

# How do personal concepts of affordability affect purchasing behaviour among people with alcohol dependence?

## Evidence from an evaluation of Minimum Unit Pricing in Scotland

Presented by Jane Hughes University of Sheffield  
On behalf of the Sheffield Alcohol Research Group [ <https://sarg-sheffield.ac.uk> ]



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## Background to our research – those drinking at harmful levels

Study conducted on behalf of Public Health Scotland as part of the wider evaluation of Minimum Unit Alcohol Pricing – 22 studies.

This project evaluates the impact of Scotland's MUP policy on people drinking at *harmful* levels, including those with alcohol dependence.

Mixed methods research in treatment Settings in Scotland [England as comparison]

We also carried out qualitative interviews with service providers and a WP2 comprising a small number of PAI's

Scottish government  
introduced MUP of .50p  
per unit May 2018.

Harmful drinking  
Women > 35 units per week  
Men > 50 units per week

Wave 1 – [pre-MUP]  
Wave 2 – [3-6 months post MUP]  
Wave 3 – [18-22 months post-MUP]



## Our findings:

### Surveys – Quantitative

- *large increases in the prices paid per unit of alcohol.*
- no evidence of a significant reduction in alcohol consumption or severity of alcohol dependence.
- There was also no evidence of significant negative responses or impacts of the policy.
- no significant deterioration in the health status of people.
- no increase in deprivation, parenting problems, illicit substance use or crime.

### Qualitative interviews

- People with alcohol dependence accessing treatment are impacted by MUP, particularly those on low incomes and those with more severe dependence symptoms.
- Respondents used familiar strategies including borrowing and reprioritising spending to keep alcohol affordable.
- There was overall concern over the capacity of treatment services to meet anticipated support needs.

Three waves of cross-sectional quantitative and qualitative data were conducted with 71 people with alcohol dependence accessing treatment services in Scotland and England between November 2017 and March 2020.

Survey data included income levels, food bank use, health status and patterns of alcohol spending and consumption.  
*Level of deprivation - Low household income, use of charity or foodbanks, Acute housing problems, benefits how difficult are you finding it – not at all – very difficult to get by.*

Qualitative interviews examined respondents' personal experiences of alcohol consumption and the associated impact on themselves, their families and communities.

Descriptive Analysis

Results

Thematically analysed –  
constant comparative method



## Theme One - Strategies used to maintain affordability in response to a rise in alcohol price

Those buying drinks above 50pu and/or higher incomes – no change  
Borrowing – loans, overdraft, pawn shops cash converters  
Cutting back on food / gas and electricity  
Trading up - cider to spirits  
Temporarily cutting back or going without alcohol  
Increasing or using other substances  
Shoplifting/crime

**“I’ve not run out of money yet.  
But my savings have taken a  
heck of a hit”.**

***“If the money runs  
out then you make a  
decision either to  
go and borrow or to  
just stop”.***



## Theme Two - How family, psychosocial and work life factors intersect and impact on affordability.

Family support could be a motivator to seek treatment but could also have a cushioning effect in terms of being able to reduce the impact of higher prices.

“My mum stopped lending me money so in the end, I couldn’t manage...I had to go and get help in the end”.

*“It’s affordable in that it doesn’t impact for me on any other aspect of my expenses, you know, I’m able to pay all my bills... and pay for my addiction. However, if my addiction were to get any worse and have an impact on my employment, then my situation would then become unsustainable”*

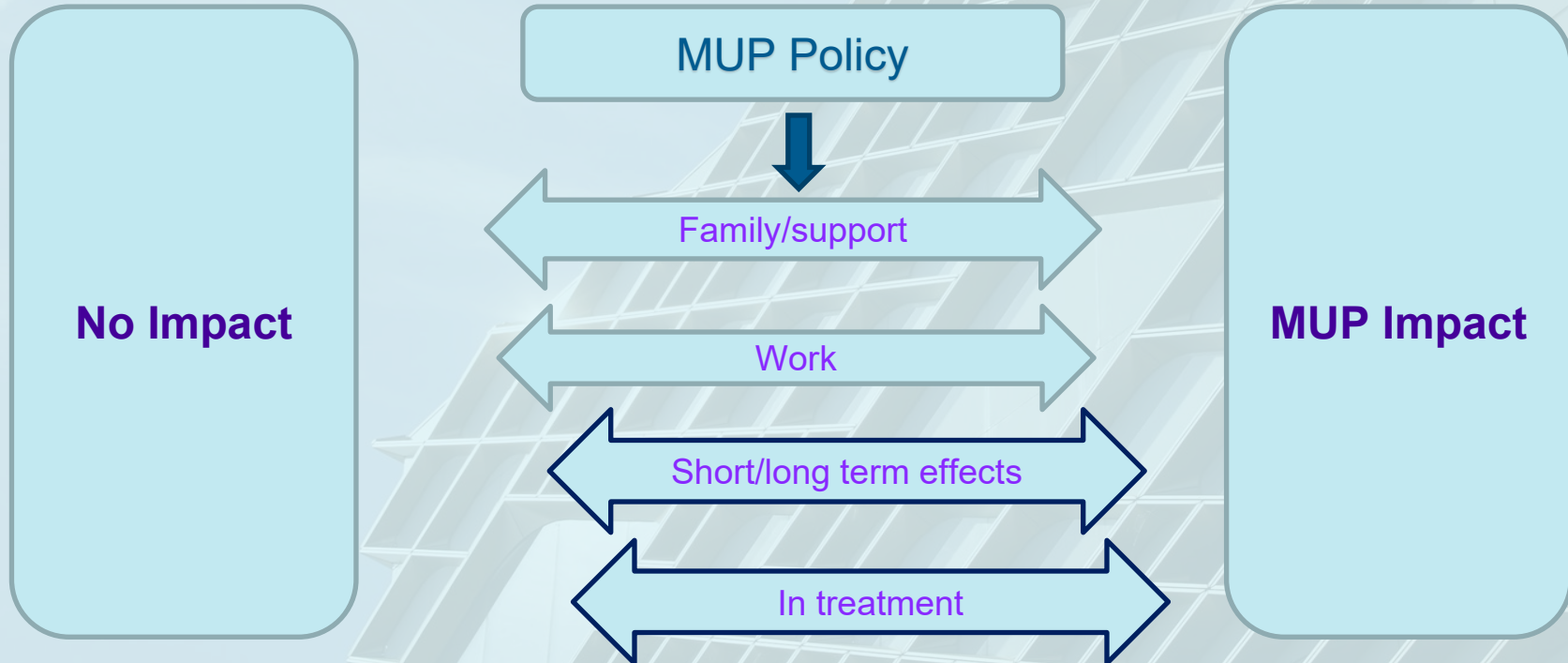
## Theme Three - Affordability and impact on seeking treatment for alcohol dependence.

Price of alcohol seems to be more important when in treatment – reflecting retrospectively

“When I worked it out, I must have been spending about £500-600 a month on alcohol, and it’s not something that I really want to be doing or should be doing. I could be spending it on getting my house done up or holidays, all different things, yeah.”

*“I think that there will be people like myself who have maybe been going through the process of getting help and support ... probably will stop a lot sooner than they may have done had minimum pricing not come into effect.”*

## Conclusions





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NHS Health Scotland (now part of Public Health Scotland [PHS]) commissioned and funded this study



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# Thank you

## SARG – Sheffield Alcohol Research Group

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