

MINIMUM UNIT PRICING: BRINGING TOGETHER GLOBAL AND LOCAL EVIDENCE

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Aim: Minimum pricing policies enforce a minimum price at which alcohol can legally be sold with the aim of reducing harms caused by alcohol consumption through reducing the volume of alcohol consumed. They are underpinned by strong evidence associating alcohol affordability with levels of consumption and evidence supporting taxation and pricing policies as effective measures for reducing alcohol harms. The symposium aims to bring together evidence from Canada, Scotland, Wales and Australia on the effectiveness of minimum unit pricing for improving health and social outcomes.

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Disclosure of Interest Statement: *Please see individual abstracts for all Disclosures of Interests.*

PRESENTATION 1: Minimum Unit Pricing: the Canadian Evidence

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Introduction: All Canadian provinces have some kind of minimum pricing for alcohol established for on premise and/or off premise alcohol sales. Minimum pricing for off premises sales have been used for close to 100 years as a means of stabilising alcohol markets and protecting government revenues. In recent years, some provinces have revised their minimum pricing policies to increase potential beneficial impacts on public health.

Methods: The Canadian Institute for Substance Use Research (CISUR) at the University of Victoria has studied how changes in minimum prices over time are associated with changes in alcohol consumption and related harm. This research has focused mainly on British Columbia, where the Institute has privileged access to relevant data, and Saskatchewan where minimum prices were reformed to be close to the ideal of a Minimum Unit Price (MUP).

Key Findings: Study results have indicated significant impacts of minimum prices on consumption, hospitalisations, deaths and crimes fully or partially attributable to alcohol. Studies have also been conducted to examine potential unintended consequences of these policies e.g. on low income communities. These have indicated disproportionate benefits of minimum pricing policies for low income regions with minimal negative impacts.

Modelling studies have also been conducted by CISUR to guide provincial and federal governments considering modifying or introducing MUP.

Discussion and Conclusions: Canadian evidence influenced the process of adopting MUP in Scotland and now, in reverse, evidence for the success of MUP in other jurisdictions is leading to improved pricing policies in Canada.

Disclosure of Interest Statement: No relevant commercial interests to disclose.

PRESENTATION 2: The one-year impact of a minimum unit price on alcohol consumption and harms in the Northern Territory, Australia

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Introduction: The Northern Territory (NT) Government introduced a minimum unit price (MUP) of \$1.30 per standard drink (10g pure alcohol) explicitly aimed at reducing the consumption of cheap wine products from October 2018. We aimed to assess the impact of the NT MUP on estimates of beverage-specific population-adjusted alcohol consumption using wholesale alcohol supply data, and a range of alcohol-related harms.

Methods: Interrupted time series analyses (ITSA) were conducted to examine MUP effects on trends in estimated per capita alcohol consumption (PCAC) for cask wine, total wine and total alcohol, across the NT and in the Darwin/Palmerston region. ITSA were also used to examine the influence of the MUP on assault, protective custody, ambulance, emergency department, sobering up shelter, traffic crash, and child protection trends.

Key Findings: Significant step decreases were found for cask wine and total wine PCAC in Darwin/Palmerston and across the Northern Territory. PCAC of cask wine decreased by 50.6% in the NT, and by 48.8% in Darwin/Palmerston compared to the prior year. Significant declines were also found in assault, protective custody, ambulance, emergency department, sobering up shelter, traffic crash, and child protection trends.

Discussions and Conclusions: With minimal implementation costs, the Northern Territory Government's MUP policy successfully targeted and reduced cask wine and total wine consumption. Cask wine almost halved in Darwin/Palmerston where the impact of the MUP was able to be determined in isolation from other interventions. Notable decreases in harm were also seen, which may have been associated with the introduction of the MUP.

Disclosure of Interest Statement:

No alcohol industry funding was received in the development of this study. This study was funded by the Hospital Research Foundation, managed by the NT Department of Health. Nicholas Taylor has received funding from Australian Research Council and Australian National Health and Medical Research Council, the Northern Territory government, and a research grant from the Queensland government.

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Lives Lived Well, Queensland government and Australian Drug Foundation, travel and related costs from Queensland Police Service, Queensland Office of Liquor Gaming and Racing, ABC, and the Australasian Drug Strategy Conference. He has acted as a paid expert witness on behalf of a licensed venue and a security firm.

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Debbie Scott receives grant funding from Google.org, the Australian Institute of Health and Welfare, the Commonwealth Department of Health and the Victorian Department of Health and Human Services.

Kerri Coomber receives funding from Australian Research Council, the Foundation for Alcohol Research and Education, Central Australian Aboriginal Congress, Northern Territory government, Australian Rechabites Foundation, Northern Territory Primary Health Network, Lives Lived Well, the Queensland government, Australian Government Department of Health, and Cancer Council Western Australia.

Penny Buykx has received funding from Cancer Research UK, Public Health England, National Institute of Health Research (NIHR), Health Scotland, Alcohol Research UK, the Northern Territory Government, and the Sax Institute, in the past 5 years.

Tanya Chikritzhs' research is primarily funded by the Australian Government's core grant to the National Drug Research Institute under the Drug and Alcohol Program. In the past 10 years, she has received additional funding for research administered by NDRI from other government and competitive grant agencies including the: National Health and Medical Research Council (NHMRC), Australian Research Council (ARC), Healthway, WA, SA and Qld Governments, Australian National Preventative Health Agency, National Drug Law Enforcement Research Fund and the National Institutes of Health (US). She is a member of the board of directors for the Alcohol and Drug Foundation. She has never accepted or received project funding from an alcohol or tobacco company.

PRESENTATION 3: Policy Implementation Perspectives on Evaluation and Research of the Minimum Unit Price in the Northern Territory

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Issues: Despite numerous evidence-based studies of the public health effect of price as a driver for reduced consumption, the NT is the only Australian jurisdiction which has implemented this initiative. The *Liquor Act 2019 (NT)* was amended in August 2018 to introduce the Minimum Unit Price (MUP) for alcohol, set at \$1.30 per standard drink. NT government commissioned NOUS consulting to develop an evaluation scope and then used an open tender process to select independent consultants Frontier Economics and Yarning to undertake the 3-year evaluation. This commenced in January 2022 and was provided to NT government in August 2022.

Method / Approach: A mixed methods approach was used to establish the impact of pricing on the quantity and type of alcohol purchased; related impacts on consumers, industry, influence on secondary supply; interaction with other policy reforms; influence on behaviours and overall effectiveness. The partnership with Yarning, a Darwin based Indigenous Company, allowed for direct engagement and feedback from urban and remote Aboriginal Territorians, both as to the impact of minimum unit pricing (MUP), but also their ideas about alternative effective policy approaches.

Key Findings:

- The MUP has been effective in reducing supply of low-cost, high-alcohol products, but some drinkers have shifted to other products
- There was significant price rebalancing following the introduction of the MUP, across a range of alcohol products
- It is likely the MUP had an impact on moderate as well as harmful drinkers
- There is evidence of a reduction in alcohol related harms, but it is difficult to attribute this to the MUP
- There is no evidence the MUP has had a negative effect on industry, tourism, or the NT economy, based on available information
- It is unlikely the MUP materially impacted the use of alternative substances
- The MUP is cost-effective for Government
- The impact of COVID-19 is more significant than the impact of the MUP
- Stakeholders suggested a range of other policies that could be used to manage harmful alcohol consumption, and suggested programs should be designed on an incentive-based approach rather than a punitive approach with a consistent approach adopted for all drinkers.

Discussion and Conclusions: The three-year evaluation has recommended the MUP should be retained at its current level.

Implications for Practice or Policy: Awaiting Ministerial and government direction.

Disclosure of Interest Statement:

This project was fully funded by the Northern Territory Government and completed by a combined team of independent consultants from Frontier Economics in partnership with

Yarning. Cecelia Gore is employed by the Northern Territory Government and receives no other funding.

PRESENTATION 4: Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels.

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Introduction: The Scottish Government introduced minimum unit pricing (MUP) for alcohol in May 2018. This study evaluates the impact of MUP on people drinking at harmful levels, including those dependent on alcohol.

Methods: The study comprised three work packages (WP). WP1 collected repeat cross-sectional quantitative and qualitative data on alcohol-related behaviours from people presenting with alcohol dependence to treatment services in Scotland and Northern England. WP2 collected similar qualitative data from people in recovery and their family members or carers in Scottish community settings. WP3 analysed monthly repeat cross-sectional survey data in a controlled interrupted time series design to evaluate the impact of MUP on the proportion of people in Scotland drinking at harmful levels.

Key findings: MUP led to marked increases in the prices paid for alcohol by people with alcohol dependence but not to significant reductions in their alcohol consumption or the severity of dependence symptoms. The proportion of people drinking at harmful levels also did not decline significantly. The policy increased experiences of financial strain for a minority of people with alcohol dependence, who used borrowing, reduced spending on essentials and savings to afford the higher prices. There was little evidence of wider harmful responses, including increased criminality, illicit drug use or acute withdrawal presentations.

Conclusions: MUP did not lead to substantial changes in alcohol-related outcomes among people drinking at harmful levels. These results sit alongside wider evaluation evidence suggesting MUP led to reduced alcohol purchasing overall and particularly among households that previously bought the most alcohol.

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Discussion Section: The audience will be invited to participate in an interactive discussion about the strength of the evidence supporting the effectiveness for MUP in improving health and social outcomes. We will discuss the challenges of evaluating policies in the context of wider simultaneous policy reforms, using the NT as a prime example. Further discussion will include the potential unintended consequences of this and other pricing policies, and whether there are mitigating strategies available. The panel will provide future directions for research on the effects of MUP.