Minimum Unit Pricing Evaluation
Bringing the Evidence Together
Stakeholder Engagement Report November 2022

1. Introduction

In 2018, the Scottish Government introduced minimum unit pricing (MUP) with the intention of reducing alcohol consumption in Scotland to improve health and benefit society. The idea behind the legislation is that evidence shows that the more affordable alcoholic drinks are, the more people drink, and the more alcohol-related harm is caused.

In 2024, the Scottish Parliament will vote on whether to continue MUP in future years. The Scottish Government has commissioned Public Health Scotland (PHS) to lead an independent assessment of the effects of MUP and produce a report that will help MSPs to decide whether to vote for or against MUP to continue. The PHS evaluation of MUP aims to answer two questions:

- Has minimum unit pricing contributed to reducing the health harms that are related to alcohol?
- Are some people and businesses more affected (positively or negatively) than others?

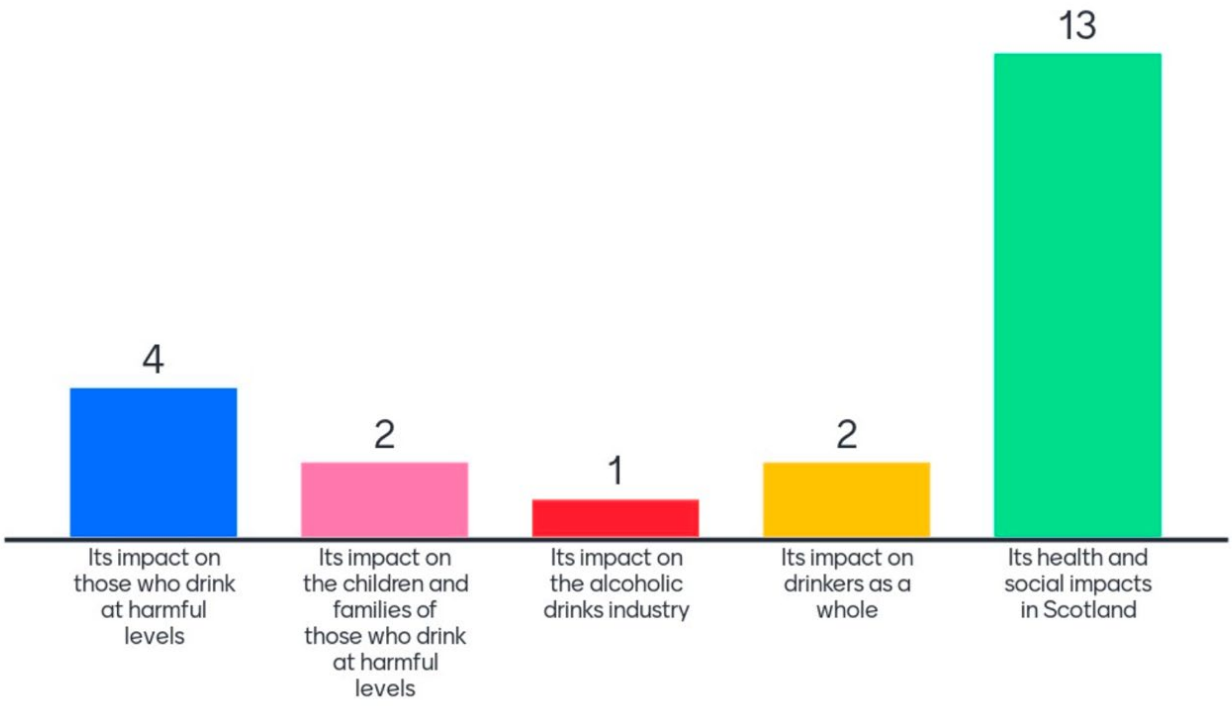
The PHS team carrying out the evaluation commissioned the Scottish Community Development Centre (SCDC) to plan and deliver a participatory workshop with key stakeholders to make sure that their plan for reviewing all the evidence will allow them to answer the evaluation questions.

The online workshop took place on 6 October 2022 with the key aim of drawing on the expertise and experience of a range of stakeholders to provide their feedback to the MUP evaluation team on how they are conducting the evaluation. Participants received a Stakeholders Briefing in advance of the workshop, which is attached as

Appendix 1. In total 22 stakeholders attended the event from a mailing list of 65, alongside seven members of PHS including the evaluation team, and five SCDC staff. This report captures the views expressed by stakeholders from each stage of the workshop programme. The PHS evaluation team will review and use these responses to inform final decisions on how they bring together the evidence collected through the various studies.

2. Workshop programme

2.1 The workshop comprised a range of stakeholders involved in advising the different MUP evaluation projects (Evaluation Advisory Group members) as well as people with lived experience of alcohol dependency and family members affected by the alcohol use of themselves or others from the Alcohol Lived Experience Reference Group, which is facilitated by the Scottish Recovery Consortium.

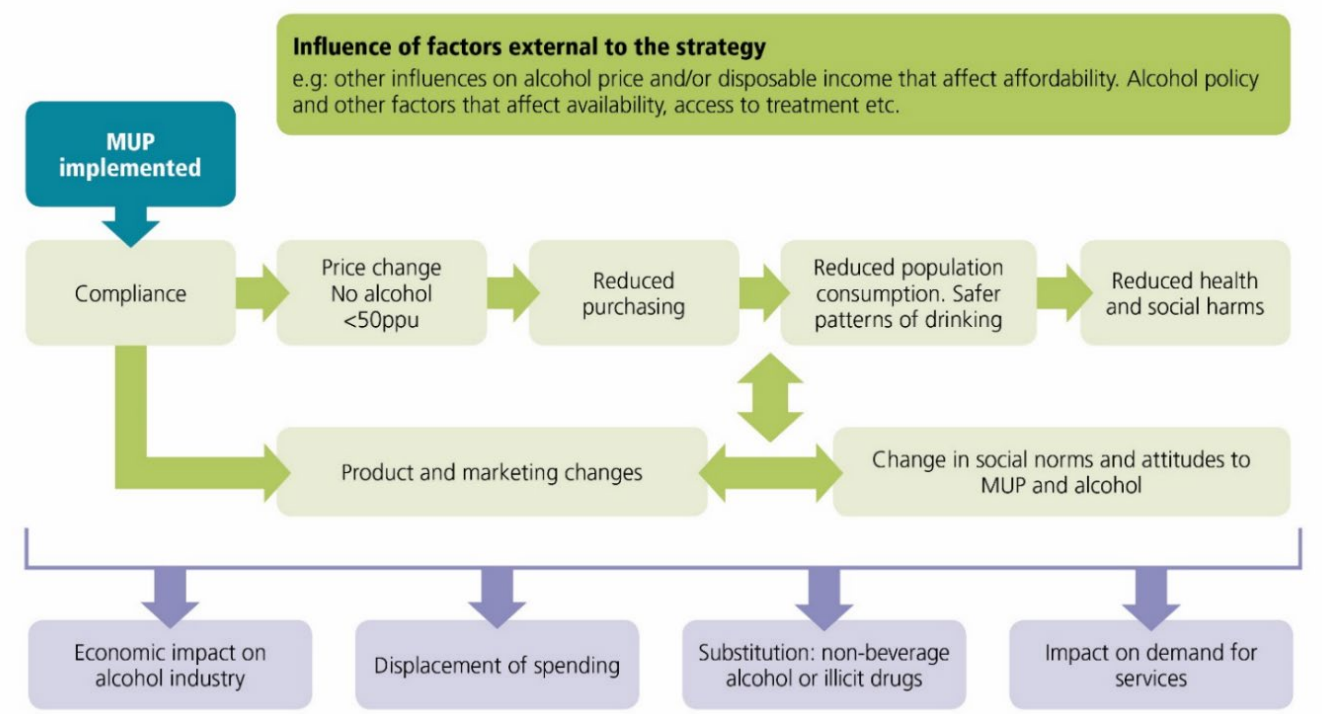


As part of the introduction, participants were invited to indicate their main interest in MUP from a predetermined menu of options. The results are detailed below.

What is your main interest in MUP?

2.2 The main programme consisted of two presentations from the PHS team, both followed by four breakout discussions in mixed stakeholder groups. Firstly, Clare Beeston, Public Health Intelligence Principal – Evaluation, Public Health Scotland presented a simplified model of how the evaluation team thought MUP might work (presentation attached as Appendix 2). This is described in the following diagram.

Figure: Theory of change for minimum unit pricing in Scotland



The model shows how it was thought that MUP might lead to reduced harms. This suggests a main 'pathway' of outcomes, including compliance with the legislation (by retailers), changes (as a result of MUP) in the prices of alcoholic drinks, reductions in purchasing (because of the change in prices), reductions in consumption of alcohol, and a reduction in illness and deaths related to alcohol. The model also shows how MUP might have other effects, such as an economic impact on the alcoholic drinks industry, or displacement of spending, meaning that people may spend more on alcohol and therefore have less to spend on essentials. The effects of MUP may also be influenced by external factors, such as changes in people's incomes or other alcohol policy. The team will need to consider all these other factors that may influence the effects of MUP when they review the research. The model describes in a simple way how we think MUP may work. But each step has been based on a more detailed set of assumptions, described as 'if-then' statements:

- **Implementation, enforcement and compliance**
  If retailers comply correctly with the new rules, **then** the price of products that were previously sold at less than 50p per unit will increase and it will no longer be possible to buy alcohol at less than 50p per unit. This may be facilitated by communication and support from statutory authorities such as the Scottish Government, licensing officers and Police Scotland.

- **Alcoholic drink prices, affordability and purchasing**
  If the price of alcoholic drinks increases, **then** people may be less able to afford alcohol, and people will purchase less alcohol. People's responses to changing prices will vary by factors such as how much they earn, how much and what they drink, and demographic characteristics such as their gender or age. This means that some people's consumption of alcohol will be affected more than others.

- **Consumption and harms**
  If people consume less alcohol, **then** there will be reductions in the harm related to alcohol. These reductions in harms will be different for different people and different drinking patterns. Some changes in harms may become evident quite quickly, for example a reduction in deaths from alcohol-related liver disease. Other changes will only become apparent over a longer period such as reductions in deaths from cancers related to alcohol, or reductions in the number of people developing liver disease after years of heavy drinking. Changes in consumption will change demand for relevant public services to help with alcohol-related harms, or to help people reduce the amount they drink. As well as potentially improving health, MUP may have unintended effects on social problems or poor health, such as harms from drinking non-beverage alcohol or taking illicit drugs, or harms that come from individuals having less money to spend on essentials like food and fuel.

- **The alcoholic drinks industry and wider economy**
  If changing prices causes people to change what alcoholic drinks they purchase, and where they purchase them, **then** this will affect the alcoholic drinks industry. Manufacturers may change products so they have less alcohol in them to enable prices to be kept low, and retailers may change the product lines they stock and the prices they charge. Reduced consumption may have both positive and negative economic impacts for the alcoholic drinks industry. For example, if people pay more for alcohol, then industry revenue will increase, but if MUP causes people to reduce their alcohol purchasing

substantively, then revenue may decrease. Impacts may be different for different parts of the industry. For example, small retailers may benefit from larger retailers no longer being able to sell certain alcoholic drinks substantially cheaper.

Clare summarised the range of studies in scope for the evaluation, which are those that look at the effects of MUP in Scotland in any of the following areas:

- Compliance with, or attitudes towards, the legislation
- The alcoholic drinks industry
- Consumption of alcohol
- Health and social harms

Participants were then invited to join a discussion group to respond to the first key question: **'Will the range of studies we have identified help us to understand the effects of MUP as a whole and for different groups?'**

2.3 Following the group discussion, participants reconvened in the main room to hear a second presentation on how the evidence will be analysed by Dr Chris Patterson, Public Health Intelligence Adviser, Public Health Scotland (presentation attached as Appendix 3). This presentation focused on the challenges involved in evaluating MUP as a complex intervention and how the team doing the evaluation are planning to overcome challenges by using elements of realist synthesis and process tracing methods to help deal with uncertainty. The method has been designed to help the team reach robust conclusions about whether MUP contributed to reducing population health harms related to alcohol and which people, groups or businesses are affected more than others. Their approach was summarised as:

Complexity: Theory-based design creates a plausible model of how we think MUP might work and allow us to compare each part of that model against what the evidence tells us. The model will be updated to match the evidence where necessary to produce an evidence-based illustration of what the impacts of MUP were and how those impacts came about.

Evidence: Combining different types of evidence will help us to get a more complete picture of both what happened and how it happened, including the different impacts on different social groups or organisations. Using a theoretical model of how MUP may work will let us structure our analysis by grouping together evidence on similar impacts (e.g. retailer compliance, changes in price, changes in purchasing and so on).

We will evaluate the quality of each piece of evidence systematically by using standardised critical appraisal tools.

Timing: While some longer-term impacts of MUP (such as some health improvements) may not happen quickly enough to be measured by the evaluation, testing a theory of a change will help us to make conclusions about what changes may come in future.

Following the presentation, participants joined a discussion group to respond to the second key question: **'Will the way we propose analysing the evidence as a whole allow us to reach conclusions on what affect MUP has had on health outcomes and whether the benefits of MUP outweigh any negative consequences?'**

3. Responses from stakeholders on the first key question

3.1 The first key question relates to what the PHS Evidence Team have done to gather the evidence by developing a theory of change and using this to identify the range of research studies in scope: **'Will the range of studies we have identified help us to understand the effects of MUP as a whole and for different groups?'**

3.2 The views of stakeholders about this question were captured on pre-prepared Jamboards and collated by SCDC staff. For this report, comments and questions from participants across all discussion groups have been amalgamated and summarised under a range of themes. Stakeholder views and questions for each theme are presented below.

3.3 Theory of change model

The theory of change model was translatable and understandable and it was a good way to identify clearly the broad range of factors to which MUP is related and will be considered.

This is a complex area to come up with a clear answer and that it's not something that everyone understands or would discuss regularly.

3.4 Range of studies in scope

No research areas found to be missing and on reflection the body of work covered, and research commissioned, it is felt to be an impressive process. There may be gaps in some areas, however the overall research and approach is solid.

In terms of the range of studies, there is a lot in place and the evaluation can only be finite so there does not appear to be any big gaps.

This is an unusually comprehensive evaluation of a public health intervention. The sunset clause is genius and not used enough in assessing implementation of other legislation that does not have a review period built in.

Participants appreciate this is a big and thorough piece of work.

3.5 Timing

There is some concern that these studies are short term, because MUP has only been enforced for a short time so it will only show the short-term health impacts. This led to a question about the long-term impacts on harmful drinkers such as liver disease and ARBD (alcohol-related brain damage), peripheral neuropathy which will not show themselves as being impacted in any way until long term.

In relation to timeframes, it also means that some of the data being gathered now may be in relation to impacts before MUP was introduced. Other than making the review period 20 years, perhaps this and the point above need to be covered in the research narrative.

As this is a short-term evaluation on a long-term policy, not all the impacts can be measured this soon into it (MUP).

Nothing is necessarily missing, but because things come out at different rates, maybe some of the other studies coming out mean we have not seen so much on alcohol death rates and hospital admissions.

Studies are snapshots taken at a particular time. Will the dates of the particular studies be considered with regards to when they were carried out? For example, if carried out a year after MUP was introduced, as opposed to a few years after?

3.6 Data and evidence

While it was recognised that there were some holes/gaps in the data, it was acknowledged that this is not the fault of the producers (PHS) but more about what and how different data is collected – i.e. how supermarkets record data and which supermarkets chose to engage in studies.

The alcohol industry and data coming from supermarkets (or often lack of data) was identified as being disappointing and something that, if available, would have contributed positively to the research.

Poor monitoring and quality of data was also highlighted in relation to some alcohol services. This data was not collected in a systematic way (again, nothing to do with the producers (PHS)), which has maybe identified areas for future development within services.

Participants felt we need a proper assessment of any financial gains by industry from the policy. Despite the best intentions of the economic impact study, there's a lack of transparency and data from industry to let us properly understand this. Are data requirements needed to get us this information?

Some also felt it is very hard to ascribe changes in traders' revenue to MUP.

3.7 Proportionality and comparison with other interventions

Is it possible and to what extent will the evaluation consider the proportionality of MUP and the opportunity cost if the resources had been directed into assertive outreach or some other specialist treatment intervention?

Will it look at whether the impact (whatever that is) is worth the unintended consequences in terms of moderate drinkers paying more and reduction in consumer choice (as own-brand alcohol reduces)?

It's not easy to evaluate within an environment where it's just MUP being assessed as it's hard to gauge. Industry support is for targeted measures.

Is there going to be a comparison between England and Wales?

3.8 Resources

Participants asked if any money generated from the change will go into helping the most vulnerable, such as street homeless get nutrition. Will that money be recycled into positive projects?

3.9 COVID-19 pandemic and other external influences

How or will the COVID-19 pandemic be factored into the evaluation?

The pandemic was discussed by participants and it was acknowledged that while this would definitely have had an impact on the outcomes from MUP, enough mitigation activity had been factored into the research process for it to remain sound and robust.

There have been a number of other issues that have impacted on how and when people consume alcohol, such as the pandemic, Brexit, supply and so on. There are new things coming that will impact as well.

Cost of living will also impact on people's behaviours and trends, which would not have been anticipated when MUP was introduced. How will this feature (or not) in the evaluation?

3.10 Participant views on MUP

Some participants expressed their views about MUP itself which, while valid and important, are beyond the scope of the engagement workshop in that it was not a data gathering exercise on what stakeholders thought about the legislation. These comments are included below to ensure this report provides a full record of the group's discussions.

The views on MUP captured below were largely grouped around the reach of the legislation, i.e. what type of drinkers, particularly harmful/hazardous drinkers, does it affect and how?

Problematic drinkers may continue to drink and forgo nutrition. A recent study also showed that only a small percentage of people presenting at hospital were offered thiamine, a medication that can prevent damage. If the cost is going up, there has to be support to prevent long-term damage to those who just cannot cut their alcohol intake – increased treatment, increased medication, increased support. There has to be something to combat that damage or it will just increase the burden on the NHS and society as a whole.

A change in price would not have changed some people's intake of alcohol. It would affect whether they feed their kids and what they were fed. Is there a study within the range of research that separates out different groups of alcohol users, differentiating between heavy use and dependent use? These are the ones most in danger of death and that MUP is trying to tackle, so how much research was done on that group specifically? As this may have changed some people's use of alcohol but likely not the people we're trying to save.

Accurate information about how much people are drinking in reality is difficult to collect. From personal experience people will not tell you the extent of their drinking.

People who are not known by services, who are not in and out of hospital but sitting at home causing long-term damage to themselves. Who is looking at those people? For hazardous and harmful drinkers not known to services, do we know what the short-term health harms are that could be measured by the evaluation and has the evaluation been able to capture this?

Acknowledge that it is a huge range of studies. What about social demographics, did it reach hazardous and harmful drinkers – the main target of the intervention? And is the percentage of hazardous and harmful drinkers in the overall population declining? Is it moving in the right direction? Did the studies cover this?

Did any study cover the impact of family finances and what happens if there is change of behaviour impacting the family such as irritability due to detox?

Price does not enter into it with addiction.

What happens where an alcoholic has been advised not to stop drinking until detox can be arranged – but there's still a pricing impact?

Additional supports are needed; MUP will not solve the issue on its own.

MUP can be expected to have had a bigger impact on those who live in deprivation, particularly where that is combined with addiction.

Displaced spend can record some of the wider impacts, however this is not something that necessarily comes into the decision of someone with an addiction.

4. Responses to the second key question

4.1 The second key question relates to how the PHS Evidence Team will analyse the evidence in answer to the two overarching evaluation questions: **'Will the way we propose analysing the evidence as a whole allow us to reach conclusion on what effect MUP has had on health outcomes, and whether the benefits outweigh any negative consequences?'**

4.2 Again the responses from stakeholders to this question were captured on pre-prepared Jamboards and collated by SCDC staff. For this report, comments and questions from participants across all discussion groups have been amalgamated and summarised under a range of themes. Stakeholder views and questions for each theme are presented below.

4.3 Robustness of the approach to analysing evidence

Most participants acknowledge that, as far as they could understand the process, they thought it would be robust.

There is a clear logic to the analysis but it's enormously complicated.

Given the complexity, it will only go so far in terms of considering the balance between whole population measures and a more person-centric approach.

The evaluation process has logic – though the system is so complex, with so many variables, how the researchers approach it is key. Discounting bias, a dozen research teams could follow the same methodology, on the same evidence, and arrive at a

different point. Also, the model developed to test (via realist synthesis) will be key and who inputs to that and the quality of that is key.

The way it is being analysed is as good as it can be. For population health and economically this needs to be done as quickly as possible and the evidence and process seem fair under the circumstances, but this could be built upon and could be looked at again in 10 years for more comprehensive review. The nuances and complexities of the evaluation, such as the impact of Brexit and Covid, may look very different in 10/20 years' time. And we need to focus on 'what is the purpose of this?' – is it actually helping people's health, particularly those in the problematic drinkers category?

One participant felt they could not answer the question as it mentions processes that they are unaware of. They asked: 'Will it be peer reviewed? What is being selected and why is it being selected in that way and is it being tested? What were the alternatives that were discounted and why?'

Another applauded PHS's attempt to bring people into the methodology and how difficult that is to explain to people who are not involved. Couching the findings in relation to other studies is really helpful, but it still feels like we're in a bit of a vacuum at the moment.

The process of analysing is as good as it can be for the question that needs to be posed. People were confident that evidence will show negative and positive aspects of MUP in different areas and sectors.

Looking at outcomes and whether theory of change works in practice, as envisaged, is one of the ways people become more confident that the good outcome was due to MUP.

One participant was not sure that MUP is the answer, but at least the government was willing to do something and that meant a lot to families – that someone out there cared. Good to have these conversations with the drinks industry and they felt there's a bigger conversation to have.

The drinks industry should be part of the conversation as it affects people's livelihood, but we should not provide the solution because that's not where our expertise lies.

4.4 Timing

Some of the outcomes may not be able to be measured until after the review – how do we factor in subsequent impact measuring?

4.5 Comparison to other interventions

It would be useful to have an eye to Sheffield modelling on impact of different rates. Is what we're seeing consistent with what Sheffield said and therefore can we expect that Sheffield modelling predictions will also be likely to be seen?

One participant liked the point about identifying where evidence might be lacking and looking elsewhere to fill those gaps, including other countries and other commodities. For example, will this be done for crime effects – looking at Australia, Canada?

4.6 COVID-19 pandemic and other external influences

Death data – we've had a pandemic. How has this impacted on alcohol-related deaths? If we're not attempting to answer this, it's a concern.

4.7 Report for the Scottish Government and MSPs

Is there some way for the report narrative to explicitly state what impacts the evaluation has been able to assess in the timeframe and what it has not been able to assess? But overall, it's a sensible and robust measure to answer the evaluation questions.

It's clear that price does impact on alcohol consumption – this is looking at whether MUP specifically impacts this. Conclusions will need to be very clear and simple for MSPs.

How will the synthesis of the evidence be presented to decision makers? Just a report or more work on exploring their understanding on this?

Do we have a way to challenge if information is 'cherry picked' for a political agenda? How do we monitor how it is used when published?

Communication of findings were identified as being extremely important as they are so nuanced and complex. The range of evidence will produce a really complex report which will be received in many different ways across different sectors.

The production of the report on this research is seen by some as a 'leap of faith'; again it was identified that people will take from it what they want, that there will be people with 'Anti and Pro' views.

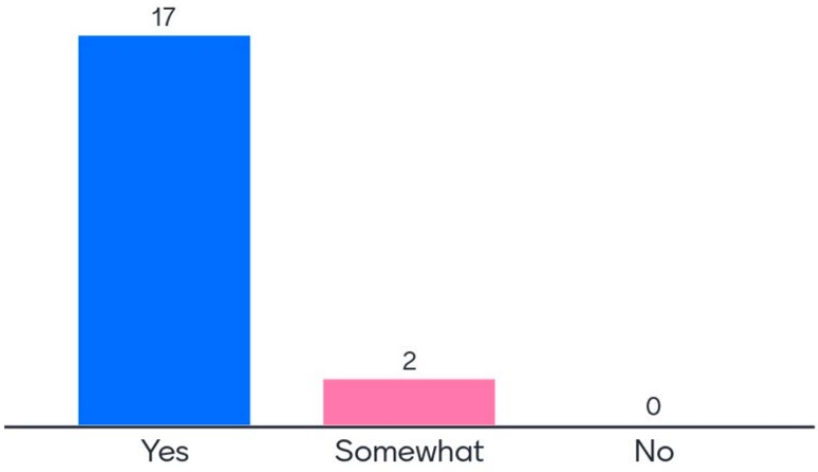
This research will tell us some things but will not tell us everything about the effects of MUP. The synthesis is as good as it can be and will reduce uncertainty around

conclusions allowing for a degree of confidence when advising MSPs on the future of minimum unit pricing.

5. Stakeholder feedback on the workshop

Following a short plenary session which involved facilitators feeding back key points from the discussion groups, participants were invited to provide feedback on the stakeholder engagement process by answering questions about their participation in discussions and the pre-workshop information.

Was the information provided in the briefing paper sufficient to allow you to engage in discussions and respond to the key questions?



Now you've participated in the workshop, type one word that reflects your experience of the session?

The responses to the feedback questions indicate that the overwhelming majority of participants felt they were able to contribute their views and perspectives on the MUP evaluation to the PHS Team and found the workshop to be thought-provoking. SCDC noted a response indicating some frustration, however we were unable to probe this further due to the anonymity of Mentimeter and the limitation of a word cloud which prevents explanatory text to be added.

6. Next steps

SCDC advised participants that a further workshop is planned for March 2023, which will involve the PHS Evaluation Team presenting the findings of the evaluation with a view to gaining further stakeholder feedback before the report is sent to the Scottish Government to help MSPs to decide on whether to vote for or against MUP to continue.

Participants were thanked for their participation and encouraged to attend the March 2023 workshop.

For further information on the report or the stakeholder engagement workshops, please contact Susan Paxton, Acting Director, SCDC, susan@scdc.org.uk, 0141 248 1924.

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