



Briefing: Practitioners' views on the impact of MUP on protecting children and young people from parents' and carers' harmful alcohol consumption

Introduction

Minimum unit pricing (MUP) came into effect in Scotland on 1 May 2018. From that date every drink containing alcohol has a minimum price based on the amount of pure alcohol it contains. The minimum price for alcohol in Scotland is currently set at 50 pence per unit (ppu).

A number of research studies are being carried out to assess the impact of MUP in Scotland. The MUP Evaluation Portfolio contains studies to assess compliance with and implementation of MUP, its impact on the alcoholic drinks industry in Scotland, changes in alcohol consumption, and changes in health and social harms.

One requirement of the evaluation is to assess the impact of MUP on protecting children and young people from harm. This harm can come from young people's own alcohol consumption, or from exposure to and the impact of others' drinking. Other evidence has shown that children may experience a range of harms to health, safety and emotional wellbeing as a result of parental or carer harmful alcohol use. These types of harms have been linked to the increased risk of a range of poorer health and social outcomes that may have effects lasting into adulthood, including behavioural, educational and mental health problems.

In January 2020 NHS Health Scotland published a [study looking at the impact of MUP on young people's own drinking and related behaviour](#).

This briefing summarises the findings of a study carried out by Public Health Scotland on the impact of MUP on protecting children and young people from harm from parental or carer harmful alcohol use.



What is this study about?

Our aim from this qualitative study was to gain an understanding of the potential role of MUP in protecting children and young people from harms caused by a parent or carer's harmful alcohol use, and to understand this within the context of their family lives. Drawing on in-depth discussions with practitioners who work with families affected by harmful alcohol use, we provide insights into how MUP might impact on families living in challenging circumstances.

We aimed to answer the research question: 'Has MUP affected parental or carer harmful alcohol consumption and related behaviours, with implications for the harms experienced by children and young people? If so, in what ways?'

What we did

We carried out eight focus groups and one interview with staff working in services that support children, young people and families where parents or carers are drinking at harmful levels. Participants were asked to discuss their experiences of the harms that children and young people may be at risk of as a result of a parent or carer's harmful alcohol use, any potential changes participants had observed since the introduction of MUP, and what factors might have contributed to these changes. We collected data between February and May 2019.

For ethical and practical reasons it was not possible to interview children and young people. Instead, the study sampled practitioners that work with families affected by parental or carer harmful drinking.

It should be noted that the families that participants worked with were those already known to services and do not necessarily reflect the experiences of all families affected by harmful alcohol use.



What we found

Our findings illustrate the nature and extent of the physical, psychological and social harms that some children experience as a result of a parent or carer's harmful drinking. The children and young people from the families that participants worked with often live in unstable, chaotic environments. For some, this can result in emotional distress and constant worry about, or experience of, neglect. Some children and young people experience social isolation, or can be exposed to physically risky or unsafe situations in the home. The poverty experienced by many of these families, as well as the added financial pressure that harmful alcohol use can bring, may also make it difficult for families to meet children's basic needs.

Participants were cautious about saying whether MUP had resulted in any positive or negative impact on the harms experienced by some children and young people as a result of a parent or carer's harmful drinking. They highlighted three main reasons for this. First, at the time the focus groups took place, they felt it was too soon after the introduction of MUP to know whether children's experience of harm had changed, or whether any change was due to MUP. Second, participants told us that some children and young people are reluctant to talk about what they are experiencing at home in order to protect their families. As a result, some harms may therefore be hidden from services. Third, in the context of the challenging and unstable family lives of many of those they worked with, there were a range of other factors impacting on children and young people's experiences. Poverty, in particular, was described by participants as a persistent feature in the lives of many of these families. This combination of factors made it difficult for participants to identify the specific effects of MUP on parental or carer's harmful drinking and on the resulting harms experienced by their children.

Participants reflected on how MUP might impact differently on families depending on the nature of harmful alcohol use. They were broadly supportive of MUP as a policy



with the potential to lead to positive change in alcohol consumption among parents and carers who were drinking to hazardous and harmful levels, but not living with a possible dependence. They felt that the increase in price may encourage people to think about and possibly reduce their consumption, resulting in a positive impact on children and young people.

However, participants also suggested that MUP may have little positive impact on those who they described as having a possible dependency on alcohol. They felt that for these individuals, MUP may not be enough to address their perceived dependency and they would need support to help them address the reasons underlying their harmful drinking.

Participants were not aware of any parents or carers within their services who were only consuming alcohol prior to MUP, subsequently changing some or all of their alcohol consumption to illicit drugs. For some individuals who were already using both drugs and alcohol, participants suggested that drug use may increase if drugs became cheaper relative to the alcohol they drink. However, price was only one of a range of factors that influenced individuals with experience of both alcohol and drug use.

Our study was not an evaluation of service delivery. However, participants suggested that although efforts were being made to improve integration of alcohol-related services, the way that some are currently configured (for example the links between adult services and children and young people's services), and existing criteria for accessing some services (such as mental health, alcohol detox) could be a potential barrier to families engaging with support.



What this study means

Our participants' perspectives give us an important understanding of the lived experience of the families they work with and the harms experienced by some children and young people as a result of their parent or carer's harmful alcohol use.

We found that the complexity of the lives of families that participants worked with meant that MUP was only one of a number of factors shaping the experience of children and young people within these families. Participants felt that poverty, together with the recent changes to the welfare system, was more likely to affect many of these families than any potential financial impact of MUP. The study suggests the need for a better understanding of how the potential interactions between a policy like MUP and social security reform impact on household income, and underlines the need for services to ensure families receive appropriate support for financial hardship.

This study shows the importance of appropriate support for families with differing alcohol-related needs. It also underlines the importance of MUP being complemented with other measures that support parents and carers to address the underlying reasons for drinking harmfully, and with whole family approaches that mitigate the risks of harms to children and young people while supporting recovery.



What do we already know about the impact of MUP on children and young people?

As noted above, in January 2020 we published a [qualitative study on the impact of MUP on young people's own drinking and related behaviour](#). The study was based on interviews with 50 young people under 18 who reported drinking both before and after MUP. The study found that MUP did not impact on what the young people in that study drank or how they obtained their alcohol. Many of the products favoured by the young people were, on average, already being sold above 50 pence per unit before MUP was introduced. The study found that money and price changes were not perceived to be barriers to drinking by the young people interviewed. A few young people reported changing what they drank, but price was often not the reason for this change, where it was mentioned it was only one factor. The study found no reported changes in the extent or nature of alcohol-related health or social harms among the young people interviewed, following the introduction of MUP.

What other evidence on the impact of MUP on children and young people is still to come?

A number of other studies will provide evidence on the impact of MUP on children and young people. In the Public Health Scotland funded portfolio of studies:

- We will monitor routine sources of data on alcohol consumption of children and young people. This will include any further reports from SALSUS (or its replacement) and any other sources of data about children's own drinking or their experience of harm from exposure to others' drinking.
- We will also monitor the Scottish Health Survey, which reports on alcohol consumption in the 16–24 year age group. It is not possible to determine consumption for 16 and 17 year olds only.



- The harmful drinking study will include discussion of the impact of MUP on family life in the interviews with adult family members of those drinking at harmful levels. The study also includes survey interviews with people drinking at harmful levels. This study will report in 2021.
- The health harms study will include data on alcohol hospitalisations and deaths for those under 15 years and between 16–24 years, although numbers are likely to be small so it may be difficult to detect change. This study will report in 2023.

A study led by the University of Aberdeen will look at the impact of MUP on household expenditure on, and nutritional quality of, food. The sample for this study includes families with children. This study is expected to report in 2021.

Full details of Public Health Scotland's evaluation plan can be found here:

www.healthscotland.scot/health-topics/alcohol/evaluation-of-minimum-unit-pricing

Conclusions

This study illustrates the harms that some children and young people experience as a result of a parent or carer's harmful alcohol use. Participants with specialist expertise of working with families affected by harmful drinking understood the complex and challenging lives of the families they work with, the pressures that families face from financial hardship, and the many factors that influence harmful drinking and related harms to children and young people. This complexity, together with the recent implementation of MUP, made it difficult for participants to identify specific examples of how MUP had impacted on harmful drinking within these families. Participants did, however, feel that while MUP may influence some of those who were drinking at hazardous and harmful levels to drink less, it may have limited positive impact on people living with a possible alcohol dependence.



This study contributes to our understanding about the complex nature of the lives of families affected by harmful drinking and the related harms experienced by some children and young people. The study is not able to tell us whether or how MUP has affected parental or carer's harmful drinking and related behaviours, or whether it has had any implications for the harms experienced by children and young people. It does, however, emphasise that in addition to MUP, there is a need for measures to address the underlying reasons for a parent or carer's harmful alcohol use. The study also highlights the importance of MUP being complemented by whole family approaches to meet the needs of families affected by harmful alcohol use and reduce the risk of harms to children and young people.

We will continue to explore the potential impact of MUP on families affected by harmful drinking through the other studies in the MUP evaluation portfolio.