

**Minimum Unit Pricing in Scotland**  
**A qualitative study of children**  
**and young people's own drinking**  
**and related behaviour**

Final Report  
November 2019

A study conducted on behalf of NHS Health Scotland  
as part of the wider MESAS evaluation of  
Minimum Unit Alcohol Pricing

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## **Declaration of interests**

Members of the Children and Young People (MUP) Evaluation Advisory Group provided comment on the draft of this report. This group includes members from academic organisations, public sector organisations, third sector alcohol advocacy organisations, Scottish Government and NHS Health Scotland. All comments were advisory only. Decision making on the content of the report rested with the Iconic Consulting research team. Membership of the Evaluation Advisory Group is shown in Appendix 1.

# Abbreviations

ABV	Alcohol by volume.
ACE	Adverse Childhood Experiences.
EAG	Children and Young People (MUP) Evaluation Advisory Group.
EMA	Educational Maintenance Allowance.
IAS	Institute of Alcohol Studies.
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex.
MUP	Minimum Unit Pricing.
NHS	National Health Service.
SALSUS	Scottish Schools Adolescent Lifestyle and Substance Use Survey.
SHAAP	Scottish Health Action on Alcohol Problems.
SHeS	Scottish Health Survey.
SIMD	Scottish Index of Multiple Deprivation.

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## Glossary

Alcopops	Sweet flavoured alcoholic drinks such as MD 20/20, Dragon Soop, and WKD which are popular among young people.
Buckie	Slang term for Buckfast, a caffeinated fortified wine with an ABV of 15%.
Charity drinking	Alcohol bought by young people who share it freely amongst a group.
Educational Maintenance Allowance	Financial assistance to eligible 16 to 19 year olds to support continued learning.
Gaff	Slang term for a house or flat often used by young people to refer to a party or gathering when there is no parental supervision.
Harmful drinking	A quantity or pattern of alcohol consumption that results in adverse events such as physical or psychological harm.
Hazardous drinking	A quantity or pattern of alcohol consumption that places individuals at risk for adverse health events.
Jump-in	Slang term used to describe illegal proxy purchasing of alcohol by adult strangers from an off-licence on behalf of children and young people.
Mad Dog	Slang term for MD 20/20, a fortified wine with an ABV that varies from 13% to 18%. Available in various, mainly fruit, flavours.
Proxy purchase	Alcohol purchased illegally by adults from a licensed premises on behalf of children and young people.
Soop	Slang term for Dragon Soop a fortified Schnapps based drink containing caffeine with an ABV of 8%. Available in various, mainly fruit, flavours.
Tonic	Slang term for Buckfast (see Buckie).

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## Executive summary

- 1 This report presents findings from a qualitative study commissioned by NHS Health Scotland to understand the impact of Minimum Unit Pricing (MUP) on children and young people's own drinking and related behaviour. As a qualitative study the aim was to capture lived experience of young people already drinking alcohol rather than generating findings that are generalisable to children and young people in Scotland. The study is part of an extensive research programme led by NHS Health Scotland to evaluate the implementation and impact of MUP. The Children and Young People (MUP) Evaluation Advisory Group provided advice and support throughout the study.
- 2 The Alcohol (Minimum Pricing) (Scotland) Act 2012 was implemented in May 2018 which made it illegal to sell a unit of alcohol in licensed premises in Scotland for less than 50p. Alcoholic drinks sold in pubs, clubs and restaurants were largely unaffected as the price per unit of alcohol already exceeded 50p. Approximately half of off-trade alcohol sales in supermarkets and off-licences in Scotland was sold below 50p per unit in 2017, the last full year before the introduction of MUP (NHS Health Scotland, 2019a). Drinks previously sold close to the 50p per unit price are likely to have experienced relatively small increases whereas drinks, such as strong white ciders and non-branded spirits, that previously sold well below this level will have had substantial price increases. The introduction of MUP was part of the Scottish Government's strategy to reduce alcohol-related harm in Scotland.
- 3 The 2012 Act included a clause – often referred to as the sunset clause – which stipulated that the legislation will cease before the end of the sixth year of its implementation unless the Scottish Parliament makes provision for it to continue. To inform this decision the legislation requires Ministers to report to Parliament on the impact of the Act on alcohol producers and licence holders, specific groups, and the five licensing objectives set out in the Licensing (Scotland) Act 2005. Protecting children and young persons from harm is one of the licensing objectives and this study aimed to provide an insight into the

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lived experience of children and young people's own drinking and related behaviour following the introduction of MUP legislation.

- 4 NHS Health Scotland highlighted a range of evidence that led to the commissioning of this study including young people who consume a hazardous or harmful amount of alcohol showing a preference towards cheaper alcohol products (Alcohol Concern and Balance North East, 2012).
- 5 The research questions were:
  - Have children and young people observed any changes in product availability or price recently?
  - Has MUP influenced children and young people's consumption and acquisition decisions?
  - What are children and young people's strategies with dealing with any price increases observed in their favoured drink?
  - Is there evidence that harms from children and young people's own consumption have changed following MUP?
  - What factors other than the introduction of MUP might be influencing children and young people's alcohol use?

## **Methods**

- 6 The research aimed to involve a cross-section of young people with age, gender, socio-economic status and geographical location used as criteria to guide the recruitment process. A literature review identified specific groups of young people among whom alcohol use was an issue and this led to young people with a history of offending and substance use, and care experienced and LGBTI young people being added as criteria for the recruitment process.
- 7 Research ethics and data protection were important considerations in this study. The minimum age for research participants was set at 13 years as data protection legislation identifies this as the minimum age that young people can consent for themselves. Participants were aged under 18 years as the study aimed to gather young people's experiences of alcohol before they were legally entitled to purchase it. The young people had all consumed alcohol before and after the introduction of MUP in May 2018 so they could comment on any



change in their drinking and related behaviour. All aspects of data management including the collection, storing, processing, and disposal of data gathered during this study complied with the Data Protection Act 2018 and the General Data Protection Regulation.

- 8 The young people were recruited through eight youth organisations and schools across Scotland using a purposive sampling strategy to capture lived experience. The organisations were identified through a combination of desk-based research and the researchers' existing contacts. The researchers made a donation to the organisations that assisted with recruitment of young people which was to be used for the benefit of all their young people.
- 9 A Participant Information Sheet provided young people with further details of the study and all participants gave informed consent via a Consent Form. A generic letter informed parents and carers in the study areas the research was taking place and that their child may be invited to participate. The letter did not seek consent from parents and carers but did provide contact details for the research team and NHS Health Scotland should they have any questions. An information guide to respond to queries from parents and carers was also produced for the benefit of workers from the organisations assisting with recruitment, NHS Health Scotland staff and the research team. The organisations reported they did not receive any queries from parents and carers.
- 10 The researchers produced topic guides for the research with young people and those who worked with them; the guides directly addressed the study questions. The topic guide for young people was piloted with a group of young people who fitted the study criteria. They provided feedback on the draft questions to test the content and were not asked to answer the questions.
- 11 Fifty young people aged 13 to 17 years old who were drinking alcohol before and after the implementation of MUP in May 2018 were interviewed via individual, paired and small group interviews depending on their preferences on how they wanted to take part. The interviews took place between January and May 2019.

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- 12 In addition, 21 staff and volunteers who work with young people were also interviewed via individual, paired and small group interviews. This included 10 individuals from the generic and specialist youth organisations that assisted with the recruitment of young people. It also included 11 staff and volunteers from other organisations that the researchers or members of the EAG had previously worked with or which were identified from desk-based research. The sample included support workers, youth workers, school guidance staff and service managers who commented on their perception of young people's alcohol consumption and related behaviour, including the impact of MUP.
  - 13 Thematic analysis was carried out for interviews with the young people and workers. An Excel file was created to collate and analyse the research findings and a keyword coding system identified recurring themes and other points of interest relevant to the aim and research questions for the study.
  - 14 Interpretation of the findings should be mindful of the purposive sampling which included young people from groups which tend to have above average alcohol use as evidenced by the literature review. It should also be mindful of the fact that five more care experienced young people took part in the research than planned. Research participants also had to have consumed alcohol before and after the introduction of MUP. Their views and experience on the introduction of MUP are not therefore generalisable to the whole population of children and young people in Scotland.

### **Change in alcohol product price and availability**

- 15 The young people had observed changes in product price and, to a lesser extent, availability, despite limited awareness of MUP as a policy.
- 16 Price increases were widely reported particularly by young people who contributed to the cost of purchasing alcohol either directly when illegally buying it, or when contributing to the cost of proxy purchases by strangers or older friends or siblings. The reported price changes primarily related to specific drinks which were popular among the young people including alcopops particularly MD 20/20, spirits especially non-branded vodkas, and wine mainly Echo Falls. There was also some awareness of price increases in other

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products such as strong white ciders which were not popular drinks among the young people. The workers reported that they had not heard young people commenting on price increases.

- 17 It should be noted however that the average price in convenience stores across Scotland of several of the products popular with young people was unaffected by the introduction of MUP as they tended to be sold for more than 50p per unit of alcohol before May 2018 (appendix 2). Young people's observed price rises may therefore reflect local variation in sales price prior to May 2018 and subsequent rises when MUP was introduced, or price increases introduced by retailers, not the implementation of MUP, since May 2018. Young people's recollection of past details may also be a factor.
- 18 The young people had generally observed fewer changes in product availability although some examples were given. These changes also related primarily to specific brands of alcopops and spirits which were popular among the young people as well as other products such as strong white ciders. The workers reported that young people had not commented on change in product availability.

### **Change in alcohol acquisition and consumption**

- 19 There were no reported examples of the introduction of MUP influencing how young people acquired alcohol. Young research participants and workers reported this occurred in much the same way as it had before May 2018.
- 20 The young people commonly acquired alcohol via proxy purchases involving strangers, often referred to as a 'jump-in', or older friends or siblings. Some young people aged 16 or 17 acquired alcohol directly from local off-licences or pubs using fake ID or knowledge of where they would be served. Parents also had a role in acquiring alcohol for some of the young people either by providing it at family gatherings or purchasing it for them to consume outwith when they met up with friends or at parties.
- 21 Income plays a part in acquisition and the young people reported their income came from various sources. The young people tended to have a regular set income, which ranged from £10 pocket money to £185 per week from part-time

work and a training allowance. They supplemented their income through other means such as not spending all the lunch money they were given by parents/carers or skipping lunch altogether, doing chores around the house or selling cigarettes to other young people. The young research participants and workers reported that money tended not to be a barrier to acquiring alcohol and they would save some of their income or generate additional income specifically to put towards alcohol purchases.

- 22 Alcohol consumption among the young people who took part in this research varied in both the frequency and amount. Frequency ranged from young people drinking on only a handful of occasions throughout the year to young people who were drinking three or four times a week including every weekend. Similarly the amount and type of alcohol consumed varied from single glasses of wine to young people consuming several different drinks, in significant quantities, each time they drank. Alcohol use was generally higher among young people with a history of offending, substance use, care-experienced, or from disadvantaged areas.
- 23 There were examples of young people's alcohol use changing since May 2018 with reports of both increased and decreased consumption (frequency and amount of alcohol). Although these changes followed the introduction of MUP, it was apparent that price was not always a factor, and even when it was, several other factors were also part of the young people's decision making processes. Increased consumption was commonly attributed to getting older, increased tolerance to alcohol, greater access to alcohol, and increased income. Decreased consumption was attributed to changes in personal circumstance and relationships, increased maturity, or support. There were no examples of change in the location, timings or who the young people were with when they consumed alcohol.
- 24 Most of the young people took no action when they observed the price of their favoured drink rose after May 2018 because they were able to fund the additional cost. However, some young people did switch to alternative cheaper products although it should be noted the young people were still drinking regularly and getting drunk. This included switching to products which had also increased in price after May 2018 as well as switching to products that

increased the overall amount spent. A small number of young people who had limited budgets reduced their drinking.

### **Change in alcohol-related harms**

- 25 The young people and workers did not report any change in the nature or extent of alcohol-related harms following the introduction of MUP in May 2018. This included social and health harms.
- 26 The young people and workers highlighted alcohol-related harms in the form of antisocial behaviour, personal safety, sexual relationships, health and functionality, and drug use. The young people tended to report harms that they had experienced directly when they had been drunk, although some young people reported harms experienced by others when they had been drunk. The young people mostly viewed these harms as acceptable consequences of their drinking alcohol. There were gender-related differences in harms.

### **Influences on young people's alcohol use other than MUP**

- 27 The young people and workers identified several important influences on young people's alcohol use. The most important factors were the influence of friends and parents and carers, with identity, mental health, situational factors such as the effect of place and boredom, and life circumstances also seen as significant.
- 28 Overall, the young research participants and workers suggested these factors had a far greater influence on young people's alcohol use than the introduction of MUP in May 2018.

### **Concluding remarks**

- 29 Among the young people who took part in the study, the introduction of Minimum Unit Pricing had limited impact on alcohol use and no reported impact on related behaviour. The price of many drinks popular among young people did not change following MUP's introduction. The price of alcohol was not a significant factor in the young people's alcohol use as they tended to have the

financial means to purchase the alcohol they wanted, including when the price of their favoured drink increased, sometimes by prioritising it over other purchases. However, some young people did switch to alternative alcohol products, and a small number of young people reduced their drinking when the price of their favoured drink rose. There were no reported negative impacts on children and young people from the introduction of MUP.

- 30 Overall, this research highlighted that alcohol use among children and young people is a complex issue influenced by a range of factors which can change as they get older and their experiences and perceptions change.

# 1 Introduction

1.1 This report presents findings on qualitative research commissioned by NHS Health Scotland to understand the impact of Minimum Unit Pricing (MUP) on children and young people’s own drinking and related behaviour. The study involved primary research with children and young people aged 13 to 17 who drank alcohol, supplemented by research with people working with children and young people. It is part of an extensive research programme led by NHS Health Scotland to assess the implementation and impact of the introduction of MUP.

## Background

- 1.2 The Alcohol (Minimum Pricing) (Scotland) Act 2012 was implemented in May 2018 which made it illegal to sell a unit of alcohol in licensed premises in Scotland for less than 50p. The introduction of MUP was part of the Scottish Government’s strategy to reduce alcohol-related harm in Scotland.
- 1.3 Not all sales of alcohol were affected by the introduction of MUP. Alcoholic drinks sold in pubs, clubs and restaurants were largely unaffected as the price per unit of alcohol already exceeded 50p. Off-trade sales in supermarkets and off-licences account for approximately three quarters of all alcohol sales in Scotland and 47% of the alcohol sold in these premises in Scotland was sold below 50p per unit in 2017, the last full year before the introduction of MUP (NHS Health Scotland, 2019a). The impact on the price of drinks affected by the introduction of MUP varied. Drinks previously sold close to the 50p per unit price are likely to have experienced relatively small increases whereas drinks, such as strong white ciders and non-branded spirits that previously sold well below this level likely experienced more substantial price increases. The impact of MUP could also vary depending on the type of retailer a product was purchased from as supermarkets tended to sell drinks at lower prices than small retailers. Appendix 2 shows the impact of MUP on the price of a range of alcoholic drinks at small retailers\* in Scotland. For example, it shows the price of a three litre bottle of strong white cider with an ABV of 7.5%

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\* Information is provided for small retailers as young people in this study tended to acquire their alcohol from such licensed premises.

containing 22.5 units of alcohol that previously sold, on average, for around £4.15 in small retailers had a minimum unit price of £11.25 following the introduction of MUP. It also shows that the price of several popular drinks sold at small retailers were not affected by the introduction of MUP.

- 1.4 The 2012 Act included a clause – often referred to as the sunset clause – which stipulated that the legislation will cease before the end of the sixth year of its implementation unless the Scottish Parliament makes provision for it to continue. To inform this decision the legislation requires Ministers to report to Parliament on the impact of the Act on alcohol producers and licence holders, specific groups, and the five licensing objectives set out in the Licensing (Scotland) Act 2005. Protecting children and young persons from harm is one of the licensing objectives and this study aimed to provide an insight into the lived experience of children and young people’s own drinking and related behaviour following the introduction of MUP legislation.
- 1.5 Evaluating the introduction and impact of MUP is complex and NHS Health Scotland has set out a Theory of Change to underpin the research (NHS Scotland, 2019b). This outlines how MUP is likely to contribute to reduced alcohol harm via a series of linked outcomes, such as reduced purchasing, reduced consumption, and a change in norms and attitudes. It accounts also for outcomes being affected by external factors such as disposable income and inflation. The evaluation consists of a series of studies addressing four outcome areas: implementation and compliance; alcohol market; consumption; and health and social harms.
- 1.6 This study is part of the MUP evaluation portfolio and focuses on the impact the introduction of MUP had, if any, on children and young people’s own drinking and related behaviour. In recent years the proportion of young people in Scotland drinking alcohol has generally been decreasing. Evidence from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), a self-completion survey administered to pupils aged 13 and 15 in school under exam conditions, shows the proportion of pupils of these ages who reported drinking alcohol in the last week had been decreasing from 2002 to 2013, although it remained unchanged from 2013 to the most recent survey in 2015 (Scottish Government, 2016). In 2015, 4% of 13 year olds and 17% of 15 year olds had



drunk alcohol in the seven days prior to completing the survey. More broadly, 28% of 13 year olds and 66% of 15 year olds had ever had an alcoholic drink. Similar findings of youth drinking declining over time have been reported across the UK and internationally (Oldham et al. 2018).

### **Study aims and questions**

- 1.7 The aim of this study was to understand children and young people's responses to MUP in terms of their own drinking and related behaviour utilising information gathered from children and young people who consumed alcohol and people who work with children and young people. As a qualitative study the aim was to capture lived experience rather than generate findings which were generalisable to children and young people under the age of 18 in Scotland.
- 1.8 The research questions were:
  - Have children and young people observed any changes in product availability or price recently?
  - Has MUP influenced children and young people's consumption and acquisition decisions? If so, how? This should include the volume and type of alcohol consumed, drinking patterns, frequency of drinking and their source of alcohol and whether these have changed recently.
  - What are children and young people's strategies with dealing with any price increases observed in their favoured drink? This might include choosing not to consume alcohol, drinking less frequently, switching to other products, and substitution for illicit substances, illicit alcohol consumption, stealing or getting others to fund the purchase of alcohol.
  - Is there evidence that harms from children and young people's own consumption have changed following MUP? This should include health harms or social harms e.g. crime, violence, antisocial behaviours, self-harm or exploitation.
  - What factors other than the introduction of MUP might be influencing children and young people's alcohol use? For example, external factors, cultural changes or changes in consumption of significant others e.g. parental, peers.

## **Report structure**

- 1.9 The report presents and discusses the study findings as follows:
- Methods (chapter 2).
  - Change in alcohol product price and availability (chapter 3).
  - Change in alcohol acquisition and consumption (chapter 4).
  - Young people and alcohol-related harms (chapter 5).
  - Influences on young people's alcohol use (chapter 6).
  - Conclusions (chapter 7).
- 1.10 The views of children and young people and those who work with them are integrated throughout the report.

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## 2 Methods

- 2.1 This was a qualitative study involving primary research with children and young people under 18 years who consumed alcohol to gather their views and experiences of drinking and related behaviour following the introduction of MUP. It also involved primary research with people who work with children and young people to gather their views and experiences on the subject.
- 2.2 The Children and Young People Evaluation Advisory Group (EAG) provided advice and support throughout the study. EAG members included academics, representatives from third sector organisations supporting young people, government representatives, public sector representation, and NHS Health Scotland (see Appendix 1 for the group’s remit and membership). Meetings took place at key points in the research with comments and advice given on every aspect of the study. Regular communication between the researchers and NHS Health Scotland took place outwith the EAG meetings.

### Design

- 2.3 The MUP portfolio of studies has been designed to provide quantitative and qualitative understanding of the impact of MUP in Scotland. Following an assessment of existing and potential new data sources by NHS Health Scotland, a qualitative approach was proposed as the most appropriate method to provide a more in-depth understanding of the mechanisms underpinning any changes observed in existing routine quantitative surveys\* that measure alcohol consumption among children and young people. This qualitative approach would also provide an understanding of young people’s lived experience of MUP in Scotland.
- 2.4 NHS Health Scotland highlighted a range of evidence that led to the commissioning of this study including IAS (2013) which noted that the risks associated with alcohol consumption are greater for children and young people compared to adults and Donaldson (2009) and Newbury-Burch et al. (2009) which stated that alcohol use in

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\* SALSUS and the Scottish Health Survey (SHeS).

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childhood is a predictor of later alcohol-related health and social problems.

Evidence was also cited on young people who consume a hazardous or harmful amount of alcohol showing a preference towards cheaper alcohol products (Alcohol Concern and Balance North East, 2012).

- 2.5 Discussions with the EAG at the outset of the study confirmed depth interviews as the preferred research method to gather the views of children and young people who consumed alcohol and people who work with children and young people. The sensitivities of discussing alcohol consumption and related behaviour with young people and the depth of questioning required were key factors in this decision.
- 2.6 To answer the questions posed in the study brief, young people needed to have consumed alcohol before and after the introduction of MUP in May 2018. Participants had to be aged under 18 as the study aimed to gather the experiences of alcohol among young people before they were legally entitled to purchase it. It was recognised that the study should gather views from a cross section of young people who had consumed alcohol. Age, gender, socio-economic status and geographic location were initially proposed by NHS Health Scotland as potential demographic information to consider during the recruitment process. A literature review was undertaken to finalise the criteria.
- 2.7 The review confirmed that age was an important factor in young people's alcohol consumption. The 2015 SALSUS data – summarised in paragraph 1.6 – showed important differences by age among young people with 15 year olds more likely to have consumed alcohol, in the previous seven days and ever, than 13 years old (Scottish Government, 2016). SALSUS data highlighted other differences in alcohol use by age. For example, the most common drinking location among 13 year olds was at their own home and among 15 year olds was at a party with friends. Among 13 year olds, less than half (45%) of those who had ever had a drink had experienced one or more negative effect as a result of drinking alcohol in the last year, compared with over half of 15 year olds (59%). SHeS data was not examined as it is published in age brackets including 16 to 24 year olds and was not therefore available for under 18s who were the focus of this study.
- 2.8 Evidence, including SALSUS data, also confirmed gender as an important consideration. The 2015 SALSUS data showed that 19% of 15 year old girls had

drunk alcohol in the last week compared to 16% of 15 year old boys. In addition, media discussions have focused on the perceived problem of drinking among women and alcohol marketing has increasingly targeted women through gender specific design, packaging and advertising. More broadly, alcohol-related deaths were approximately twice as high among males (of all ages) as they were among females (Tod et al. 2018). As a result the need to engage both females and males in alcohol-related research has been recognised in the literature (SHAAP and IAS, 2018). The literature review also confirmed the significance of socio-economic status and location (NHS Health Scotland, 2019a; Katikireddi et al. 2017; McAra and McVie, 2016).

- 2.9 In addition, the literature review highlighted other factors which were considered during the recruitment process. Research has highlighted several groups of young people with higher prevalence of alcohol consumption, such as those involved in criminal offending or with a family history of alcohol misuse (SHAAP, 2014; McAra and McVie, 2016). The Adverse Childhood Experiences Study found that a young person who has experienced four or more adverse events in early life is approximately seven times more likely to become alcohol dependent, and almost five times more likely to have problem drug use than a young person who has experienced no adverse experiences (Felitti et al., 1998 cited in Priestley and Kennedy, 2015). The Adverse Childhood Experiences Study was an American study and Couper and Mackie (2016) produced a briefing paper to inform discussions on ACEs in Scotland. Priestley and Kennedy (2015) highlight the Jay report on Child Sexual Exploitation in Rotherham (2014) where almost half of the children who were sexually exploited or at risk had experience of alcohol or drug use and that this was typically part of the grooming process. Another study found that 31% of 11–15 year-old looked after children and young people reported drinking alcohol at least a few times a year or more regularly (Meltzer et al, 2004, cited in Priestly and Kennedy, 2015). Findings from a qualitative study by Emslie et al. (2016) indicate that alcohol was central to the commercial gay scene and there was pressure across the lifecourse to drink as part of identity construction and to conform to what was perceived to be community drinking norms. Other groups of young people at risk of harmful drinking that emerged during the literature review included homeless young people and those with mental health issues (Bramley et

al. 2019).

### **Research ethics and data protection**

- 2.10 Research ethics and data protection were important considerations in this study. The aim of discussing alcohol use with children and young people posed some challenges in terms of informed consent and whether this should be sought directly from children and young people or their parents and carers. Discussions with the EAG and advice from NHS Health Scotland's Research Development Group led to the following approach being adopted.
- 2.11 The minimum age for research participants was set at 13 as data protection legislation identifies this as the minimum age that young people can consent for themselves (in relation to the processing of their personal data). A Participant Information Sheet provided young people with further details of the study and all participants provided informed consent via a Consent Form. Participants were required to indicate their agreement with statements on the form and sign it but they did not have to provide personally identifiable information such as their full name, address, date of birth or contact details. A generic letter informed parents and carers in the study areas the research was taking place and their child may be invited to participate. The letter did not seek consent from parents and carers but did provide contact details for the research team and NHS Health Scotland should they have any questions. An information guide to respond to queries from parents and carers was also produced for the benefit of workers from the organisations assisting with recruitment, NHS Health Scotland staff and the research team. The organisations reported they did not receive any queries from parents and carers.
- 2.12 Ethics around the recruitment of young people was discussed with the EAG. It was agreed that young people would be recruited from organisations they engage with such as youth groups, schools and specialist providers. By working closely with such organisations, the study followed NHS Health Research Authority guidelines on establishing informed consent from young people. The guidelines state that ideally staff with experience of working with children should provide information about the study, which is understandable to them and which explains what is involved including potential risks and benefits (NHS Health Research Authority, 2019). During the recruitment process, organisations were asked about their

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safeguarding policies. This ensured that should any information be disclosed that would indicate a young person was at risk of harm, the organisations had appropriate policies and procedures in place to support the young person. No issues were disclosed during the fieldwork which merited further action.

- 2.13 Participants in social research are sometimes thanked for their time with an incentive such as a gift voucher. It was agreed that this would not be appropriate in this study as doing so could inadvertently breach the confidentiality of those taking part. The EAG agreed that the researchers would make a donation to the organisations that assisted with recruitment which was to be used for the benefit of all their young people. Organisations were encouraged to involve young people in deciding how this money could be spent, for example, on an outing of their choice.
- 2.14 All aspects of data management including the collection, storing, processing, and disposal of data gathered during this study complied with the Data Protection Act 2018 and the General Data Protection Regulation.

### **Sampling and recruitment of young people**

- 2.15 The study set out to engage a cross-section of young people who had consumed alcohol to gather their views and experiences of drinking and related behaviour before and after the introduction of MUP. A purposive sampling strategy was applied to achieve this aim. Based on the literature review and discussions with NHS Health Scotland and the EAG, the sampling criteria were:
- Age.
  - Gender.
  - Socio-economic status\*.
  - Location (urban/rural).
  - Care experienced.
  - A history of offending.
  - A history of substance use.

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\* Socio-economic status (SES) and location were based on the catchment area of the generic youth organisations/schools. Scottish Index of Multiple Deprivation (SIMD) data was used as a proxy for SES and areas were broadly categorised as relatively affluent (SIMD decile 8–10) or relatively disadvantaged (SIMD decile 1–3). Young people recruited via specialist organisations were not required to provide information on their SES or location.

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- LGBTI.

2.16 The research aimed to engage 45 young people with a broadly even spread of participants by age and gender. The target reflected the resources available and the desire to achieve a cross section of views. It was also deemed to provide saturation i.e. the point at which further consultation would be unlikely to generate new findings.

2.17 Research participants were recruited from organisations that young people engaged with. Organisations were identified through a combination of desk-based research and the researchers' existing contacts. The researchers approached several organisations to discuss the study and explain what it would entail. Further discussions took place with organisations interested in assisting with recruitment to finalise arrangements. Eight organisations assisted with the recruitment. Four were generic youth groups/schools from urban and rural locations with contrasting socio-economic catchment areas. Four were specialist organisations that engaged young people with the following characteristics: a history of offending, care experienced, LGBTI, and a history of substance use. Two other organisations expressed an interest in assisting with the recruitment of young people. The researchers attended one of the organisations, however, there were no young people who had been drinking before and after the introduction of MUP. The other organisation did not respond to subsequent communications.

2.18 An awareness raising poster was developed to encourage the participation of as many young people as possible who fitted the criteria, thereby reducing the risk of organisations selecting young people and creating a biased sample.

### **Topic guides**

2.19 Topic guides were developed by the research team with advice from the EAG for use during the interviews with children and young people who consumed alcohol and those who work with children and young people. A draft topic guide for the young people's interviews was piloted with a group of ten young people who met the study criteria from an organisation the researchers had previously worked with. These young people were asked about the wording of the questions and any omissions; they were not asked to answer the questions directly and were not



therefore included in the analysis. Subsequent revisions led to the guide covering the key themes of awareness, acquisition, consumption, and harm. The workers topic guide covered their role working with children and young people and gathered their views on young people’s experiences of alcohol, and the impact of MUP on children and young people. The topic guides are shown in Appendix 3 of this report\*.

2.20 During the interviews young people were asked about their drinking and related behaviour before and after the introduction of MUP in May 2018. To avoid leading questions about MUP and on the assumption that young people may not be aware of MUP, the interviewers asked the young people to think about something memorable around May 2018 such as exams, a birthday or special event. Subsequent questions examined their drinking and related behaviour before and after this reference point.

### Participants

2.21 Fifty young people took part in the research via individual, paired and small group interviews depending on their preferences on how they wanted to take part. The discussions took place in confidential spaces at the host organisations during the period January to May 2019. There were 23 female young research participants and 27 male, spread across the 13 to 17 age range as shown in table 1.

**Table 1: Age/gender profile of young research participants**

Age	Female	Male	Total
13	0	1	1
14	6	5	11
15	5	2	7
16	5	12	17
17	7	7	14
<b>Total</b>	<b>23</b>	<b>27</b>	<b>50</b>

2.22 The characteristics of the young research participants are shown below in table 2. Five more care-experienced young people were interviewed than planned. This

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\* Copies of other research tools used during this study can be requested from Iconic Consulting.

situation occurred because more care experienced young people wanted to take part in the research than anticipated when the researcher attended the host organisation.

**Table 2: Characteristics of young research participants**

Specific groups	Planned	Achieved
Generic youth groups / schools - Urban area with higher SES	6	6
Generic youth groups / schools - Urban area with lower SES	6	6
Generic youth groups / schools - Rural area with higher SES	6	6
Generic youth groups / schools - Rural area with lower SES	6	6
Specialist support providers - History of substance misuse	6	6
Specialist support providers - Care experienced	5	10
Specialist support providers - History of offending	5	5
Specialist support providers - LGBTI	5	5
<b>Total</b>	<b>45</b>	<b>50</b>

2.23 In addition, depth interviews took place with 21 staff and volunteers who work with children and young people in Scotland; this involved individual, paired and small group interviews. The workers included 10 individuals from the generic and specialist youth organisations that assisted with the recruitment of young people. It also included 11 staff and volunteers from other organisations that the researchers or members of the EAG had previously worked with or which were identified from desk-based research. The participants included support workers, youth workers, school guidance staff and service managers who were working with a wide range of children and young people across Scotland.

### Analysis

2.24 Drawing on the work of Nowell et al (2017) a thematic analysis was carried out for interviews with the young people and workers. To clarify, this involved six phases, namely becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and finally producing the report.

2.25 Consent to digitally record the interviews was given by all research participants – young people and those who work with them. Notes were taken during all interviews and the recordings were used to add to the notes afterwards to produce

a comprehensive record of every interview.

- 2.26 An Excel file was created to collate and analyse the research findings. Columns were created for every question and each participant's response was summarised on a separate row. Information on each young person was also recorded to allow for analysis (when gathered) by age, gender, location, socio-economic status, and other characteristics (history of offending or substance use, LGBTI or care-experienced). The information was anonymous with no names or personally identifiable information recorded on the file. A unique ID number was recorded to link the findings to the notes and the consent form, if required. The thematic analysis used a keyword coding system to identify recurring themes and other points of interest relevant to the aim and research questions for the study. Quality was assured by cross-checking of the notes and the Excel file by a second member of the team and where necessary re-coding occurred. Throughout the analysis, variations in findings by key characteristics or circumstances were assessed to draw out findings which were relevant to specific groups. Quotes that could be used to illustrate key findings were also recorded on the spreadsheet.
- 2.27 The reporting of findings in chapters 3 to 6 is by exception. Where the analysis highlighted an important finding related to young people's characteristics it is reported. Where the analysis found no difference between specific groups of young people the findings are relevant across the sample as a whole.

### **Limitations**

- 2.28 The views and experience of young people who took part in this study are not generalisable to the whole population of children and young people in Scotland.
- 2.29 Interpretation of the findings should be mindful of the purposive sampling which included young people from groups which tend to have above average alcohol use as evidenced by the literature review. Interpretation should also be mindful of the fact that five more care-experienced young people were interviewed than planned. In addition, young research participants also had to have consumed alcohol before and after the introduction of MUP. It excluded young people who do not drink alcohol. It also excluded young people who drank alcohol before the introduction of MUP and who had stopped.

2.30 In addition, young people were asked to recall their own drinking and related behaviour before May 2018 which was approximately a year before their participation in the study. Interpretation of the findings should therefore be mindful of potential limits in the detail and accuracy of young people's recollections.

### 3 Change in alcohol product price and availability

#### Key findings

The young people who took part in the study had observed changes in both product price and availability since May 2018. Price increases were widely reported particularly by young people who contributed to the cost of purchasing alcohol. The reported price changes primarily related to specific brands of alcopops, spirits and wine which were popular among young people although there was some awareness of price increases in other products such as strong white ciders. It should be noted that the average price in convenience stores in Scotland of many of the drinks popular with young people were generally unaffected by the introduction of MUP and observed price increases could have resulted from local variation in price prior to May 2018, increases introduced by the retailer since then, or young people's recollection. The young people had generally observed fewer changes in product availability although some examples were given. These changes also related primarily to specific brands of alcopops and spirits which were popular among the young people as well as other products such as strong white ciders.

#### Price

- 3.1 Overall the young people were aware of changes in the price of alcoholic drinks since May 2018 when MUP was introduced. This mostly stemmed from their own observations of the price of products in local convenience stores where young people tended to acquire their alcohol although it also came from comments made by other people who purchased alcohol on their behalf.
- 3.2 Observed price changes tended to relate to popular products that the young people consumed, particularly alcopops such as MD 20/20, spirits such as non-branded vodka, and wine such as Echo Falls. The young people who paid for their drinks were especially well informed about the price of the drinks they consumed, and how prices had changed, and they had detailed knowledge on the subject.

'Mad Dog (MD 20/20) used to be £5.99 and it shot up to £7.50. I don't know what it is now as I've not bought it in ages. Vodka used to be about £11 and now it's £13, £14 depending on what one you get. It's £16 to £18 for a litre'. (Male, 17 years old).

'Cactus Jack used to be a fiver and now it's £7.50, it was about September / October last year. I think vodka's gone up as well I don't know how much. Mad Dog went up as well it used to be £7 and now it is £9'. (Female, 16 years old).

'My wine's (Echo Falls) a fiver. It was £1 cheaper last year, it was £4 and now it's a fiver. I did have to pay £6 once'. (Female, 16 years old).

3.3 It should be noted that the average price in convenience stores across Scotland of most of the alcohol products popular among young people referenced above had not been affected by the introduction of MUP. MD 20/20, Cactus Jack, and Echo Falls tended to be sold for more than 50p per unit of alcohol before May 2018 (see Appendix 2). Young people's observed price rises may therefore reflect local variation in sales price prior to May 2018 and subsequent rises when MUP was introduced. Alternatively, it could reflect price increases introduced by retailers, not the implementation of MUP, since May 2018. As stated in paragraph 2.30 young people's recollection may also be a factor.

3.4 There was less awareness of price changes to drinks that were not as popular among the young people such as strong white ciders and beers. However, some young people had noticed the price of these drinks had increased and that the increase had been sizeable. The reason for the increase in price - the introduction of MUP - was commented on, although not frequently.

'Strongbow, the three litre bottles, they've shot up, and Frosty Jack'. (Male, 17 years old).

'It's (price of alcoholic drinks) went up – stuff with higher alcohol content, I think it's to stop people drinking more. I noticed it on say a bottle of vodka as I used to put £7 towards it, now I have to give them (friends who purchase the alcohol) a tenner'. (Female, 15 years old).

'Frosty Jack is over £11 now, because of the alcohol level'. (Male, 17 years

old).

- 3.5 The young people reported that some of the most popular products among the age group had not increased in price. Most notably this included Buckfast – which was particularly popular among some young male research participants – and Dragon Soop which was popular with a broader cross section of the young research participants. These drinks tended to sell for more than 50p per unit of alcohol before May 2018 (see Appendix 2). Workers suggested that drinks such as Dragon Soop and Buckfast were attractive to young people because of the combination of them being sweet and the ‘buzz’ from the caffeine contained in the drinks. The workers noted that Buckfast has a reputation in some areas with male identity and having a good time and this view is supported in other research (Galloway et al. 2007). The workers also reported that they had not heard young people commenting on price increases.

‘The price of Dragon Soop has always been the same’. (Female, 16 years old).

‘It’s always been £6.50 for Buckie or it is up my way anyway... it’s all I drink’. (Male, 16 years old).

- 3.6 Other young people, however, reported that the price of Buckfast and Dragon Soop had changed. Neither of these drinks were generally affected by the introduction of MUP and the observed price changes may be the result of the issues outlined in paragraph 3.3.

‘Buckie used to be £3.50 and now it’s £4.50’. (Male, 16 years old).

‘Prices have gone up, I’ve noticed it in shops. Dragon Soop’s gone up to a fiver, has it not?’ (Male, 17 years old).

- 3.7 Not only did the young people display detailed knowledge of the price of alcoholic drinks, they also knew where to find a particular drink at the lowest price. This knowledge tended to be spread by word of mouth or via social media. The quotes suggest that some alcohol sales may not be complying with legislation.

‘The price of Buckie depends what shop it is. In [place name] a bottle of Buckie is £10 and in [place name] it is £6’. (Female, 16 years old).

‘There’s a shop that sells three bottles of Buckfast for £8. If you want to get

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booze for a gaff that's where you go because you get it cheaper. They post their deals on Facebook, that's how I know about it'. (Male, 17 years old).

3.8 Young people who purchased alcohol from shops or pubs had directly observed the price changes. These research participants were 16 or 17 and either had fake ID or knew establishments where they would be served without being asked for ID. Other young people had been informed of price rises by others who bought the alcohol on their behalf. This included proxy purchases involving strangers, often referred to as a 'jump-in', which was a common means of acquiring alcohol, particularly among young people aged under 16. It also included proxy purchases by older friends or siblings.

'Mad Dog has gone up to £7.50, the guy (purchasing the alcohol for the young person) came out and said you've not got enough there'. (Male, 14 years old).

'I usually just ask my friends how much it cost. They are the ones who know all the prices. Sometimes they'll say it is costing more than it used to' (Female, 15 years old).

3.9 A contrasting view was provided by another young person who highlighted how proxy purchasing meant they were less aware of product prices.

'When you get a jump-in you just give them the money and you don't really care about the price'. (Female, 16 years old).

3.10 The above example of a young person being asked for more money by a proxy purchaser to buy a bottle of MD 20/20 is noteworthy. This product was not affected by the introduction of MUP and the issues raised in paragraph 3.3 may be the reason for the observed price rise. Alternatively, the proxy purchaser could have been asking the young person for more money.

3.11 Some young people commented that the price rises they had observed were relatively small. They commonly referred to the relatively small scale of the price rise when discussing the impact it had on their consumption (see chapter 4).

'I've noticed a couple of pounds but not thought: Oh Christ, it's gone up quite a bit or anything'. (Male, 16 years old).

3.12 Some young research participants were unaware of the price of the products and



price changes. This was a consequence of how they acquired their alcohol. As noted above, those who bought their alcohol from shops or pubs either directly or indirectly through proxy purchases, which all involved paying for all or part of the cost, were generally well informed on product price. Young people who were given alcohol by their parents or by friends without having to pay for it were, understandably, less aware of prices and had not observed change in the prices of products.

### **Availability**

3.13 The young people mostly reported that they had not observed any change in the availability of alcohol products since May 2018. These young people reported that the drinks they wanted to consume were still available, no other products were no longer available, and no products were more readily available, as far as they were aware. This included young people who directly purchased alcoholic drinks in shops and pubs and had therefore observed the products for sale first-hand. It also included young people who acquired their alcohol indirectly through other means, most of whom still had knowledge of what drinks were available in shops.

‘There’s been no change. I’m in the shop all the time and everything I usually drink is still there’. (Male, 17 years old).

3.14 There were however some examples of changes in product availability raised by young research participants. These changes were observed at local convenience stores where young people tended to acquire their alcohol.

3.15 A change had been observed in the availability of MD 20/20 which was a popular drink with the young people. It was reported that some shops had stopped selling the drink altogether and others had reduced the range of flavours.

‘Mad Dog is not as available. Buckie is still but Mad Dog, some shops don’t sell it and others have less flavours’. (Male, 16 years old).

‘Mad Dog is not as available. I’m sure it’s now £13 (for a 75cl bottle). There’s just one flavour now instead of all the different flavours. It is the same with Dragon Soop, sometimes they’ve got the flavour that you want, sometimes they don’t’. (Female, 16 years old).

- 3.16 As previously noted, the price of MD 20/20 was not affected by the introduction of MUP, although some young people reported an increase in price since May 2018. Similarly the price of Dragon Soop – referenced in the second quote above – was not affected by the introduction of MUP.
- 3.17 Change was also observed in the availability of spirits, particularly vodka which was another popular drink among young people. The observed changes involved one shop not stocking smaller bottles (35cl) and the smaller bottles being less prominently displayed in another shop.
- ‘Generally, the same stuff is still on the shelves. You used to see small bottles of vodka but now you just see the massive bottles’. (Female, 15 years old).
- ‘They only have the big bottles showing, if they have the small bottles they are either right at the bottom or right at the top. (Female, 15 years old).
- 3.18 Another example involved a shop which had reportedly reduced the range of alcohol products and was displaying greater quantities of each brand they continued to stock.
- ‘There’s a lot less choice... When I say there’s less, the alcohol they do have, there’s a lot more quantity of it. There’s less brands but they’ve not cut down on the quantity of it (displayed in the shop). There are less brands that they stock, basically’. (Female, 15 years old).
- 3.19 One young person observed that a local convenience store increased the quantity of alcohol they stocked.
- ‘There’s more stuff available in the corner shops. In the corner shops, there’s more of it in my opinion, they have stacks of it sometimes’. (Female, 16 years old).
- 3.20 In addition, the young people were aware that strong white ciders, particularly Frosty Jack’s, were less widely available in shops following the introduction of MUP. Despite such drinks not being a popular choice among young people they had observed that some shops had stopped selling it.
- 3.21 The workers reported that they had not heard young people commenting on change in product availability.

## 4 Change in alcohol acquisition and consumption

### Key findings

The young people who took part in this research reported the introduction of MUP had not influenced how they acquired alcohol as this occurred in much the same way as it had before May 2018. There were examples of young people's consumption of alcohol changing since 2018 with reports of increased and decreased drinking. Although these changes followed the introduction of MUP, it was apparent that price was not a major factor and even when it was, several other factors were also part of young people's decision making processes. Most young people took no action when they observed the price of their favoured drink rose because the rise was relatively small and they were able to afford the additional cost. However, some young people did switch to alternative alcohol products, and a small number of young people who had limited budgets reduced their drinking.

### Acquisition

- 4.1 There were no reports of young people changing how they acquired alcohol following the introduction of MUP. None of the young research participants reported that they had switched from one means of acquiring alcohol to another or had amended their acquisition activity in any way. Similarly none of the workers reported that young people had commented on changes in how they acquired alcohol following the introduction of MUP.
- 4.2 The young people continued to acquire alcohol in a variety of ways from buying it directly in pubs to being given it by their parents. Age, social networks, and income influenced how the young people acquired alcohol.
- 4.3 Proxy purchasing was the most common means of acquiring alcohol. This included purchases by a stranger, commonly referred to as a 'jump-in', and purchases by older friends or siblings. Young people either paid the full cost of the alcohol or at least contributed towards the cost which was split with friends. Alcohol was

acquired in this way by young people of all ages but most frequently by those aged 13 to 15. These young people tended to consume alcohol quite regularly, often once a fortnight, and the amount consumed could be significant although there was considerable variation (see consumption section for further details). The young people lived in affluent and disadvantaged areas, as well as rural and urban communities. Young people provided insights into the process, the time it can take, and targeting of adults who some young people know will buy the alcohol for them.

‘It’s usually a jump-in. You are putting your trust in a stranger, they tell you how much it would be before you give them the money and wait for the drink and any change’. (Male, 14 years old).

‘A lot of people will say no, because they know (you are underage). See if there’s a person, people call them drunkies, they walk past and they are going for their drink, if you pay them for them to get you a can or something; they’ve got a drinking problem’. (Female, 15 years old).

‘I don’t see the point in standing on that corner for an hour or an hour and a half (for a jump-in). Two hours one person said – I couldn’t do that. Usually we’ll go away, do something else, and then they’ll (the young person waiting for someone to purchase the alcohol for the group) phone and tell us’. (Female, 15 years old).

‘The time it takes just depends who comes round the corner – you could be standing there for 10 mins, you could be standing there for three hours, it just depends. Sometimes we chap on doors of people we know who would get it for you’. (Male, 16 years old).

- 4.4 Although not commonplace, some young people aged 15 to 17 acquired their alcohol directly by purchasing it in local convenience stores or pubs and clubs. Fake ID was used in some instances, whereas others knew retailers where they would be served. The young people involved reported that it was not difficult to get served underage.

‘There are a couple of shops where I can go in and get served cos I know some people who work in shops and they’ll sell you it or there are shops that won’t ID you. It is quite easy if you think about it’. (Female, 15 years old).

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'I get served in a local shop. I never get asked for ID. From October (2018) to January this year (2019), I had fake ID so I was going to pubs as well'.

(Female, 15 years old).

'I normally drink in pubs. I've not got fake ID. I have been asked for ID before but you just get someone else to go to the bar for you. It's not hard, I'm not going to lie, it's not hard at all. It's confidence, see if you walk up all confident like I'm going to get sold, you'll get sold. It's the way you speak to them. It's not the way you look anymore it's the way you approach them. It's the same with shops as well, if you approach them in the right way they are going to sell to you. I get served in any shop in my local area. All the younger ones would look to me to do the jump-ins. Some shops that have names like X, they are a lot stricter but see if it's just a corner shop they'll serve you'. (Male, 17 years old).

- 4.5 Workers confirmed young people's reported experiences of purchasing alcohol in off-licences. They confirmed that some young people have fake ID to purchase alcohol or know shops where they can get served without being asked for proof of age. They also reported that young people find it more challenging to purchase alcohol from shops with the Challenge 25 policy in place.
- 4.6 Parents have a role in acquiring alcohol for some young people. This occurred when young people had an alcoholic drink at family gatherings such as birthdays or at Hogmanay. It also occurred when parents purchased alcohol for their child to consume with friends when they met up or went to parties. Workers discussed how parents tended to do this with a view to help control the amount young people were drinking and to try to minimise the risk of them using drugs. Workers and some young people also reported cases of parents drinking at home with their children. Generally, the young people in the study who had parents buy alcohol for them were consuming it less frequently and on each occasion the amount consumed was less than other young research participants. The young people varied in age, lived in affluent and disadvantaged areas, as well as rural and urban communities.

'I just have one drink when my parents are having a drink at the weekend or at a party with friends now and again'. (Female, 14 years old).

- 4.7 So-called charity drinking was another means of acquiring alcohol. This occurred

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when alcohol was bought by some members of a group who shared it freely amongst the rest of the group. This was particularly common among young research participants aged 16 and under.

‘We call it charity drinking... you just ask people for their drink and they give you it. Everybody has different bottles and you just take some of everything. Whoever’s got it you ask them for some and then you give it back to them. Not everyone shares’. (Male, 16 years old).

- 4.8 None of the young research participants reported they acquired their alcohol by stealing. This was the case before and after May 2018. It was noteworthy that the staff and volunteers who work with young people suggested this was a method young people used to acquire alcohol although they did not suggest there had been any change since May 2018.

### **Income**

- 4.9 Income plays a part in acquisition and the young people reported their income came from various sources including:
- Pocket money/allowance from parents/carers.
  - Employment.
  - Training allowance.
  - Educational Maintenance Allowance (EMA).
  - Birthdays and Christmas gifts.
  - Saving lunch money or skipping lunch.
  - Selling cigarettes.
  - Buying children’s rail tickets instead of adult tickets or not purchasing a ticket.
- 4.10 The young people tended to have a regular set income, for example from weekly pocket money or an allowance, fortnightly training allowance or EMA, or wages which were paid weekly or monthly. The value of this regular income varied considerably between the young people. Not all young research participants shared the information, however of those who did, incomes ranged from £10 pocket money to £185 per week from part-time work and a training allowance.
- 4.11 Some young people supplemented their income through other means. Several

young people reported they did not spend all the lunch money they were given by parents/carers or they skipped lunch altogether. This approach was commonly used by young people who did not receive pocket money or an allowance from their parents/carers. Staff and volunteers who work with young people suggested this practice was widespread. One young person, a 17 year old female, adopted a similar approach with money for travel she was given by her parent/carer by buying children's rail tickets instead of adult tickets or occasionally not purchasing a ticket at all. Another research participant, a 16 year old male, generated income by selling cigarettes to other young people; workers also reported they knew of young people selling cigarettes. Cash given for birthdays or at Christmas was also used to supplement regular incomes whereas for some young people this was their main source of income which they used throughout the year. Young people would also receive additional money if they asked their parents/carers for cash for something specific such as clothes or a leisure trip or if they carried out chores around the house and they reported this would allow them to spend some of their money on alcohol.

'I get pocket money off my Gran. I can get a score a day if I'm good enough with every last room in the house spotless and dinners made. So by the end of the week I'll have £100 to £150... I spend half on drugs and half on alcohol'. (Male, 17).

- 4.12 The young research participants and workers reported that money tended not to be a barrier to acquiring alcohol. As demonstrated by some of the sources highlighted above young people would save some of their income or generate additional income specifically to put towards alcohol purchases.

### **Consumption**

- 4.13 Alcohol consumption among the young people who took part in this research varied in both the frequency and amount of alcohol consumed. Frequency ranged from young people drinking on only a handful of occasions throughout the year, for example at family celebrations, to young people who were, or had at times in the past, been drinking three or four times a week including every weekend. Similarly the amount and type of alcohol consumed varied from single glasses of wine to

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young people consuming several different drinks, in significant quantities, each time they drank. For example, one young male research participant drank a 75cl bottle of Buckfast, a 500ml of Dragon Soop and half a 70cl bottle of vodka – over 25 units of alcohol in total – the weekend before he was interviewed for this research. Similar examples were provided by several young people particularly those with a history of offending, substance use, care-experienced, or disadvantaged areas.

- 4.14 Staff and volunteers who work with young people were not aware of any change in alcohol consumption among young people since May 2018.
- 4.15 Among the young people, there was no reported change since May 2018 in the location, timings or who they were with when they consumed alcohol. There was, however, evidence of change in the frequency and amount of alcohol consumed and this included both increased and decreased drinking. Various reasons were cited for the changes as discussed below.

**Increased frequency or amount of alcohol consumed**

- 4.16 Young people who reported increasing their consumption highlighted several reasons which were generally linked to them getting older: increased tolerance to alcohol, greater access to alcohol, and increased income.
- 4.17 Increased tolerance to alcohol tended to be raised by research participants who were at the younger end of the age range (13 or 14) or who had been drinking for a relatively short period of time.

‘At the start of last year I was a pure lightweight and I could drink a half bottle of Buckfast’. (Female, 14 years old).

‘It’s (frequency of drinking) more now. It used to be once in a blue moon. I’m just getting older’. (Male, 13 years old).

‘I just think every time I get older I just drink a wee bit more’. (Male, 16 years old).

- 4.18 Increased income was a response given more by young people around 16 who had left school to start paid work or training that came with a training allowance.

‘I was at school a year ago (now working) so I did not have as much money. I was still drinking every weekend, and it was the same drinks just less of it, like half a bottle of Buckie. I’m definitely spending more on alcohol now than



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then'. (Male, 16 years old).

'I'm drinking a little bit more often because I've more money now (from a training allowance)'. (Female, 16 years old).

'I'm spending a tiny bit more as I'm getting money now. All I needed about a year ago was one bottle. I'm starting to build up a bit of a tolerance'. (Male, 16 years old).

4.19 Some young people reported that the increase in income had led to changes in what they consume. For example, one young person stated they had switched from Buckfast to vodka. Others reported their preferences changed as they got older such as switching from alcopops to spirits.

4.20 The combination of the above factors was highlighted by one young person who had increased the frequency and amount consumed as well as changing the type of drink.

'I'm drinking more now because there are more ways to get it as the older you look the easier it is to get it and the older you are the more money you get. There was still a lot of drinking back then but it's more now – it was maybe once a month whereas now it's maybe once every couple of weeks. The amount of alcohol has gone up as well and I've definitely changed what I drink as well (moving from Dragon Soop to vodka and other spirits) as it gets you drunk faster. Even though it's a bit more (expensive) it lasts longer, and there's more to go about'. (Female, 15 years old).

4.21 Other young people highlighted how, as they got older, they were more interested in alcohol and more exposed to the influence of others around them.

'I think I drink more now than I did before. I think now that I getting older I am becoming a bit more interested in alcohol. It is teenage culture. A lot of my friend group don't drink, but it is a personal thing, if I am being careful then there is no reason why I shouldn't try it. Also, my parents like to go out and go to tasting sessions and experimenting with different alcohols, I think I get that from my parents that I am really curious about alcohols. I also like bonding times with them'. (Male, 15 years old).

'I drink more now because I was younger and didn't think about it then. All my

friends drink now'. (Female, 14 years old).

4.22 For some young people increased income was the driver of increased consumption, as summarised above. Other young people who had increased the frequency or amount of alcohol consumed since May 2018 were spending more on alcohol as a result. However they reported that this was not an issue as they had the money to do so.

### **Decreased frequency or amount of alcohol consumed**

4.23 The young people identified several factors that had led them to decrease the frequency or amount of alcohol consumed since May 2018. Various reasons were cited including changes in personal circumstance and relationships, as well as increased maturity.

'(Consuming) less now, definitely less – I don't want to get in trouble and I want to go to pubs as it's much more fun, much more me. I'm spending more now than last year as I'm going to pubs – I can spend £100 a night including buying it for other people'. (Male, 17 years old).

'This time last year it (drinking) was basically every night so it is less. It was because of relationship issues at the time, it was shit. I only stopped drinking a lot last month'. (Female, 15 years old).

'I'm drinking less to be honest cos I've been grounded which stops me getting on it'. (Male, 14 years old).

'I used to drink more when I hung out with certain people and was getting into bother. So I'm drinking less now. I think more about who to hang out with. I had given up on school before, but now I want to do well. I am getting on better with my mum and she trusts me now. I used to drink every day but now I have stopped drinking. I smoke weed now; I would rather do that now. Since I have stopped drinking I am getting on better at school. I want to go on to college'. (Male, 16 years old).

'I drank more (before May 2018) as I didn't have the course to go to'. (Male, 16 years old).

4.24 Some of the young people reported that enrolment on an employability training course had led to a decrease in alcohol use. These young male research

participants described themselves as frequent drinkers in the past who had been excluded from school, were taking part in an employability programme which had led them to reserve their drinking to the weekend, or every other weekend.

### **Dealing with price increases**

4.25 The young people who reported their favoured drinks had risen in price since May 2018 divide into three categories: 1) those who took no action, 2) those who switched products, and 3) those who purchased less alcohol. Where change occurred it is important to stress that price was one of a number of factors in the decision making process. It should be noted that several products popular with young people tended to be sold for more than 50p per unit of alcohol before May 2018 and observed price rises are related to the issues highlighted in paragraph 3.3 and 3.10. There were no examples of young people choosing not to consume alcohol or consuming illicit alcohol.

### **No action**

4.26 Most of the young people continued to consume their favoured drink that rose in price after May 2018 because they regarded the increase as relatively small and they had the finances to meet the additional cost. Their income enabled them to continue to purchase the amount and type of alcohol they wanted.

‘No (the price changes had no impact) because I'd always just bring in a wee bit extra money just in case’. (Male, 16 years old).

4.27 A 17 year old female who stated her favoured wine (Echo Falls) had risen in price by £1 a bottle explained that she continued to buy it as the price rise was insignificant to her. She suggested the increase would need to be substantial before it affected her purchasing decisions.

‘See unless they make it twenty odd quid (for a bottle of Echo Falls) I'm still going to drink. I won't stop’. (Female, 17 years old).

4.28 The young people who did not pay for their drink did not report any change, for example, a 16 year old male who usually acquires alcohol through ‘charity drinking’ explained that the members of the group who were buying the alcohol (Buckfast and alcopops) were still buying the same drinks as last year.

4.29 One research participant, a 16 year old female, who reported she had not changed her drinking since May 2018 also suggested that the relatively small increase in prices had not influenced drinking patterns among her friends.

‘I’m not going to lie, raising the prices is not going to do anything cos I just don’t feel like anybody I know personally will either notice it or just pay the extra money’.

4.30 However, she went on to suggest that paying the extra money could, theoretically, involve young people changing their behaviour to enable them to continue to purchase their favoured drinks.

‘They would just starve themselves for lunch or bring in food from the house’.

### **Product switching**

4.31 It was notable that some young people whose favoured drink had increased in price since 2018 did report switching to other products. However, price was not the only factor in their purchasing decisions as young people balanced cost with the desire to get drunk – as a result this included switching to products which had also increased in price since May 2018 as well as switching to products that increased the overall amount spent. The following examples illustrate the complexity in which the product switching occurred.

4.32 A 16 year old female research participant was previously drinking alcopops, wine and spirits regularly (‘every weekend and few nights during the week’). She drank with a group of friends usually outdoors or at friends’ houses and the alcohol was acquired through jump-ins involving strangers. The research participant received £10 a week pocket money from her parents, a sum which would be topped up on occasions if she asked for extra money for a specific need. She usually contributed towards the cost of acquiring alcohol and commented that her favourite drink, Cactus Jack, had increased from £5 to £7.50. She initially continued to purchase the product when the price rose until she switched to another product (Dragon Soop) which had not changed in price. Although the research participant switched products she bought three cans of Dragon Soop costing £2 more in total than the increased cost of one bottle of Cactus Jack (the size of the bottle was not specified). This change involved an increase in units of alcohol consumed from 10.5 for a 70cl bottle of Cactus Jack (or 7.5 for a 50cl bottle of Cactus Jack) to 12 units

for three cans of Dragon Soop.

'I'd bought it (Cactus Jack) for so long I kept on buying it a few times after the price went up and then I stopped because the price had gone up. (Instead) I'd get three cans of Dragon Soop. Even though it's like £2 dearer when you get three cans'.

4.33 Another research participant, a 16 year old male who described himself as 'not a big drinker' usually drinks one or two 75cl bottles of Buckfast two or three times a month. He always drinks with friends at their houses or outside in the summer usually in a small group but occasionally in bigger groups. One of his friends in the group is 18 and the friend buys alcohol for the rest of the group from local convenience stores; prior to this the group would acquire their alcohol from jump-ins involving strangers. He described how he had switched drinks since May 2018 after the price of his favoured drink (MD 20/20) rose.

'I don't drink it now but I used to drink Mad Dog but it's just too dear man, it's like £8 a bottle. It does the same to you as Buckie does but Buckie only costs £6.50. I stopped drinking it halfway through last year (2018) as it was too dear (compared to Buckfast)... it started to get to where I could not afford it, I needed to get something cheaper. Some shops you'd go in and it was like £9 or a tenner'.

4.34 Another research participant had made the same decision to switch from MD 20/20 to Buckfast. This young person, a 14 year old male, drinks outdoors most weekends with a group of up to 15 friends. He primarily drinks a 75cl bottle of Buckfast bought through a jump-in which he pays for, but also drinks Dragon Soop and vodka if it is available in the group.

'Aye, I moved from Mad Dog to Tonic (Buckfast) because it's cheaper. I started with Buckie then went to Mad Dog when I got a taste for it. I then went back to Tonic when Mad Dog went up too much. I just paid the extra (for the MD 20/20) for a bit, until about a month ago (February 2019) and then I was just like: what's the point, it's wasting more money that I could have spent on a can and a bottle (of Buckfast), and still get more pissed than buying the bottle (of MD 20/20)'.

4.35 As highlighted in chapter 1, strong white ciders experienced significant price rises

following the introduction of MUP. Although such drinks were not popular with the young people who took part in this research, there were some who drank it and there was evidence that the price rise led to product switching. However, as with the experiences recounted above, price was only one element in the young person's purchasing decision.

- 4.36 A 16 year-old male reported he drank every weekend spending approximately £40 on Buckfast and vodka using money given to him by his parents and grandparents. He did not drink during the week but did smoke cannabis. He drank with a small group of friends including an 18 year old who bought the drink for the rest of the group. The alcohol was usually consumed at a friend's house or outside. The research participant had a history of offending and admitted he previously got into fights while drinking. He reported that he regularly used to drink Frosty Jack's but had switched to Buckfast 'because of the hike in price'. Although the MUP-related price rise had influenced his product choice he stated he had more money at the time of the research than he had before May 2018 and was therefore consuming the amount of alcohol he wanted to.
- 4.37 Another 16-year-old male described himself as heavy drinker in the past consuming strong white ciders such as Frosty Jack's and Strongbow almost every day using money raised from selling cigarettes to other young people. He usually drank outside with a group of friends which could lead to antisocial behaviour. His drinking also led to problems at school, and in his relationship with his parents. At 15 he wanted to change this pattern and with the aid of counselling he 'has calmed down a bit' since. He reported he prefers to smoke cannabis now and drinks infrequently. When he does consume alcohol he drinks MD 20/20 instead of Frosty Jack's and Strongbow which he previously chose 'because they were cheap'. Although the frequency of his drinking has reduced and the products changed, the amount consumed is still significant, for example, he could not recall exactly how much he had consumed the last time he drank but said it was 'lots' and he had spent approximately £50.
- 4.38 Another research participant reported that he had increased the amount of cannabis he smoked and decreased his alcohol intake partly because of the rising cost in purchasing his favoured drinks which included Dragon Soop, Dark Fruit

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Strongbow, vodka, whisky and Buckfast. It should be noted that the price of only some of these drinks were affected by the introduction of MUP.

'I used to be able to get a lot more drink. Now I've got to work harder, twice as long to get double the money to get the same amount I used to get. I spend more on drugs. Definitely more drugs – not hard drugs, more cannabis, I use that for my anxiety and that'. (Male, 17 years old).

4.39 A 16 year old female suggested that other young people may be switching products moving from spirits and alcopops to wine because it was cheaper. Of the products she named only (non-branded) vodka had risen following the introduction of MUP but she was suggesting that young people were increasingly choosing Echo Falls because it was relatively cheap.

'I've noticed that more people are getting Echo Falls. At gaffs (house parties) it used to be Dragon Soop and vodka and that, and now people are, like, getting Echo Falls'.

4.40 There were no examples given of young people purchasing smaller bottles of the same drink such as switching from 70cl bottles of spirits to 35cl bottles.

4.41 Some of the workers reported young people drinking more vodka and suggested that this could be an unintended consequence of MUP.

'I think we have seen a change in young people drinking spirits now. They have swapped cider for vodka. I don't think it (the introduction of MUP) has put (young) people off drinking, just what they drink'. (Worker).

### **Purchasing less alcohol**

4.42 There were examples of young people who had a limited budget purchasing less of their favoured drinks including products that had risen in price following the introduction of MUP. The impact of price rises in these instances is not that it led the young people to change product but the increased price did contribute to reducing the amount of alcohol they purchased. This included young people who set and adhered to a specific budget for alcohol purchases, and those who had a limited amount of money remaining from their total income.

4.43 A 15 year old female explained how price changes she had observed after May 2018 meant she was more price aware than she had been in the past which led her

to set a budget for her alcohol purchases. She explained the strategy she adopts while making purchases. She purchases various drinks including some that increased in price following the introduction of MUP such as non-branded vodka as well as other products not affected by MUP such as Kopperberg, Budweiser and Jack Daniel's.

'I never used to look at the prices when I was buying alcohol, not that I was sensible, but now I do tally it up. I give myself a budget which is usually £30 to £50 a week. If I go under it I'll get sweets and crisps because I like chocolate. If I go over it then next week I'll spend less. Before I go in I'll think about the quantity, how much I need. If I go over the budget I'll put something back'.

4.44 The experience of a 16 year old male demonstrated the effect that the price of his favoured drinks has when he has limited money left. He drinks every Friday and Saturday consuming Buckfast, sprits such as vodka and Jack Daniel's and alcopops such as MD 20/20 and Dragon Soop. He is working and stated that he can usually afford whatever he wants to drink including the last time he drank, where he reported paying £15 for a bottle of MD 20/20 from a telephone based alcohol delivery service. However, he did state that on occasions he has a limited budget when 'I'll just buy whatever I can for the money'.



## 5 Young people and alcohol-related harms

### Key findings

The young people and workers who took part in this research did not report any change in the nature or extent of alcohol-related harms following the introduction of MUP in May 2018. This included social and health harms. The research participants highlighted several harms related to alcohol use among young people including antisocial behaviour, personal safety, sexual relationships, health and functionality, and drug use. The young people tended to report harms that they had experienced directly when they had been drunk, although some young people reported harms experienced by other when they had been drunk. It should also be noted that young people mostly viewed these harms as acceptable consequences of their drinking alcohol which conforms with other research in which young people regard alcohol use as something celebratory, fun and a way of bonding with friends, and achieving a sense of belonging (Seaman and Ikegwuonu, 2010). There were gender-related differences in harms. These harms are discussed in this chapter although we emphasise that the young people and workers reported that they had not changed following the introduction of MUP.

### Antisocial behaviour

- 5.1 Antisocial behaviour was a recurring issue raised by the young people and workers. This tended to involve getting into arguments which could lead to physical violence as a result of their drinking. It also included other acts of antisocial behaviour such as damage to property and playing music loudly. More young male research participants reported incidents of antisocial behaviour although some females also raised it. It also tended to be highlighted mostly by young research participants with a history of offending, substance use or from deprived areas and some of the narratives alluded to a culture of violence and antisocial behaviour.

‘Certain drinks make you violent, like vodka. I feel angry and have got into fights a couple of times. I’ll argue with everybody’. (Female, 16 years old).

‘Can make you want to fight. Aye you don’t give a shit. If someone is getting

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wide you'll get dug in'. (Male, 17 years old).

'Someone walks by you and barges into you and you are like 'what are you about?' Aye, you can't trust anyone. You have to watch yourself'. (Male, 16 years old).

'I think women when they are on drink are worse, screaming and getting into fights'. (Male, 16 years old).

## 5.2 The actions of some young people led to involvement with the police.

'I act completely different when I've had a drink. Normally I'm just like normal but see when I've got a drink in me, I'm either squaring up to everybody or if it's somebody I don't like I'll just walk up to them and hook them one. I've got in four or five fights in a night. It's quite funny actually...I've been chased out of a gaff multiple times by the Police. I almost got caught but I jumped out the back window'. (Male, 14 years old).

'I get into arguments and fights. I can be more hyper and say I want to fight you or something. I can get pure angry and just start hitting people. I feel more confident. Forget about the bad times...There was an incident on Boxing Day involving a friend who was staying, he was steamin', we both started flipping and arguing with my family and that. My auntie and uncle called the police as they couldn't be bothered with us, he got taken to the police station overnight, scary. There were no charges though and everything is alright with my family now'. (Male, 16 years old).

'Fall out with your mates and that turns into some fight...I'm hyper, we're all hyper, we're all dancing. We do tend to stay inside because you don't want to piss anyone off. We've done that and been shouted at before. Once somebody phoned the police when we were in the park and we all scattered...I was given a warning by the police but I've not been lifted'. (Female, 15 years old).

'Getting lifted. We'd get steamin', and we'd go and find any bother we could to get chased by the Police. We'd just go and annoy folk about the streets. Other things like my pal got caught shoplifting'. (Female, 16 years old).

## 5.3 One young person articulated how the 'hassle' she had from the police made

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drinking a negative experience and not worth it.

‘And sometimes you just can’t be bothered. I’m sick of drinking. Sick of drinking every weekend. Getting lifted by the Police. Everyone’s getting to the stage where they’re turning 16 so they’ll just get lifted. The Police will come down and pour everyone’s booze out that’s got any drink left and they’ll go absolutely nuts. People ring up and complain about the music because of the size of the speakers we’ve got’. (Female, 16 years old).

- 5.4 Another young man with a history of substance use who started drinking and smoking cannabis aged seven brings to the fore the contradictions around alcohol use, about feeling trapped in their decision making, enjoying it, but also doing things they regretted.

‘I remember sitting in primary school out my face, I’m not proud of it. It’s the worst thing ever man. I wish I’d never even started drinking or smoking dope...Alcohol is just one long depressant. I’m just sitting in the house, leg bouncing, rattling for a drink whether it be a can of Soop or a bottle of wine (Buckfast) or a joint...If I’ve had vodka and whisky together, because of my [mental health condition], one minute I’m fine the next I’m no, like punching a bouncer, I knocked him off his feet man. I’m an imploder if you know what I mean...I’ve been arrested at a house as well. I started flinging all sorts of cups, glasses, mugs, ashtrays, man. I got in a scrap. There was a 22 year old getting in my face. I was only 15. He snorted all my gear so I went mental man, punched fuck right out of him’. (Male, 17 years old).

- 5.5 Workers reported being concerned about young people with anger issues who were especially vulnerable to getting involved in fights and apprehended by the police. They explained that this anger was linked to a complex background of violence and neglect experienced in young people’s lives, and that getting subsequent criminal charges could also affect their future life chances.
- 5.6 One young person had been encouraged by his friends to fight others when drunk. This was not however widely reported by other young people or workers.
- 5.7 Some young people mentioned vandalism occurring whilst alcohol had been consumed. For example, one young woman said young people had brought spray paints and were trying to encourage people to graffiti. One other male from an

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affluent area witnessed drunken young people throwing stones out of a car window after a rugby game. One young man described breaking his hand after smashing a window at a bus stop, having been encouraged to do so by friends. A young person reported friends stealing alcohol from parents and lying about what they had done. A female research participant reported setting a bin on fire with friends after drinking. Fire raising was also noted by some of the workers, who commented on this being a particularly dangerous practice over the last summer months. Workers also highlighted how young people who congregated in groups and were consuming alcohol were perceived negatively by other members of the public who could feel intimidated.

- 5.8 Two young men described having their phones taken off them and one other money stolen, by so-called friends when they had been drunk.

‘Sometimes people can take my kindness for daftness though too. Like money wise, if I have money on me, someone is trying to take the piss and they think because I am drunk, but I see it’. (Male, 16 years old).

### **Personal safety**

- 5.9 The young people, particularly females, reflected on how they had put their own safety at risk when they drank too much alcohol. In such cases, friends tended to be on hand to ensure no harm occurred. Two young women spoke about drinking and it affecting them this way, and also expecting friends to look after them when they got into this state. Other young people reported similar experiences happening to their female friends who put their safety at risk - in some cases passing out - and needed looking after. The workers also highlighted this as a concern.

‘When I’m steamin’ I black out but I’ve got people who look out for me so I’m safe. They have my back and won’t let me do anything pure stupid’. (Female, 17 years old).

‘They’ll happily stroll anywhere and it worries me that something could happen to them, taken advantage of so I’m usually the one who is sitting there looking after them all. It’s just the fact they don’t know where they are. They can think they are some place and they’re in a totally different place’.

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(Female, 15 years old).

‘Once I disappeared in the park for like half an hour or something and they couldn't find me, I was lying on the floor like I was dead or something, I've got no memory of it...I'll go up to people in the street and say hi my name's X’.

(Female, 16 years old).

- 5.10 One young woman spoke about how she had been drinking and relying on friends to keep her safe, but realised such behaviour was not fair on her friends and reduced her consumption as a result.
- 5.11 Workers were concerned about young people recording themselves or their friends on mobile phones when they were drunk and uploading this, not fully understanding the consequences. Some of the young people reported they had viewed such content on social media but none reported they had been directly involved either by videoing such incidents or as victims.

### **Sexual relationships**

- 5.12 Across genders, the young people – and workers – discussed how drinking impacted on sexual relationships. Mostly this involved kissing which they deemed as harmless. However, some young people also reported more serious experiences that were influenced by their alcohol consumption.
- 5.13 The young people tended to consume alcohol in groups which were often mixed gender. In these settings it was common for friends to encourage each other to kiss other young people. Several young people reported they would not have done so if they had not consumed alcohol although they emphasised that they did not feel forced into doing so. The young people discussed how there was a fine line between encouragement and being taken advantage of, and most felt drinking alcohol in these situations led them to encourage other people in the group to kiss another young person but did not involve being taken advantage of or taking advantage of others.

‘Not bad things. Kiss somebody but that’s it. They don’t force you to do it but try to encourage you.’ (Female, 14 years old).

‘People encourage you to make out with your friends, a bit like spin the bottle

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but it's triple dare – make out with this person, or take shots. Most people end up conked out on the floor after that.’ (Female, 15 years old).

‘I think drinking is about us all meeting one another. Sometimes we all chip in, men and women so we can get alcohol. We put things up on Messenger and WhatsApp about where we are going to meet.’ (Male, 16 years old).

‘When I'm drunk I love everybody, I go about kissing everybody. It's not good if you are in a relationship – I got caught kissing one of my boyfriend's pals, I didn't mean it I just love everybody. I feel more confident with alcohol’.

(Female, 17 years old).

- 5.14 Some young people reported examples involving others trying to take advantage of such scenarios. The young research participants tended not to go into further details other than stating it occurred, although one young LGBTI research participant described being exploited by classmates when drunk.

‘Some girls take advantage of boys too.’ (Female, 17 years old).

‘Boys and girls take advantage of each other.’ (Male, 17 years old).

‘Yes, my friend is a lesbian or bi, she changes. When we were at the party the other friends I was with were telling her to kiss me, they made her kiss me and because I was drunk I didn't really know what was happening. She was staying at mine that night as well so it was really awkward. It made me think that the others at school don't really understand, but also they are not really friends. Where we come from though there aren't very many young people so it is hard to meet a new group. I just have to wait until I am older to get away from it all’. (Male, 14 years old).

- 5.15 Two 17 year old females spoke about being sexually harassed in nightclubs by older men. Their lived experiences demonstrate the situations that young people can face.

‘I had one guy who was off his head rubbing his hand down my back and I was telling him to stop. If I found out it was happening to someone else I would do the same, I would tell them off. I was helping a friend who was sick and was looking for my other friend, and this guy grabbed my ass and then I told him to ‘fuck off’ and it worked. I know girls in my group who have had

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bad experiences too. In clubs some of my friends have had guys touching them and they won't stand up the way that I do. There have been instances where a certain guy has continued and then we have just left the club. It happens regularly'. (Female, 17 years old).

'I had a 22 year old try to advance on me and he wouldn't stop. My cousin had to help'. (Female, 17 years old).

5.16 A worker reflected on a recent night out when they had witnessed an underage woman drunk, and they felt older men were trying to take advantage of her, and they called the police to assist the woman home.

5.17 A few young males spoke about having sex with women when they were drunk and regretting doing this. One young woman said she had been pressurised to have sex but refused. This was one of the main concerns raised by workers. They reported young people being more likely to engage in sexual behaviour they otherwise would not, and being drunk complicating the issue of consent, which workers felt young people struggled with generally. Some workers reported how they had known cases where young women had become pregnant during a night of heavy drinking, and it was felt that this would not otherwise have happened. In two different areas workers reported how alcohol was being sold to underage women as part of a grooming process; both instances had been reported and were being investigated by the relevant authorities.

### **Health and functionality**

5.18 The young people spoke about how their drinking affected their health and this related to both their mental and physical wellbeing.

5.19 Young research participants referred to mood changes and feeling down when they were drinking or afterwards. One female research participant with a history of alcohol use explained the negative effect drinking had on her mood and mental wellbeing.

'Mood swings like hell. I'm happy one second and then greetin' my eyes out the next. I don't cry when I'm sober as in my mind crying is such a weakness, cos that's what my Dad always said. So I cry like hell and then I get mad and

even if someone just looks at me I get really, really angry. Even when I'm sober I'm just a really angry person but when I'm drunk it is maximised. Then I get really sad, and depressed basically'. (Female, 16 years old).

5.20 Some of the workers felt that young people were using alcohol to deal with mental health issues. It was also noted that this could lead to or add to depression among young people.

'For the young people we support there is no positive, they are taking it to feel better'. (Worker).

5.21 Young research participants also discussed the physical effects of drinking. Being sick and hungover were the most common effects. Most of the young people accepted this, however, there were examples of how it led to behaviour change. One young woman reported vomiting after a night out and this provoked a change in her drinking habits. Similarly, a young man who had been drinking harmfully and had been hospitalised in the past, had received support which led to him no longer drinking.

5.22 The young people and workers highlighted how alcohol related health harms had impacted on other aspects of young people's lives. One young woman spoke about how friends had been hungover at school and this affected them, arriving late, and being in a bad mood. Workers also reported attendance at schools and work programmes being affected by alcohol use. One worker reported that sometimes the most vulnerable use alcohol to self-sabotage opportunities, and that really this was about a lack of confidence and hope in themselves to do well. Some of the young male research participants reported they had cut down on their drinking because they were now attending an employability course.

5.23 Chapter 3 highlighted decreasing alcohol consumption among some of the young people and others who switched products following the introduction of MUP. However, the young people still reported getting drunk, and health did not appear to be a concern for the young people generally.

### **Drug use**

5.24 The young research participants and workers reported that drug use was prevalent



among young people. In most cases this related to smoking cannabis, however there were also examples of young people taking other drugs. Overall, workers perceived that drugs were more of an issue than alcohol for young people, and that cannabis use in particular has been normalised. These views were not related to the introduction of MUP.

5.25 Some young people spoke about alcohol being the gateway into taking drugs.

‘Taking valium, that is how I started. I wouldn’t have taken them if I was sober and then I got into the habit of taking them’. (Male, 16 years old).

‘Yeah and people won’t take drugs without alcohol. I think it is a lot easier to get your hands on and it is cheaper, mandy, coke, no one takes pills anymore’. (Male, 17 years old).

5.26 One research participant, a 16 year old male, with a history of substance use and offending described how drinking led to drug taking (ecstasy and speed) and having sex with women which he regretted.

‘Aye mad birds. Heavy try to take advantage of you. You are sitting there mad with it and she is coming up onto you like you don’t even know. You end up cheating and all that’.

5.27 The young people had experience of peers dying from drug use, including friends. One young man said he no longer took drugs because his friend died whilst they had all been out and taken drugs. Workers also reported young people they had been supporting dying from drug use.

## 6 Influences on young people’s alcohol use other than MUP

### Key findings

The young people and workers who took part in this research identified several important influences on young people’s alcohol use other than the introduction of MUP. The most important factors were the influence of friends and parents and carers, with identity, mental health, situation factors such as the effect of place and boredom, and life circumstances also seen as significant. Overall, the young people and workers suggested these factors had a far greater influence on young people’s alcohol use than the introduction of MUP.

### Friends

- 6.1 Friends were identified by the young research participants and workers as a significant influence on the young people’s alcohol use – they were one of the main reasons the young people started and continued to drink. It was apparent that alcohol is a central part of friends socialising and enjoying themselves and feeling part of something. The young people reported social media being used as a way of bringing friends together when alcohol would be consumed.

‘The most important influence is their peers, secondly their home life, thirdly that this is a rite of passage and they want to be older. MUP does not feature on the list at all’. (Worker).

‘I started drinking because I thought it was cool at the start. But now the reason I’m drinking is it’s easy and when you are out with friends it’s just what you do’. (Male, 16 years old).

‘It was impulse drinking, all my friends were drinking. For ages, like a year or six months or something I sat there and I could see that constantly in that, well not in that state, but they were having such a good time and I was just sitting there. I wanted to be part of that’. (Female, 15 years old).

‘(Drinking) to have a good time. I started cos everyone else was doing it’.

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(Male, 16 years old).

'I like to see my friends and have a drink, that is the only time I drink'. (Male, 14 years old).

'I started because my pals were doing it and peer pressure... everyone else was doing it'. (Male 16 years old).

6.2 Although peer pressure played a part in the young people's alcohol use, particularly when they started drinking, this was not always the case and not drinking was accepted.

'It is completely your own choice, drinking or not drinking'. (Female, 17 years old).

6.3 There were examples of the young people's drinking and related behaviours being directly influenced by which group of friends they socialised with.

'I used to drink more when I hung out with certain people and I was getting into bother'. (Male, 16 years old).

'Before Christmas I was hanging out with a group instead of going to school... I'm drinking less now as I'm hanging around with a different group of people'. (Female, 16 years old).

6.4 Some of the young people noted the influence of older friends. One young woman hung out with older friends and felt they were introduced to drinking earlier as a result. Another research participant explained their situation as follows.

'When I was about seven, I got peer pressured into smoking a bucket and that's how I started smoking cannabis. It was through cannabis I started drinking because my mates (who were older) were all drinking'. (Male, 17 years old).

6.5 Workers also commented on the important influence friends have on drinking among young people and they suggested peer pressure was a key factor. Some of the workers contrasted the experience of the young people they work with who do drink against the media portrayal of young people living healthy lifestyles including not drinking alcohol. These workers suggested the differences could be linked to socio-economic status.

'In the media I see that there is trends that more and more kids are going to the gym, drinking smoothies and going to juice bars and that is something that is projected, but that might be the case in affluent parts of cities and things, but see in the areas we work out of, not just in this service, but that we have worked in more remote settings, rural settings, that is not what we see. We see young people still taking part in drinking, it is a rite of passage, you have a lot of young people who feel that if they didn't do it they would have no pals or wouldn't be able to hang out with the pals that they hang out with'. (Worker).

### **Parents and carers**

- 6.6 Parents and carers were also identified by the young research participants and workers as a key influence. This was evident directly on occasions when young people consumed alcohol with the parents and carers, as well as indirectly when parents and carers' attitudes or actions influenced young people's drinking in other settings.
- 6.7 Some of the young people related their harmful drinking to parental influences. For example, one young male drank with his father every other weekend when he stayed with him, and over the year the amount being drunk increased from three to six drinks. Other young people discussed how problematic substance use among parents and carers was the main reason for their own heavy drinking. For some young people this gave them the opportunity to consume alcohol, whereas for others alcohol was used as a means to block out the situation.

'My granda. Bottles of whisky, cans of Tennent's lying on the table everyday man, I'd just pick them up and drink it'. (Male, 17 years old).

'My Dad's never really been in the picture...my Mum is an alcoholic and a junkie as well. So I did it to not feel anything'. (Male, 16 years old).

'Both my parents suffered with addiction problems. My Dad chose drugs and alcohol over family until he came to his senses and now he's a changed man. My Mum took drugs with me and my twin brother in the womb, that was the reason my twin brother died. When I started (substance use) I wanted to find

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what they found. I wanted to escape the fact I was in care and all my family was in X'. (Male, 17 years old).

- 6.8 The young people and workers commented on contrasting parental influences, with some focusing on where young people lived.

'You are seeing young people out all night and they don't have anyone calling them to find out where they are, where we live'. (Female, 17 years old).

'Yeah, up our area you are out all weekend and normally at someone's house and there isn't always even a parent around'. (Male, 16 years old).

'There is also that a lot of young people are living in grim circumstances and want to wipe it out. That there are young people who feel like this is quite damning on our society. It is across those who live in all sorts. We have young people living in bad areas feeling like this and also young people in private schools, who feel abandoned and the parents are not there. They have no contact with them and so they have issues going on in their head'. (Worker).

'I am working with a lot of young people who are affluent and there's controlled drinking with parents agreeing to young people partying... I was on a bus the other day and the parent was encouraging the young person to have his friends around to drink'. (Worker).

- 6.9 One young woman, from a more deprived area but attending school in an affluent area felt that her female friends from the affluent area were more irresponsible in the way they drank. She also commented on how these friends received allowances from their parents and did not have to work.

- 6.10 One young man who was a self-confessed heavy drinker reported that his mother refused to let him into the house if he had been drinking. This meant he often went out on a Friday night and did not return until Sunday afternoon, staying with friends over the weekend. The perceived negative impact of parents was also discussed by the workers, who related that some of the most concerning cases involved parents who had outright bans on alcohol, and young people stayed out all night as result. One young woman from an affluent area said that her parents did not allow her to

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drink so she stayed with friends and lied about what she had been doing. She said she did not want to lie but could see no other way around it.

- 6.11 Some of the workers commented on parental boundaries. They suggested some parents want to be friends with their children, which could result in blurred lines of respect between children and their parents. They also suggested young people in these situations were drinking more than their peers. In contrast, one worker suggested some young people, seeing their parents drinking heavily, put them off alcohol use.

### **Identity**

- 6.12 Some of the young people reflected that drinking was part of their identity of becoming an adult and something they did when they were older. Workers reflected that drinking is part of Scottish identity.

‘For generations people have been doing that and it is a cultural thing. The young people, and it is mostly young men that we work with, most of them, it is socialising with their friends, it is just a natural, to them, really normal thing that is part of their social activity. They meet each other at weekends and find somewhere to sit, someone is organising the drinks, although it is mostly alcohol I think rather than drugs, it is very matter of fact and it is just what they do. For a lot of them, it is just that age and stage of development. I think it is Scotland wide and not just these young people’. (Worker).

- 6.13 Drinking choices were also linked to gender identity. One trans male spoke about drinking beer as opposed to spirits. A gay man also spoke about how his father called him a ‘faggot’ for not liking the taste of beer. One worker also commented on the reputation that Buckfast has in parts of Scotland and its perceived masculinity which is supported by other research findings (Galloway et al. 2007).

‘What you see on social media a lot and I don’t know if they make the pictures up, or if they steal empty bottles, but you see people posting a wall of bottles, a wall of drink, like ‘this is the party tonight with the boys’ you know ‘look at us’ you know twenty bottles of Buckfast. I don’t know if they are full or what, they are not projecting that image for no reason’. (Worker).

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## **Mental health**

6.14 Two young women and one trans male spoke about using alcohol as a form of self-medication to deal with depression and anxiety, and in another case anxiety caused by their autism. Drinking more when stressed, or drinking as a way of relaxing was also mentioned by young people.

'My mental health, when I'm really down I get quite bad (with my drinking)'.  
(Female, 17 years old).

'To help with anxiety and it helps - I do it because I have really bad anxiety and when I drink that helps'. (Female, 17 years old).

'To be social and sometimes out of stress. I am autistic and so when we have people staying in our house, that is stressful, it is not fun for me. My home is my safe space'. (Male, 15 years old).

'I do like drinking at the weekend too. It helps you take your mind off things'.  
(Male, 16 years old).

'When I'm stressed I might end up buying a bit more than what I usually do, that normally effects it.' (Male, 16 years old).

6.15 One young man spoke about how a close friend of his had died by suicide recently and he and his friends had been drinking more, to help them to open up and talk about it.

6.16 Some of the workers reported that young people were, at times, using alcohol to deal with mental health issues without understanding it is a depressant.

## **Situational factors**

6.17 Some young people observed that they drank more depending on where they were at the time.

'If somebody's having a gaff, I'm thinking right I'm getting fucking blitzed. If I'm sitting in the house I'll have tonic wine and four cans. But if it's a party I'll be having whiskies and everything man'. (Male, 17 years old).

'If I go to the pub I'll have beers. If I go to an 18<sup>th</sup> [birthday party] it's more your vodkas and I'll have more'. (Male, 17 years old).

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6.18 The young people, particularly those from rural or deprived areas, said that they drank because they were bored and it gave them something to do.

‘Just out of boredom and the feeling it gives me. It is more that there is nothing much else to do’. (Male, 16 years old).

‘I drink because there is nothing else to do. I don't feel pressured by friends into doing it though’. (Female, 16 years old)

6.19 Some of the workers raised the cost of alternative activities, such as going to cinema and the cuts to youth services as a result of austerity as having an impact on alcohol use among young people. They suggested young people were drinking alcohol in the absence of alternative activities.

### **Life circumstances**

6.20 Positive and negative life circumstances influenced young people's drinking. Negative influences included bereavement, young people having a hard time, and relationship issues. The young people also highlighted that celebrations and opportunities to enjoy themselves influenced their alcohol consumption.

‘I started drinking more because my Ma died and I thought who really cares and I wanted to get away from the thoughts in my head’. (Male, 16 years old).

‘I drink because my life is fucked up, basically. My Ma's a psycho, Dad was an ass-hole then he left, then my Ma became more of a psycho, I had to take in of all my siblings which is brilliant, brother's an ass-hole. Siblings, younger are amazing but very reliant. So alcohol was the only way out. Alcohol and weed’. (Female, 16 years old).

‘Sometimes when it (life) gets hard or sometimes when I'm out with friends’. (Female, 17 years old).

‘Just to have fun. If something bad is going on I'll drink to block it out...Sometimes it's just music puts you in the mood, sometimes I'll play music and just want to get on it. It's certain music, if it's upbeat’. (Female, 17 years old).

‘Just when I hang out with my pals and they obviously drink. If I've had a



really bad day my pals will say let's go out drinking and I'll say, aye sure.'  
(Female, 17 years old).

'This time last year I had a woman and that, I had money but since then it's  
all gone downhill.'(Male, 17 years old).

'My mate had just got out of Polmont, that's why we got on it'. (Male, 17  
years old).

6.21 Being older and wanting to feel older was also a factor in young people reporting drinking more, highlighting that alcohol remains culturally significant in the transition to adulthood. Workers also referred to this rites of passage.

'I think young people drink to make them feel older'. (Female, 14).

6.22 In most cases, like those described above, life circumstances led to increased alcohol consumption. However, there was one example of circumstances decreasing alcohol use.

'It just kinda depends on what I'm doing, if I'm busy doing family stuff or babysitting. I'd rather help people than be sitting outside drinking'. (Female, 15 years old).

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## 7 Conclusions

- 7.1 This study set out to gather the views and experiences of young people who consumed alcohol, as well as staff and volunteers who work with young people, on the introduction of Minimum Unit Pricing in Scotland in May 2018. The qualitative nature of the study and the purposive sampling – which included young people from groups that tend to have above average alcohol use – means the findings are not generalisable to the whole population of children and young people in Scotland.
- 7.2 Overall, the findings presented in this report suggest the introduction of MUP had limited impact on children and young people’s alcohol consumption and no reported impact on related behaviour. It should be noted however that the price of several alcoholic drinks popular with young people was not affected by the introduction of MUP. The research illustrated through lived experience that the price of alcohol is one of several factors relevant to young people’s alcohol use. The findings should be helpful for Scottish Government, NHS Health Scotland and partners in their efforts to reduce alcohol-related harm among children and young people in Scotland, particularly young people from the groups involved in this research for whom alcohol is a notable feature.

### **Strengths and limitations**

- 7.3 This research successfully engaged 50 young people who consumed alcohol before and after the introduction of MUP in May 2018. This included several disadvantaged and vulnerable young people whose voice is not always heard. The young research participants candidly shared their views and experiences of drinking and related behaviour to provide a rich insight into the role, often central, that alcohol plays in their lives. They also provided valuable evidence on the impact of the introduction of MUP. In addition, the engagement of 21 research participants who work with children and young people provided supplementary evidence on alcohol use among young people and the impact of MUP.
- 7.4 As noted in section 2, the study has limitations. It included young people who consumed alcohol before and after May 2018 and specifically targeted some

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groups that tend to have above average alcohol use as evidenced by the literature review. It excluded young people who do not drink alcohol and those who drank alcohol before the introduction of MUP but had stopped. Interpretation of the findings should also be mindful of the fact that five more care-experienced young people were interviewed than planned.

### **Change in product price and availability**

- 7.5 Although there was limited awareness of Minimum Unit Pricing as a policy, the young people had observed changes in product price and, to a lesser extent, availability. This was particularly the case for the young people who contributed to the cost of purchasing alcohol illegally either directly when buying it or when contributing to the cost of proxy purchases by strangers or older friends or siblings.
- 7.6 Observed price changes since May 2018 were mostly in relation to products the young people consumed such as alcopops, spirits and wine, although there was some awareness of price rises affecting other drinks such as strong white ciders. It should be noted however that several of the alcohol products popular among young people, including MD 20/20, non-branded vodka and Echo Falls, tended to be sold for more than 50p per unit of alcohol before MUP was introduced. Young people's observed price rises may therefore reflect local variation in sales price prior to May 2018 and subsequent rises when MUP was introduced, or price increases introduced by retailers, not the implementation of MUP, since May 2018. Young people's recollection of past details may also be a factor. Young research participants generally reported no change in the price of two products popular among young people and unaffected by MUP – Buckfast and Dragon Soop – although there were isolated examples of price rises. Many of the young people and workers referred to the relatively small scale of the price rises affecting drinks popular among young people.
- 7.7 The young research participants reported that the availability of alcohol had not changed significantly since May 2018. There were however examples reported by young people of local convenience stores stocking a smaller range of flavours of alcopops such as MD 20/20, less prominent displays of smaller bottles of vodka, and shops no longer selling some brands of strong white ciders.

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- 7.8 The workers reported that they had not heard young people commenting on price increases or any change in product availability following the introduction of MUP.

### **Acquisition and consumption**

- 7.9 There were no examples of the introduction of MUP influencing how the young people acquired alcohol, as they reported this occurred in much the same way as it had before May 2018. They continued to acquire alcohol in a variety of ways from buying it directly in pubs to being given it by their parents. Age, social networks, and income influenced how the young people acquired alcohol. Some young people aged 16 or 17 bought their own alcohol using fake ID, or from off-licences and pubs where they could get served. Proxy purchasing at off-licences was the most common means of acquiring alcohol, and this included purchases by strangers, referred to as a 'jump-in', and by older friends or siblings. Jump-ins were used by all ages especially those aged 13 to 15, from urban and rural locations. Parents also have a role in acquiring alcohol for young people, drinking at family gatherings or occasions, or when they purchased the alcohol for them to consume with friends; consumption in these cases tended to be low level and irregular. Young people also discussed 'charity drinking' – drinking alcohol bought by other members of their friendship group. None reported acquiring their alcohol by stealing, although a small number of workers suggested this was a means of acquisition among young people and one young person reported friends stole from their own parents. The young people's income tended to be regular, from pocket money, employment and training allowances, and saving their lunch money, to more irregular income such as from gifts and selling cigarettes. Money was not seen as a barrier to alcohol use and it was noteworthy that young people would save some of their income or generate additional income specifically to put towards alcohol purchases.
- 7.10 There was no change reported in the location, timings or who the young people were with when they consumed alcohol following the introduction of MUP in May 2018. There were however examples given of change in frequency and amount, with both increased and decreased consumption. Increased consumption was generally attributed to young people getting older with increased tolerance and access to alcohol as well as increased income in some cases. Decreased

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consumption was reported by the young people to be connected to a change in personal circumstances, such as young people now being in training and education, changing whom they associated with, increased maturity, and support.

7.11 The young people who reported their favoured drink had risen in price since May 2018 tended to carry on drinking it, reflecting that the change in price was not viewed as significant and the product was still affordable. As noted earlier, the price rise tended not to be related to the introduction of MUP. A small number of the young people suggested the price rise would need to be much greater for them to change product, for example, one suggested the price of their favoured drink would need to increase from £5 to £20. Some of the young people did however report switching to other products when the price increased, but price was not the only factor in this decision as they balanced cost with the desire to get drunk. There were also examples of young people purchasing less of their favoured drink because of the price increases at times when they had a limited budget.

### **Harms**

7.12 The young people and workers did not report any change in the nature or extent of alcohol-related harms experienced by young people following the introduction of MUP. This included social and health harms.

7.13 The young people commented on harms related to alcohol use including antisocial behaviour, personal safety, sexual relationships, health and functionality, and drug use. The young people, particularly young men in deprived areas, reported incidents of antisocial behaviour including getting into fights as a result of their drinking, which could involve the police, and they alluded to a wider culture of violence where they lived. To a much lesser extent criminal activity such as vandalism and fire raising were also discussed. Some of the young people, particularly females, reflected on occasions when they or their friends had drunk too much and put their personal safety at risk. Across all genders there was recognition that in a drunken state young people engaged in sexual activity. Mostly this related to kissing and was deemed relatively harmless although there were some reports of young people being sexually harassed or having sex which they later regretted. Workers regarded sexual relationships as a significant alcohol-related harm

including cases which had been reported to the relevant authorities where adult males were grooming younger females. The young people also described how alcohol had a detrimental effect on their mental and physical health and added that this can impact on other aspects of their life. Drug use particularly smoking cannabis, was widely reported by young people and workers.

## **Influences**

7.14 Friends were the most important factor influencing alcohol use, with the young people regarding it as part of their socialising and generally a positive experience. Some young people reported feeling peer pressure, particularly to start drinking, whereas others reported that the choice to drink or not to drink was respected. Parents and carers also have an important influence. This included young people drinking responsibly under parental supervision. It also included the negative impact of parent and carers' own problematic substance use or their attitudes which contributed to young people drinking excessively. Situational factors such as the setting was an influence in some cases with the young people drinking more when at a friend's house or a party compared to being in a pub or club. Boredom was also a reason given for drinking, and especially reported by those in rural and deprived areas. Workers felt that the cost of some leisure activities and cuts to youth services was likely to lead to increased drinking among young people when alternative activities were not available. Young people also mentioned mental health issues and using alcohol as a form of self-medication, to deal with their anxiety and depression. Life circumstances, such as bereavements, having a hard time, but also having a good time too influenced drinking; this partly reflected the purposive sample of young people. Identity was also highlighted by young people and workers as an influence. In short, the influences around alcohol use are complex, and associated with both positive and negative factors.

## **Concluding remarks**

7.15 Among the young people who took part in the study, the introduction of Minimum Unit Pricing had limited impact on alcohol use and no reported impact on related behaviour, although the price of many drinks popular among young people did not

change following MUP's introduction. The price of alcohol was not a significant factor in the young people's alcohol use as they tended to have the financial means to purchase the alcohol they wanted, including when the price of their favoured drink increased, sometimes by prioritising it over other purchases. However, some young people did switch to alternative alcohol products, and a small number of young people reduced their drinking when the price of their favoured drink rose. There were no reported negative impacts on children and young people from the introduction of MUP.

7.16 Overall, this research highlighted that alcohol use among children and young people is a complex issue influenced by a range of factors which can change as they get older and their experiences and perceptions change.

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# Appendix 1: Evaluation Advisory Group remit and membership

## Terms of Reference

Overall, the key role of the Evaluation Advisory Group (EAG) is to ensure that the transparency, scientific rigour, impartiality and integrity of the study is maintained. Members contribute in line with their individual areas(s) of expertise.

Members of the EAG are required:

- To provide advice on the suite of studies overseen by the EAG on areas in line with their individual areas(s) of expertise.
- To advise on the methods and approaches used in the study/studies in line with their individual areas(s) of expertise. Dependent on expertise this may cover issues such as aims, evaluation questions, approach, methods and data sources used in the studies.
- To support the Research Team to identify and contact relevant stakeholders who can support or participate in the research as appropriate and required.
- To monitor progress, help problem solving and provide support and advice to support the work of the EAG and component studies.
- To attend meetings with the Research Team as required.
- To be available via email or telephone outside of meetings, where feasible, to offer advice or guidance to the Research Team and MESAS study Lead.
- To quality assure outputs produced from the study for NHS Health Scotland, in line with their individual areas(s) of expertise.
- To advise on, and support the dissemination of, information about, and learning from, the study as appropriate.
- To represent the wider views of their parent organisation and also to feedback progress to relevant stakeholder groups and networks as appropriate and in line with the confidentiality requirements.
- To provide support in identifying other relevant research relating to the study area.

- To refer any public or external enquires received by EAG members about the evaluation of MUP, the process or individual studies to NHSHS through the study lead.

NHS Health Scotland is responsible for the sign-off of study reports.

### **Group membership**

- Ben Farrugia (Chair), Director, Social Work Scotland (from November 2018).
- Gillian Henderson, Scottish Children's Reporter Administration (SCRA).
- Dr Louise Hill, University of Strathclyde.
- Maggie Page, Research Officer, Scottish Government.
- Dr Pete Seaman, Acting Associate Director, Glasgow Centre for Population Health.
- Eileen Scott, Scottish Government (from January 2019).
- John Holleran, Development Officer, Families and Communities, Scottish Families Affected by Drugs and Alcohol (SFAD).
- Kelda Gaffney, Service Manager, Glasgow City Council (from May 2018).
- Rowan Anderson, Manager, Corra Foundation.
- Peter Rigg, Scottish Youth Parliament (until April 2019).
- Justine Menzies, Scottish Government (until November 2018).
- Clare Beeston, NHS Health Scotland.

The following research team members also attended EAG meetings.

Iconic Consulting commissioned research team members (report authors):

- Ian Clark, Iconic Consulting.
- Dr Briega Nugent, Iconic Consulting.

NHS Health Scotland research team for the related children and young people MUP study (harm from others):

- Jane Ford, NHS Health Scotland (Interim chair August – October 2018).
- John Burns, NHS Health Scotland.
- Fiona Myers, NHS Health Scotland.

- Megan Macpherson, NHS Health Scotland (member and interim chair until July 2018).

## Appendix 2: MUP influenced price changes at small retailers in Scotland

Examples	Units of alcohol	Average price in convenience stores in Scotland pre-MUP (Jan 2018)	Price per unit	Above or below 50p MUP threshold	Minimum price after MUP in May 2018	Average price in convenience stores in Scotland post-MUP (Jan 2019)	Price per unit
Frosty Jack (ABV 7.5%) 3 litre bottle	22.5	£4.17	£0.19	Below	£11.25	£11.26	£0.50
Strongbow (ABV% 5.0%) 10 x 440ml cans	22.0	£10.62	£0.48	Below	£11.00	11.14*	£0.51
Foster's lager (ABV 4.0%) 4 x 440ml cans	7.0	£3.84	£0.55	Above	£3.50	£4.18	£0.60
Carlsberg Special Brew (ABV 8%) 4 x 500ml	16.0	£9.54	£0.60	Above	£8.00	£10.04	£0.63
Famous Grouse whisky (ABV 40%) 70cl bottle	28.0	£15.68*	£0.56	Above	£14.00	£15.98*	£0.57
Isla Negra Chardonnay (ABV 12.7%) 75cl bottle	9.5	£5.49*	£0.58	Above	£4.75	£5.56*	£0.59
Prosecco D.O.C Vino Frizzante Semi Sparkling Wine (ABV 11%) 75cl bottle	8.3	£8.42*	£1.01	Above	£4.15	£8.50*	£1.02
Glen's Vodka (ABV 37.5%) 70cl bottle	26.3	£12.24*	£0.47	Below	£13.15	£13.48*	£0.51
Buckfast (ABV 15%) 75cl bottle	11.3	£6.78	£0.60	Above	£5.65	£7.09	£0.63
Dragon Soop (ABV 8%) 500ml can	4.0	£2.99*	£0.75	Above	£2.00	£2.99*	£0.75
MD 20/20 (ABV 13%) 75cl bottle	9.8	£7.84*	£0.80	Above	£4.90	£8.02*	£0.82
Cactus Jack (ABV 15%) 70cl bottle	10.5	£7.08*	£0.67	Above	£5.25	£7.00*	£0.67

Examples	Units of alcohol	Average price in convenience stores in Scotland pre-MUP (Jan 2018)	Price per unit	Above or below 50p MUP threshold	Minimum price after MUP in May 2018	Average price in convenience stores in Scotland post-MUP (Jan 2019)	Price per unit
Cactus Jack (ABV 15%) 50cl bottle	7.5	£5.35*	£0.71	Above	£3.75	£5.24*	£0.70
Echo Falls White Zinfandel (10.0%) 75cl bottle	7.5	£6.28	£0.84	Above	£3.75	£6.44	£0.86

Source: Data are from the small retailer study commissioned as part of the NHS Health Scotland MESAS Evaluation, which was conducted by the Institute for Social Marketing at the University of Stirling. The data for that study were originally supplied by The Retail Data Partnership Ltd.

\* Multiple products of this type available at same time (e.g. price-marked and non-price marked or flavour variations at the same ABV). Based on average sales price across all variants

## Appendix 3: Topic guides

### Young people's topic guide

Hi, my name is X and I work for Iconic Consulting. As you know, we are carrying out research on young people's experiences of alcohol to help NHS Health Scotland understand what impact, if any, changes in the law in May 2018 around the price of alcohol have had on young people.

We are hoping to interview 45 young people across Scotland. **Before we go any further can I confirm that you are between the ages of 13 and 17, and have had an alcoholic drink before and after May 2018.**

During the interview, I'll ask you some questions about your experiences of alcohol. You do not have to answer a question if you do not want to and you can end the interview at any time. If you start to answer a question and feel yourself getting upset please tell me and we can stop the interview. I won't share your answers with anyone and nobody will be able to find out afterwards what you said. However, if I am concerned that you are at serious or immediate risk of harm I have a duty to help and protect you and if this situation arises I will stop the interview and in the first instance speak to our main contact at this group / organisation. The discussion will probably take about half an hour, 45 minutes at most.

Would you mind if I used the voice recorder on my phone to record the interview? It means I can concentrate on what you are saying during the discussion, and I have the option to listen back to your answers later, in case I've missed anything. You can say no if you'd prefer I didn't.

Do you have any questions before we start?

#### Age

1. First of all, an easy question, how old are you?

#### Alcohol use

2. Can you tell me about the **last time** you had an alcoholic drink?

USE PROMPT CARD



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*Probe for details: 1) When was it? 2) Where was it? 3) Who were you with? 4) What did you drink? 5) Where did you get the alcohol from? 6) Did you pay for the alcohol? 7) How much did it cost?*

3. Is this **typical** of your drinking?

*If not, probe for details: where, who with, what do you normally drink and where do you get it?*

4. What age were you when you first tried alcohol, and how often do you drink nowadays?

*Probe for drivers and barriers to frequency.*

5. *If relevant:* You mentioned there that you pay for the alcohol, where do you get the money from, and how much would you normally spend on alcohol each week (or another specified timescale)? Also try to establish how much money the young person has per week or the specified timescale.

### **Change since May**

6. Has your drinking changed at all **since May** (so around exam time/beginning of summer/other significant event)?

*Probe for changes in: product, amount, source, setting, timing, and frequency.*

7. Have you changed how much you've spent on alcohol **since May**?

Yes: Why is this?

No: Have you changed what you buy? *Probe for details and reasons.*

8. Have you noticed any change in the price of alcohol **since May**?

*Probe for details of which drinks and the change in price.*

9. Has this change in price **since May** affected you in any way?

*Probe for details to establish strategies for dealing with any increase in their favoured drink e.g. changed what they drink, frequency, etc. If they are paying someone for alcohol: probe for whether that has made the other person charge them more or be more reluctant to share drinks.*

10. Have you noticed any change in the alcohol drinks available **since May**?

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*Probe for details of drinks no longer available, or more difficult to source. Also probe for details of drinks that may be more readily available. Establish where any change in availability has occurred.*

- 11.** USE PROMPT CARD, ask participants to identify the price of the different alcohol products now and before May 2018.

**Alcohol-related behaviours and harms**

- 12.** Why do you drink?

*Probe for reasons such as peer pressure, keep someone else company, increase confidence, to forget about worries, have fun.*

- 13.** What influences your drinking? By that I mean how often you drink or why you drink.

*Probe for drivers and barriers such as friends, money, feelings.*

- 14.** Do you behave differently when you've been drinking? In what way? Has this changed **since May**?

*Probe for perceived positives and negatives such as increased confidence, making new friends, antisocial behaviour, taking drugs, sexual activity. Also, probe for any changes in behaviour **since May**. Caution re. age and disclosure – focus on any change in behaviour since May.*

- 15.** Has anyone encouraged you to do things you wouldn't normally do when you have been drinking or taken advantage of you? If yes, if you feel comfortable, could you tell me more about it? Also, probe for any changes in behaviour **since May**.

- 16.** You mentioned your drinking has increased/decreased **since May**. Has this change affected you in any way?

*Probe for details of benefits or problems (see probes in Q14) and reasons (including possible changes in social norms).*

### **Minimum Unit Pricing**

**17.** Have you heard of Minimum Unit Pricing?

*Probe for details of what they know.*

**18.** *If Yes:* Has it affected you in any way? How?

*Probe for details.*

### **Other comments**

**19.** Is there anything else you'd like to say about alcohol use or its impact on you or other young people that we've not already covered?

**Thank you for your time.**

## Topic guide for people working with children and young people

As you know, we are carrying out research on young people's experiences of alcohol to help NHS Health Scotland understand what impact, if any, changes in the law in May 2018 around the price of alcohol have had on young people that you work with.

We are hoping to interview 20 people working with children and young people across Scotland such as youth workers, social workers, support workers, guidance teachers, and health professionals.

You do not have to answer a question if you do not want to and you can end the interview at any time. All your answers will remain confidential unless a risk of harm has been identified. The discussion should take about 30 minutes.

Would you mind if I recorded the interview? It means I can concentrate on what you are saying during the discussion, and I have the option to listen back to your answers later, in case I've missed anything. You can say no if you'd prefer I didn't.

Do you have any questions before we start?

### Role

1. Can you describe your role and how you support young people?

### Young people's experiences of alcohol

2. In your experience, how prevalent is alcohol consumption among young people under the age of 18 that you work with?

*Probe for views on extent, which young people drink (e.g. age, gender, specific characteristics), how often, where/in what circumstances, where they get the alcohol from, and what they drink.*

3. In your experience why do young people drink?

*Probe for reasons such as peer pressure, keep someone else company, increase confidence, to forget about worries, have fun.*

4. What impact does alcohol consumption have on young people and their lives?

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*Probe for negative impacts such as on school work, family, friendships, relationships, health & wellbeing, risk taking, antisocial behaviour. Also probe for any perceived positive impacts such as increased confidence, friendships.*

5. In your experience, is alcohol consumption among under 18s different now to the situation in the past?

*Probe for details to establish when the change occurred and if this is to the overall number of young people, the type of young people, what they are drinking, where etc.*

6. Why is that?

*Probe for reasons such as economic factors, immigration from non-drinking cultures, the rise of internet-based technologies, shifts in parenting, changing norms around drinking, improved enforcement of underage sales restrictions and improved child-well-being.*

### **Minimum Unit Pricing**

7. What impact, if any, do you think the implementation of Minimum Unit Pricing has had on young people's drinking and related behaviours?

*Probe for details to establish if this is to the overall number of young people drinking, the type of young people, what they are drinking, where etc. Probe for why it has/hasn't had an impact*

8. Relative to the other influences we discussed earlier, how important has Minimum Unit Pricing been in influencing young people's drinking since it was introduced in May?

*Probe for details.*

9. So, following on from the above, how would you rank the various influences? Let's start with the most important and work from there.

*Prompt: It may help to write down the different factors on separate pieces of paper to allow the consultee to move them into an order.*

10. Do you think the young people are aware of Minimum Unit Pricing?

*Probe for details: awareness of the MUP policy, awareness of changes in the price of some alcohol.*

**Other comments**

11. Is there anything else you'd like to say about young people's experiences of alcohol or Minimum Unit Pricing that we've not already covered?

**Thank you for your time.**