price increased, so did the gap between the proportion of 'increasing or higher risk' and 'lower risk' drinkers saying they would drink less alcohol.
 - Finally, this survey found that a greater proportion of respondents were in favour of a minimum unit price being introduced in Wales than were opposed to it. Support, however, was much lower among 'increasing or higher risk' drinkers – possibly reflecting the prospect that this group are the most likely to be impacted by such a law.

1. Introduction

1.1 Background

The harmful use of alcohol in Wales is widespread, with a significant number of individuals, families and communities affected. In 2012, there were 504 alcohol-related deaths in Wales, the majority among men (Office for National Statistics, 2014). Alcohol contributes to more than sixty health conditions and many people with common conditions including stroke, heart disease and hypertension are at substantially increased risks of ill health due to alcohol. Premature death rates from liver disease for those aged under 65 have almost doubled since 1996 and this rise has been in part attributable to alcohol misuse (Welsh Government, 2012). Alcohol also accounts for many other premature deaths, including suicide.

The affordability of alcohol has increased substantially in recent decades whilst alcohol-related death and disease has risen. As a result, the Welsh Government is seeking to reduce the harms associated with alcohol misuse through a proposal to introduce a minimum unit price of alcohol in Wales. Therefore, in April 2014, the Welsh Government published a Public Health White Paper (Welsh Government, 2014) which included a proposal to include a minimum unit price of alcohol in Wales.

Introducing a minimum unit price would set a floor price for a unit of alcohol, meaning that alcohol could not be sold below that. This would not increase the price of every drink, only those which are sold at below any minimum price set relative to their alcohol content. For example, a 50p per unit minimum price would mean that a 70cl bottle of whisky could not be sold for less than £14.

Given the evidence across the UK and internationally to support the introduction of minimum unit pricing, the Welsh Government intends to undertake further work to examine the evidence base for the impact of minimum unit pricing at a Wales level.

As part of meeting these evidence needs, the Welsh Government commissioned questions in the March 2014 wave of the Wales Omnibus Survey, conducted by Beaufort Research Ltd. The purpose of this was to increase understanding of public attitudes to alcohol and minimum unit pricing.

1.2 About this report

Questions were asked of 1,012 respondents who were interviewed as part of the March 2014 wave of the Wales Omnibus Survey. Most survey fieldwork was conducted between 3 and 14 March 2014, with a few interviews conducted after this date. The survey is designed to be representative of the population resident in Wales aged 16 years and over.

1.3 Significant differences

Statistical significance testing of the data was undertaken in the analysis to aid interpretation of the results. When a difference between two sub-groups is described as being 'significant' in this report, this means that the probability of obtaining the finding by chance is less than one in 20 – i.e. it is likely to reflect a genuine relationship in the population¹.

More information on the survey methodology is included in Annex A. The full questionnaire is attached at Annex B.

¹ When survey data are tested for statistical significance, an assumption is made that the achieved sample represents a random sample of the relevant population. As the Wales Omnibus Survey uses proportional quota sampling, genuine statistical significance cannot, strictly speaking, be established. Therefore, 'significant' differences in this report refer to a pseudo-statistically significant difference at the 95 per cent confidence level.

2. Alcohol consumption

The World Health Organization's AUDIT-C test² (Barbor et al, 2001) is a scoring system that asks three questions to gauge the risk associated with an individual's alcohol consumption (Table 2.1).

Table 2.1: AUDIT-C questions on alcohol consumption

Questions	Scoring system				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Individuals that drink alcohol can then be categorised as 'lower risk' (a total score of four or less) or 'increasing or higher risk' (a total score of five or more). These three questions, suitable for this method of data collection, were asked in order to categorise respondents according to the risk associated with their alcohol consumption.

2.1 Frequency and quantity of alcohol consumption

Around a quarter of respondents (26 per cent) said that they never drink alcohol, while another 23 per cent said that they drink alcohol monthly or less. Almost one out of ten respondents (8 per cent) said that they drink alcohol four or more times per week (Table 2.2).

Table 2.2: How often do you have a drink containing alcohol?

Frequency	% respondents
Never	26
Monthly or less	23
2-4 times per month	22
2-3 times per week	20
4+ times per week	8

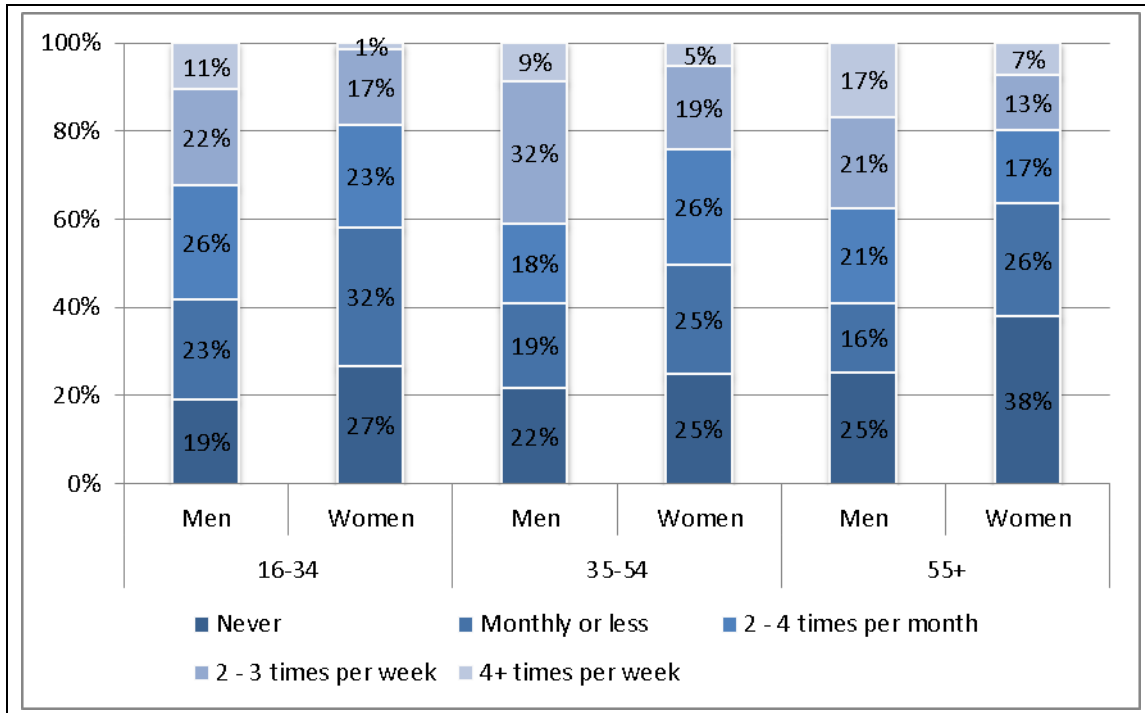
Base: 1,012 respondents.

Analysis by age and gender shows that, across all age categories, a greater proportion of men than women drink alcohol at least twice per week (Figure

² Alcohol Use Disorders Identification Test – Consumption

2.1). This was highest among men aged 35 years and over, where around four out of ten drank alcohol at least twice per week, compared with one third of men under 35 years. Abstinence was highest among women aged 55+ years (38 per cent never drink alcohol).

Figure 2.1: Frequency of drinking alcohol by age and gender



Base: 1,012 respondents.

Respondents that drink alcohol were asked how many units of alcohol they drink on a typical day when drinking. A showcard was displayed (see Annex C) to aid understanding of how many units are contained within various alcoholic drinks. Around three out of ten respondents said they drink one or two units on a typical day when drinking, while at the other end of the scale, around one out of five respondents said they drink 10 units or more (Table 2.3).

Table 2.3: Units of alcohol consumed on a typical day when drinking

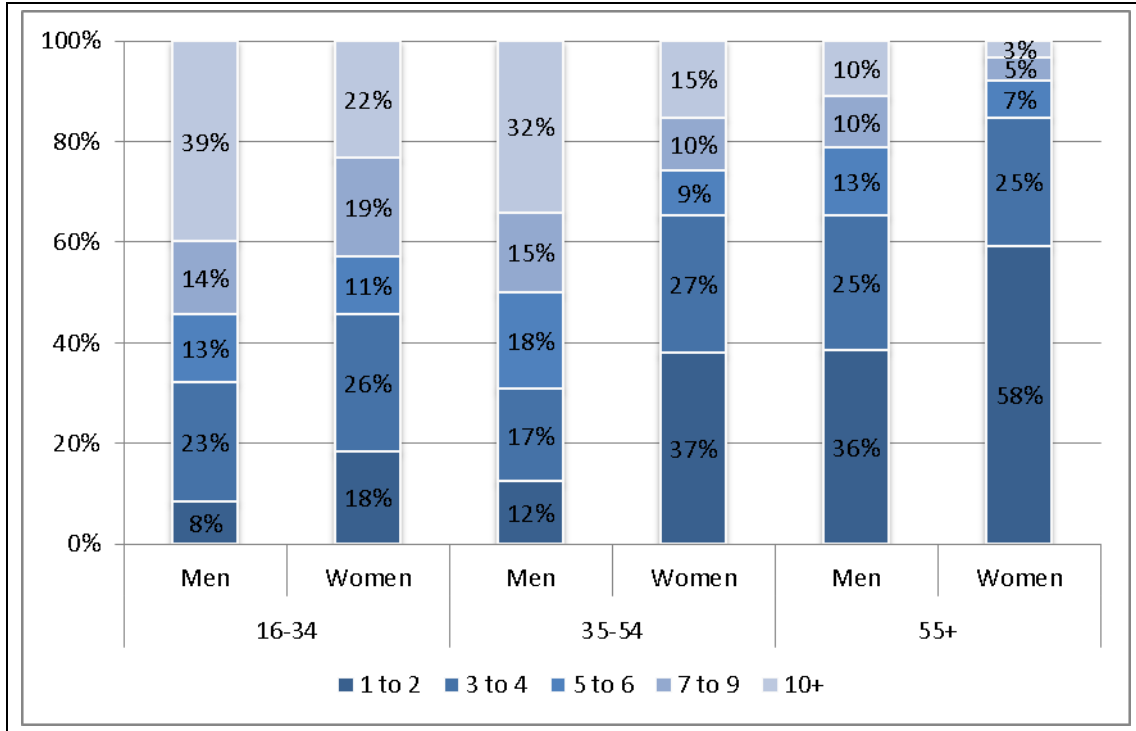
Number of units	% respondents
1-2	29
3-4	24
5-6	12
7-9	12
10+	20
Don't know	4

Base: All respondents that drink alcohol (745).

Analysis by age and gender (Figure 2.2) shows that younger men were more likely to drink a high quantity of alcohol on a typical day when drinking. For

example, around four out of ten men (39 per cent) aged 16-34 years drank 10 units or more on a typical day when drinking. This compares with 22 per cent of women the same age, and 10 per cent of men aged 55+ years.

Figure 2.2: Units of alcohol consumed on a typical day when drinking by age and gender



Base: All respondents that drink alcohol (745).

To measure frequency of binge drinking, respondents were asked how often they had drunk eight or more units (men) or six or more units (women) on a single occasion in the last year. Overall, one third of drinkers (33 per cent) said that they had never drunk over these levels in the past year, while another third said they had done so less than monthly. Around one out of five respondents (19 per cent) said they had drunk over these levels at least weekly (Table 2.4).

Table 2.4: Frequency of binge drinking among respondents that drink alcohol

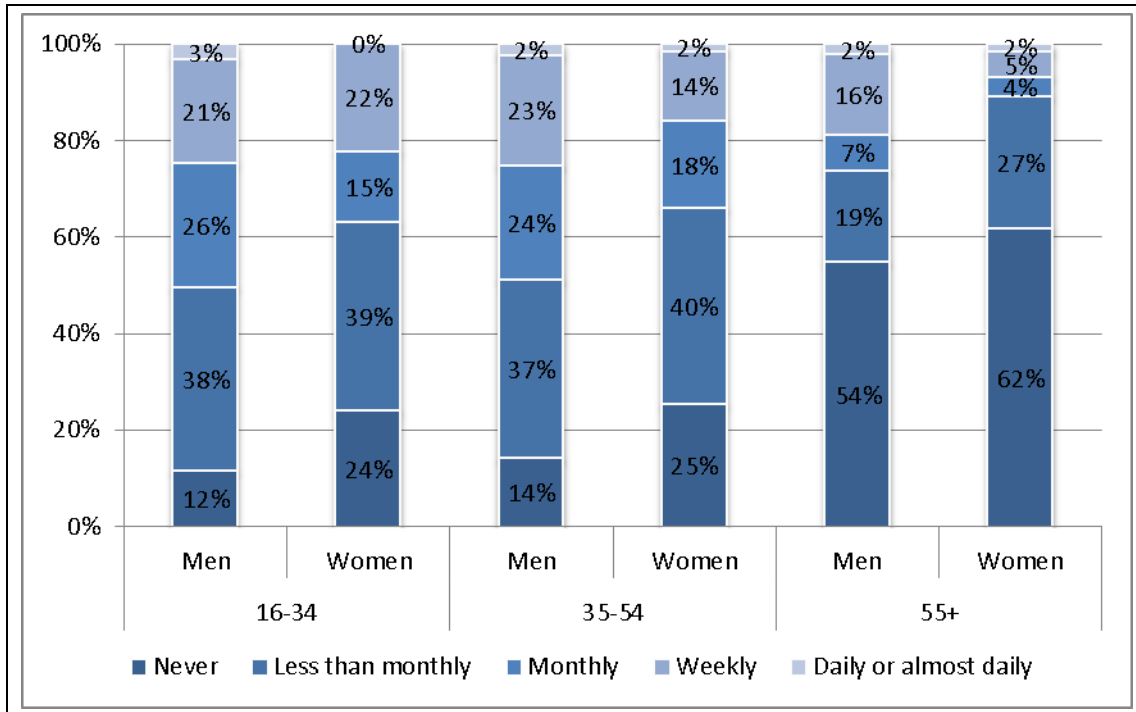
Frequency	% respondents
Never	33
Less than monthly	33
Monthly	15
Weekly	17
Daily or almost daily	2

Base: All respondents that drink alcohol (745).

As Figure 2.3 shows, binge drinking was more common among younger respondents and men. Overall, 25 per cent of men and 22 per cent of women aged 16-34 years said they drink above these levels at least weekly. Among

35-54 year olds, this proportion stays the same for men (25 per cent) but falls to 16 per cent for women.

Figure 2.3: Frequency of binge drinking among respondents that drink alcohol by age and gender



Base: All respondents that drink alcohol (745).

2.2 Increasing or higher risk drinkers

Using the World Health Organization's AUDIT-C classification, Table 2.5 (below) shows the proportion of respondents categorised as 'non-drinkers', 'lower risk drinkers', and 'increasing or higher risk drinkers'. These categories are based on scores given against the answers to the three questions on typical frequency and quantity of drinking alcohol, and frequency of binge drinking.

Around four out of ten respondents (38 per cent) were categorised as being at 'increasing or higher risk'.

Table 2.5: Alcohol consumption risk classification of adults in Wales

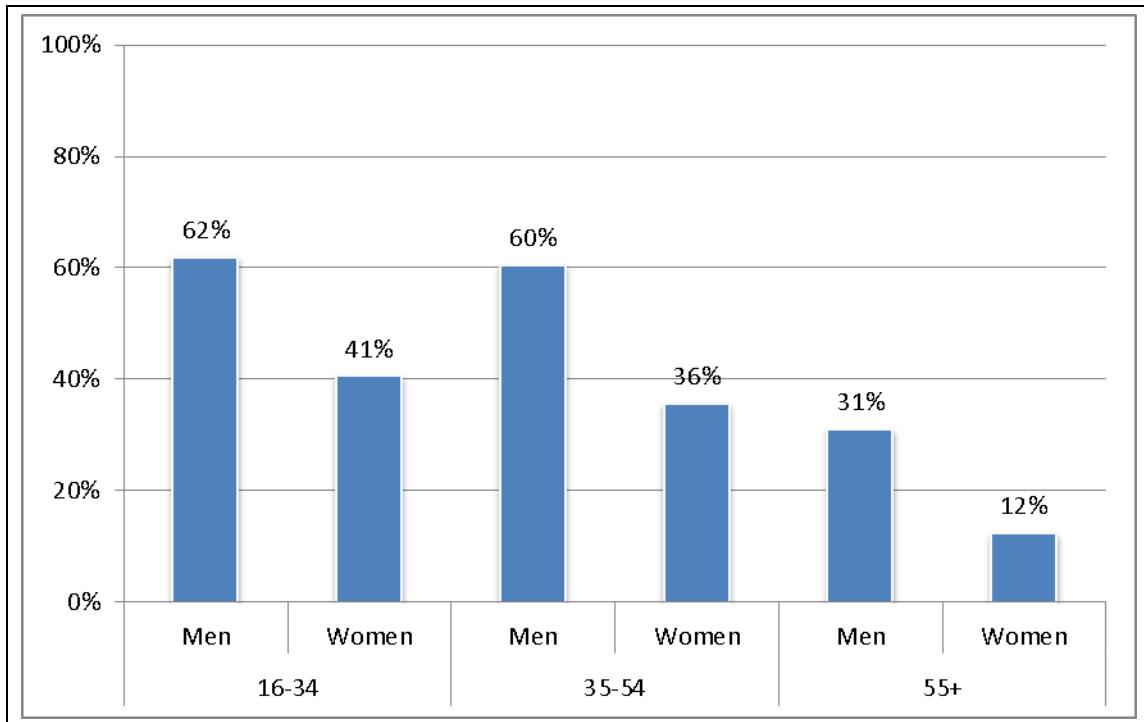
AUDIT-C classification ^a	% respondents
Non-drinkers	26
Lower risk	33
Increasing or higher risk	38
Not classified	3

Base: 1,012 respondents.

(a) AUDIT-C scores: 'Non-drinkers' = 0; 'Lower risk' = 1-4; 'Increasing or higher risk' = 5+. 'Not classified' refers to respondents that did not answer all relevant questions.

Figure 2.4 (below) shows the proportion of men and women in different age groups categorised as ‘increasing or higher risk’ drinkers. There is a marked difference by age and gender, with six out of ten men, and around four out of ten women, aged 16-54 years classed as being at ‘increasing or higher risk’. This compares with three out of ten men, and one out of ten women, aged 55+ years.

Figure 2.4: Increasing or higher risk drinkers by age and gender



Base: 983 respondents.

2.3 Usual drink

Respondents that drink were asked what they usually drink, whether at home or elsewhere. Around half (49 per cent) usually drink beer or lager, while four out of ten (41 per cent) usually drink wine. The next most popular type of drink was spirits, with 29 per cent saying this is what they usually drink (Table 2.6).

Table 2.6: Usual drink at home or when out ^a

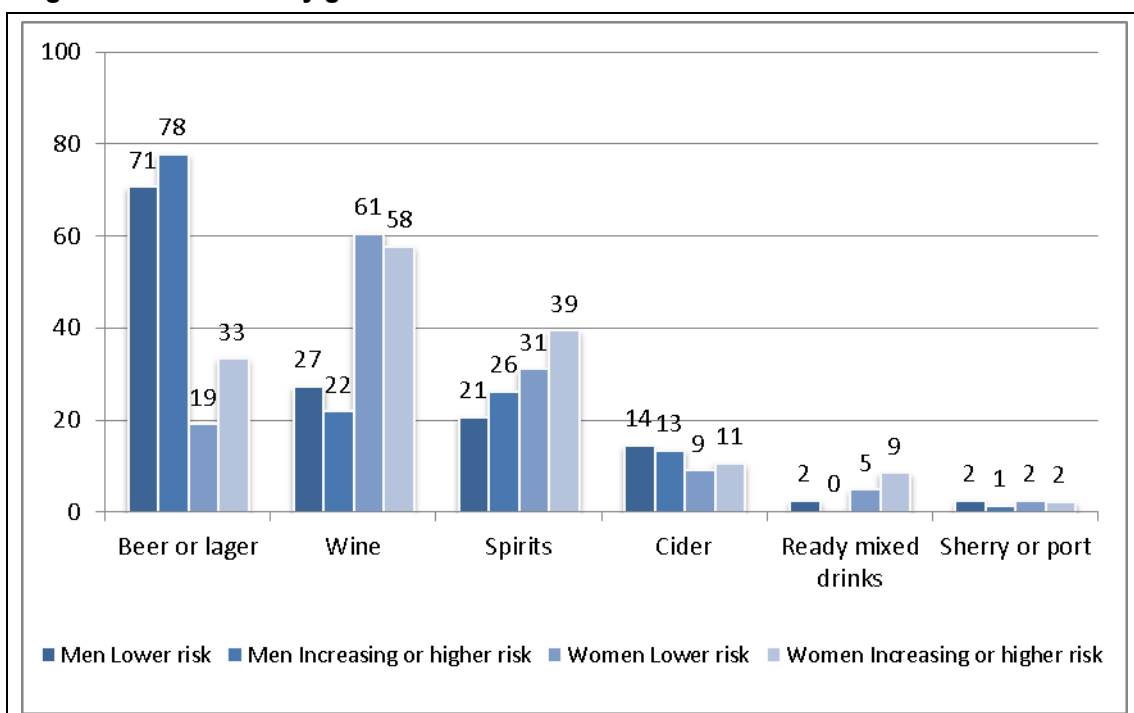
Drink	% respondents
Beer or lager	49
Wine	41
Spirits	29
Cider	12
Ready mixed drinks (RMD)	3
Sherry or port	2

Base: All respondents that drink alcohol (745). (a) May sum to more than 100 per cent as respondents were able to give more than one answer.

Breaking these figures down by gender and AUDIT-C classification shows a difference in the most popular type of drink. As Figure 2.5 shows, among men, beer or lager was by far the most popular drink for both 'lower risk' drinkers (71 per cent) and 'increasing or higher risk' drinkers (78 per cent).

For women, wine was the most popular drink, preferred by around six out of ten 'lower risk' and 'increasing or higher risk' drinkers. However, one third (33 per cent) of 'increasing or higher risk' women drinkers said their preferred drink was beer or lager, compared with two out of ten (19 per cent) 'lower risk' women drinkers.

Figure 2.5: Usual drink at home or when out among 'lower risk' and 'increasing or higher risk' drinkers by gender ^a



Base: All respondents that drink alcohol (745).

(a) May sum to more than 100 per cent as respondents were able to give more than one answer.

Breaking the data down by age and gender reveals further patterns (Table 2.7). Beer or lager was by far the most popular drink among men across all age groups, while wine was the most popular drink for women across all age groups.

Cider was more popular among 16-34 year olds (18 per cent of men and women) than other age groups. Spirits were a usual drink for around three out of ten drinkers overall, although this was much lower among men aged 35-54 years (17 per cent).

Overall, while only three per cent of drinkers said that their usual drink was a ready mixed drink, this was higher among women aged 16-34 years (10 per cent) and 35-54 years (seven per cent).

Table 2.7: Usual drink at home or when out by age and gender ^a

	16-34 years		35-54 years		55+ years	
	Men (%)	Women (%)	Men (%)	Women (%)	Men (%)	Women (%)
Beer or lager	79	19	79	30	63	20
Wine	16	56	19	58	37	64
Spirits	31	36	17	33	26	34
Cider	18	18	15	7	10	5
RMD	1	10	1	7	1	2
Sherry or port	2	0	1	2	2	4

Base: All respondents that drink alcohol (745).

(a) May sum to more than 100 per cent as respondents were able to give more than one answer.

3. Drinking at home and pre-loading

There is some evidence that links drinking at home before a night out – or ‘pre-loading’ – with alcohol-related harm (Hughes et al, 2008). Respondents were therefore asked questions about their habits of consuming alcohol at home.

3.1 Frequency of drinking at home

Respondents that drink alcohol were asked how often they have a drink containing alcohol at home, or at someone else’s home. Around one out of five drinkers (18 per cent) said that they never drink alcohol at home. The most common response, given by one third of drinkers (34 per cent) is that they drink at home monthly or less frequently. At the other end of the scale, around one out of ten drinkers (9 per cent) said that they drink alcohol at home four times or more per week (Table 3.1).

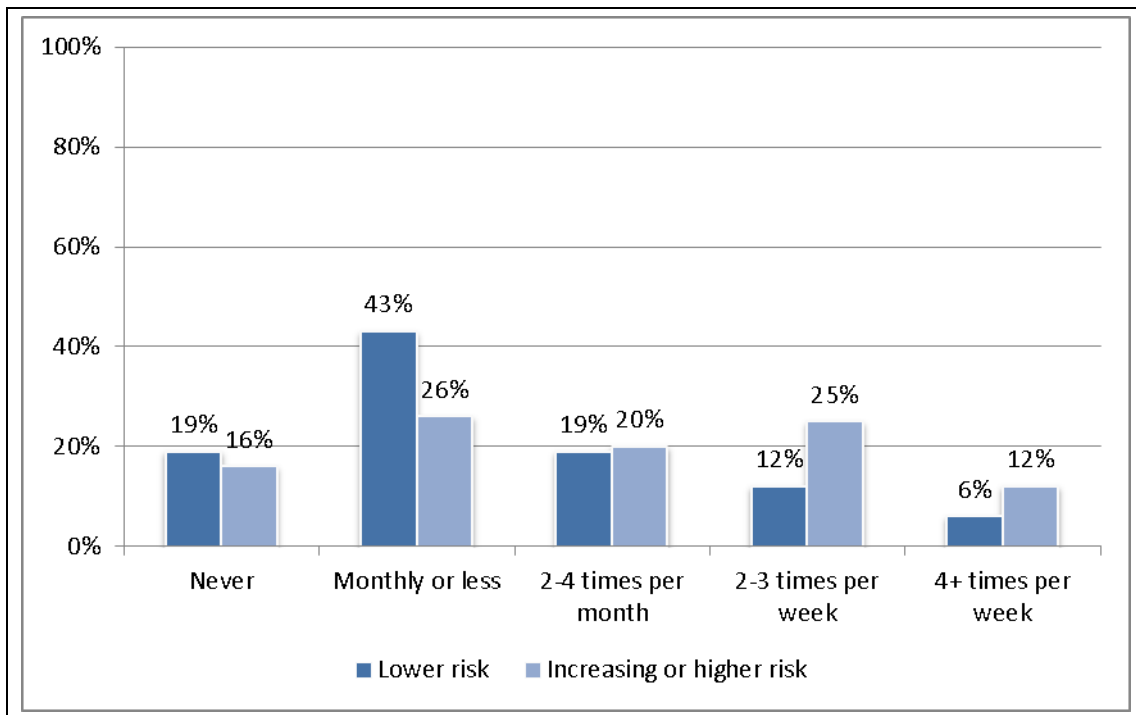
Table 3.1: Frequency of drinking alcohol at home

Frequency	% respondents
Never	18
Monthly or less	34
2-4 times per month	20
2-3 times per week	19
4+ times per week	9

Base: All respondents that drink alcohol (745).

Analysis of the data by AUDIT-C classification (Figure 3.1) shows that a greater proportion of ‘increasing or higher risk’ drinkers consume alcohol at home at least twice per week compared with ‘lower risk’ drinkers.

Figure 3.1: Frequency of drinking alcohol at home by AUDIT-C classification



Base: All respondents that drink alcohol (745).

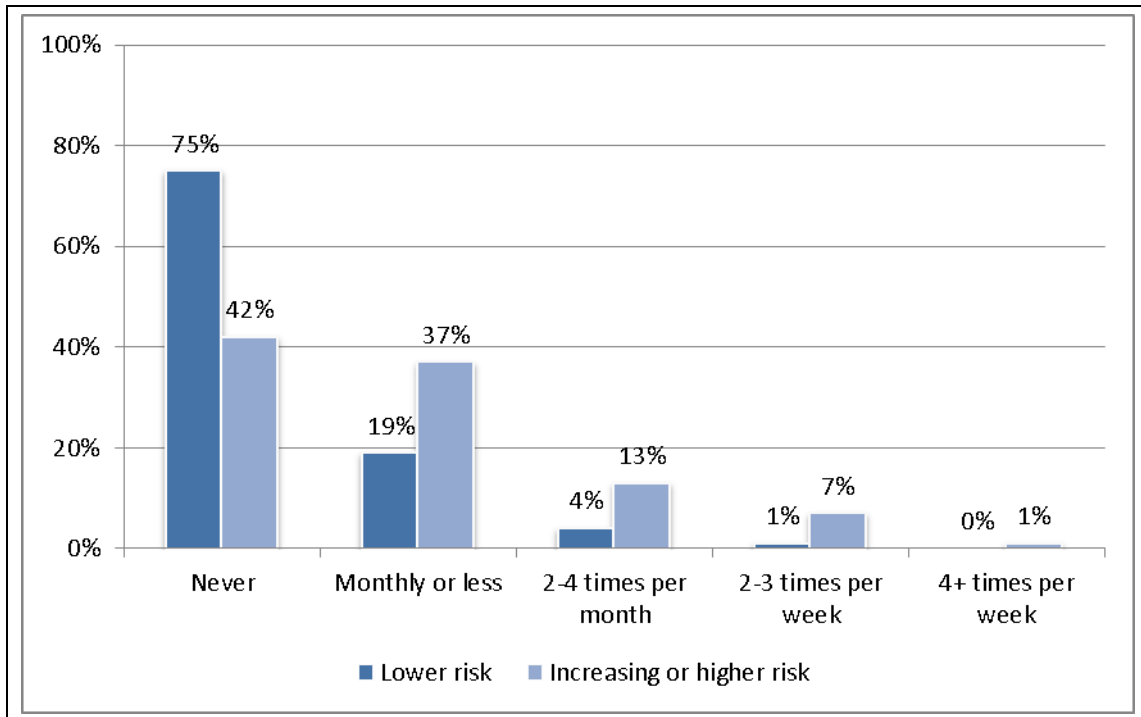
3.2 Pre-loading

Respondents that drink alcohol at home, or at someone else's home, were asked how often they have had a drink at home before a night out (e.g. to pubs, bars or clubs) over the past 12 months.

As Figure 3.2 shows, a significantly greater proportion of 'increasing or higher risk' drinkers pre-loaded (42 per cent said they never had in the past 12 months compared with 75 per cent of 'lower risk' drinkers).

Around one out of five (21 per cent) of 'increasing or higher risk' drinkers pre-loaded at least twice a month compared with one out of twenty (5 per cent) 'lower risk' drinkers.

Figure 3.2: Frequency of pre-loading by AUDIT-C classification



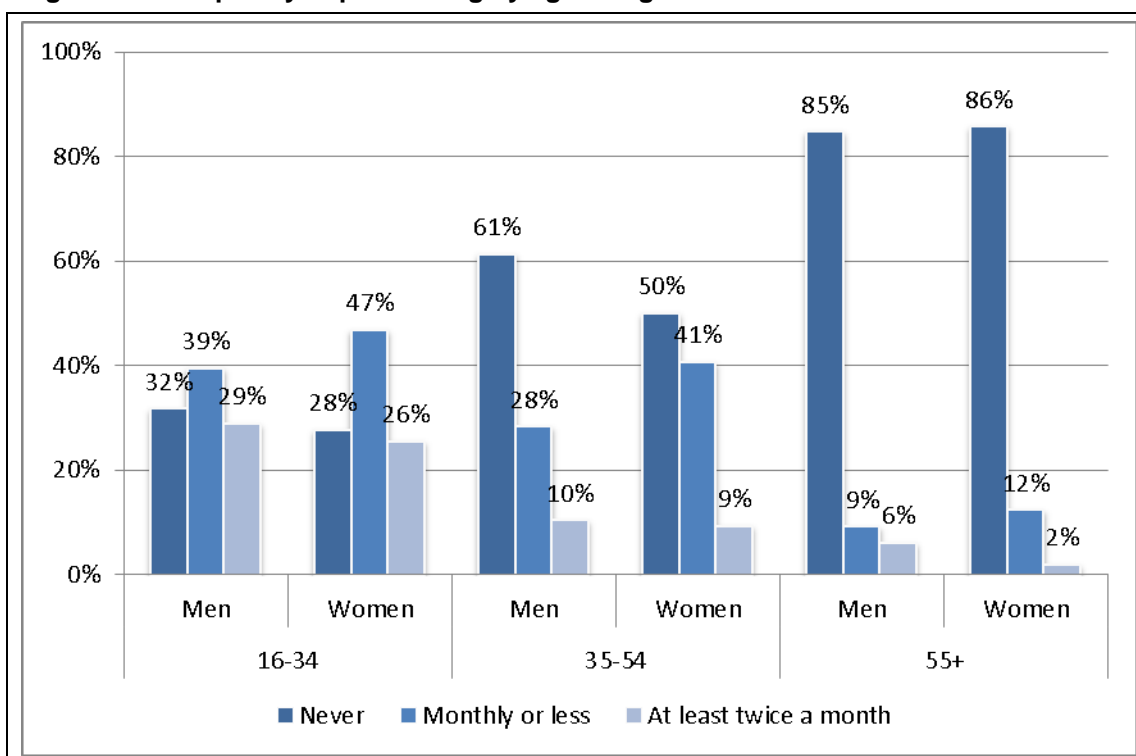
Base: All respondents that drink alcohol at home (608).

Figure 3.3 shows frequency of pre-loading by age and gender. Pre-loading was a lot less common among respondents aged 55+ years, with over eight out of ten men and women saying they hadn't consumed alcohol at home before a night out in the past 12 months.

Regular pre-loading was most common among respondents under 35 years of age, with 29 per cent of men and 26 per cent of women saying they had consumed alcohol at home before a night out at least twice a month in the past year.

Among 35-54 year olds, a greater proportion of men (61 per cent) than women (50 per cent) said that they hadn't consumed alcohol at home before a night out in the past 12 months.

Figure 3.3: Frequency of pre-loading by age and gender ^a



Base: All respondents that drink alcohol at home (608).

(a) 'At least twice a month' includes '2-4 times per month', '2-3 times per week', and '4+ times per week'.

A number of statements about how much they drink when pre-loading was read out to respondents that had consumed alcohol at home before a night out in the past 12 months (Table 3.2). Around six out of ten respondents (61 per cent) said they usually have one or two drinks before going out, while one out of ten (9 per cent) said they have enough to get drunk.

Table 3.2: Amount of alcohol usually consumed before going out

	% respondents
Have one or two drinks before going out	61
Have a few drinks but not enough to get really drunk	23
Have enough to get drunk before going out	9
<i>Don't know</i>	7

Base: All respondents that had consumed alcohol before going out in past 12 months alcohol (263).

4. Buying alcohol

4.1 Buying alcohol to drink at home

Respondents that drink alcohol at home were asked what the most important considerations are when choosing what to buy.

As Table 4.1 (below) shows, around six out of ten respondents (61 per cent) said choosing familiar brands was the most important consideration. In total, around a quarter of respondents chose an answer option related to getting a bargain ('brands which are on special offer', 'brands that are the cheapest', or 'own-label brands').

Table 4.1: Most important consideration when buying alcohol to drink at home ^a

	% respondents
Brands you have tried before and know you like	61
Brands which are on special offer	16
High quality brands	13
Brands that are the cheapest	5
Own-label brands	3
<i>Don't know</i>	2

Base: All respondents who ever have a drink containing alcohol at home, or at someone else's home (608).

Additional analysis found no significant differences in most important consideration by social class, AUDIT-C classification, or gender and age.

4.2 Stated impact of minimum unit pricing

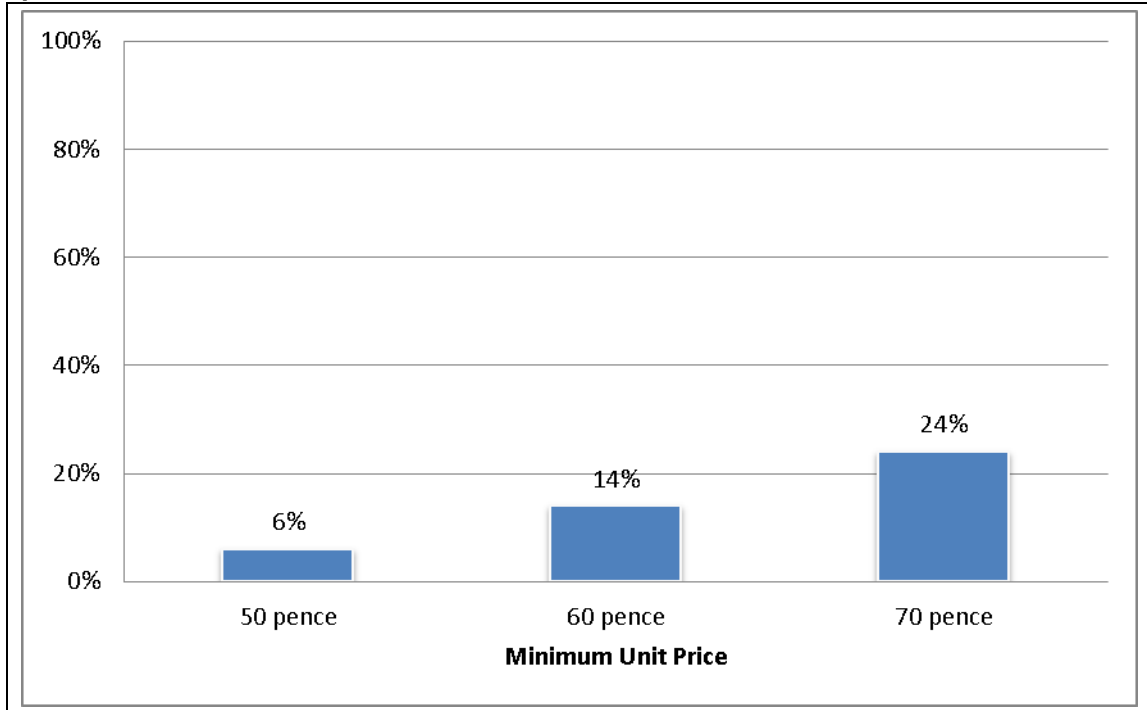
Respondents that drink alcohol were asked if the introduction of a minimum unit price would lead them to drink more, the same, a bit less, or a lot less than they currently do. This question was asked for three different levels of minimum unit price: 50 pence, 60 pence, and 70 pence. Respondents were given a show card (see Annex C) displaying the cheapest price of various alcoholic drinks at different levels of minimum unit pricing.

As Figure 4.1 shows, the higher the minimum unit price, the greater the proportion of respondents that said they would drink a bit or a lot less alcohol. At the 50 pence level, around one in 20 drinkers (6 per cent) said they would drink less alcohol. At the 70 pence level, this rose to one quarter (24 per cent) of drinkers.

Given the concern over the distributional impact of minimum unit pricing of alcohol on different socio-economic groups, it is worth noting that the proportion of respondents saying they would drink less at each level was the same for ABC1 and C2DE respondents. However, the lack of a difference in

expected effect between ABC1 and C2DE respondents may suggest limited population-wide understanding of the degree to which individuals will be impacted by a given minimum unit price.

Figure 4.1: % of respondents that would drink LESS alcohol at different minimum unit prices



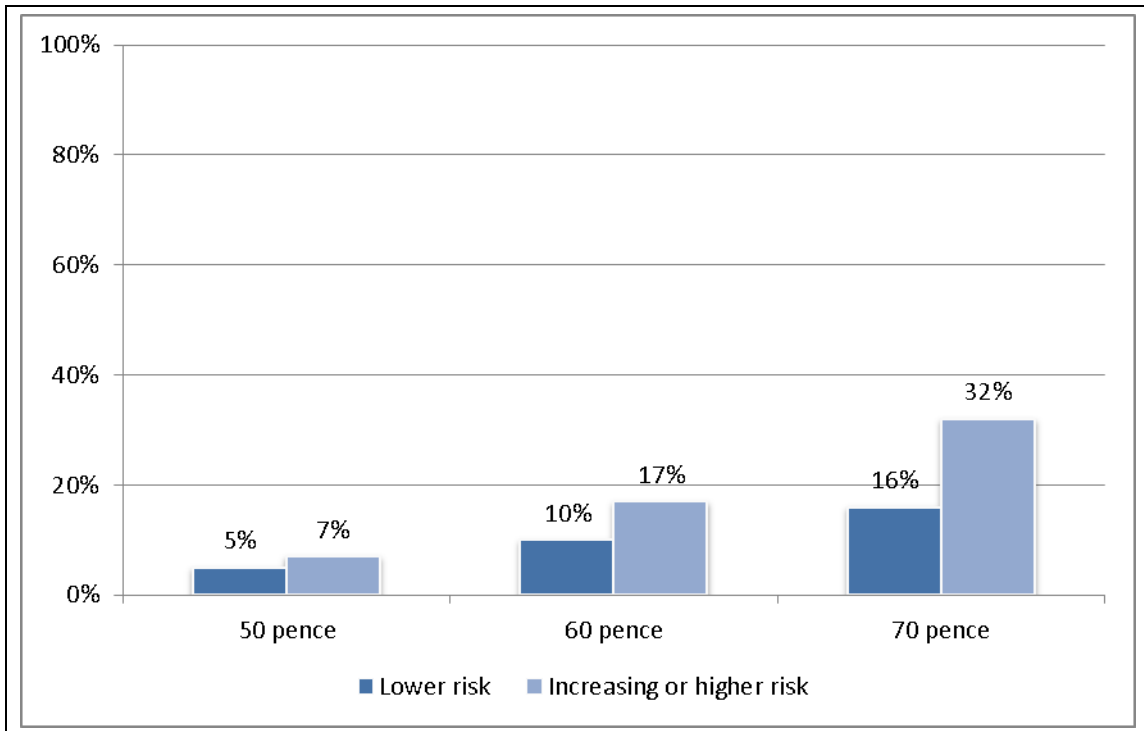
Base: All respondents that drink alcohol (745).

Figure 4.2 shows the stated impact on behaviour by AUDIT-C classification. At the 50 pence minimum unit price level, there was a small but statistically insignificant difference in the proportion of lower and increasing or higher risk drinkers who said they would drink less.

However, this difference grows as the minimum unit price increases and is statistically significant at the 60 pence and 70 pence levels. Double the proportion of increasing or higher risk drinkers say they would drink less at a minimum unit price of 70 pence (32 per cent) than lower risk drinkers (16 per cent).

This suggests that minimum unit pricing may be successful at targeting increasing or higher risk drinkers, with the difference appearing to grow as minimum unit price increases.

Figure 4.2: % of respondents that would drink LESS alcohol at different minimum unit prices by AUDIT-C classification



Base: All respondents that drink alcohol (745).

5. Awareness of and support for proposals to introduce minimum unit pricing for alcohol

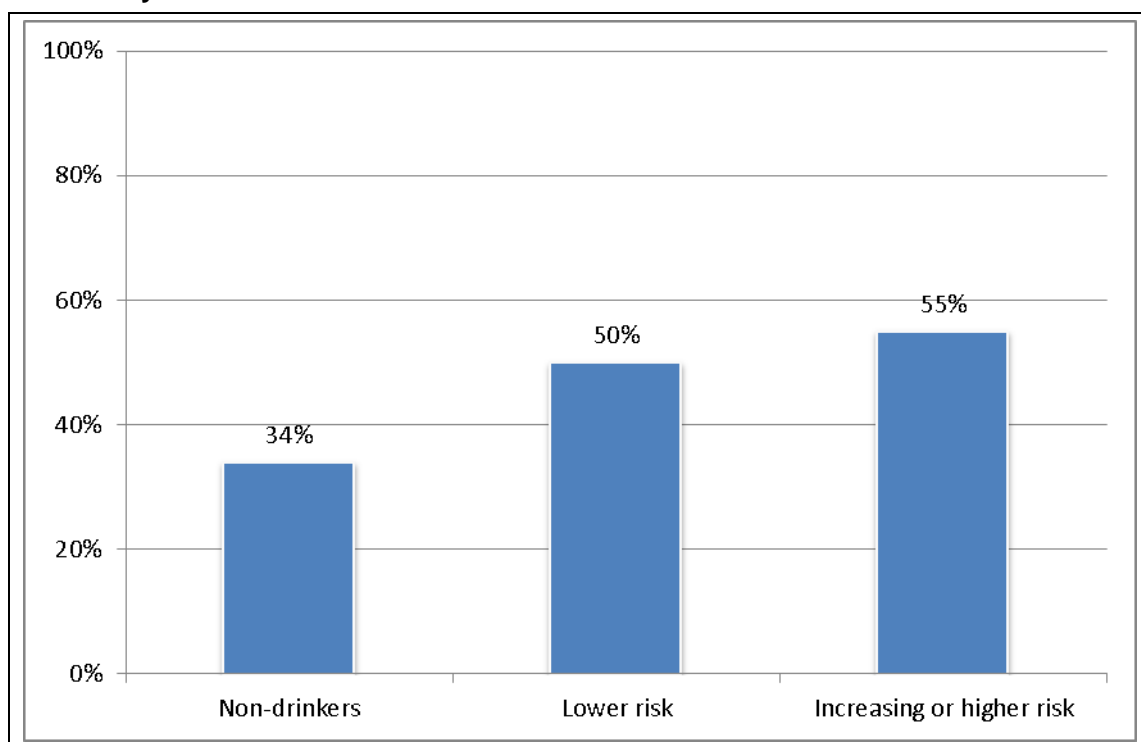
5.1 Awareness and understanding of proposals

All respondents were asked 'Are you aware of any proposals to place certain controls on the price of alcohol that is sold in Wales?'. Overall, just under half of respondents (47 per cent) said they were aware of proposals³.

There was a significant difference by social group, with 55 per cent of ABC1 respondents saying they were aware of proposals compared with 40 per cent of C2DE respondents.

Awareness was also significantly higher among drinkers than non-drinkers. As Figure 5.1 shows, one third of non-drinkers were aware of proposals, rising to half of lower risk drinkers, and 55 per cent of increasing or higher risk drinkers.

Figure 5.1: % of respondents aware of any proposals to place controls on price of alcohol by AUDIT-C classification



Base: 983 respondents.

Respondents that were aware of proposals to place controls on the price of alcohol sold in Wales were asked what they think the proposals are. Table 5.1 (below) shows the most common responses, with around a third of

³ For context, it is worth noting that the survey fieldwork took place in March 2014, prior to the publication of the Public Health White Paper in April 2014 where proposals for minimum unit pricing would have first been formally announced.

respondents (32 per cent) mentioning that a minimum price would be introduced, and a similar proportion (30 per cent) saying that prices would increase.

Table 5.1: What respondents think the proposals for price controls are

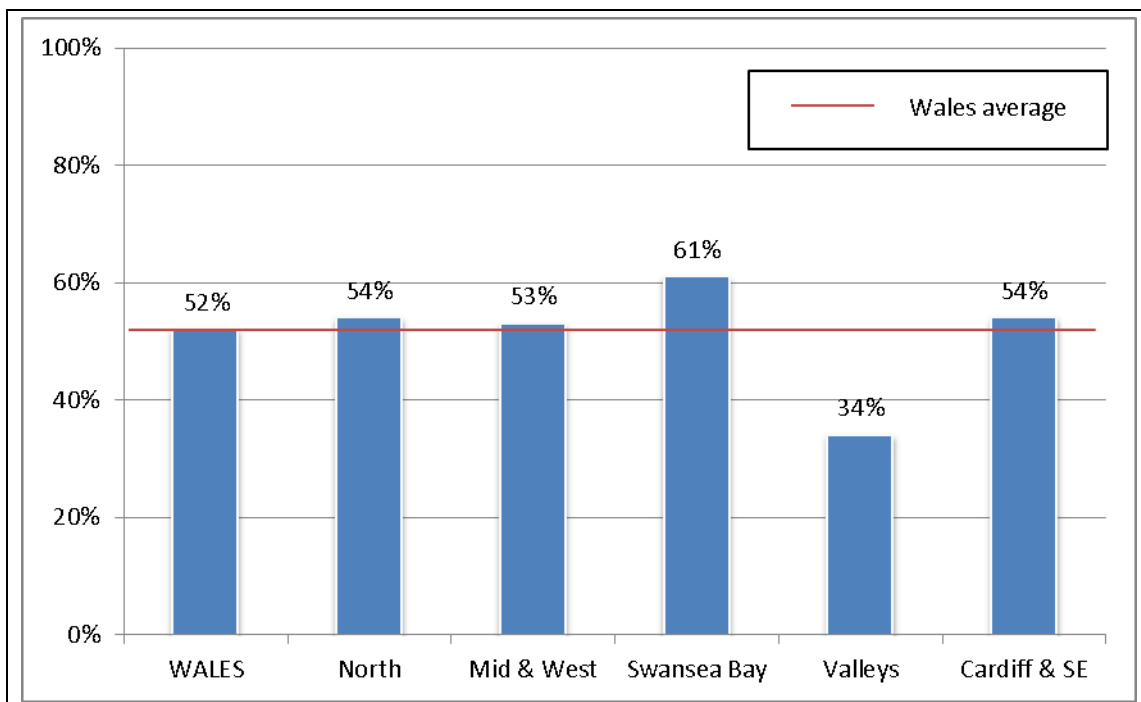
	% respondents
Any mention of introducing a minimum price	32
Any mention of increasing price	30
Any mention of controlling price	5
Combat binge drinking / reduce drunkenness	5
Stop young people drinking	4

Base: All respondents who are aware of proposals to place controls on the price of alcohol sold in Wales (478).

All respondents were then shown a description of the Welsh Government’s proposal to introduce minimum unit pricing of alcohol (see Annex C) and were asked if they had previously seen or heard anything about it.

Around half of respondents (52 per cent) had seen or heard something about the proposal. However, as Figure 5.2 shows, there were some large regional differences, with awareness of the proposal being lowest in the Valleys (34 per cent) and highest in Swansea Bay (61 per cent).

Figure 5.2: % of respondents who had seen or heard anything about minimum unit pricing proposal



Base: 1,012 respondents.

There were also significant differences by social group, with 61 per cent of ABC1 respondents having seen or heard something about the proposal compared with 44 per cent of C2DE respondents.

In addition, a significantly greater proportion of drinkers (57 per cent) had seen or heard something about the proposals than non-drinkers (38 per cent).

5.2 Support for minimum unit pricing proposals

Around half of respondents (49 per cent) were in favour of the proposal to introduce minimum unit pricing of alcohol. Almost four out of ten (37 per cent) were against the proposal, while 14 per cent didn't know (Table 5.2).

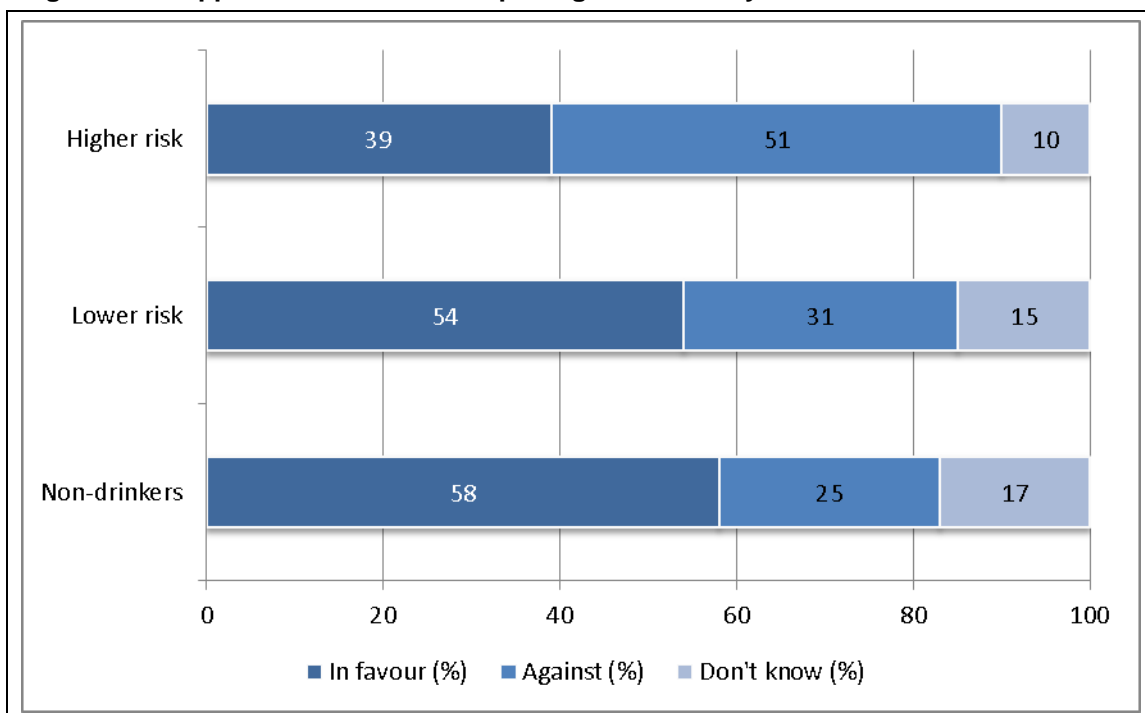
Table 5.2: Support for minimum unit pricing of alcohol

Frequency	% respondents
In favour	49
Against	37
<i>Don't know</i>	14

Base: 1,012 respondents.

Analysis by AUDIT-C classification shows that support for minimum unit pricing proposals was significantly lower among increasing or higher risk drinkers. Half of increasing or higher risk drinkers (51 per cent) were against the proposal compared with a third (31 per cent) of lower risk drinkers and a quarter (25 per cent) of non-drinkers (Figure 5.3).

Figure 5.3: Support for minimum unit pricing of alcohol by AUDIT-C classification



Base: 983 respondents.

Respondents were asked why they were in favour of, or against, the proposal to introduce minimum unit pricing of alcohol. A wide range of reasons were given by those in favour, the most frequent being to stop binge drinking and drunkenness in general (21 per cent), and specifically among young people (19 per cent).

Table 5.3: Reasons for being IN FAVOUR of minimum unit pricing

Response	% respondents^a
Stop binge drinking / drunkenness	21
Stop young people drinking / binge drinking	19
Alcohol is too cheap	8
Better for pubs	7
Encourage people to drink less	6
Stop / discourage anti-social behaviour	6
Other responses reported by less than 5 per cent of respondents^b	
Alcohol is too easily available	
Better for health	
Help NHS resources	
Reduce drink driving	
Save lives	
Stop crime	
Stop supermarkets selling it too cheap	

Base: All respondents in favour of minimum unit pricing (495).

(a) Respondents were able to give more than one answer.

(b) 'Other' responses are presented alphabetically.

For respondents who were against the proposal to introduce minimum unit pricing, one quarter (25 per cent) said they didn't think minimum unit pricing would make any difference to the amount people drink.

Table 5.4: Reasons for being AGAINST minimum unit pricing

Response	% respondents ^a
Won't stop people drinking / won't make any difference	25
Would cost more / can't afford it	17
Individual choice / up to people what they drink	11
Unfair to responsible drinkers	8
Already expensive	8
Unfair to those who are poorer	7
Just tax revenue for government	6
Other responses reported by less than 5 per cent of respondents ^b	
Penalises wrong people	
Education would be better	
I enjoy a drink	

Base: All respondents in favour of minimum unit pricing (495).

(a) Respondents were able to give more than one answer.

(b) 'Other' responses are presented alphabetically.

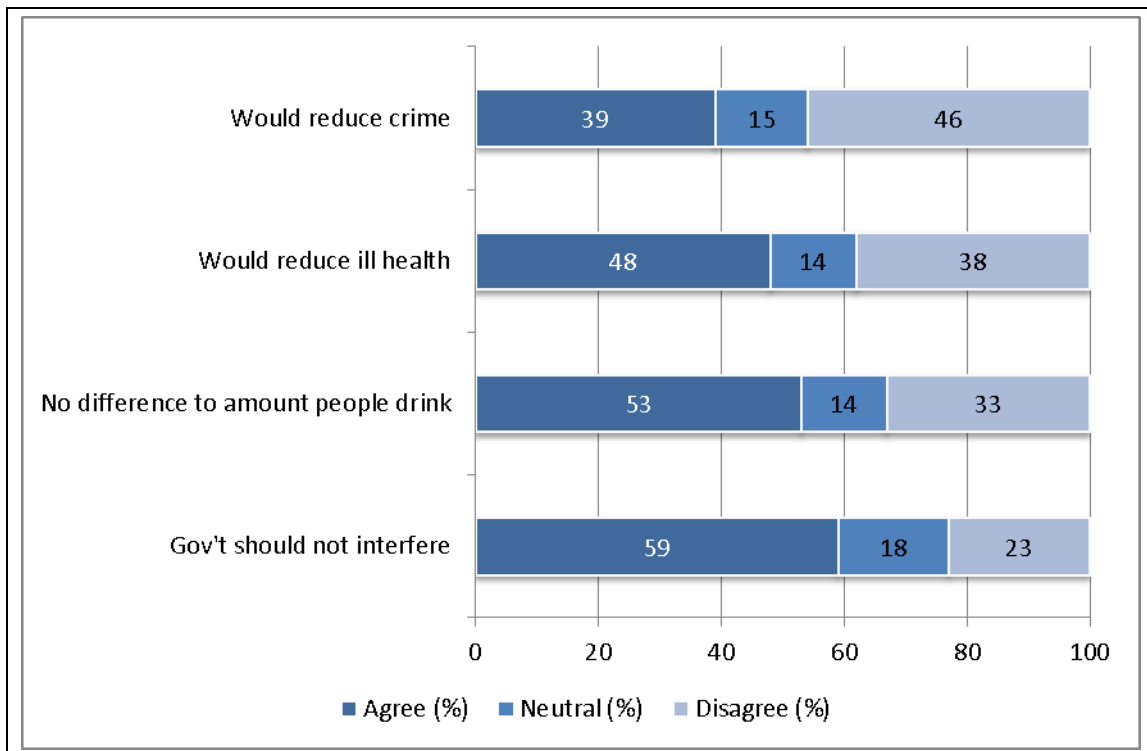
6. Raising the price of alcohol in supermarkets, off-licences and convenience stores

All respondents were asked to what extent they agreed or disagreed with the following statements about raising the price of alcohol in supermarkets, off-licences and convenience stores:

- Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country
- Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country
- Raising the price of the cheaper alcohol products in these stores would not make any difference to the amount people drink
- How much someone drinks is a personal choice and the government should not interfere

A greater proportion of respondents agreed that raising the price of cheaper alcohol products in these stores 'would reduce ill health' (48 per cent agreed) than 'would reduce crime' (39 per cent agreed). More than half of respondents (53 per cent) agreed that it 'would make no difference to the amount people drink', while six out of ten respondents '59 per cent' agreed that 'the government should not interfere' (Figure 6.1).

Figure 6.1: Raising the price of cheaper alcohol products ^a



Base: 1,012 respondents.

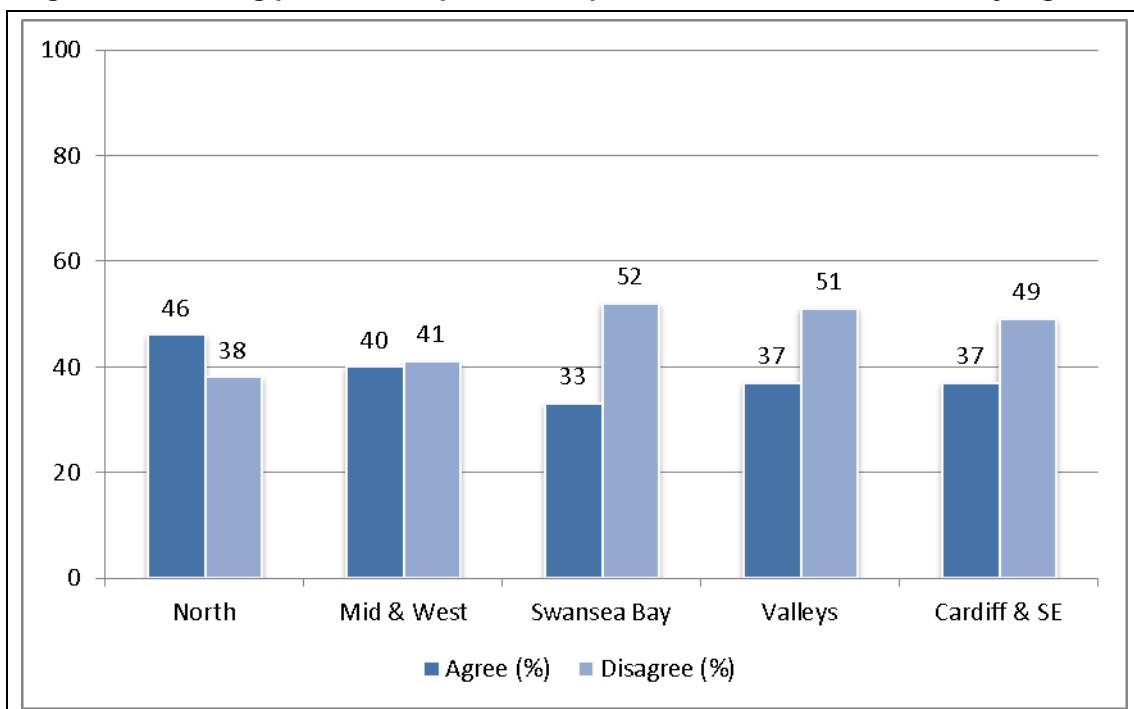
(a) 'Agree' category includes 'Strongly agree' and 'Agree'. 'Disagree' category includes 'Strongly disagree' and 'Disagree'. 'Neutral' category includes 'Neither agree nor disagree' and 'Don't know'.

6.1 Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country

There were regional differences in agreement or disagreement with the statement 'Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country'.

As Figure 6.2 shows, a greater proportion of respondents across the south Wales regions disagreed that raising the price would reduce crime. In Mid & West Wales the proportions agreeing and disagreeing were equal, while in North Wales a greater proportion agreed that it would reduce crime.

Figure 6.2: 'Raising price of cheaper alcohol products would reduce crime' by region

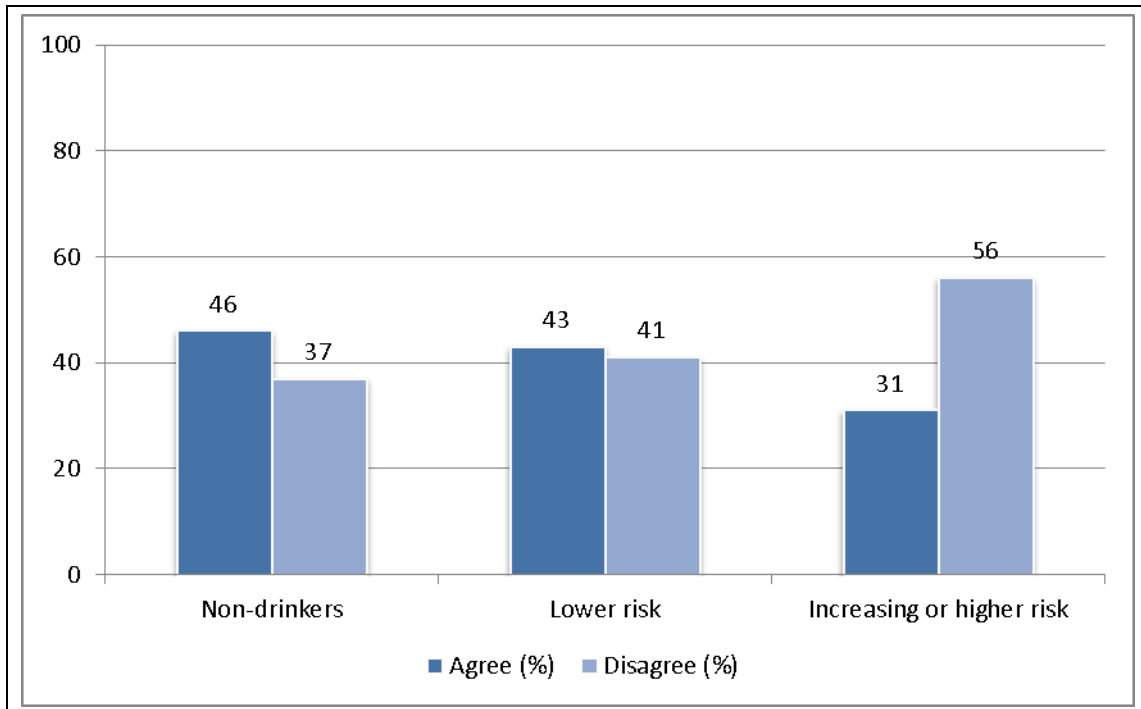


Base: 1,012 respondents.

There was a significant relationship between AUDIT-C classification and agreement with the statement that 'Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country'.

As Figure 6.3 shows, a far greater proportion of increasing or higher risk drinkers disagreed with the statement (56 per cent) compared with lower risk drinkers, who were evenly split, and non-drinkers, where a greater proportion agreed that it would reduce crime (46 per cent).

Figure 6.3: 'Raising price of cheaper alcohol products would reduce crime' by AUDIT-C classification



Base: 983 respondents.

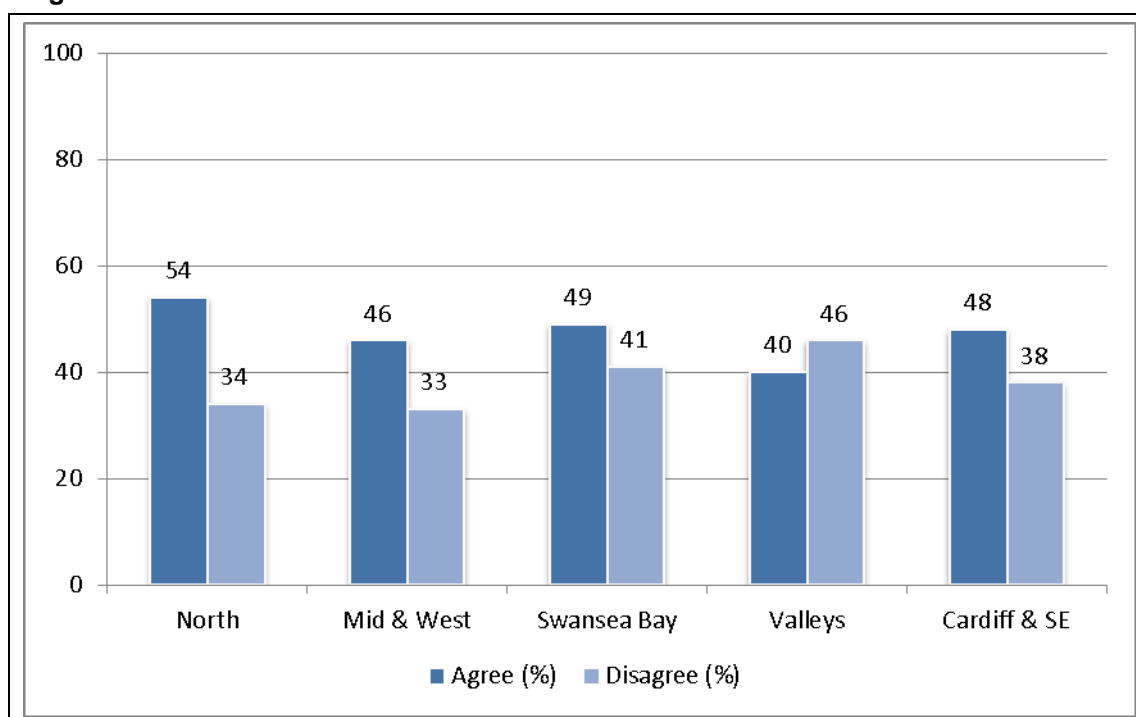
There were no significant differences by gender or social class. However, there was a significant relationship with age, with a greater proportion of respondents aged 55+ years agreeing that raising prices would reduce crime (44 per cent), compared with 35-54 year olds (38 per cent) and those under 35 years (33 per cent).

6.2 Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country

There were regional differences in agreement or disagreement with the statement 'Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country'.

As Figure 6.4 shows, a greater proportion of respondents agreed that raising the price would reduce ill health than disagreed with the statement across all regions except the Valleys, where 40 per cent agreed but 46 per cent disagreed. Agreement with the statement was again highest in North Wales, where 54 per cent agreed raising the price of cheap alcohol would reduce ill health.

Figure 6.4: 'Raising price of cheaper alcohol products would reduce ill health' by region

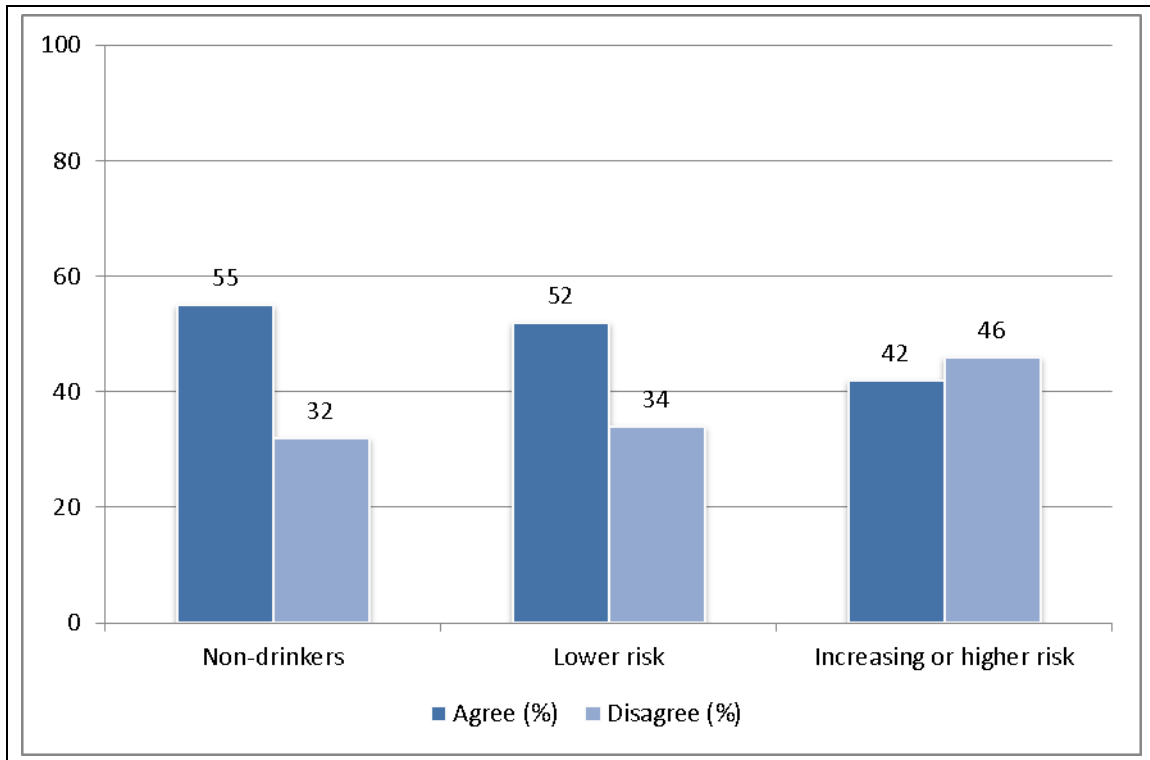


Base: 1,012 respondents.

There was a significant relationship between AUDIT-C classification and agreement with the statement that 'Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country'.

As Figure 6.5 shows, a greater proportion of non-drinkers and lower risk drinkers agreed that raising the price would reduce ill health. However, among increasing or higher risk drinkers, a greater proportion disagreed (46 per cent) than agreed (42 per cent) with the statement.

Figure 6.5: 'Raising price of cheaper alcohol products would reduce ill health' by AUDIT-C classification



Base: 983 respondents.

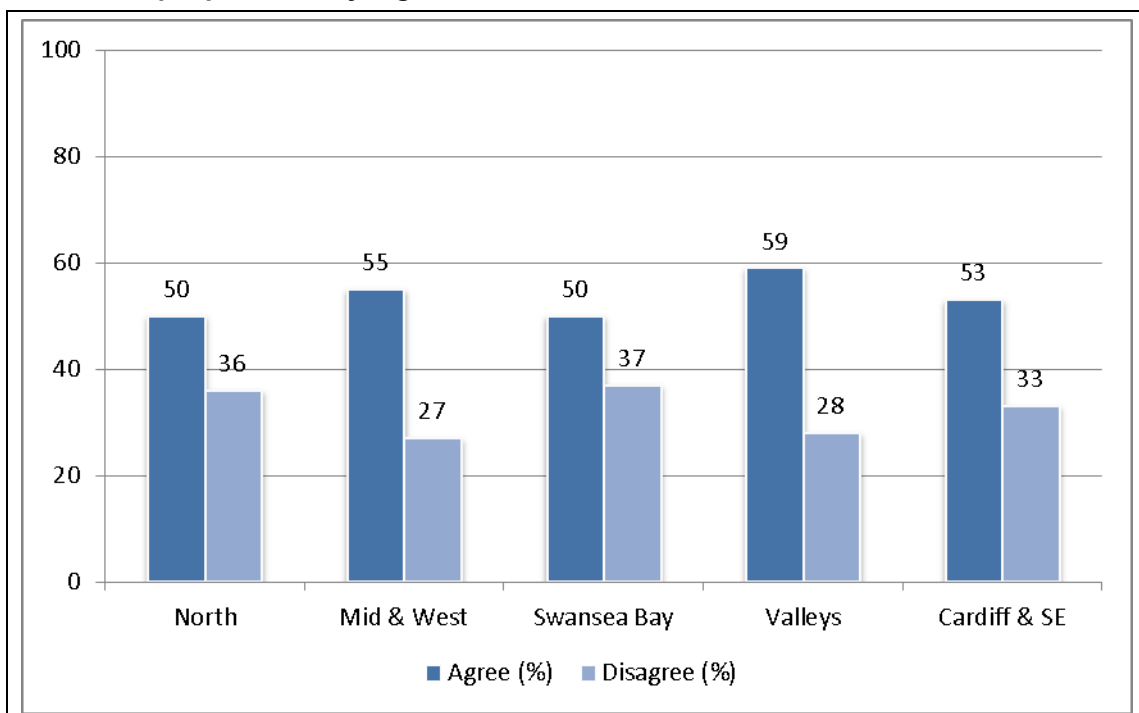
There were no significant differences by gender or social class. However, there was a significant relationship with age, with a greater proportion of respondents aged 55+ years agreeing that raising prices would reduce ill health (52 per cent), compared with 35-54 year olds (47 per cent) and those under 35 years (44 per cent).

6.3 Raising the price of the cheaper alcohol products in these stores would not make any difference to the amount people drink

Across all regions, a greater proportion of respondents agreed that 'raising the price of cheaper alcohol products would not make any difference to the amount people drink' than disagreed with the statement.

As Figure 6.6 shows, the proportion agreeing with this statement ranged from 50 per cent in North Wales and Swansea Bay to 59 per cent in the Valleys.

Figure 6.6: 'Raising price of cheaper alcohol products would not make any difference to amount people drink' by region

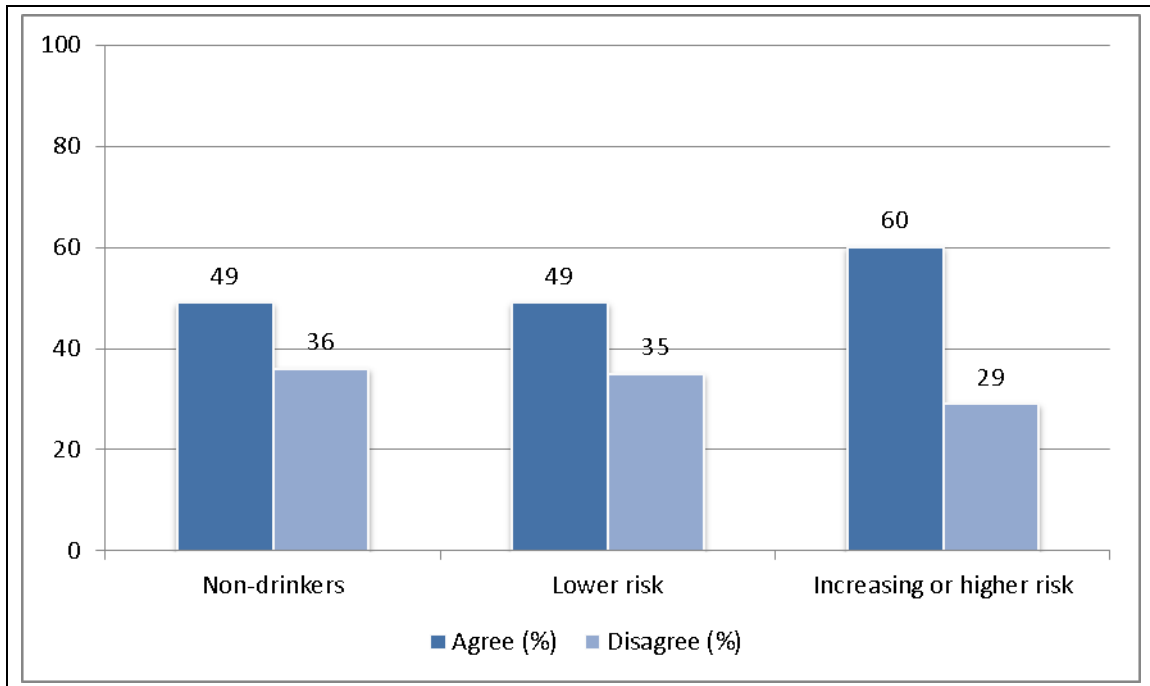


Base: 1,012 respondents.

There was a significant relationship between AUDIT-C classification and agreement with the statement 'raising the price of cheaper alcohol products would not make any difference to the amount people drink'.

As Figure 6.7 shows, a greater proportion of increasing or higher risk drinkers agreed with the statement (60 per cent) than lower risk and non-drinkers (both 49 per cent).

Figure 6.7: 'Raising price of cheaper alcohol products would not make any difference to amount people drink' by AUDIT-C classification



Base: 983 respondents.

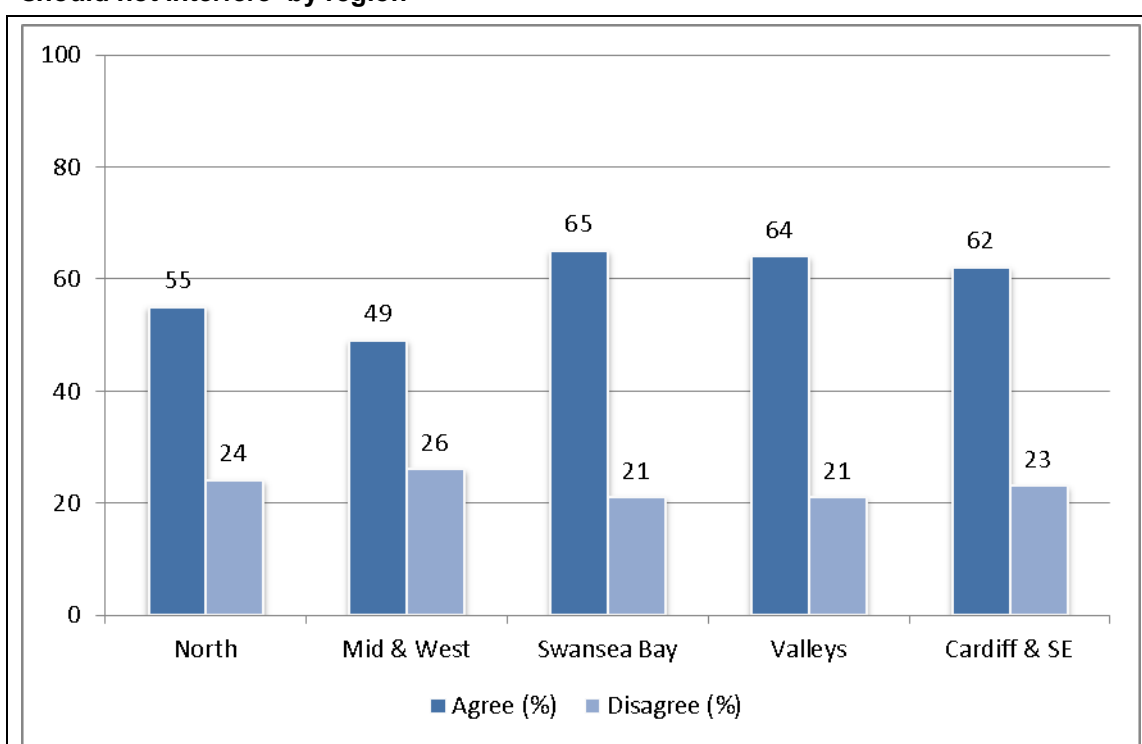
There were no significant differences by social class or age. However, there was a significant difference by gender, with 58 per cent of men agreeing that raising the price would not make any difference to the amount people drink, compared with 48 per cent of women.

6.4 How much someone drinks is a personal choice and the government should not interfere

Across all regions, a greater proportion of respondents agreed that 'How much someone drinks is a personal choice and the government should not interfere' than disagreed with the statement.

As Figure 6.8 shows, the proportion agreeing with this statement ranged from half (49 per cent) in Mid & West Wales to two thirds in Swansea Bay (65 per cent) and the Valleys (64 per cent).

Figure 6.8: 'How much someone drinks is a personal choice and the government should not interfere' by region

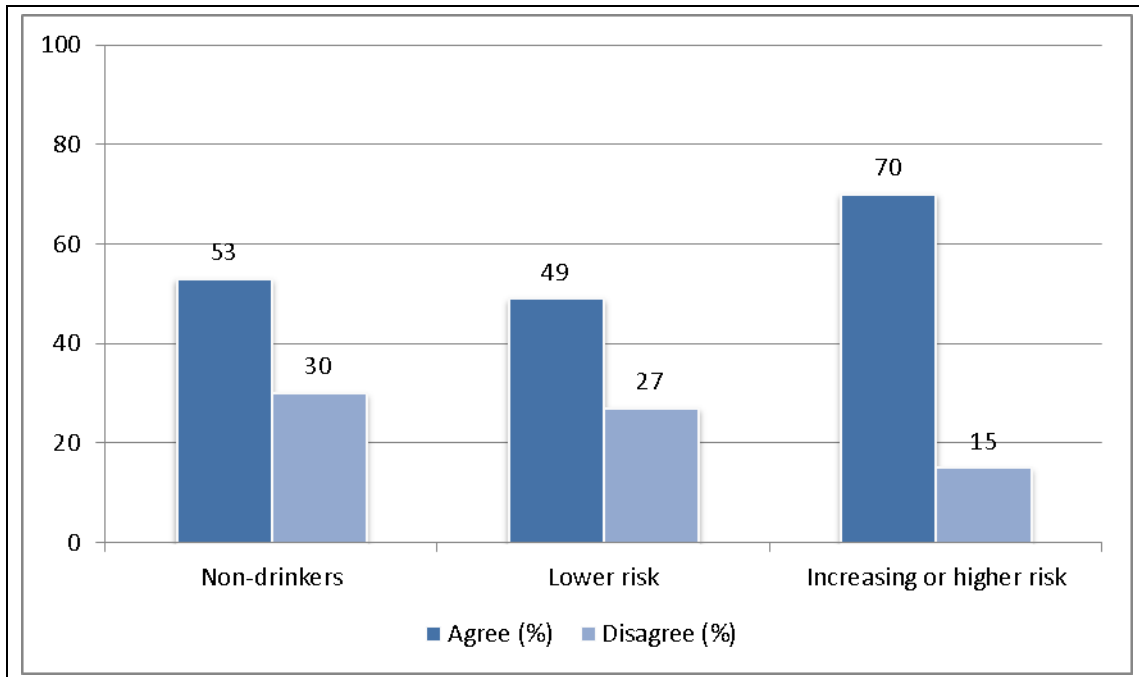


Base: 1,012 respondents.

There was a significant relationship between AUDIT-C classification and agreement with the statement that 'how much someone drinks is a personal choice and the government should not interfere'.

As Figure 6.9 shows, while around half of non-drinkers (53 per cent) and lower risk drinkers (49 per cent) agreed with the statement, this rose to seven out of ten (70 per cent) among increasing or higher risk drinkers.

Figure 6.9: 'How much someone drinks is a personal choice and the government should not interfere' by AUDIT-C classification



Base: 983 respondents.

There were no significant differences by age. However, significant differences were found by gender and social class.

A greater proportion of men (64 per cent) than women (54 per cent) agreed that 'how much someone drinks is a personal choice and the government should not interfere'; and a greater proportion of C2DE respondents agreed (63 per cent) than ABC1 respondents (55 per cent).

7. Discussion

This survey was carried out to gain a better understanding of public attitudes in Wales to alcohol and minimum unit pricing. It complements the modelling work carried out by the University of Sheffield (Meng et al, 2014), which this report has been published alongside. However, it is important to recognise the differences between the two pieces of research.

The Sheffield Alcohol Policy Model (SAPM) uses an econometric approach to model consumer responses to changes in the prices of alcoholic beverages, synthesising data from the Living Costs and Food Survey, General Lifestyle Survey, and market data. The survey data provided in this report were collected for the specific purpose of understanding public views on the acceptability of minimum unit pricing, perceptions of its likely impact on consumption, and other attitudes to alcohol and government intervention in this area. Data based on public perceptions should not be treated as an alternative source of information on, for example, the impact of minimum unit pricing on alcohol consumption. In addition, given the nature of the data collection methods employed, the two studies used fundamentally different methods for classifying drinkers as being at increasing or higher risk. The consumption and risk data derived in this report are used primarily for comparisons of opinions and perceptions between groups.

The survey data suggest different patterns of drinking among the different age groups. Respondents younger than 35 years drink less frequently than older respondents, although it is the middle age category (35-54 years olds) that are most likely to drink at least twice a week, suggesting a U-shaped relationship where frequency of alcohol consumption starts to fall again in older age. However, there is a clearer linear relationship between age and units of alcohol consumed on a typical day when drinking, with younger respondents drinking more on a typical drinking day than older respondents. This relationship is supported by the finding that younger respondents reported binge drinking more frequently than older respondents.

However, it is important to note the potential limitations of this study given the well evidenced difficulties around social desirability bias (Davies et al, 2010) and recall bias (Stockwell et al, 2004) when answering survey questions about subjects such as alcohol consumption, particularly in a face-to-face interview setting (Tourangeau and Yan, 2007). Such biases may lead respondents to distort reports of alcohol consumption by providing responses that are perceived as being more consistent with social norms. It is also important to note that other surveys that measure alcohol consumption, such as the General Lifestyle Survey and Welsh Health Survey, use more detailed measures and provide a more accurate estimate of consumption.

A successful minimum unit pricing law is likely to have most impact on off-trade alcohol sales, and may therefore reduce 'pre-loading' – the behaviour of drinking cheaper shop-bought alcohol at home before a night out. This survey found that a greater proportion of 'increasing or higher risk' drinkers consume

alcohol at home more frequently – and are more likely to ‘pre-load’ before a night out – than ‘lower risk’ drinkers, indicating that an effective minimum unit price may be well targeted towards more risky drinkers – although evidence on the prices paid for this alcohol is missing.

Analysis found no significant differences by AUDIT-C classification in what is the most important consideration when buying alcohol to drink at home. Among ‘lower risk’ and ‘increasing or higher risk’ drinkers, choosing familiar brands appears to be a far more important consideration than getting a good deal. The survey did not ask questions about what these familiar brands are but analysis of drinkers’ usual drink of choice when at home or when out shows that beer or lager is much more preferred among ‘increasing or higher risk’ drinkers, while wine was more popular among ‘lower risk’ drinkers.

The testing of three different scenarios of minimum unit pricing (50 pence, 60 pence and 70 pence) showed that the higher the minimum unit price, the greater the proportion of respondents that said they would drink ‘a bit’ or ‘a lot less’ alcohol. This illustrates that consumers show some understanding that higher minimum prices may have larger effects on their consumption. However, the lack of a difference in expected effect between ABC1 and C2DE respondents may suggest limited population-wide understanding of the degree to which individuals will be impacted by a given minimum unit price. There was further, limited evidence that as minimum unit price thresholds increased, heavier drinkers became more aware that the policy would impact on their alcohol purchases, although this increase in awareness was relatively modest.

Respondent perceptions of the effects of minimum unit pricing were only partially in line with evidence on the estimated effects of the policy from SAPM. In particular, there appeared to be relatively limited evidence that the individuals whose survey data suggests they are more likely to buy cheaper alcohol understand that they are particularly likely to be impacted by the policy. As SAPM demonstrates, this is a key mechanism by which the policy achieves a targeted effect, and the finding suggests there is only a partial understanding of minimum unit pricing and its likely effects on individual behaviour.

Finally, this survey found that a greater proportion of respondents were in favour of a minimum unit price being introduced in Wales than were opposed to it. At the time of the survey, there would have been little discussion in the press and media of this being considered in Wales as it pre-dated the publication of the Public Health White Paper consultation, which was published in April 2014. Therefore, we might expect that most respondents had little information to base their response on other than press and media coverage of minimum unit pricing proposals in other countries, and the information provided in this survey. Nevertheless, this survey found that support for the introduction of a minimum unit price in Wales was much lower among ‘increasing or higher risk’ drinkers – possibly reflecting the prospect that this group are the most likely to be impacted by such a law.

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Annex A: Methodology

The Wales Omnibus Survey sample is designed to be representative of the population resident in Wales aged 16 years and over. The unit of sampling is Lower Super Output Area (LSOA) and 69 interviewing points throughout Wales are selected with probability proportional to resident population, after stratification by unitary authority and social grade.

Within each sampling point, interlocking demographic quota controls of age and social class within sex are employed for the selection of respondents. Quotas are set to reflect the individual demographic profile of each selected point.

The data have been weighted by age group within gender within unitary authority grouping to give each cell its correct incidence within the Wales total derived from the results of the 2011 Census.

A fresh sample of interviewing locations and individuals are selected for each survey and no more than one person per household is interviewed. Interviews are conducted face to face in the homes of respondents using CAPI (Computer Aided Personal Interviewing) technology.

Most survey fieldwork was conducted between 3 and 14 March 2014, with a few interviews conducted after this date. A total of 1,012 face-to-face interviews were conducted and analysed for this survey.

Proportional quota sampling

When survey data are tested for statistical significance, an assumption is made that the achieved sample represents a random sample of the relevant population. However, as the Wales Omnibus Survey uses proportional quota sampling (not random sampling), genuine statistical significance cannot, strictly speaking, be established⁴. Therefore, when a difference between two sub-groups is described as being 'significant' in this report, this refers to a pseudo-statistically significant difference at the 95 per cent confidence level. This means that, if the survey did use a random sample, the probability of obtaining the finding by chance would be less than one in 20.

Chi-square analysis

The chi-square test has been used in the analysis to determine whether an observed relationship between two categorical variables in the sample (i.e. the 1,012 interviewees) is likely to reflect a genuine association in the population (i.e. the adult population resident in Wales aged 16 years and over).

⁴ Gschwend, T (2005). Analyzing Quota Sample Data and the Peer-review Process. *French Politics*, 2005, 3, (88–91).

Definition of regions

Table A.1, below, shows which unitary authorities in Wales make up the regions used in the analysis.

Table A.1: Definition of regions

Region	Unitary authorities
North Wales	Isle of Anglesey Gwynedd Conwy Denbighshire Flintshire Wrexham
Mid & West Wales	Ceredigion Powys Pembrokeshire Carmarthenshire
Swansea Bay	Swansea Neath Port Talbot Bridgend
Valleys	Rhondda Cynon Taf Merthyr Tydfil Caerphilly Blaenau Gwent
Cardiff & South East Wales	Vale of Glamorgan Cardiff Newport Torfaen Monmouthshire

Definition of social grades

Table A.2, below, provides a definition of the social grade classification used in the analysis.

Table A.2: Definition of social grades

Social grade	Definition
ABC1	
A	High managerial, administrative or professional
B	Intermediate managerial, administrative or professional
C1	Supervisory, clerical and junior managerial, administrative or professional
C2DE	
C2	Skilled manual workers
D	Semi and unskilled manual worker
E	State pensioners, casual or lowest grade workers, unemployed with state benefits only

Sub-sample sizes

Table A.3, below, shows the number of respondents for each sub-sample used in the analysis. The numbers of respondents are given for the unweighted and weighted samples.

Table A.3: Sub-sample numbers for region, age, gender and social grade

Sub-sample	Unweighted sample	Weighted sample
Region		
North Wales	248	228
Mid & West Wales	190	172
Swansea Bay	146	172
Valleys	212	177
Cardiff & South East Wales	216	263
Age		
16 – 34 years	291	296
35 – 54 years	323	330
55+ years	398	385
Gender		
Men	438	492
Women	574	520
Social grade		
ABC1	458	475
C2DE	553	536

Annex B: Questionnaire

ASK ALL

SHOW CARD

Q1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 - 4 times per month
- 2 - 3 times per week
- 4+ times per week

ASK IF EVER DRINK ALCOHOL AT Q1

SHOW CARD

Q2. Please take a look at this card. How many units of alcohol do you drink on a typical day when you are drinking?

- 1 -2
- 3 - 4
- 5 - 6
- 7 - 9
- 10+

ASK IF EVER DRINK ALCOHOL AT Q1

SHOW CARDS

Q3. How often have you had [6 or more units (if female), or 8 or more (if male)], on a single occasion in the last year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

ASK IF EVER DRINK ALCOHOL AT Q1

SHOW CARD

Q4 . Which of the following do you usually drink, whether at home or when you are out?
[MULTICODE]

- Beer or lager
- Cider
- Wine
- Spirits (e.g. vodka, whiskey and gin)
- Ready mixed drinks (e.g. Bacardi Breezer, Smirnoff Ice and WKD)
- Sherry or port

ASK IF EVER DRINK ALCOHOL AT Q1

SHOW CARD

Q5. How often do you have a drink containing alcohol at home, or at someone else’s home?

- Never
- Monthly or less
- 2-4 times per month
- 2-3 times per week
- 4+ times per week

ASK IF EVER DRINK ALCOHOL AT HOME AT Q5

SHOW CARD

Q6. Some people like to have a drink at home or at a friend’s home before going out to pubs, bars or clubs. How often have you had a drink at home before a night out in this way over the past 12 months?

- Never
- Monthly or less
- 2-4 times per month
- 2-3 times per week
- 4+ times per week

ASK IF DRINK AT HOME BEFORE GOING ON A NIGHT OUT AT Q6

SHOW CARD

Q7a. When you drink at home or at a friend’s house before going for a night out, which of the following do you do most often?

- Have one or two drinks before going out
- Have a few drinks but not enough to get really drunk
- Have enough to get drunk before going out

ASK IF EVER DRINK ALCOHOL AT HOME AT Q5

Q7b. Thinking about the alcohol you buy to drink at home or someone else’s home, which of the following would you be likely to choose? [MULTICODE]

NOTE TO INTERVIEWER: If the respondent says that their husband/partner/flatmate etc. buys it not them, please answer from their perspective. (E.g. we want to know what is being bought in homes generally).

- Brands you have tried before and know you like
- Brands which are on special offer
- The brands that are the cheapest
- Own-label brands
- High-quality brands
- Don’t know

ASK IF MORE THAN ONE MENTIONED AT Q7b

Q7c. [if answered more than one] And which of the reasons you have chosen would you say is the most important?

ASK IF EVER DRINK ALCOHOL AT Q1

Q8a. Please tell me whether the following would lead you to drink more, the same, a bit less, or a lot less than you currently do:

Firstly, if the minimum price per unit of alcohol was 50p meaning that:

SHOW CARD

No matter where you shop, the cheapest price you can buy a:

750ml bottle of wine (13% strength) is £4.90

4 x 440ml pack of beer cans (5% strength) is £4.40

1L bottle of cider (5% strength) is £2.50

700ml litre bottle of spirits (40% strength) is £14

4 x 330ml pack of ready mixed drinks / alcopop bottles (5% strength) is £3.30

Would you:

SHOW CARD

- Drink more
- Drink the same
- Drink a bit less
- Drink a lot less

ASK IF EVER DRINK ALCOHOL AT Q1

REPEAT FOR OTHER 2 SCENARIOS

Scenario 2: MUP = 60p

SHOW CARD

No matter where you shop, the cheapest price you can buy a:

750ml bottle of wine (13% strength) is £5.88

4 x 440ml pack of beer cans (5% strength) is £5.28

1L bottle of cider (5% strength) is £3

700ml litre bottle of spirits is (40% strength) £16.80

4 x 330ml pack of ready mixed drinks / alcopop bottles (5% strength) is £3.96

Scenario 3: MUP = 70p

SHOW CARD

No matter where you shop, the cheapest price you can buy a:

750ml bottle of wine (13% strength) is £6.86

4 x 440ml pack of beer cans (5% strength) is £6.16

1L bottle of cider (5% strength) is £3.50

700ml litre bottle of spirits is (40% strength) £19.60

4 x 330ml pack of ready mixed drinks / alcopop bottles (5% strength) is £4.62

ASK ALL

Q10. Are you aware of any proposals to place certain controls on the price of alcohol that is sold in Wales?

- Yes
- No

ASK IF ANSWER YES AT Q11

Q11. Can you tell me what you think these proposals are?

OPEN ENDED

ASK ALL

SHOW CARD

[Use showcard to explain proposal for minimum unit pricing, with example of costs in supermarket and pub]

Q12. Before today, had you seen or heard anything about this proposal at all?

- Yes
- No

ASK ALL

SHOW CARD

Q13. Which of these statements about the proposal to introduce minimum unit pricing for alcohol best reflects your view?

- I am in favour of this proposal
- I am against this proposal
- Don't know

ASK IF IN FAVOUR OF PROPOSAL

Q14a. Can you tell me why you are in favour of this proposal?

OPEN ENDED

ASK IF AGAINST PROPOSAL

Q14b. Can you tell me why you are against this proposal?

OPEN ENDED

ASK ALL

SHOW CARD

Q15. I am going to read out some statements about raising the price of alcohol in supermarkets, offlicences and convenience stores and I would like you to say how strongly you agree or disagree with each one.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

“Raising the price of the cheaper alcohol products in these stores would help reduce crime in this country”

“Raising the price of the cheaper alcohol products in these stores would help reduce ill health in this country”

“Raising the price of the cheaper alcohol products in these stores would not make any difference to the amount people drink”

“How much someone drinks is a personal choice and the government should not interfere”

ASK IF EVER DRINK ALCOHOL
SHOW CARD

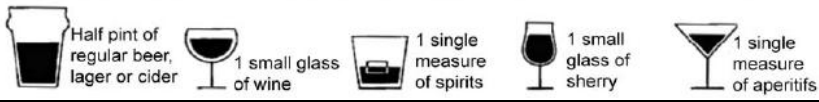
Q16. Where do you usually shop for alcohol? / In which of the following places do you usually shop for alcohol?

- Supermarket, convenience store or off-licence in Wales
- Supermarket, convenience store or off-licence in England
- Online / home delivery
- Other (please specify)

Annex C: Showcards


C.1: Units of alcohol showcard

This is one unit of alcohol...



Half pint of regular beer, lager or cider 1 small glass of wine 1 single measure of spirits 1 small glass of sherry 1 single measure of aperitifs

...and each of these is more than one unit



2 3 1.5 2 4 2 9

Pint of Regular Beer/Lager/Cider Pint of Premium Beer/Lager/Cider Alcopop or can/bottle of Regular Lager Can of Premium Lager or Strong Beer Can of Super Strength Lager Glass of Wine (175ml) Bottle of Wine

C.2: Description of proposal for minimum unit pricing

Minimum pricing sets a floor price below which a single unit of alcohol cannot be sold.

The main impact will be on supermarkets and off-licenses, particularly where alcohol is sold in bulk packages, promotional deals or in high strength products.

Prices in pubs and clubs will be largely unaffected as they typically sell at well above the minimum levels under discussion.

C.3: Scenarios for different levels of minimum unit pricing

Scenario 1: MUP = 50p

No matter where you shop, the cheapest price you can buy a:

- 750ml bottle of wine (13% strength) is £4.90
- 4 x 440ml pack of beer cans (5% strength) is £4.40
- 1L bottle of cider (5% strength) is £2.50
- 700ml litre bottle of spirits (40% strength) is £14
- 4 x 330ml pack of ready mixed drinks / alcopop bottles (5% strength) is £3.30

Scenario 2: MUP = 60p

No matter where you shop, the cheapest price you can buy a:

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Scenario 3: MUP = 70p

No matter where you shop, the cheapest price you can buy a:

- 750ml bottle of wine (13% strength) is £6.86
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