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# Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers: Interim Findings

# Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers: Interim Findings

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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## Glossary

Acronym/keyword	Definition
APB	Area Planning Boards
APOS M	Advisory Panel on Substance Misuse
AUDIT	Alcohol Use Disorders Identification Test
HMPPS	Her Majesty's Prisons and Probation Service
MHH	Moderate, Hazardous, Harmful drinkers
MPA	Minimum Pricing for Alcohol – used to refer to the policy of setting a minimum price for alcohol
MUP	Minimum Unit Price – the level set per unit which is used to calculate the minimum price for alcohol. In Scotland, the policy itself is also routinely referred to as MUP.
NHS	National Health Service
NPS	Novel/New Psychoactive Substances (see also Spice)
PAG	Project Advisory Group
OTC	Over-the-counter medication
REA	Rapid Evidence Assessment
RTD	Spirit-based 'ready-to-drink' beverages
SARG	Sheffield Alcohol Research Group
Spice	Common name for particular type/s of NPS (i.e. synthetic cannabinoids).

There are several acronyms that are used within single paragraphs/passages – but nowhere else in the report. They have a specificity to the point made and are not general to the whole report. These are not listed here but are each given a full title at the first time of use.

# **1. Introduction**

In May 2018, Welsh Government issued a specification for an evaluation that would assess the process and impact of the introduction of a minimum price for alcohol (MPA) in Wales. The contract was split into four ‘lots’: (1) a contribution analysis, (2) work with retailers, (3) qualitative work with services and service users, and (4) an assessment of impact on the wider population of drinkers.

Three of the contracts (Lots 1, 3 and 4) were awarded to a consortium of researchers based at the University of South Wales, Glyndwr University Wrexham and Figure 8 Consultancy<sup>1</sup>. Lot 2 was awarded to the National Centre for Social Research. This report focuses on the assessment of impact on the wider population of drinkers and presents findings from research conducted two years post-implementation of the legislation. The findings provide an important interim assessment of the impact of MPA on the wider population of drinkers in Wales.

This report is based on data gathered from drinkers across Wales using an online questionnaire survey and through in-depth qualitative interviews.

## **Aims and objectives**

The primary aim of this component of the evaluation is to assess the impact of the minimum price for alcohol legislation on the wider population of moderate, hazardous and harmful drinkers<sup>2</sup> (henceforth MHH drinkers) over a five-year period. The study is longitudinal in design and has four key reporting points: baseline/pre-implementation, nine months post-implementation, two years post-implementation and 42 months post-implementation.

The primary objectives of the study are to:

1. Assess the attitudes of MHH drinkers towards the legislation
2. Assess the changes that MHH drinkers make in response to the legislation (e.g. changes in their use of alcohol and other drugs, changes in purchasing patterns, changes in their lifestyles)
3. Assess the impact of the legislation on the lives of MHH drinkers (e.g. employment, financial circumstances, health, relationships)
4. To undertake an analysis of household expenditure patterns, to assess the potential displacement of spending.

In the original specification for the research, the plan was to commission research that would assess the impact of MPA at 18 months<sup>3</sup> and 42 months post-implementation of the legislation. However, given the confounding effects of the COVID-19 pandemic and lockdown, which ensued only weeks after MPA was

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<sup>1</sup> Lot 1 is led by Glyndwr University, Lot 3 is led by Figure 8 Consultancy and Lot 4 is led by University of South Wales.

<sup>2</sup> Definitions of these terms are presented later in this chapter.

<sup>3</sup> The original specification suggested a first follow-up of 18 months after implementation, but this was subsequently changed to two years in light of the COVID-19 pandemic.

implemented in Wales, funding was provided by Welsh Government for an additional wave of interviews with the longitudinal study sample nine months post-implementation of the legislation. A fifth objective was therefore added to the study:

5. to assess the relative impact of MPA and COVID-19 on drinking patterns and purchasing behaviours in the nine-month period following implementation of the legislation.

It should be made clear that the purpose of the additional wave of data collection was primarily to undertake a detailed qualitative study of the impact of COVID-19 on the drinking behaviour of the longitudinal sample to provide context for future interpretation of data. In addition, as outlined in the [report<sup>4</sup>](#), feedback on the impact of the early stages of implementation was gathered although it was not intended that the study would provide any conclusive findings on the impact of MPA at that stage. Any assessment of the impact of MPA on the general population of drinkers was only ever intended to begin at least 18 months post-implementation of the legislation, once there had been time for it to bed in and take effect. This report, based on data collected two years post implementation, therefore begins the process of assessing the impact of MPA on drinkers in Wales.

## Report structure

This report is the third of four reports that will be produced in relation to this project<sup>5</sup>. It is divided into three key parts. The first provides contextual information as well as a brief review of the most recently published literature on the effectiveness of minimum pricing policies and an overview of the methods used to conduct the baseline research. The second presents the results of the primary research and is structured around eight key themes. The third summarises the results, discusses the findings in light of the literature and recommends a series of actions to guide the research over the remaining study period.

The content of the individual chapters is summarised as follows:

Chapter 2 provides some background information about minimum pricing policies and puts the research in context by examining how and why it was introduced in Wales. It provides a timeline of events to show how the policy evolved from early debates through to implementation on 2<sup>nd</sup> March 2020.

Chapter 3 presents the results of a review of the most recently published literature on the impact of minimum pricing policies. The review updates three more comprehensive reviews (see Holloway et al, 2019; Buhociu et al., 2021; Holloway et al., 2022) and focuses on the impact of MPA on the wider population of drinkers.

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<sup>4</sup> Holloway, K., Buhociu, M., Murray, S., Livingston, W. and Perkins, A. (2022) Assessing Impact of COVID-19 and the Early Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers. Cardiff: Welsh Government.

<sup>5</sup> A final report will be produced after the final stage of fieldwork due to take place 42 months post implementation of the legislation.

Chapter 4 describes the methods used to gather the primary data and includes an explanation of the choices made and an overview of the procedures undertaken to gather the data. It also provides information about the characteristics of the samples of drinkers who took part in the online survey and qualitative interviews.

Chapters 5 to 12 present findings from the primary research undertaken by the evaluation team. While some of the chapters cover related themes, they have been separated into different chapters to reduce the length of each chapter and allow readers to assimilate the key points from each theme before moving on to the next.

Chapter 5 focuses on awareness and understanding of MPA among drinkers. It also reviews the attitudes of drinkers towards the introduction of MPA in Wales and examines the reasons underlying these views. Chapter 6 is also centred around issues of awareness. However, in this chapter the focus is on awareness of any price changes and the availability of alcohol products in the period post-implementation of MPA rather than awareness of the policy of MPA more broadly.

Chapter 7 moves on to consider the impact of MPA on drinking patterns. It examines changes in quantity and frequency of alcohol use and explores the reasons for any changes. Chapter 8 is closely related to the previous chapter and examines changes in a range of other drinking-related behaviours. This includes changes in the type and brand of alcohol consumed as well as changes in the location where it is consumed and who it is consumed with.

Chapter 9 moves on to examine changes in household expenditure in the period since MPA was implemented. It investigates changes in alcohol purchasing patterns and explores the reasons why any changes occurred.

Chapter 10 examines changes in the use of other substances including illegal drugs, prescriptions drugs, over-the-counter medication, non-beverage alcohol, non-alcoholic beverages and food. Chapter 11 focuses on the wider impact of MPA on drinkers' lives. It examines both the social impact of MPA as well as the impact on drinkers' mental and physical health. Chapter 12 shifts attention away from drinkers' own personal experiences to reflect on the impact of MPA on other people.

Chapter 13 summarises the findings and reflects on them in light of the literature reviewed in Chapter 3. The report ends with some Concluding Comments followed by a short section in which we outline our Next Steps for the evaluation of the impact of MPA on the wider population of drinkers in Wales.

## **Language (labels and descriptors)**

Throughout this report, the term 'drinkers' is used to denote anyone who has consumed alcohol in the last year, no matter the quantity consumed.

The language around alcohol harms can be confusing as it is not always clear what the terms mean (Alcohol Change UK, no date). Labels such as 'problem drinking', 'alcoholic', 'dependent drinker', and 'harmful drinker' are commonly used within the literature yet they are not always used consistently.

There are also different ways of measuring the levels of risk associated with drinking (Alcohol Change UK, undated). Some measures of risk are based wholly on the number of units that drinkers consume each week while other measures (e.g. the Alcohol Use Disorder Identification Test – AUDIT) assess consumption patterns and feelings about drinking too. Confusion arises when the different methods of measuring risk use similar language even though they are measuring different things.

The AUDIT measures a drinker's risk of alcohol-related harm based on their answers to 10 questions<sup>6</sup>. The AUDIT uses the terms lower risk (0-7), increasing risk (8-15) and higher risk (16+) to categorise drinkers on the basis of their scores. A score of 20+ on the AUDIT is sometimes categorised separately as 'possible dependence'<sup>7</sup>.

Consistent with other researchers, in this report the terms moderate, hazardous and harmful drinking are defined on the basis of AUDIT scores<sup>8</sup>. A moderate drinker is therefore someone scoring 0-7 on the AUDIT and considered to be at a low risk of alcohol-related harm. A hazardous drinker includes drinkers scoring between 8 and 15 on the AUDIT and deemed to be at increasing risk of harm. Harmful drinkers include people scoring 16 or more and assessed to be at a high risk of alcohol-related harm.

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<sup>6</sup> Each question is allocated a score of 0 to 4. The maximum possible score is 40.

<sup>7</sup> [Alcohol Screening Tool](#)

<sup>8</sup> AUDIT scores were calculated for all research participants including survey respondents and interviewees.

## **2. Background and context**

The background and context for minimum pricing for alcohol (MPA) have been set out in detail in three previous reports<sup>9</sup>. This chapter summarises that information in order to set the context for the report. It considers the definition of MPA and examines where in the world minimum pricing policies operate<sup>10</sup>. The chapter briefly maps out the history and development of minimum pricing for alcohol policy and legislation in Wales and outlines the legal and policy context of the evaluation. It also considers the process of implementing MPA and reflects on the campaign that publicised the policy prior to its introduction.

### **Minimum pricing for alcohol policies**

Minimum pricing for alcohol involves setting a minimum price below which alcohol cannot legally be sold or supplied. Minimum pricing for alcohol policies of one form or another are in place in a few countries around the world, including Russia, Moldova, Belarus, Ukraine, Uzbekistan, Wales, Scotland and parts of Canada, Australia and the USA. Common to all policies is the goal of reducing alcohol-related harm. However, not all minimum pricing for alcohol policies are the same. Some have policies that apply to all types of alcohol while others limit the sale of alcohol below production cost or have different levels of minimum pricing for different types of alcohol (i.e. beer, wine, and spirits) (see WHO, 2022).

### **The UK context of minimum pricing for alcohol**

In England, there are ‘no plans for the introduction of MPA’ although in March 2020 the Government stated that it would continue to monitor the progress of MPA in Scotland (Woodhouse, 2020) as per the recommendation of a House of Lords Committee in 2017<sup>11</sup>.

In Scotland, alcohol licensing is a devolved matter. After a five-year legal case with industry representatives, minimum unit pricing (at the level of 50p per unit) came into force on 1 May 2018 as part of The Alcohol (Minimum Pricing) Scotland Act 2012.

In Wales, the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 enabled the introduction of minimum pricing for alcohol on public health grounds, an area within the National Assembly<sup>12</sup> for Wales’ legislative competence<sup>13</sup>.

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<sup>9</sup> [Holloway et al. \(2019\)](#), [Buhociu et al. \(2021\)](#), [Holloway et al. \(2022\)](#).

<sup>10</sup> More comprehensive contextual information about Minimum Pricing for Alcohol, including the international context, are presented in Holloway et al. (2019) *Research into the Potential for Substance Switching Following the Introduction of Minimum Pricing for Alcohol*. Accessed on 19 June 2020 at: [Holloway et al. \(2019\)](#)

<sup>11</sup> [House of Lords Select Committee on the Licensing Act 2003, The Licensing Act 2003: post-legislative scrutiny, HL Paper 146, 4 April 2017, para 86](#)

<sup>12</sup> On 6 May 2020, the National Assembly for Wales changed its name to Senedd Cymru – the Welsh Parliament.

<sup>13</sup> [UK Parliament Research Briefing](#)

At the time of writing (July 2022), Scotland, Wales, Armenia and (since January 2022) Ireland are the only four countries in the world that have nationwide policies of minimum unit pricing that apply to all types of alcohol (WHO, 2022).

## Timeline of key events in the evolution of MPA in Wales

Welsh Government has long been clear that a pricing intervention must be a key component of any strategy seeking to reduce alcohol-related harm<sup>14</sup>. In 2014, Welsh Government commissioned their Advisory Panel on Substance Misuse (APoSM)<sup>15</sup> and a group of researchers from the University of Sheffield's Alcohol Research Group (SARG) to explore the potential impact of a range of alcohol pricing policies as a method of reducing alcohol-related harms<sup>16</sup>. Both groups concluded that the introduction of a minimum unit pricing policy for alcohol in Wales would be an effective mechanism through which to reduce alcohol-related harm.

A Public Health (Minimum Price for Alcohol)(Wales) Bill was subsequently drafted and included provisions to introduce a minimum price for the sale and supply of alcohol in Wales and to make it an offence for alcohol to be sold or supplied below that price. While the introduction of MPA signified a 'firm commitment to further improving and protecting the health of the population of Wales' as a whole, its primary aim was 'to protect the health of harmful and hazardous drinkers who consumed larger amounts of low-cost and high-alcohol products'<sup>17</sup>.

After passing through three stages of debate and consideration, the Bill was agreed by the National Assembly on 19 June 2018 and received Royal Assent on 9 August 2018. The Public Health (Minimum Price for Alcohol) (Minimum Unit Price) (Wales) Regulations 2019 were subsequently laid on 15 October 2019 and specified a minimum price of 50p per unit. These were agreed by the National Assembly for Wales on the 12 November 2019.

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 (the Act) came into force on 2<sup>nd</sup> March 2020. The Act gives effect to the Welsh Government's determination to provide a legislative basis for addressing some of the long-standing and specific health concerns around the effects of excess alcohol consumption in Wales. The ultimate aim of the Act is to tackle alcohol-related harm, including alcohol-related hospital admissions and alcohol-related deaths, by reducing consumption amongst hazardous and harmful drinkers, who tend to consume greater quantities of low-cost and high-alcohol content products.

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<sup>14</sup> Welsh Government [Consultation - Summary of responses](#)

<sup>15</sup> APoSM was disbanded in 2019.

<sup>16</sup> In 2017, SARG were commissioned to undertake an updated analysis of the potential impact of a range of alcohol pricing policies.

<sup>17</sup> [Welsh Government](#)

## Evaluation of Minimum Pricing for Alcohol in Wales

The Act places a duty on Welsh Ministers to lay before the National Assembly and then publish a report on the operation and effect of the legislation at the end of a five-year review period. The results of that report will play an important role in determining whether regulations are made to provide for the continuation of MPA beyond its current six-year lifespan.

To inform the report on the operation and effect, Welsh Government has commissioned an evaluation of the legislation over a five-year period. This report forms part of that evaluation and is based on data collected two years post-implementation of MPA. It is the second of three ‘post-implementation’ reports that will examine alcohol consumption patterns and related behaviours among moderate, hazardous and harmful drinkers within the general population of Wales.

As noted earlier in the report, the original plan was to assess the impact of MPA at 18 months and 42 months post-implementation. However, an additional wave of interviews was added to assess the relative impact of MPA and COVID-19 on drinking patterns and related behaviours in the nine-month period following implementation of the legislation. As a result of the ongoing impact of the pandemic, the 18-month follow-up was postponed for six months. This report therefore presents findings from data collected 24 months post-implementation of the legislation.

## Implementing MPA

In November 2019, in preparation for the implementation of MPA in Wales, the Welsh Government published a range of resources for retailers on its website<sup>18</sup>. Two months later, in January 2020, a guidance document was published on the WG website targeting retailers and Local Authorities<sup>19</sup>. The main purpose of this document was to provide guidance on how to calculate, implement and enforce the law on minimum pricing. In addition to the posters, leaflets and guidance documents, Welsh Government also issued an ‘MUP Calculator App’.

Two weeks before implementation, on 17<sup>th</sup> February 2020, a broader publicity campaign targeting the general population about MPA was launched<sup>20</sup>. The campaign included advertisements on social media, national and local radio and online, but not on television.

In addition to the public media campaign and the development of resources for retailers, Welsh Government also funded a series of seven awareness-raising workshops that were designed to help services prepare for the introduction of MPA in Wales. The workshops were organised in response to concerns about a general lack of awareness of MPA within treatment and support services and concerns over the possible unintended consequences of the legislation that had been identified by Holloway et al. (2019).

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<sup>18</sup> [Resources for retailers](#)

<sup>19</sup> [Guidance on implementing MPA](#)

<sup>20</sup> [BBC News article](#)

## **Summary**

This chapter has provided a brief overview of minimum pricing policies globally but with a focus on the UK context. A timeline of events leading to the introduction of MPA in Wales was presented along with some background information about the five-year evaluation of MPA including the legal and policy context. The chapter also considered the process of implementing MPA and summarised the methods used to publicise the legislation and prepare drinkers for its implementation.

### **3. Literature review**

Since the publication of our last report, which assessed the impact of COVID-19 and the early impact of MPA on the general population of drinkers in Wales<sup>21</sup>, several important studies have emerged that shed further light on the likely impact of MPA. In this chapter the methods used to identify these new papers are described and an overview of their findings is provided. The aim of the chapter is to update the earlier reviews to show the current state of knowledge on the topic. The chapter begins with a brief overview of the three previous literature reviews and then moves on to present the results of the updated one.

#### **Overview of the recent research**

The findings from the first two reviews were broadly positive in terms of the impact of pricing policies on drinking and related behaviours. In the first review, limited evidence was found to suggest that switching to more harmful substances would occur as a result of minimum unit pricing (Holloway et al. 2019). The second ‘updated’ review, found that pricing policies generally were associated with reductions in alcohol consumption and related harms. Emerging evidence from Scotland was also identified to suggest that MUP was being implemented as intended and that it was having no detrimental effect on small retailers nor on children and young people (either as drinkers or as relatives of drinkers).

The research included in the third review added further positive findings to the evidence base. Research emerging from Scotland has been unanimously positive in noting that MUP is having a successful early impact in terms of increasing prices and reducing sales, consumption and alcohol-related harms, including deaths (Robinson, et. al. 2020; Ferguson et al., 2021; Alcohol Focus Scotland, 2021). Furthermore, evidence of negative consequences that were anticipated particularly among dependent drinkers, has not materialised, although some shifting of household budgets from essential supplies to alcohol has been noted (Buykx et al., 2021). Given these broadly positive findings, it comes as little surprise to note an increase in public support for MUP in the period since it was introduced (Ferguson et al. 2020).

Early findings in relation to the impact of MPA in Wales are also positive and mirror those from Scotland (Anderson et al., 2021). Indeed, both countries recorded reductions in alcohol purchases, which were greatest for cider and spirits than for other alcoholic beverages. Furthermore, alcohol prices in both Wales and Scotland increased post-implementation of MPA/MUP, suggesting that compliance with the legislation is high (Alcohol Change, 2021; Alcohol Health Alliance, 2020 Weston’s Cider Report, 2021). Notably, the changes were greatest in the price band just above the 50p minimum unit price (Ferguson et al. 2021).

While prices have increased in Scotland and Wales, they have remained low in England where minimum pricing has not been introduced. Comparisons of online and store-based prices highlighted a huge price differential between the countries in

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<sup>21</sup> [Holloway et al. \(2022\)](#)

the period post-implementation of MUP/MPA. In England, alcohol remains available at ‘pocket money’ prices, with cider being the cheapest and available for as little as 19p per unit (Alcohol Change, 2021; Alcohol Health Alliance, 2020). In Scotland and Wales, almost no alcohol products were found to be available for less than 50p per unit. The conclusions drawn by Parna (2020) in relation to Estonia and neighbouring Latvia are clearly relevant here. Uncoordinated alcohol policy across countries that share borders (e.g. England and Wales, and England and Scotland, and Northern Ireland and Republic of Ireland), can hinder progress in reducing alcohol-related harm. The recommendation that England introduce minimum unit pricing is understandable particularly within this context (Alcohol Health Alliance, 2021).

While research from the UK is clearly most relevant to any evaluation of MPA in Wales, lessons can also be learned from other countries where alcohol pricing policies have been implemented. The research included in the third review was varied in focus and included studies conducted in a range of other countries including: Belarus, Lebanon, Australia, India, Estonia, Russia, and Sweden. Most of these international studies were based on policy analyses designed to identify examples of best practice. There was a general consensus that increasing prices had (or was likely to) reduce alcohol sales and consumption. However, there are several important points in the international literature that are relevant to any evaluation of MPA in Wales:

- Policy makers and governments need to better communicate the specific effects of alcohol policies prior to implementation (Cook et al., 2020).
- Pricing policy alone is unlikely to reduce the socio-economic and health impacts caused by alcohol (Gururaj et al., 2021).
- While MUP may be effective in the short-term, the international research suggests that other policies will be needed to sustain the reduction (O’Brien et al., 2021)
- Uncoordinated alcohol policy across neighbouring countries can hinder progress in reducing alcohol-related harm (Parna, 2020).
- In some countries, shadow (illegal) markets need to be more strictly controlled given that price increases have been linked to increases in unrecorded alcohol consumption (Zasimova and Kolosnitsyna, 2020).
- Alcohol consumption patterns should be considered when designing pricing policies (Chalak, et al., 2020).
- Alcohol prices have no major effect on drinking volumes and binge drinking among young people (Trolldal et al., 2021).
- Generalising findings about effectiveness across countries needs to be done with caution (Neufeld et al., 2020).
- More research is needed based on data from countries with significant shadow markets and unrecorded alcohol supply (Neufeld et al., 2020).
- While there is little evidence of transference between alcoholic beverages targeted and not targeted by minimum unit pricing, some drinkers were found to substitute alcohol for non-beverage alcohol products (e.g. methylated spirits or mouthwash) (Taylor, et al. 2021).

## **Search strategy and selected studies**

A full overview of the original methodological approaches used for the three previous literature reviews can be found in Holloway et al (2019), Buhociu et al (2021) and Holloway et al. (2022). The review conducted for the purposes of this report followed a similar approach whereby relevant pieces of literature were identified through searches of a large bibliographic database (FiNDit). Searches of the Public Health Scotland website were also undertaken in the knowledge that reports on the impact of MUP in Scotland have been published in recent months.

In terms of eligibility, studies assessing the impact (or potential impact<sup>22</sup>) of alcohol pricing policies on drinking and related behaviours that were published in the English language in the last six months (i.e. January 2022 to July 2022) were included in the review to avoid any overlap with our previous systematic reviews (Holloway, et al. 2019, Buhociu et al. 2021, and Holloway et al. 2022).

## **Results**

Our searches of FiNDit identified two new studies that matched our eligibility criteria and our searches of the Public Health Scotland website identified two further papers. Two other pieces of literature were provided to us directly by researchers involved in the evaluation of MUP in Scotland. The characteristics of these six new studies are summarised in Table 3.1.

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<sup>22</sup> Two studies examined the potential impact of pricing policies were included in the review on the grounds that they provided useful information that is relevant to the evaluation of MPA in Wales.

**Table 3.1 Characteristics of included studies**

<b>Author(s)</b>	<b>Country</b>	<b>Research Methods</b>	<b>Focus</b>
1. World Health Organisation (2022)	Europe	Literature review	To review the status of implementation of minimum pricing globally and an overview of the most recent evidence behind the policy.
2. O'Brien et al. (2022)	Australia	Waste-water analysis	To test if there was a reduction in alcohol consumption in wastewater samples after the implementation of MUP.
3. Holmes et al. (2022)	Scotland	Surveys, qualitative interviews, group discussions and time series analysis of data from a long-running market survey	To evaluate the impact of MUP on people who are drinking at harmful levels.
4. Patterson et al., (2022)	Scotland	Surveys, qualitative interviews, price analyses, self-report, time series analysis of off-trade sales	To evaluate the impact of MUP on cross-border purchasing.
5. Duffy et al. (2022)	Scotland	Comparison of off-trade sales with a counterfactual based on sales figures from England and Wales	To estimate the cost of MUP to consumers.
6. Elliot et al. (2022)	Scotland	Qualitative interviews with 46 people with current or recent experience of homelessness or street drinking, and with 41 service providers and other professionals.	To capture the experiences of MUP among homeless drinkers, street drinkers and the support services that work with them.

## Overview of each included study

The WHO (2022) report provides a unique review and mapping of minimum pricing for alcohol policies globally. The report is comprehensive and covers a wide range of issues including an assessment of the arguments for and against minimum pricing, a discussion on various legal issues related to minimum pricing, an overview of different minimum pricing models and consideration of their potential impact on markets and consumers. The report offers 14 key messages to readers. Of most relevance to this report are the messages relating to the implementation of MUP and its effectiveness. The report notes that there are 14 countries with minimum pricing policies, 11 of which are in the WHO European Region. The countries with minimum pricing policies outside of that region are Australia (in one of eight territories) and

Canada (in 10 of 13 provinces). In the European Union, four countries have an MUP that covers all alcoholic beverages (Armenia, Ireland, Scotland and Wales). The report concludes that minimum prices are likely to increase revenue for alcohol producers and retailers and, to some extent, reduce government tax revenue (although this is likely to be offset by other gains such as reduced health-care costs). It recommends that further evidence and evaluation research is needed to understand the long-term consequences of minimum pricing measures.

O'Brien et al. (2022) conducted wastewater analysis to test if there was a reduction in alcohol consumption in wastewater samples in the Northern Territory of Australia after the introduction of MUP in October 2018. Samples were collected across 66 sites in the Northern Territory and all other states and territories between August 2016 and February 2020. The results showed a large drop in alcohol consumption immediately after the introduction of MUP in the Northern Territory but no significant drop in all but one of the other areas. One year after MUP, the drop narrowed and was no longer significant. The authors concluded that MUP had an immediate impact in reducing alcohol consumption but over time, consumption increased and after 15 months had almost returned to pre-MUP levels.

Holmes et al. (2022) conducted a study on behalf of Public Health Scotland as part of the wider MESAS<sup>23</sup> evaluation of MUP in Scotland. The research focused on harmful drinkers and employed a mixed methods approach that included qualitative interviews, surveys and a time-series analysis of market data. The participants reported limited awareness and understanding of MUP and that they had received no additional information or support from any sources during or after the introduction of MUP. The study found that MUP had led to a marked increase in the prices paid for alcohol by people with alcohol dependence and noted some evidence of switching from cider to spirits (particularly vodka) in response to the price increase. While some harmful drinkers reported a reduction in consumption, the study found no clear evidence that MUP had led to an overall reduction in consumption or to changes in the severity of alcohol dependence among this group. Some drinkers experienced financial strain as a result of MUP and had to resort to various strategies to obtain extra money to pay for alcohol including shifting household budgets, borrowing and for those who lived close to England, cross-border shopping. However, there was little evidence of other potentially harmful responses to MUP such as home-brewing, acute withdrawal, substance switching, increased intoxication or increased violence. The study found that MUP contributed, albeit in a limited way, to decisions to enter treatment for a small minority of people.

Patterson et al. (2022) evaluated the impact of MUP in Scotland on cross-border purchasing on behalf of Public Health Scotland as part of the MESAS portfolio of research studies. The study employed mixed methods to investigate the issues including surveys, qualitative interviews, price analyses, self-report and an interrupted time series analysis of off-trade sales. The findings were consistent across these sources of evidence in showing that cross-border shopping was infrequent. Overall, the analyses indicated that while some cross-border (including online) shopping to circumvent MUP was occurring, it was unlikely to be on a scale that would significantly affect consumption at a population level.

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<sup>23</sup> Monitoring and Evaluating Scotland's Alcohol Strategy programme.

Duffy et al. (2022) used sales data from the Public Health Scotland evaluation to compare off-trade alcohol sales post-implementation with a counterfactual based on sales figures from England and Wales. In 2019, it was estimated that off-trade sales in Scotland were four per cent lower than they would have been if MUP had not been implemented. Over the four years since MUP was implemented in Scotland, Duffy et al. (2022) estimated that MUP had cost consumers, in total, £270 million or £59.39 per adult or £71.12 per drinker. The authors conclude that there is ‘little evidence of health and social benefits to offset this cost’ and that most indicators related to alcohol-related health had remained steady or worsened since MUP had been implemented (p.7). Importantly, the authors claim that many of the projected benefits of MUP ‘were so small it would be difficult to identify them in aggregate data’ (p.7).

When reviewing Duffy et al.’s (2022) findings, it is important to note that the methodology used is not described in detail, which makes it difficult to assess the validity of their analysis (Martin, 2022). Furthermore, including Wales along with England for estimates of alcohol sales for the year 2020 is questionable given that minimum pricing for alcohol was implemented in Wales as of March 2020. Moreover, as recent research in this field has demonstrated (Holloway et al. 2022), using the year 2020 in any analysis of the impact of minimum pricing for alcohol policies is very difficult because of the confounding effect of the COVID-19 pandemic on the public’s drinking behaviour (and spending patterns). It must also be recognised that the independence of the Institute of Economic Affairs (of which Duffy and colleagues are part) as a think tank has been questioned in the past<sup>24</sup> due to the fact that its research has been funded by the alcohol industry, which is directly impacted by the MUP policy.

Elliot et al. (2022) conducted qualitative interviews with homeless drinkers, street drinkers and professionals working within the services that support them. The goal was to understand the experiences of MUP among these vulnerable groups. The study found that homeless and street drinkers were generally aware of MUP but it was “accorded lower priority in their hierarchy” of concerns and difficulties that they faced on a daily basis (p.1). In terms of its impact on drinking patterns, mixed responses were reported including some being unaffected, some switching drinks and some increasing their use of other substances. Some drinkers reported an increase in begging and stealing to support their continued use of alcohol and some shifted their household budgets to free up money to pay for alcohol (e.g. by prioritising alcohol over food). The study also found that MUP had a negligible impact on services that work with homeless and street drinkers.

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<sup>24</sup> BBC Scotland 2020 - [BBC ‘broke its own rules’ on dark money think tank](#)

## **Overview of the most recent research**

The most recent research investigating the impact of minimum pricing policies has produced some mixed results. In Australia, wastewater analysis identified an immediate decrease in alcohol consumption following the introduction of MUP. However, one year later this was followed by a bounce back to near pre-MUP levels, suggesting that the impact of minimum pricing may be short-lived. In Scotland, MUP was found to have little impact on harmful drinkers (including homeless and street drinkers) in terms of their levels of alcohol consumption, although some reported switching drinks and some experienced financial hardship as a direct result of the policy. However, many of the anticipated negative consequences did not materialise to any significant extent with limited evidence of substance switching, acute alcohol withdrawal or violence. Furthermore, while MUP led some drinkers (particularly those living close to England) to participate in cross-border shopping, the analyses suggested that this was unlikely to be on a scale that would affect population-level consumption. This mixed pattern of results suggests, as also noted by WHO (2022) that further evidence and evaluation research is needed to fully understand the long-term consequences of minimum pricing measures.

## **Summary**

This chapter has presented the results of an updated review of the literature on the impact of alcohol pricing policies on consumption. The review updates three earlier reviews of the literature undertaken as part of research investigating the potential for substance switching and the first two reports of the ongoing evaluation of the impact of minimum pricing for alcohol in Wales. The chapter includes a summary of the original reviews and then moves on to detail the search strategy employed in the updated review (i.e. systematic searches of the FiNDit database and searches of the Public Health Scotland database) as well as the results of those searches. Six studies published in the period since the last report was published (i.e. in 2022) were identified and their results were summarised individually and then collectively. While the conclusions of the original reviews were largely positive in finding that alcohol pricing policies can help to reduce alcohol-related harm, the most recent literature has produced fairly mixed results suggesting that there is a need for further research and evaluation.

## **4. Methods**

This chapter provides an overview of the methods that were used to gather the primary data upon which this report is based. Firstly, the aims and objectives of this wave of data collection are outlined and then the research design and strategy that underpin the project as a whole are summarised. Following this, the process through which the data in this wave of the research were collected and analysed is described. The chapter ends with a section describing the characteristics of the follow-up samples and, where relevant, comparisons with the baseline samples.

### **Aims and objectives**

The main aim of this component of the evaluation is to explore the impact of the minimum price for alcohol legislation on the wider population of drinkers in Wales. The more specific aims and objectives are outlined above in the Introduction. In short, the goal of this third wave of data collection is to assess the interim impact of MPA (two years post-implementation) on the wider population of drinkers in Wales.

### **Research design and strategy**

Details of the research design and strategy underpinning this project are presented in the baseline report (Buhociu et al., 2021) and in our assessment of the early impact of MPA (Holloway et al., 2022). In summary, the evaluation includes a combination of research designs and a mixed strategy approach. In terms of design, the evaluation includes repeat cross-sectional online surveys and a longitudinal interview study.

As noted above, the original plan was for three data collection points (baseline, 18 months and 42 months post-implementation) for both the cross-sectional survey and longitudinal interview study. However, an additional wave was added to the longitudinal interview study<sup>25</sup> in response to the COVID-19 pandemic. The aim was to explore changes in drinking patterns and behaviours among our longitudinal study cohort in the nine-month period following implementation. As a result of the ongoing pandemic, the 18-month follow-up was postponed for six months to allow for a return to pre-pandemic living and a better sense of the impact of MPA (rather than COVID-19) on drinking patterns.

Consistent with Welsh Government strategies and guidance (Welsh Government, 2014), the research involves close engagement with participants (service users in particular) to ensure that our research plans are appropriate, to check that our data collection tools are user-friendly, to help access relevant respondents and to guide our interpretation of the collected data. To assist with this process, we work closely with the Project Advisory Group (PAG) that was created to support our work investigating the possible unintended consequences of introducing a minimum price

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<sup>25</sup> An additional wave of the cross-sectional survey study was not included due to time and resource constraints.

for alcohol in Wales (Holloway et al, 2019)<sup>26</sup>. The PAG includes relevant stakeholders, including service users, and meets/communicates at regular intervals to discuss MPA research-related issues (e.g. draft data collection tools, recruitment and preliminary findings).

## Methods of data collection

This interim report is based on data collected two years post-implementation of MPA using two research methods: (1) a cross-sectional, anonymous, online questionnaire survey of adult drinkers living in Wales, and (2) qualitative interviews with adult drinkers living in Wales who had either taken part in the baseline interviews that formed part of our longitudinal interview study or had been recruited as replacements for interviewees who had dropped out of the longitudinal study. In the sections below further details are provided about how each of these methods was used.

### Longitudinal interview study

The interview schedule was designed for a semi-structured interview based on key themes and interviewer prompts to assist in guiding the conversation (see Appendix 1). The interviews covered a broad range of issues including awareness of MPA and attitudes towards the legislation. However, of particular importance was the need to investigate the medium-term impact of MPA on their drinking patterns and their lives more generally (e.g. relationships, health, housing, finances, and use of other substances). While the focus was on MPA, the interviews also explored the impact of other factors such as the COVID-19 pandemic on drinking-related behaviours.

In practice, the interviews were ‘flexible but controlled’ (Burgess, 1984) and based on an open rather than rigid structure, which can often regulate, subdue and structure the responses of participants (Bryman, 2016). An iterative approach was also adopted, whereby the results of early interviews guided the structure and content of later ones.

### Sampling strategy for the longitudinal interview study

The sampling strategy for the longitudinal interview study is described in detail in Buhociu et al. (2021). In summary, the original cohort of 41 interviewees was recruited using four methods: (1) through the National Survey for Wales (NSW) ( $n=21$ ), (2) through third sector organisations providing housing support in the South Wales area ( $n=10$ ), (3) advertisements within two Welsh universities ( $n=6$ ), and (4) the online questionnaire survey ( $n=4$ ).

The original cohort had all agreed to be re-contacted for the purposes of the MPA evaluation and were therefore sent an invitation email asking them to participate in an additional wave of interviews. Participation was rewarded with a £10 Argos voucher (Boys et al, 2003)<sup>27</sup>.

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<sup>26</sup> Holloway et al. (2019) [Research into the potential for substance switching following the introduction of minimum pricing for alcohol in Wales](#).

<sup>27</sup> Argos was chosen as alcohol cannot be purchased from this retailer.

One of the main challenges of conducting a longitudinal cohort study is maintaining contact with the sample over long study periods. Despite the use of incentives to encourage participation, at the point of first follow-up (nine-months post-implementation) we were unable to interview 10 of the original sample (see Table 5.1). Seven of the ‘lost’ sample members had been recruited through third sector organisations and three from the NSW. While we were able to replace one hostel resident it was not possible to replace any of the NSW sample due to a lack of resources<sup>28</sup>. In total, we interviewed 32 drinkers at the first follow-up point.

At the second follow-up (two years post-implementation), attrition continued and a further 10 members of the longitudinal study sample dropped out or were ‘lost’. The second wave of data collection therefore included just over half (22/41) of the original sample (see Table 4.1).

Of the original 41 participants who took part in the baseline interviews, we were not able to re-interview:

- (a) Eight of the interviewees who had been recruited originally through third sector organisations (including one who had died and seven who had moved away).
- (b) Seven of the interviewees who had been recruited through the National Survey for Wales (including three who did not respond to our emails or phone calls, two who withdrew from the study for health reasons, one who had moved to England and one who felt they had nothing more to say about MPA).
- (c) Four of the interviewees who had been recruited through our online questionnaire survey (including three students and one other interviewee who did not respond to our emails or phone calls).

Fortunately, with help from the third sector organisations, it was possible to replace the ‘lost’ hostel sample members with new interviewees with similar characteristics. In fact, recruitment was so successful that we were able to interview 12 new hostel residents<sup>29</sup>. We were also able to replace 6 members of the NSW sample and 4 members of the survey sample.

The NSW replacements were recruited using the recontact sample of interviewees who had agreed to be recontacted for other research purposes after completing the NSW. Lost ‘NSW’ interviewees were matched with new interviewees on the basis of their: drinker status (either moderate, hazardous or harmful), area of residence, sex, and age. Survey replacements were recruited by sending an email invitation to all the drinkers who had expressed an interest in joining our longitudinal study after completing the post-implementation survey. It was not possible to match the lost

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<sup>28</sup> Recruiting new interviewees from the NSW would have required access to the ‘recontact’ sample of NSW participants. This was not possible due to time and financial constraints.

<sup>29</sup> It is important to acknowledge that hostel residents who drink alcohol are only a small portion of the wider population of drinkers. While their voices are important to this research, their over-representation in this sample must be borne in mind when drawing conclusions.

'survey' interviewees with similar types of drinker given that we had no information on which to do any matching<sup>30</sup>.

Over the course of the evaluation thus far, 64 unique individuals have been interviewed (see Table 4.1). At the two-year follow-up point, half of the original sample remained involved in the longitudinal study and agreed to be contacted again 42-months post-implementation.

**Table 4.1 Longitudinal study sample sources**

Wave	NSW	Third sector	Survey	TOTAL
<b>Baseline</b>	<b>21</b>	<b>10</b>	<b>10</b>	<b>41</b>
<b>Follow-up 1</b>	<b>18</b>	<b>4</b>	<b>10</b>	<b>32</b>
Original	18	3	10	31
Replacements	0	1	0	1
<b>Follow-up 2</b>	<b>20</b>	<b>14</b>	<b>10</b>	<b>44</b>
Original	14	2	6	22
Replacements	6	12	4	22
<b>TOTAL</b>	<b>27</b>	<b>23</b>	<b>14</b>	<b>64</b>

#### Procedure for the longitudinal interview study

The interviews were conducted two years post-implementation of MPA in the period May-June 2022. The interviews were conducted in English (no one opted to be interviewed in Welsh) and the majority (n=31) were conducted over the telephone. The remaining 13 were conducted (in compliance with health and safety regulations and with ethical approval) face-to-face in the premises of one third sector organisation that offers support and accommodation for people living on the street in the South Wales area.

While face-to-face interviews maybe fairly resource intensive, they are particularly useful for groups such as hostel residents and homeless individuals who may not have access to a mobile phone, funds to pay for it or somewhere to keep it charged. Telephone interviews are less resource intensive than face-to-face interviews and may help some people feel more comfortable regarding confidentiality. Nevertheless, there are also drawbacks, including not being able to see the interviewee and read their body language, which can be useful when exploring sensitive issues. Telephone interviews may also hinder the development of rapport, which is particularly important when conducting longitudinal research that requires follow-up interviews.

The interviews were flexible, yet controlled, conversational in style, and led by an open-ended structure based on questions and 'themes' generated by the evaluation

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<sup>30</sup> It was not possible to link those expressing an interest in taking part in the longitudinal study with their survey responses due to the anonymous nature of the survey.

team. The benefit of this approach is that it provides a more insightful account of the interviewee's perceptions and experiences, and allows for unexpected, often 'unusual' data to emerge that may not have appeared through more structured, quantitative techniques.

All interviews were digitally recorded with the interviewees' permission and transcribed expertly and securely by Transcriptum Limited<sup>31</sup>. On average, the interviews lasted for 25 minutes, ranging from 15 minutes to 57 minutes. The interviews were a little shorter than the baseline interviews (average of 29 minutes) but similar in length to the first follow-up interviews (average of 26 minutes). This was largely because the follow-up interviews (i.e. half of the interview sample) did not require conversations about their backgrounds, which had been discussed at baseline.

### Data analysis

The interview transcripts were downloaded from Transcriptum Limited and a database of all anonymized transcripts was set up using the NVivo package for qualitative data analysis, which allows for analysis of interview data involving multiple researchers. A thematic analysis was conducted, and a thematic framework grounded in the data was developed (Corbin and Strauss, 1990).

The data coding and framework were quality assured by two different team members checking each other's coding and/or leading on separate coding. This process helped to ensure that the final extracted themes were not just the personal interpretation of one team member but borne out of the data.

In line with Neale and West's (2014) recommendation, the research team avoided quantifying the qualitative findings except in a small number of cases where it was deemed particularly important to do so. Instead, a form of semi-quantification has been adopted using terms such as 'a few', 'several', 'some', 'many' and 'most' in order to achieve maximum transparency with regard to the numbers of people giving particular responses or types of response (Neale et al, 2015).

## **Longitudinal interview study sample**

The characteristics of the longitudinal interview study sample are presented in detail in Buhociu et al (2021) and in Holloway et al. (2022). Here a brief overview of the characteristics of the sample of 44 drinkers who were interviewed as part of the third wave (two-year follow-up) of the longitudinal interview study is provided<sup>32</sup>. For comparative purposes, this information has been presented alongside that from the first two waves (baseline and nine-month follow-up) and both the frequency and percentages have been included to make any comparisons easier to interpret. For key variables, changes over time focusing on the sample of 21 interviewees who were interviewed at baseline and at both follow-up points have been examined.

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<sup>31</sup> [Transcriptum Limited](#).

<sup>32</sup> Further information about the three samples is presented in the Appendix.

### Demographics

In demographic terms the sample of drinkers interviewed two years post implementation of the legislation differed from the previous samples in several respects (see Table 4.2). First, there were more male drinkers than in the two previous waves and there were also more older drinkers (aged 45 and older). In addition, while the previous waves were composed wholly of White ethnic groups, this third wave included four drinkers from Black and Minority Ethnic groups. There were also differences in terms of marital status with a smaller proportion in a relationship at the time of the second follow-up interview than at baseline. Any comparisons between samples must therefore be made with these differences in mind.

**Table 4.2 Demographic characteristics of interviewees at baseline and follow-ups (different samples)**

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
Sex			
Male	17 (42%)	17 (53%)	28 (64%)
Female	24 (59%)	15 (47%)	16 (36%)
Age			
Under 45	20 (49%)	16 (50%)	19 (43%)
45 and older	21 (51%)	16 (50%)	25 (57%)
Ethnic group [1]			
White British	38 (93%)	30 (97%)	37 (84%)
White Other	3 (7%)	1 (3%)	3 (7%)
Mixed [2]	0	0	1 (2%)
Asian – Pakistani	0	0	1 (2%)
Black – African	0	0	2 (4%)
Marital status			
In a relationship	25 (61%)	22 (69%)	23 (52%)
Not in a relationship	16 (39%)	10 (31%)	21 (48%)
Total	41 (100%)	32 (100%)	44 (100%)

Notes: [1] One missing case. [2] White and Black African

As with the previous waves, this follow-up sample included drinkers living in a wide variety (n=12) of different Local Authority areas with most resident in Cardiff (n=21), Powys (n=4), Wrexham (n=4) and Rhondda Cynon Taf (n=4)<sup>33</sup> (see Table A1). As before, the sample was fairly evenly split in terms of the number of interviewees that were living in urban areas (n=21) and more rural areas (n=23) (see Table A1)<sup>34</sup>.

### Quality of life

When asked how well they were managing financially at the time of interview, most of the interviewees indicated that they were managing either quite well or very well,

<sup>33</sup> The over-representation of drinkers from Cardiff reflects, in part, the fact that the hostel sample was recruited wholly from this area.

<sup>34</sup> A significant proportion (14/21) of those living in urban areas were hostel residents. Any comparisons across area types must therefore be made with this in mind.

but a small number were not managing well or not managing at all well (see Table 4.3). Compared with baseline, more interviewees reported managing very well at the second follow-up (25% compared with 10%).

As with the previous sweeps, most interviewees reported high levels of satisfaction with their lives and most felt that the things they did in their lives were worthwhile (see Table 4.3). More than three-fifths reported high levels of happiness and most indicated low levels of anxiety. The slightly less positive scores on the quality of life scales at the second follow-up point is likely to be connected with the larger sample of hostel residents, all of whom described during their interviews that they were living difficult and uncomfortable lives.

**Table 4.3 Quality-of-life scores among interviewees at baseline and follow-ups (different samples)**

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
Managing very well	4 (10%)	10 (33%)	11 (25%)
Managing quite well	19 (46%)	11 (37%)	14 (32%)
Neither well nor not well	7 (17%)	6 (20%)	7 (16%)
Not managing well	6 (15%)	1 (3%)	5 (11%)
Not managing at all well	5 (12%)	2 (7%)	7 (16%)
Satisfied with my life			
Low	5 (13%)	1 (4%)	3 (7%)
Medium	5 (13%)	7 (25%)	12 (29%)
High	29 (74%)	20 (71%)	26 (63%)
Things I do are worthwhile			
Low	7 (18%)	1 (4%)	6 (15%)
Medium	3 (8%)	3 (11%)	6 (15%)
High	29 (74%)	24 (86%)	28 (70%)
Happiness yesterday			
Low	4 (10%)	1 (4%)	3 (8%)
Medium	9 (23%)	5 (18%)	12 (30%)
High	26 (67%)	22 (79%)	25 (63%)
Anxiety yesterday [1]			
Low	19 (49%)	19 (68%)	23 (58%)
Medium	8 (21%)	8 (29%)	13 (33%)
High	12 (30%)	1 (4%)	4 (10%)
Total	41 (100%)	32 (100%)	44 (100%)

Notes: Some missing cases. [1] While low scores on the other questions are negative, a low score in relation to anxiety is a positive thing.

For those who took part in both the baseline and two-year follow-up interviews, it was possible to look at changes over time. In relation to how well they were managing financially, most of the sample (n=16) reported changes between baseline and the second follow-up interview. For half of these interviewees, the change was in a positive direction (e.g. from managing quite well to very well) but for the other half it was a change for the worse (e.g. from managing quite well to not managing well).

The scores on the quality-of-life measures remained stable or improved between baseline and second follow-up for most of the sample of interviewees (see Table 4.4). However, a small group reported a worsening in: overall life satisfaction (n=2), feeling that the things that they do are worthwhile (n=1), happiness (n=2), and anxiety (n=2) at follow-up.

**Table 4.4 Quality-of-life scores among interviewees at baseline and follow-ups (same sample)**

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
Managing very well	4 (19%)	9 (45%)	7 (33%)
Managing quite well	9 (43%)	6 (30%)	7 (33%)
Neither well nor not well	3 (14%)	4 (20%)	3 (14%)
Not managing well	4 (19%)	-	2 (10%)
Not managing at all well	1 (5%)	1 (5%)	2 (10%)
Satisfied with my life			
Low	2 (10%)	1 (5%)	-
Medium	1 (5%)	4 (21%)	5 (24%)
High	18 (86%)	14 (74%)	16 (76%)
Things I do are worthwhile			
Low	3 (14%)	1 (5%)	1 (5%)
Medium	1 (5%)	2 (11%)	4 (19%)
High	17 (81%)	16 (84%)	16 (76%)
Happiness yesterday			
Low	2 (10%)	1 (5%)	1 (5%)
Medium	4 (19%)	4 (21%)	3 (14%)
High	15 (71%)	14 (74%)	18 (81%)
Anxiety yesterday [1]			
Low	11 (52%)	13 (68%)	14 (67%)
Medium	4 (19%)	5 (26%)	6 (29%)
High	6 (29%)	1 (5%)	1 (5%)
Total	21 (100%)	21 (100%)	21 (100%)

Notes: Some missing cases. [1] While low scores on the other questions are negative, a low score in relation to anxiety is a positive thing.

### Drinking patterns

As with the baseline and first follow-up sample, the second follow-up sample members varied in terms of the frequency and quantity of alcohol consumed each week (see Table 4.5). In terms of frequency, the sample included 28 drinkers who drank at least twice a week and 12 who drank no more than once a week. In terms of quantities consumed on typical drinking occasions, the sample included 14 who drank at least 10 units and nine who drank no more than two units per drinking event. It is important to note that the follow-up sample included four interviewees who had given up drinking in the period since MPA had been introduced.

**Table 4.5 Drinking patterns at baseline and follow-up interviews (different samples)**

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
How often do you drink alcohol?			
Never	-	-	4 (9%)
Monthly or less	5 (12%)	3 (9%)	6 (14%)
2 to 4 times per month	8 (20%)	11 (34%)	6 (14%)
2 to 3 times per week	11 (27%)	4 (13%)	7 (16%)
4 or more times per week	17 (42%)	14 (44%)	21 (48%)
How many units do you drink on a typical day when you drink alcohol?			
0 units	-	-	4 (9%)
1 to 2 units	9 (22%)	6 (19%)	9 (20%)
3 to 4 units	6 (15%)	9 (28%)	8 (18%)
5 to 6 units	7 (17%)	5 (16%)	5 (11%)
7 to 9 units	7 (17%)	4 (13%)	4 (9%)
10 or more units	12 (29%)	8 (25%)	14 (32%)
Total [1]	41 (100%)	32 (100%)	44 (100%)

Notes: Some missing cases. [1] including the replacement interviewee at the first follow-up who had been a dependent drinker for many years and for whom answers to these questions at baseline were extrapolated from his interview transcript.

Of the 21 drinkers interviewed on all three occasions, all but one had continued to drink alcohol in the period following the first follow-up interview (see Table 4.6). This one drinker decreased from drinking four or more times per week at baseline to abstaining totally by the time of the second follow-up interview. Of those who continued to drink, about half made no changes in terms of the frequency and quantity of alcohol consumed (n=11). Of those who did make changes, most reported increases in frequency (n=6) while four reported decreases.

**Table 4.6 Drinking patterns at baseline and follow-up interviews (same sample)**

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
How often do you drink alcohol?			
Never	-	-	1 (5%)
Monthly or less	4 (19%)	2 (10%)	3 (14%)
2 to 4 times per month	4 (19%)	7 (33%)	5 (24%)
2 to 3 times per week	5 (24%)	2 (10%)	3 (14%)
4 or more times per week	8 (38%)	10 (48%)	9 (43%)
How many units do you drink on a typical day when you drink alcohol?			
0 to 2 units	5 (24%)	6 (29%)	6 (29%)
3 to 4 units	5 (24%)	6 (29%)	7 (33%)
5 to 6 units	3 (14%)	3 (14%)	3 (14%)
7 to 9 units	4 (19%)	1 (5%)	1 (5%)
10 or more units	4 (19%)	5 (24%)	4 (19%)
Total [1]	100% (21)	100% (21)	100% (21)

It was possible to calculate AUDIT scores for all of the 44 interviewees at the two-year follow-up (see Table 4.7). The sample was evenly split in terms of the number of people drinking within the government guidelines (i.e. moderate drinkers) and those who were exceeding them (i.e. hazardous and harmful drinkers). Thirteen of the interviewees had scores indicating that they were drinking at harmful levels, which is a similar number to the baseline sample but double that of the first follow-up<sup>35</sup>. At the second follow-up, however, there were considerably more low risk drinkers than at baseline. This difference appears to be due to a combination of factors including features of the replacement sample and changes in drinking patterns among the original sample.

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<sup>35</sup> The comparatively small number of harmful drinkers in the first follow-up was largely due to the lockdown restrictions, which prevented the evaluation team from conducting face-to-face interviews within third sector organisations' premises.

**Table 4.7 AUDIT scores at baseline and follow-ups (different samples)**

	<b>Baseline</b>	<b>Follow-up 1 [2]</b>	<b>Follow-up 2</b>
Low risk/Moderate [1]	13 (34%)	13 (41%)	22 (50%)
Increasing risk/Hazardous	13 (34%)	13 (41%)	9 (21%)
High risk/Harmful	12 (32%)	6 (19%)	13 (29%)
<b>TOTAL</b>	<b>38 (100%)</b>	<b>32 (100%)</b>	<b>44 (100%)</b>

Notes: Some missing cases. [1] Includes four drinkers who had stopped drinking in the period since MPA had been implemented. [2] Includes four interviewees who did not complete the AUDIT at the first follow-up but for whom it was clear, on the basis of their interview responses, that they were still harmful drinkers.

In terms of changes over time, it was interesting to note that most of the AUDIT scores remained stable between baseline and second follow-up ( $n=14$ ) and that the small number of changes ( $n=7$ ) were mostly in a positive, less harmful, direction ( $n=6$ ) rather than in a more harmful direction ( $n=1$ ) (see Table 4.8).

**Table 4.8 AUDIT scores at baseline and follow-ups (same sample)**

	<b>Baseline</b>	<b>Follow-up 1 [2]</b>	<b>Follow-up 2</b>
Low risk/Moderate [1]	9 (43%)	10 (53%)	11 (53%)
Increasing risk/Hazardous	6 (29%)	7 (37%)	7 (33%)
High risk/Harmful	6 (29%)	2 (10%)	3 (14%)
<b>TOTAL</b>	<b>21 (100%)</b>	<b>21 (100%)</b>	<b>21 (100%)</b>

Notes: Some missing cases. [1] Includes one drinker who had stopped drinking in the period since MPA had been implemented. [2] Includes four interviewees who did not complete the AUDIT at the first follow-up but for whom it was clear, on the basis of their interview responses, that they were still harmful drinkers.

## Cross-sectional questionnaire survey sample

One-hundred and eighty-six<sup>36</sup> drinkers completed the post-implementation cross-sectional questionnaire survey, which is a slightly larger sample than the baseline sample ( $n=179$ )<sup>37</sup>. As noted in earlier in this chapter, the survey respondents were recruited through our networks of contacts and through sharing a link to the survey on social media. While the sample might not sound like a particularly large one, it is important to note that the survey questionnaire was a lengthy one that sought detailed, qualitative information about what, for some, might be sensitive issues. On that basis, a sample of nearly 200 respondents might be considered a fairly large one and a useful one with which to assess the medium-term impact of MPA on drinkers.

<sup>36</sup> In total, 189 people completed the survey. However, three people indicated that they lived outside of Wales meaning that MPA would not have affected them. As a result, their survey responses were removed from the dataset.

<sup>37</sup> The cross-sectional survey was not used in the first follow-up wave of data collection.

The characteristics of the survey respondents are presented in text form below. Accompanying tables can be found in the Appendix. For comparative purposes, the characteristics of the baseline sample are presented alongside those of the second follow-up sample (NB the survey was not included at the first follow-up point). It should be noted, however, that the two samples are not the same (i.e. they are composed of different individuals) and that any differences may be the result of different features of the sample rather than any external factor such as MPA or the COVID-19 pandemic.

### Demographic characteristics

#### *Sex, age, ethnic group, marital status*

Most of the survey respondents were female (61%) and nearly two-fifths were male (38%) (see Table A6). Two respondents described themselves as non-binary/third gender and one other preferred not to state their sex. As noted at baseline, the over-representation of women in the survey sample is important and needs to be borne in mind when drawing conclusions based on the findings. However, it is noteworthy that the proportion of men who completed the follow-up survey<sup>38</sup> was far larger than at baseline (38% compared with 24%), which means that the sample is less skewed than previously. Furthermore, the over-representation of men in the interview sample helps to balance out the relative contribution of men and women to this report.

Like the interview sample, the survey sample was diverse in terms of age with roughly one-third (34%) of respondents aged 45 or older, just over one-quarter (27%) aged 35 to 44, just under one-quarter (24%) aged 25 to 34, and 14 per cent aged between 18 and 24 (see Table A6). This age distribution was broadly similar to the distribution of ages among the baseline survey sample.

Unlike the interview sample, the survey sample included respondents from a range of ethnic groups (see Table A6). However, the sample cannot be considered diverse in ethnic group terms as the majority (89%) defined themselves as White – English, Scottish, Welsh, Northern Irish, British. Nevertheless, the sample did include a small number of respondents from ethnic minority groups including: White – Irish, White – Other, Mixed – Other, Asian – Other, and Black - Caribbean. Only one respondent preferred not to state their ethnic group.

Nearly three-quarters of the sample (74%) were in a relationship at the time of completing the baseline survey, while more than one-fifth (21%) were single (see Table A6). The remainder were either separated, divorced, widowed (5%) or preferred not to divulge their marital status (<1%). Compared with the baseline sample, the follow-up sample had a slightly higher proportion of people in a relationship (74% compared with 67%).

In line with the baseline survey sample, a little under two-thirds of the follow-up survey respondents said that they lived in a household with no children (64%) while

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<sup>38</sup> The number of men who took part in the interview study was also higher at the second follow-up point than at baseline (64% compared with 42%).

the remaining 36 per cent lived in households with either one or two children including two per cent who lived in households with at least three children (see Table A6b).

#### *Education, employment and training*

The survey sample included people with a mixture of different types of educational attainment. This ranged from people with Level 1 or 2 qualifications (5%) through to people with Level 8 (doctoral level) qualifications (11%) (see Table A7). Nearly one-third of the sample had qualifications at Level 4 or below (30%), which included 12 per cent with Level 3 qualifications. More than two-thirds (38%) of the sample had graduate level qualifications at Level 7 or above. Compared with the baseline sample, the follow-up sample included many more people with qualifications at Level 6 or above (70% compared with 41%).

In terms of employment status, again, the sample was mixed. However, the sample was over-represented by people in employment (80%), including full-time employment (63%), part-time employment (14%) and self-employment (3%). As with the over-representation of women, the large number of employed respondents in the sample means that generalisations from the survey findings must be made with caution<sup>39</sup>. It is noteworthy that the over-representation of university students within the baseline survey sample was not repeated in the follow-up sample. Indeed, only 15 per cent of the follow-up sample were students compared with nearly half of the baseline sample.

#### *Financial status*

The financial status of our survey respondents was varied and included people earning less than £5,199 per year (3%) as well as people earning over £52,000 (26%) (see Table A8). Perhaps unsurprisingly, unemployed people were more likely than those in other ‘employment’ categories to report earning the lowest levels of income. However, students in full-time education and part-time workers also reported far lower levels of income than those in full-time employment and self-employment.

Similar to the baseline sample, most of the follow-up sample were not receiving benefits at the time of completing the survey although 10 per cent were in receipt of benefits including three per cent who were receiving Universal Credit. When asked how well they were managing financially, most of the respondents indicated that they were managing quite well (54%) or very well (12%). Just over one-fifth expressed a neutral answer while 11 per cent indicated that they were not managing well and one per cent not managing at all well. These figures closely match those of the baseline sample.

#### Geographical area

Survey respondents were resident in a range of locations across Wales at the time of completing the baseline survey (see Table A9). Twenty of the 22 Local Authority areas in Wales were represented in the survey with the largest proportions being resident in Cardiff (25%) and Rhondda Cynon Taf (RCT) (16%). While not all Local

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<sup>39</sup> The implications of (and our plan for responding to) the over-representation of women and people in full-time employment in the survey sample for the evaluation are discussed in Chapter 12.

Authority areas were represented, all seven of the Health Board areas were represented in the study as they also had been at baseline.

The sample was fairly evenly split in terms of the type of area in which they lived (see Table A9). Unlike the baseline sample, most of the follow-up sample lived in urban and suburban areas (76%) while only a minority lived in rural areas (24%). In terms of housing status, the sample of respondents was mixed and included people living in their own homes without mortgages (15%), people living with family/friends (12%) and people renting from the council or in social housing (3%). The most commonly reported status was 'home owner – with mortgage' (53%) followed by 'renting – private' (16%). When compared with the baseline sample, far more of the follow-up sample were home owners (68% compared with 35%) and far fewer were renting from the council or in social housing (3% compared with 16%).

### Drinking patterns

#### *AUDIT scores*

Unlike the sample of interviewees, which had a more even distribution of drinker type, moderate drinkers were more heavily represented among survey respondents. On the basis of their AUDIT scores, roughly half of the sample (55%) fell into the 'lower risk' category and could be considered 'moderate' drinkers (Table A10). More than one-third (37%) were measured to be at 'increasing risk' or as 'hazardous' drinkers, and the remainder (8%) were in the 'higher risk' category and considered 'harmful' drinkers. This distribution closely resembles the scores reported by the baseline sample, which was similarly skewed in favour of moderate drinkers. However, this skew is useful in that it reflects the composition of the general population of drinkers, the majority of whom report drinking within the recommended guidelines.

#### *Drinking at home*

Given that the survey was completed in May-June 2022 after the COVID-19 lockdown restrictions had been relaxed, respondents were able to reflect on the different locations in which they usually consumed alcohol. When asked roughly how much of their total alcohol consumption was consumed at home, the responses were mixed. Few respondents drank *all* of their alcohol at home (4%) and few drank *none* of their alcohol at home (5%). The majority of respondents drank either most of it (38%), some of it at home (31%) or half of it (22%) at home. This pattern closely resembles that of the baseline sample suggesting that a return to pre-pandemic drinking environments had occurred.

Those who consumed at least some alcohol at home were asked where they usually purchased their alcohol. The majority of survey respondents reported buying their alcohol from a supermarket either in person (75%) or online (12%). The next most common source was an off licence or convenience store (6%) followed by a non-supermarket delivery service (4%). Very few respondents bought their alcohol abroad/duty free, from a delivery service or via other sources (e.g. Amazon) and none routinely bought alcohol from a petrol station. Again, this pattern is similar to that reported at baseline although double the proportion of respondents reported using online supermarkets at follow-up than at baseline (12% compared with 6%),

which is likely to be a legacy of the pandemic and the shift to online shopping more generally.

#### *Drinking location*

As noted above, the survey questionnaires were completed after the COVID-19 lockdown restrictions had been relaxed. Therefore, when asked about the locations where they had consumed alcohol in the last month, respondents' answers included locations outside of their homes (see Table A11). The most commonly reported location was 'at home', which was reported by 77 per cent of respondents. This was followed by 'in pubs' (62%), 'in restaurants' (61%), 'at other people's homes' (42%), 'in nightclubs/bars' (19%) and 'at events' (22%)<sup>40</sup>. Only a small number of people reported drinking outside in a public place (6%). This pattern again reflects the pattern reported at baseline, which further supports the conclusion that a return to pre-pandemic drinking contexts had occurred by the time of the follow-up survey. This is useful in that it means that the potential impact of MPA will be less confounded by the impact of the COVID-19 pandemic.

#### *Frequency of alcohol consumption*

Interviewees were questioned about how often they consumed different kinds of alcohol (see Table A12). The most commonly consumed type of alcohol was beer/cider/lager<sup>41</sup> (86%), followed by spirits or liqueurs (83%) and wine (77%). Other types of alcohol such as sherry or martini, alcopops and low alcohol beverages were far less popular. This pattern broadly reflects the pattern reported at baseline.

In terms of frequency of consumption, only a small proportion of respondents reported being daily or almost daily drinkers of any type of alcohol. Irregular consumption (i.e. on a less than monthly basis) was more common than monthly, weekly or daily/almost daily consumption for all types of drink except for beer/cider/lager, although the difference was small for this type of alcohol (see Table A12). Weekly or more frequent consumption was most commonly reported among those drinking beer/cider/lager (31%) and wine (23%).

#### Consumption of illegal drugs and other substances

At baseline, questions were asked about the consumption of illegal drugs to facilitate an investigation of any potential mass switching post-implementation of MPA. At follow-up the question was adapted to focus on whether or not patterns of use had changed in response to MPA, the pandemic or other factors (see Chapter 10). Using the answers obtained to this question it is evident that 16 per cent of the sample had used illegal drugs at some point since MPA had been introduced and eight per cent had used drugs that had been prescribed to someone else. It was far more common for the survey respondents to report use of drugs prescribed to them (49%) or the use of over-the-counter drugs (52%) than to report the use of illegal drugs. Comparisons with the baseline sample are difficult to make given that different questions were asked at each survey point. However, current use of illegal drugs was not common at baseline. Indeed, the use of cannabis (the most commonly used

<sup>40</sup> Multiple responses were possible (i.e. drinkers consumed alcohol in a variety of different locations), which is why the percentages do not add up to 100%.

<sup>41</sup> This included 'strong' forms of beer/cider/lager as well as 'normal strength' forms. The two categories were combined as respondents' answers included both strong and normal strength beer/cider/lager in their answers.

drug within the general population) in the last year was reported by only seven per cent of survey respondents at baseline.

#### Treatment history

While this project focuses on the wider population of drinkers in Wales, our recruitment methods meant that it was still possible for drinkers currently in treatment to complete the online survey. When asked about their treatment histories, two respondents indicated that they were currently receiving treatment for alcohol problems and three for drug problems (see Table A13). Five reported receiving drug treatment in the past and three reported histories of treatment for alcohol problems.

#### Quality of life

Four questions tapping different aspects of quality of life<sup>42</sup> were included in the survey (see Table A14). The majority of interviewees expressed high levels of satisfaction with their lives and a similar proportion felt that the things that they did in life were worthwhile. When asked how happy they were yesterday, nearly two-thirds expressed high scores and roughly one-half indicated that they had felt anxious yesterday. However, while many of the interviewees appeared to have a good quality of life (based on these four measures), a sizeable minority were far less fortunate. Indeed, 11 per cent had low levels of satisfaction, and a similar proportion (9%) did not think the things they did were worthwhile. Furthermore, one-tenth of respondents indicated that they were not happy yesterday and more than a half described having medium (28%) or high (28%) levels of anxiety yesterday. Compared with the baseline sample, the follow-up sample had higher levels of satisfaction (64% compared with 52%) and higher levels of happiness (62% compared with 48%). However, the two samples were fairly similar in terms of how worthwhile they felt their lives were and their levels of anxiety.

#### Summary of survey responses

In this section the characteristics of the cross-sectional survey sample have been presented. The aim was to provide an overview of the type of people taking part in the survey and a summary of their drinking patterns and alcohol-related behaviours. Where relevant, comparisons with the baseline survey sample characteristics have been presented. Usefully, the sample includes a wide range of different kinds of drinker from across all Health Board Areas of Wales. While the sample might be considered varied in a number of ways (e.g. marital status, employment status, educational attainment and household income), it must be noted that the distribution of respondents across the categories was not always even. For example, women and people in full-time employment were more heavily represented than their counterparts as too were moderate (lower risk) drinkers<sup>43</sup>. The over-representation of these groups means that any generalisations based on the survey findings must be made with caution. While the numbers are not as large as at baseline, the sample usefully includes people with histories of illegal and prescription drug misuse.

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<sup>42</sup> The same measures were used for assessing quality of life among the interviewees and were based on the Measuring National Wellbeing Programme.

<sup>43</sup> As noted earlier, the over-representation of moderate drinkers in the sample is useful in that it reflects the pattern of use among the general population, the majority of whom report drinking within the recommended guidelines.

## **Summary**

In this chapter detailed information about the characteristics of the longitudinal interview sample and the cross-sectional survey sample have been provided. The key points to take away from this chapter are that both samples include drinkers from across different parts of Wales who vary in terms of their socio-demographic characteristics, drinking patterns, perceived quality of life, household income and expenditure. The main limitations, however, are that minority ethnic groups are not well represented in either sample and that some groups are more heavily represented in the survey and interview samples than others. While this chapter has focused on the quantitative data provided by the interviewees and survey respondents, the next few chapters focus on the qualitative data provided by both samples, although some quantitative survey data are presented where relevant. Inevitably, the interviews yielded more detailed data than the surveys, but the results chapters draw on both sources wherever possible.

Throughout the results chapters, each quotation has been labelled to help readers understand where the evidence came from (i.e. interview or survey) and the type of person who provided the information. For the interviewees, we have recorded their unique ID code along with their sex and risk level based on their AUDIT scores. A similar approach was taken for the survey respondents although we also recorded their employment status to help distinguish between the responses of those in full-time employment (who make up half the survey sample) and people with other occupations. Including this kind of information is good practice within the field of qualitative research as it helps to create a link between the evidence and the source (Mack et al. 2011).

## **5. Awareness of and attitudes towards the implementation of MPA**

In this chapter the interview and survey data are drawn upon to examine drinkers' awareness of the implementation of MPA in Wales. While these important issues have already been investigated among drinkers in Wales in a previous study (see Holloway et al., 2022), the material presented in this report differs in two important respects. First, it draws on data from the cross-sectional survey as well as the interview study. Second, it draws on information collected two years post-implementation of the legislation. This report therefore documents levels of awareness over a longer period among a larger sample that includes people who had not previously been made aware of MPA as part of their involvement in the evaluation.

### **Awareness of the implementation of MPA**

Interviewees and survey respondents were asked whether or not they had heard about MPA prior to taking part and most indicated that they had. However, among the survey respondents, just under one-quarter indicated that they had not heard about it, suggesting perhaps that information about the introduction and operation of MPA had not been publicised as widely as it might have been. Awareness of MPA was significantly more likely among the survey respondents who were homeowners, in full-time employment, and aged 45 and older<sup>44</sup>. No significant differences were noted in relation to AUDIT score, sex, quality of life, household income or benefit status.

**Table 5.1 Prior to taking part in this survey, had you heard about MPA?**

	N	%
Yes	130	70%
No	45	24%
Not sure	11	6%
<b>TOTAL</b>	<b>186</b>	<b>100%</b>

#### Sources of information about MPA

When asked what it was that they knew about MPA, the survey respondents offered mixed responses with some commenting on the source of the information and others commenting on the content of that information. In terms of sources, respondents

<sup>44</sup> Chi-squared test, corrected for continuity. Home owners (with or without a mortgage) were more likely than others to be aware of MPA (81% v 60%) ( $7.513$ , df=1,  $p<.01$ ). People in full-time employment were more likely than part-time employees and students to be aware of MPA (79% v 60%) ( $4.892$ , df=1,  $p<.05$ ); People aged 45 and older were more likely than people younger than 45 to be aware of MPA (90% v 10%), ( $11.544$ , df=1,  $<.001$ ). The statistical analyses were performed after excluding the 'not sure' responses.

reported hearing about MPA: '*through the media*', '*I had seen it on the news*', '*national and local news and online*', '*working in environment*', '*TV news*', and '*saw it all over social media and in the news*'.

The interviewees provided more detail on the sources of information through which they heard about MPA, which included a similar range of different sources:

a) Television

*Quite a while ago. It was obviously publicised on television that the Welsh Government were increasing the pricing per unit.* (Interviewee 1, male, low risk)

*Well, I was made aware of it when it happened yeah. I was aware of it when it happened. I saw it on the TV news.* (Interviewee 105, male, non-drinker)

*I knew because they mentioned it on the telly about the prices, but I didn't know because it's not often I actually buy it and I thought "bloody hell, it's gone up."* (Interviewee 137, male, possible dependence, hostel sample)

b) Online, including social media, local press and news channels websites:

*Just on the news and articles on social media.* (Interviewee 107, female, low risk)

*I think from the media. ... Yeah, seen it online.* (Interviewee 129, male, increasing risk)

*I think I saw it on Twitter.* (Interviewee 144, male, increasing risk)

**I: You said social media, so that would be Twitter or Facebook?**

R: Facebook, yes.

**I: And some articles as well?**

R: Yes, and on – I saw an article about it on the Welsh news I think.  
(Interviewee 17, female, increasing risk)

c) Posters in shops:

*I think vaguely remember whilst I was at university in one of the pubs, sorry not the pubs, one of the sort of shops, I remember seeing some sort of poster or basically, obviously telling the customer what was going to happen. But aside from that, nothing that I can remember.* (Interviewee 14, male, low risk)

*I think in supermarkets, there might have been on-shelf advertising or something, just small-print advertising tucked away at the bottom of things, and I suspect perhaps on shelves in supermarkets, but I can't remember seeing any publicity about it anywhere else.* (Interviewee 21, male, non-drinker)

*I can't remember exactly when, but I can remember in our local supermarket there were some little... You know when they put little signs on the aisles sticking out? There were some, almost like little flag signs or something.*  
(Interviewee 30, female, low risk)

d) Radio:

*I think I heard it once on Radio Wales, mentioned, but only once or something, and then I forgot about it until you asked me about it.*  
(Interviewee 116, male, low risk)

*Yes, but it was a long time ago. I think it was on the radio news, but that's about it.* (Interviewee 2, female, low risk)

*I listen to the radio a lot, I listen to Radio Wales. I have heard it mentioned once last year.* (Interviewee 26, male, increasing risk)

Several interviewees reported that they heard about the introduction of MPA via multiple sources, which were a combination of two or more of the ones indicated above:

*It was in newspapers and online that I mostly saw the coverage. I can remember, say, seeing it on the BBC if you want a specific... The local newspapers in the Wrexham, Flintshire, Denbighshire areas.* (Interviewee 3, female, increasing risk)

*I read a few articles and I've seen it on Facebook and the news.* (Interviewee 132, female, low risk)

*At the time it came in there was TV, local TV, talking about it, and obviously programmes had picked up on it in the media, so Radio 4 programmes as well maybe, I've heard it mentioned.* (Interviewee 34, male, increasing risk)

Other less frequent sources were: 1) through their own workplace ('*I think it was through work. I think it was through work inviting professional and things*', Interviewee 146, male, low risk), 2) posters on public transport ('*I vaguely remember there being some stuff on bus shelters, and buses possibly, Welsh Government tend to put stuff on there*', Interviewee 109, male, high risk), and 3) through a family member ('*I heard about it because we've got a restaurant, and I know my husband was talking about it that this might happen and he was worried how it might affect him*', Interviewee 132, female, low risk).

Like the survey respondents, albeit fewer in number, there were still a significant number of interviewees who were not aware of the implementation of MPA in Wales. Important to note is that most of these were dependent drinkers who had not been interviewed previously:

**I: So, minimum pricing for alcohol, so when did you first hear about it?**

R: What?

**I: The minimum price... are you aware of minimum pricing for alcohol?**

R: No.

**I: You don't know about it?**

R: I haven't got a clue. (Interviewee 138, male, possible dependence, hostel sample)

**I: So, minimum pricing for alcohol, are you aware of this policy?**

R: No. (Interviewee 140, male, possible dependence, hostel sample)

**I: Have you been aware of it as a policy?**

R: No.

**I: So, you didn't even know it existed?**

R: I didn't even know it existed.

**I: Until when, today?**

R: Just today. (Interviewee 142, female, non-drinker, hostel sample)

Another interviewee reported not having seen any publicity related to the introduction of MPA and expressed their surprise at the lack of advertisements for this important policy:

*I haven't at all which it does surprise me very much that we haven't seen about it because I'd at least expect the Welsh Government to have put something out really just to publicise it as a political move even, but I've just seen absolutely nothing about it. It's not even really been mentioned in the press as such really, not that I've noticed anyway. Very strange.*  
(Interviewee 19, male, low risk)

A survey respondent was similarly surprised that more information about the policy had not been shared in their public health-based workplace prior to its implementation:

*I was aware of the concept due to implementation in Scotland. However, even as someone who works in the local public health team I didn't hear about the Welsh implementation until the end of January [2020] which is shocking. When I questioned other colleagues in public services they were completely unaware.* (Survey respondent, 170, Female, low risk, employed full-time)

Some interviewees touched upon the reasons why they did not notice that MPA had been implemented. Some of their explanations included the fact that:

1) MPA did not affect their drink of choice:

*In my head, when I think... I think the minimum unit probably wouldn't affect what I was drinking anyway.* (Interviewee 146, male, low risk)

*I don't buy cheap alcohol, and I tend to really only drink wine. I don't buy cheap wine. I usually end up spending £10 a bottle on it, so I would never*

*have been caught by the minimum unit price in terms of it changing my drinking habits, because the things I drink were not caught by that.*  
(Interviewee 27, male, low risk)

- 2) they were not drinking or buying alcoholic drinks often enough:

*Not so much after, no. No, not that I can recall. I'm not a heavy drinker as such. It's more occasional and so I'm not buying alcohol that regularly. But I don't seem to recall.* (Interviewee 33, male, low risk)

- 3) they were not looking at the price anyway and they believed MPA would not affect their drink of choice:

*I don't really look at the prices, only in a kind of interested way. It doesn't matter to me what the price is, frankly.* (Interviewee 27, male, low risk)

#### Content of publicity about MPA

The survey respondents varied in terms of what they had learned from the publicity material about MPA. Some offered vague comments about how it 'existed', 'that they were bringing it in' and that it 'had started', while others offered more specific comments about how it was a policy designed to '*increase alcohol prices*', that it was '*legislation to prevent supermarkets selling very cheap alcohol*' and that it had been set at '*50p per unit for alcoholic drinks in Wales*'. A small number of respondents commented on the goal of the legislation: '*To reduce alcohol-related harm. Targeting hazardous and harmful drinkers*', '*to help reduce alcohol abuse*', '*to decrease the availability of cheap, high strength alcohol*', '*to cut down on cheap strong alcohol*', '*to try and reduce excess drinking*', '*to try to deal with alcohol misuse*'.

Interviewees who had noticed publicity around the introduction of MPA were also asked to recall the content of those advertisements. The majority reported that these were designed to make people aware of the implementation of the policy and advise them that the prices of some drinks would go up:

*I think it was just saying that the pricing, the minimum was now in force. Probably in less authoritarian language, you know?* (Interviewee 30, female, low risk)

*I think it was just standard. ... Just information regarding... Obviously, it would mean a price increase.* (Interviewee 20, female, low risk)

*I think it just said, advising that obviously the minimum price of alcohol was going to be increased, but that's all I can remember honestly.* (Interviewee 14, male, low risk)

*I think I remember seeing an infographic thing on BBC News or Facebook, and I think it had a bottle of wine on the picture and just how much a glass was in pence and percentage. But that's as far as I can remember really.* (Interviewee 107, female, low risk)

A few other interviewees remembered that the publicity around the introduction of MPA had focused on the reasons why this policy had been implemented by Welsh Government, (i.e. to reduce high levels of alcohol consumption):

*I can't really, just that they were bringing in minimum pricing to try and cut down on the amount of alcohol people could buy and consume in an effort to stop... It's one way of stopping people drinking too much. (Interviewee 2, female, low risk)*

*I can't remember, if I'm honest. It was just basically saying that the Welsh Government obviously saw an issue, and they were increasing it to try and make people stop drinking as much. (Interviewee 1, male, low risk)*

*It just explained that it was trying to curb binge drinking by not having this really cheap alcohol in supermarkets and I knew that to be the case anyway. (Interviewee 17, female, increasing risk)*

One interviewee recalled that the news about the introduction of MPA generated concern among their peers about the potential negative effects this policy might have on those who were going to be the most affected by it:

*There was definitely some concern ... amongst my peers and myself, that it would affect those most vulnerable, more significantly if that was what we called at the start, and there was some concern that okay, this money isn't actually going to be used to treat those who are using low cost high strength alcohol. (Interviewee 146, male, low risk)*

There were also a few interviewees who, despite remembering that the introduction of MPA was publicised, could not remember in detail on what those advertisements were focused:

*I can't. It's quite a while back. So much has happened over the last couple of years, hasn't it? It was soon after that that the whole COVID thing dropped. (Interviewee 18, male, low risk)*

**I: Okay. So you can't remember what they were saying in that piece?**  
*R: No, I can't unfortunately. (Interviewee 26, male, increasing risk)*

*Really vague. When I saw the tweet last week, it wasn't new to me, but I couldn't remember when it popped up. It's not unfamiliar but I couldn't remember how I became aware of it. (Interviewee 144, male, increasing risk)*

## Attitudes towards MPA

When asked about their attitude towards the introduction of MPA in Wales, just under half of the survey respondents indicated that they either strongly or moderately agreed with the policy. Roughly one-quarter held neutral views and the remaining 28 per cent either moderately or strongly disagreed with the policy (see Table 5.2). Agreement with MPA was significantly associated with low scores on the AUDIT

(54% compared with 40%) and with high scores on the satisfaction (34% compared with 56%) and worthwhile (54% compared with 34%) quality of life scales<sup>45, 46</sup>. Thus, moderate drinkers and those with a high quality of life were more likely to agree with MPA than hazardous and harmful drinkers and those with a lower quality of life.

**Table 5.2 To what extent do you agree with the introduction of MPA in Wales?**

	N	%
Strongly agree	34	18%
Moderately agree	55	30%
Neither agree nor disagree	45	24%
Moderately disagree	23	12%
Strongly disagree	29	16%
<b>TOTAL</b>	<b>186</b>	<b>100%</b>

Among those survey respondents who strongly agreed with MPA, the reasons given were linked to the harms associated with excessive alcohol consumption and the need to increase prices as a ‘disincentive’ to drink. One respondent commented that ‘alcohol should not cost less than milk’. Another gave a more detailed explanation that referred to various health harms that are associated with alcohol use:

*Alcohol is the number one drug that results in death. Besides that, alcohol can be addictive, can result in someone committing a crime. Furthermore, it also causes many health issues. However, it is legal. In my opinion, this measure could deter people from drinking as much.* (Survey respondent, 95, Female, low risk, employed full-time)

Few explanations were given for disagreeing with the policy. However, one survey respondent commented on the fact that it was unlikely to impact on dependent drinkers and was (perceived as) a reason for people crossing the border to purchase alcohol in England where MPA has not been implemented:

*Seen as a way to make more money off things people enjoyed. It was unlikely to have an effect on alcoholics who would have swapped to another form of alcohol. Now seen as a reason why people drive to Bristol to buy alcohol in bulk for events such as Xmas.* (Survey respondent, 121, Male, low risk, employed full-time)

Later in the survey, respondents were asked if they had anything else that they would like to say about MPA. A small number of respondents took the opportunity to express their views on MPA. Again, a mixture of views emerged with some clearly supporting the policy and others more opposed. Those not in support of the policy

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<sup>45</sup> AUDIT score: Chi-squared test, 8.460, df=2, p<.05; Satisfaction: Chi-squared test, 8.126, df=2, p<.05; Worthwhile: Chi-squared test, 8.357, df=2, p<.05.

<sup>46</sup> The small number of people from black and minority ethnic groups meant that it was not possible to examine ethnic group differences.

included three respondents who commented on cross-border shopping as a way of circumventing MPA in Wales:

*We are only just over an hour from the border with England. We travel to stock up on beer and lager. Have lunch out and with the cost of fuel it is still cheaper than buying in Wales.* (Survey respondent, 62, Female, increasing risk, employed full-time)

*It doesn't work, cost of living is increasing but people can't afford it so crime will only grow or they will just go over the border where it's cheaper.* (Survey respondent, 174, Female, increasing risk, employed full-time)

*If buying alcohol from a shop, I try and do this when in England. The same amount as I would have bought before the MPA. I appreciate not everyone has this luxury. I think the MPA should be reviewed and people should make their own choices on what they consume. It is not up to the Welsh Government to decide for them!* (Survey respondent, 110, Male, low risk, employed full-time)

Another respondent was opposed to the policy for several reasons including the profits that it would generate for supermarkets:

*I think it is a generally bad idea, it seems prejudiced and also to guarantee profits to supermarkets.* (Survey respondent, 40, Male, increasing risk, employed part-time)

One respondent was less vociferous in their disapproval and commented on the relatively small impact of MPA compared with the impact of COVID-19:

*Thanks for looking into this. I think you'll find COVID has had such an enormous affect on people's lives. MPA may impact around the edges but if people need to self-medicate then they'll find a way to get the alcohol.*

Finally, and importantly, one respondent pointed out that the impact of MPA was difficult to assess given the variation in prices more generally:

*Unless you buy the same product and brand, there is so much variation in the prices of alcohol like wines, the visibility of the MPA is not easy to see, thus possibly reducing its impact.* (Survey respondent, 126, Female, low risk, self-employed)

The more favourable views on MPA were offered by three respondents who remarked on issues relating to the money that MPA would generate. One respondent, not fully appreciating that MPA is not a tax, hoped that the increased revenue would be ear-marked for treatment services:

*I've personally reduced alcohol consumption but I would not say MPA has consciously made me do this. I am in favour of it generally though, in the same way as the duty on cigarettes.* (Survey respondent, 22, Male, low risk, employed full-time)

*I agree with MPA to protect pubs and clubs, who have been unable to access cheap drinks and deals as supermarkets used to prior to MPA. In terms of personal use of alcohol, it hasn't made the slightest difference. (Survey respondent, 30, Male, increasing risk, employed full-time)*

*Hopefully the extra tax on alcohol will go towards helping people with substance misuse issues. Don't just penalise. Support. (Survey respondent, 106, Female, increasing risk, employed full-time)*

Interviewees were also asked for their views on the implementation of MPA. Like the survey respondents, opinions were split between those who disagreed, agreed, and who were neutral to the policy. However, unlike the survey respondents, most interviewees disagreed with the policy and a variety of reasons were offered.

Interviewees commented on the fact that the government should not interfere with individuals' right to drink, questioned why the policy applied to alcohol and not tobacco, suggested that there were better ways of dealing with problematic alcohol consumption while also questioning the efficacy of this policy. Finally, some interviewees complained that the price increase would generate an even greater burden on people's budgets in the current context of the cost-of-living crisis:

*I disagreed with it really. I think that it's up to the person to decide. It's up to a person to decide how much they drink. I think adults are adults. If they want to drink a lot, let them drink a lot. If they don't want to drink a lot, it's up to them. I don't think the government should be involved in deciding how much people drink by charging a minimum price per unit or a maximum price per unit. That's what I think anyway. If people want to go out and get pissed, let them. (Interviewee 105, male, non-drinker)*

*What I can't understand though is, they government, they stopped the fags, they stopped this. Why is it alcohol? Because you know what? That's the worst addiction you can ever have, is alcohol. In the morning, excuse me, my stools and all that. It's horrendous. I'm still shaking now. This is my second bottle. (Interviewee 124, female, possible dependence, hostel sample)*

*R: Yeah, I'm not a supporter of it to all intents and purposes, yeah.*

***I: Is there any reason why you're not supportive of it?***

*R: Because I thought it was an odd way to go around protecting problem drinkers I suppose. There's different ways of dealing with the problem. I understand what the problem potentially is and the health service et cetera, but I'm more of a proponent in education - as a carrot as opposed to stick, I suppose. (Interviewee 129, male, increasing risk)*

*R: Yes, I felt angry. I just thought, what gives them the right? What will be next? It won't affect me because I'm vegan, but they say tomorrow, bread is going to be taxed. What gives them the right? Why? I know they're saying it's likely to bring alcohol related deaths down in Wales, but I think...I may be wrong. The figures I read at the time is something like 1300 a year, alcohol related deaths in Wales. Well, how many people get knocked down in Wales? How many people died of COVID in Wales now? It's just...people gain a lot more...*

**I: You feel like it was just too harsh a measure?**

R: It was too harsh. Like I said, if it's trying to drive down 1300 deaths, even if it gets down to zero, 1300 deaths really, after what has happened in the last three years? (Interviewee 13, male, increasing risk)

*I actually thought, "Oh, for heaven's sake. As if prices aren't going up enough." Looking back, prices have gone up so much more than the cost of alcohol. Everything else, electricity, fuel, everything. It seems so insignificant now.* (Interviewee 2, female, low risk)

One interviewee, who was a dependent drinker, was adamant that the introduction of MPA was not a good idea and attributed the death of one of her friends to the policy:

*So, that's what I think about the prices. It's murder. It's undermining people; that's all they're doing, getting rid of the alcoholics. ... they don't mind selling it in the shops and all that, and it's all in your face and you've got people drinking every weekend. It's the most hardest thing to give up, because it's everywhere.* (Interviewee 139, female, possible dependence)

Several interviewees though, felt that MPA was generally a good idea:

*Yeah, good idea in some respects. It's one of them. I don't think the government should really be taking people's choices off them, whether or not they can or can't drink. At the end of the day, I think it was a good idea.* (Interviewee 1, male, low risk)

*I thought it was a good thing.* (Interviewee 116, male, low risk)

*I didn't make any difference to me. Although I believe it's a good thing.* (Interviewee 106, male, low risk)

*But I understood the reason behind it because there are some people, they don't know or they've got issues. So, I guess I thought it's fair I guess.* (Interviewee 132, female, low risk)

A few interviewees were more neutral in their views on the introduction of MPA in Wales largely because the policy was unlikely to affect them personally:

**I: Did you have any initial thoughts when you saw that?**

R: No, not particularly. Like I said, it hasn't affected me personally really, so no. (Interviewee 107, female, low risk)

**I: And did you have any feeling about it at that time?**

R: Not really, no, because as I say, it didn't really impact me and none of my family would be impacted by that either. We just would buy a bottle of wine when we wanted it, whatever it cost within reason. So we weren't affected by that sort of thing at all, nor my children. (Interviewee 17, female, increasing risk)

*Absolutely, it has made no difference to me specifically, because I would never be looking out for cheap drink anyway. If I were to buy, for example, a*

*gin, that's over the minimum price. It's really never been relevant for me personally.* (Interviewee 20, female, low risk)

## Summary

This chapter drew upon the interview and survey data to examine drinkers' awareness and attitudes towards the implementation of MPA in Wales. While most participants were aware of MPA a substantial minority were not, suggesting that either publicity about MPA was not as extensive as it could have been or that some people had simply not noticed it. Those who were not aware included dependent drinkers who had not participated in the study previously and those whose drink of choice was not affected by MPA or who did not drink enough to be affected by the policy. Those who were aware of MPA described learning about it through a variety of sources including television (news reports), radio, social media and other online sources.

Participants who could recall the content of publicity about MPA were mixed in their recollections with some relaying the reasons for the policy while others remembered more general information advising them that the prices would be increasing. The samples were mixed in terms of their attitudes towards MPA with interviewees being far less positive about the legislation. Favourable attitudes were driven by the belief that MPA would help to reduce alcohol-related harm. Less favourable attitudes were focused on the unfair impact on dependent drinkers and the way in which it could be circumvented through cross-border shopping. The competing effect of COVID-19 and routine variations in alcohol prices were flagged as confounding factors that impacted on the visibility and effectiveness of MPA.

## 6. Changes in price and availability

In this chapter, the focus turns to drinkers' awareness of changes in the price of alcohol following the implementation of MPA. The chapter also examines whether drinkers had noticed any changes in the availability of certain products. As before, the chapter draws on both the survey and interview data to examine the issues.

### Awareness of price changes following MPA implementation

When asked if they had noticed a change in the price of alcohol since MPA had been implemented, just over one-third of the survey respondents said that they had and a further 17 per cent were unsure if they had or had not (see Table 6.1). Interestingly, people with higher happiness ratings were more likely than those with medium or low ratings (52% compared with 33%) to have noticed any price changes<sup>47</sup>. Increasing and higher risk drinkers were also more likely than lower risk drinkers to notice price changes (54% compared with 37%), although this difference fell just short of the critical level of statistical significance<sup>48</sup>.

**Table 6.1 Have you noticed any changes in price of alcohol since the implementation of MPA in March 2020**

	N	%
Yes	69	37%
No	86	46%
Not sure	31	17%
<b>TOTAL</b>	<b>186</b>	<b>100%</b>

Notes: Some missing cases. [1] Among those who had noticed a change in availability.

Interviewees were also asked to comment on whether they saw any significant changes in the price of alcoholic drinks since the introduction of MPA. Like the survey respondents, the interviewees were fairly evenly<sup>49</sup> split between those who noticed changes and those who did not. Among those who had not observed any changes, the most often mentioned reason for this was because their drink of choice was not affected by the policy:

*I didn't notice anything on what I'd bought, as in I'd not noticed a price change, but I do recall there being small print on like notices, that said there was minimum pricing that evolved and that had impacted some offers.*  
(Interviewee 109, male, high risk)

*No. I don't drink cider. Only wine.* (Interviewee 124, female, possible dependence, hostel sample)

<sup>47</sup> Continuity Correction, 4.245, Fisher's Exact Test (2-sided), p<.05.

<sup>48</sup> Continuity Correction, 3.655, Fisher's Exact Test (2-sided, p=.051).

<sup>49</sup> If you combined the 'yes' and 'not sure' survey responses.

*No, because the booze we buy was probably more than 50p a unit anyway. If you're buying a nice bottle of wine then it's already more than 50p a unit I think.* (Interviewee 144, male, increasing risk)

*I'm trying to think. I can't think. I go to the supermarkets and my memory is just that poor. I can't say I've noticed any significant increase in the alcohol, the types of drinks that I buy.* (Interviewee 146, male, low risk)

Another group of interviewees explained that they were not buying or drinking alcohol often enough to observe any changes in the price of alcohol:

*I can't say I've noticed particularly a big change in prices, and again, because I buy it really quite rarely, I can't say I've noticed at all.* (Interviewee 107, female, low risk)

*Not really, because mostly we get given alcohol at Christmas. We get a hamper sent to us by our cousins every year and there's always alcohol in it, so we tend not to buy alcohol because we know we're getting the hamper and it will have drink in it. Occasionally, we've bought some, but it is so occasional that it doesn't really eat into our budget too much.* (Interviewee 2, female, low risk)

*I probably haven't, no, because we would buy primarily from supermarkets and have cans of beer or bottles of gin I suppose. So, I don't buy them frequently enough to notice the change in the price if that makes sense. It might be quite a timeframe. So, I'd probably forget how much we paid for it, say for a bottle of gin, how much we paid for it last time.* (Interviewee 33, male, low risk)

A few other interviewees reported they were generally not interested in the prices of alcoholic drinks they were buying and consequently did not notice any price increase after March 2020:

*I never really pay that much attention to be honest with you, because it always seems to be roughly the same price. ... I don't really know what it is price anyway if you know what I mean, it's just standard price really.* (Interviewee 110, male, possible dependence, hostel sample)

*I haven't really noticed, to be honest. As I say, it's not something that really affects me personally, so I've tended not to look. The places that I shop tend not to be places where they're looking for low-cost, high-volume sales. I suppose I'm not really in a place where those things would be very evident to me.* (Interviewee 27, male, low risk)

*Not so much. I don't really notice. I usually go for something that's on offer, so I just go for that.* (Interviewee 4, female, increasing risk)

The rest of the interviewees (almost half of them) reported that they had noticed changes in the price of alcoholic drinks after MPA was implemented and the vast

majority of them explained that they noticed the change when they went shopping. Most observed the rise in price with regard to strong ciders:

*I noticed it last year actually, because I went to buy the white cider and I noticed that was £11 or £12. ... It was in the [shop name], the [name] shop. I thought, "I'll try the cider". I looked at the price and went £11, for a two litre bottle? No, I'll put that back. So, I went back and seen the wine, so I got the wine. ... It was [Brand name] and [Brand name]. ... Yeah, it was like £12 and £13.* (Interviewee 137, male, possible dependence, hostel sample)

*Yes. I bottle of cider that could have helped us went to £10. That's what I remember.* (Interviewee 139, female, possible dependence, hostel sample)

*If you analyse it, all the cider and that which is [Brand name]... I used to go in to the [shop name] or whatever. You'd see £2.50, that had doubled, but wine didn't double. ... I remember the build up to it. I remember looking and thinking, my God, that's gone up. It seemed to double, on the bottom shelf as it were overnight. That's what I noticed and I thought, this is a bit farcical. Like I say, I'm not drinking, but I keep an eye. I'm looking at all the prices like...* (Interviewee 150, male, low risk, hostel sample)

*There's such a difference with the prices of cider, the prices have gone up ... you're better off buying a bottle of spirit than cider for the same price.* (Interviewee 153, male, possible dependence, hostel sample)

Several interviewees and survey respondents reported noticing an increase in the price of multiple alcoholic drinks, such as cider, strong lagers, and spirits:

*Yes, and it's not even bloody apples. It's chemicals. Yes, the lagers and ciders and all that have gone up.* (Interviewee 110, male, possible dependence, hostel sample)

***I: So what particular drinks did you notice increased in price?***

*R: It was more on cider and the vodka and all that.* (Interviewee 23, female, possible dependence, hostel sample)

*Bottles of spirits are usually £5 to £10 more expensive than they were. 4 cans of lager or cider are £4 minimum.* (Survey respondent, 9, Male, higher risk, employed full-time)

A few interviewees observed the MPA-related price increase when shopping for strong lagers:

*I remember when it was a pound for a can, and now they're up to £3.12.* (Interviewee 125, male, possible dependence)

*It's nearly trebled - the price of the stuff I drink [strong lagers], in Wales now.* (Interviewee 13, male, increasing risk)

**I: But did you notice some changes in the prices when you went to the shops?**

*R: In a way, yeah. My friend, because he was on 9% lager, and he found a difference in the price. He said, "My God, it's gone up so much".*  
(Interviewee 142, female, non-drinker, hostel sample)

One survey respondent noted that the prices of formerly cheap ciders had increased and were now similar in price to the premium brands:

*A 4 pack of ciders in [shop name] or [shop name] used to be really affordable, now they're the same price as branded expensive ciders. Literally what's the point.* (Survey respondent, 17, Non-binary/third gender, student)

One interviewee noted the increase when he bought a bottle of rum, while another one saw the increase in the price of a box of wine:

*Yes, well the big... especially on the rum. Sometimes I'd go in, buy a bottle of rum, only half a bottle of rum, cost me £4.50 the cheap one. Then I go in a couple of months later, it went up to like £6, big inflation on it. That's when I started drinking all different stuff then.* (Interviewee 151, male, possible dependence, hostel sample)

*Biggest change in... Well, boxes of wine are... It would have been a cheap way of buying a large amount of cheap wine, wouldn't it? If you're having a barbecue or something, you'd get a box of that in. It's not cheaper now, so that's probably something I've noticed.* (Interviewee 34, male, increasing risk)

Survey respondents also noted changes in spirits (e.g. 'vodka prices increased', 'increased in gin and vodka') and wine ('e.g. 'wine has gone up in price so you can't get a bottle for less than a fiver').

The absence of offers and discounts on alcohol products since the implementation of MPA was also noted by some survey respondents:

*Offers/discounts on alcohol in large supermarket chains are not applicable in Wales (and Scotland)* (Survey respondent, 79, Female, increasing risk, employed full-time)

*The deals are not so good now.* (Survey respondent, 78, Female, increasing risk, employed full-time)

*Used to be able to get 3 bottles of wine for £10 in local shop. Used to last a month. Now have to pay £6 each bottle. Absolute rip off!* (Survey respondent, 120, Female, increasing risk, student)

Finally, a couple of interviewees reported noticing the price increase when they went shopping across the border in England, where the price of alcohol was significantly lower than in Wales:

*Well, because we're very close to the English border where we live, we've obviously travelled across the border back into England, and I've noticed that a crate of lager, for example, in England you can get two, so 36 cans, for £20. In Wales, if you wanted to get 36 tins, you'll be well over £33. Around that.* (Interviewee 1, male, low risk)

*I noticed when I went to England that... London, in fact. Went to a supermarket in London and noticed that the wine in the supermarket in London, when I would have expected the prices to be higher than in Cardiff, were in fact lower. My wife pointed out that of course it was the minimum pricing that probably did it. That was quite interesting. I didn't notice particularly myself in Cardiff because prices tend to fluctuate because of supermarket offers. A bottle that was £8 one week would be £7 the next week, and then it would be back up to £8. The popular brands of drink that I used to use tended to be the ones which supermarkets did the special promotions on, so the price was fluctuating anyway so I didn't really notice. But I did notice the difference in price in London.* (Interviewee 21, male, non-drinker)

The difference in the price of alcohol in England was also noted by several survey respondents:

*When deals are advertised many say excluding Wales. For example at Christmas [Supermarket] reduced their prosecco however this offer excluded Wales.* (Survey respondent, 32, Male, increasing risk, self-employed)

*Supermarket prices gone up and not so in England.* (Survey respondent, 189, Male, increasing risk, employed full-time)

*Prices are more expensive in Wales. Promotions available in England are not available in Wales, for example during Christmas a multi pack of [lager brand] was twice the price in Wales vs England.* (Survey respondent, 56, Prefer not to say, low risk, other)

*I've mainly noticed it when supermarkets are offering deals and offers, and they're not available in Wales or the saving is not as high as it would be outside of Wales.* (Survey respondent, 166, Female, low risk, employed full-time)

Some respondents described how this price differential resulted in them (and/or their friends) travelling to England in order to bulk buy at cheaper prices:

*The wines I enjoy and were relatively cheap have now gone up in price. I am also aware of someone who now opts to drive to England in order to get their favourite brand of cider (unsure of brand) and by buying in bulk there this has increased their consumption of it as it is regularly available in the house.* (Survey respondent, 135, Male, possible dependence, employed full-time)

*Usually at Xmas buying 'slabs' to last the festive period is much more expensive than across the border with England, meaning myself and friends*

*will travel to England to specifically buy in bulk there.* (Survey respondent, 121, Male, low risk, employed full-time)

## Changes in the availability of alcohol products

When asked if they had noticed any changes in the availability of certain alcohol products since MPA had been implemented, just over one-tenth of survey respondents said that they had and more often than not the change was noted to be a permanent one (see Table 6.2). The respondents were mixed however in whether they had noticed a change in just one shop or across the board<sup>50</sup>.

**Table 6.2 Have you noticed any changes in the availability of alcohol since the implementation of MPA in March 2020**

	N	%
<b>Noticed change in availability</b>		
Yes	22	12%
No	131	71%
Not sure	32	17%
<b>TOTAL</b>	<b>186</b>	<b>100%</b>
<b>Temporary or permanent change [1]</b>		
Temporary	9	41%
Permanent	13	59%
<b>TOTAL</b>	<b>22</b>	<b>100%</b>
<b>All shops or some shops [1]</b>		
Only my usual shop/retailer	7	33%
Some shops/retailers	5	24%
Most shops/retailers	6	29%
All shops/retailers	3	14%
<b>TOTAL</b>	<b>22</b>	<b>100%</b>

Notes: Some missing cases. [1] Among those who had noticed a change in availability.

Interviewees were also asked if they had noticed any changes in the availability of any alcohol products. Like the survey respondents, the majority had not and this was largely because their drink of choice was not affected by the policy or they were not interested in the issue:

*No, no I haven't, but I suppose I'm not looking for [Brand], am I? Those sorts of alcoholic drinks.* (Interviewee 129, male, increasing risk)

*No, because like I say, I just go after wine or prosecco or something like that. No, I wouldn't notice. That is still there I think.* (Interviewee 132, female, low risk)

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<sup>50</sup> Statistical analyses were not possible given the small number of respondents who had noticed changes.

*I haven't noticed, no.* (Interviewee 138, male, possible dependence, hostel sample)

*I never touched that stuff, so I would never really pay any attention to it. So, if it vanished, I wouldn't have noticed anyway.* (Interviewee 14, male, low risk)

*'No, I don't drink [cider brand]'* (Survey respondent, 8, Female, low risk, employed full-time)

Among the small number of survey respondents who had noticed changes, these were most commonly in relation to the availability of large bottles of cheap white cider (e.g. '3L cider', '[Cider brand] flagons').

A few interviewees also reported that they noticed some strong ciders not being available since the introduction of MPA. While some said that these drinks disappeared altogether, others reported that only the big bottles of these drinks were not available anymore, and/or there was a reduction in the size of the bottles available:

*R: No, [Cider brand] you can still get and [brand], [brand]. You can get a three litre of that, but you can only get two litre in the [cider brand]. So, they've reduced the size from a three litre to a two litre, but the price has gone up on the two litre ... There's one called [brand], that's disappeared. What else was there?*

***I: That was a three litre?***

*R: Yeah, it was about a fiver a bottle and it's now like £13, but it's disappeared off the shelves. Can't see it anywhere.* (Interviewee 137, male, possible dependence, hostel sample)

*I've not seen the [cider brand] and that as such. I don't know if they have been affected.* (Interviewee 19, male, low risk)

*R: I suppose I've not noticed them as much, the likes of the bigger two-litre bottles of cheap, high-strength cider. I've not noticed them as much; I would say you're probably – if at all really. You notice more the cans of beer and the bottles of cider, the smaller bottles. They seem to be a lot smaller in size if that makes sense than what you used to be.* (Interviewee 33, male, low risk)

*They don't seem to stock any three or four litre cider anymore. I think the only one is the two-litre... You know, the cheaper ciders? They don't seem to stock the... They used to have the big three-and-a-half litre ones in there that I don't really see anymore. I don't know whether that would just be outpriced by the minimum pricing and wouldn't make it worthwhile.* (Interviewee 34, male, increasing risk)

One interviewee noticed that the strong ciders and strong lagers were not available to buy in the top-six supermarkets anymore and that the only place to buy this type of drinks was now in off-licences and convenience stores:

*In my experience, I'd definitely say the cheap lagers, the [brand] and stuff, which are 99p a can, you only will tend to see them in the off-licences, so [shop name] and [shop name] and [shop name] and stuff. You won't see them... When we spoke before, in [shop name] they had this really cheap cider, like a two-litre bottle for £2. Then that went to £5 so people will stop buying it. In these corner shops, you can get them, probably like the cheap lagers, but in big supermarkets, like [Supermarket name] and stuff, you won't see them at all in there. (Interviewee 31, male, increasing risk)*

One survey respondent also reported seeing bottles of strong cider return to her local convenience store:

*I didn't see [cider brand] in the large bottle for a while, but I see that it's back now in my local [shop]. (Survey respondent, 78, Female, increasing risk, employed full-time)*

Another interviewee said that the alcoholic products he no longer saw available in shops were some cheap spirits and strong lagers:

*And things like [brand], I don't know if people still drank them, but I've not seen those around either. You always used to see those in the local off-licences didn't you more so? But I haven't seen those either at all. ... I can't remember the price but I know they were some of the cheaper... [brand] was one of the cheapest spirit types wasn't it? And you used to see some of the cheaper brands of lager as such in the local Polish shop in the particular I go to, but I've not seen that for a while either, so I don't know if they've been hit by the new legislation or not or the new prices. But I would have expected it to be in the cheaper end of brand as it was before shall we say. (Interviewee 19, male, low risk)*

One survey respondent mentioned the absence of a particular Irish lager while another noted a change in the availability of a particular strong lager. This respondent went on to describe changes in the strength of other brands of lager prior to the implementation of MPA:

*The wider impact is the contribution of the policy alongside the UK government punitive duty taxation and the resultant actions being taken by manufacturers to reduce abv yet still charge the same price. Eg [brand], [brand], ([brand] see the court case<sup>51</sup>). [Brand], [brand] from 5 to 4%<sup>52</sup>. (Survey respondent, 56, Prefer not to say, low risk, other)*

Two other respondents noted a change in the availability of cheap wine (e.g. 'red wine from [retailer]') including one who referred to the quality of wine that was available:

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<sup>51</sup> In 2017, Carling Brewery was taken to court by HMRC on the grounds that it had not paid sufficient taxes. The brewery argued that the actual strength of its lager was lower than advertised (3.7% versus 4.0%). This 0.3% difference resulted in an apparent tax deficit of £50m ([Badenhorst, 2017](#)).

<sup>52</sup> In 2012, the alcohol volume of Becks, Budweiser and Stella was cut from 5% to 4.8%. In 2021, the alcohol content of Stella was reduced to 4.6% ([Katie Weston, 2021](#))

*The better wines have been taken off shelves as a result leaving poorer choices and encouraging customers to buy 2 bottles instead of the 1 better quality 70cl bottles. (Survey respondent, 44, Female, low risk, employed part-time)*

Finally, one interviewee reported that since MPA was implemented in March 2020, retailers started to sell alcoholic drinks at a higher price, but with a lower alcoholic content:

*R: I noticed that a lot of it has decreased in the volume. They're starting to bring the volume down but the prices up.*

**I: So, the volume down?**

*R: Yes, and the price up to stop people from getting a bloody habit. For a lot of people I think it's worked, because they can't really afford to do it.*

(Interviewee 110, male, possible dependence, hostel sample)

One survey respondent commented on a perceived deterioration in the taste of lower strength alcohol and a subsequent shift to purchasing alcohol in England where MPA had not been implemented:

*The products no longer taste as nice because of the abv reduction. Anger and frustration at the Labour government interfering in people's lives.*

*Purchasing products in England rather than Wales. (Survey respondent, 56, Prefer not to say, low risk, other)*

Another explained that the lack of availability of higher quality wines had led to an increase in their alcohol consumption:

*Where I would have purchased and made last the better quality, now buying 2 bottles of the cheaper quality and then possibly using the 2nd bottle... totally defeats the object of the exercise really. (Survey respondent, 44, Female, low risk, employed part-time)*

For the most part, however, survey respondents were unaffected by the change in availability of alcohol products. This was largely because their drink of choice was unaffected (e.g. '*I don't drink [cider brand]*') or because they had switched to alternative products (e.g. '*It has resulted in me buying other products*', '*I buy her an alternative*'). The impact of MPA on drinking and purchasing patterns will be discussed further in the next chapter.

## **Summary**

Whereas the previous chapter examined drinkers' awareness of MPA policy more broadly, this chapter investigated their awareness of price changes and product availability. Participants were fairly evenly split in terms of whether or not they had observed any price changes since the introduction of MPA. Those who had not noticed anything indicated that this was because their drink of choice was not affected by MPA or because they did not purchase alcohol often enough to notice any changes. When changes were noticed this was most commonly in relation to

the price of strong ciders although some changes were also noted in the price of strong lagers, spirits and wine.

Some drinkers noted the absence of offers and discounts in Wales that were still available in England, and some responded to this price differential by travelling to England to buy alcohol at cheaper prices. Few participants noted any change in the availability of alcohol products. However, those who did notice, spotted changes in the size and strength of various products, particularly cider and strong lager. There was also some indication that certain products were now only available in the smaller convenience stores.

## **7. Impact of MPA on drinking patterns**

This chapter examines changes in drinking and purchasing patterns over the two-year period following the introduction of MPA in March 2020. Given that a key aim of MPA is to reduce alcohol-related harm (by reducing alcohol consumption, particularly of the cheap high-strength products) an important part of the evaluation is to examine the impact of MPA on drinking patterns. To this end, the survey and interview included questions asking drinkers if there had been any changes in their alcohol consumption (including quantity consumed, frequency of consumption and the type of alcohol consumed) since MPA had been implemented. Questions were also asked about what factors including MPA, COVID-19 or any other issue, may have led to any changes. This chapter draws on both the interview and survey data to investigate these important issues and assess whether MPA is making progress towards achieving its aims. The first part of the chapter focuses on changes in quantity and frequency of alcohol consumption while the second concentrates on the reasons why any changes were made.

### **Changes in quantity and frequency of alcohol use**

At the time of completing the survey most respondents (about two-thirds) were drinking about the same quantity and frequency as before MPA had been implemented. Those who had made changes were fairly evenly split (15-16%) in terms of whether or not they had increased or decreased the quantity or frequency of their drinking (see Table 7.1). Significant differences among survey respondents were noted for only two of the core socio-demographic variables and only in relation to quantity consumed not frequency of drinking. Drinkers with low/medium scores on the happiness and worthwhile scales were more likely than those with high scores to report increases and decreases in the amount of alcohol consumed<sup>53</sup>.

Like the survey respondents, the majority of interviewees had also made no changes to the quantity of alcohol consumed since MPA had been implemented. When changes were reported, decreases were more commonly reported than increases. This pattern of change was valid across all types of drinkers but was less common among the dependent drinkers. In the sections below, further details are provided about the reasons for any changes as well as for the absence of any change.

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<sup>53</sup> To facilitate the statistical analysis and ensure sufficiently large cell sizes, the categories of these variables were collapsed into three groups: 'increased, stayed the same, decreased'. Happiness: Chi-squared test, 6.812, df=2, p<.05; Worthwhile: Chi-squared test, 7.151, df=2, p<.05.

**Table 7.1 Changes in quantity and frequency of drinking since March 2020 (survey responses)**

	N	%
<b>Quantity</b>		
Yes – I am drinking a lot more	4	2%
Yes - I am drinking a little more	23	13%
I am drinking about the same as before	127	69%
Yes – I am drinking a little less	17	9%
Yes – I am drinking a lot less	11	6%
Yes – I have stopped drinking	1	<1%
<b>Frequency</b>		
Yes – I am drinking a lot more frequently	4	2%
Yes - I am drinking a little more frequently	26	14%
I am drinking about the same as before	122	67%
Yes – I am drinking a little less frequently	15	8%
Yes – I am drinking a lot less frequently	15	8%
Yes – I have stopped drinking	1	<1%
<b>TOTAL</b>	<b>186</b>	<b>100%</b>

Notes: Some missing cases.

## Explaining patterns of alcohol use post-implementation of MPA

Survey respondents who reported changes in their patterns of alcohol use in the period following implementation of MPA, were asked to explain why they had made those changes. The results are presented in Table 7.2 below. As noted in the first follow-up, drinkers were far more likely to attribute changes in drinking patterns to COVID-19 than to MPA (Holloway et al., 2022). Indeed, most survey respondents indicated that MPA had *not* been a factor in causing any changes in the amount or frequency of their alcohol use. By contrast, approaching two-thirds of respondents identified the pandemic as a major factor (33%) or minor factor (29%). It was in only a small number of cases that MPA was identified as either a major factor (2%) or a minor factor (14%) in causing any change.

Statistically significant differences were found for several of the core socio-demographic variables. Drinkers with low/medium levels of life satisfaction, low/medium scores on the worthwhile scale, low/medium levels of happiness, in receipt of benefits, and with lower levels of household income were more likely than their counterparts to identify MPA as either a major or minor factor in the change to their drinking since March 2020<sup>54</sup>. The implication is that drinkers with a lower quality of life and lower incomes were more affected by MPA than drinkers with higher incomes and a better quality of life.

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<sup>54</sup> Income: Chi-squared test = 9.374, df=1, Fisher's Exact Test p<.01; Benefits: Chi-squared test = 8.077, df=1, Fisher's Exact Test p<.05; Happiness: Chi-squared test = 5.386, df=1, Fisher's Exact Test p<.05; Worthwhile: Chi-squared test = 8.036, df=1, Fisher's Exact Test p<.01.

**Table 7.2 Were the reasons for the amount/frequency related to MPA, COVID-19 or some other factor?**

	N	%
MPA – Major factor	3	2%
MPA – Minor factor	21	14%
MPA – Not a factor	126	84%
COVID-19 – Major factor	50	33%
COVID-19 – Minor factor	45	29%
COVID-19 – Not a factor	58	38%
Other issue – Major factor	27	24%
Other issue – Minor factor	14	13%
Other issue – Not a factor	71	63%
<b>TOTAL</b>	<b>186</b>	<b>100%</b>

Notes: Some missing cases.

#### *Decreases in alcohol consumption*

Among those interviewees who decreased their consumption of alcohol, a small number stopped drinking alcohol altogether. One formerly dependent drinker attributed his newly achieved abstinence to a combination of factors including COVID-19-related restrictions and growing tired of the drug-using lifestyle, with MPA supporting the decision to stop:

**I: So, would you say minimum pricing has...**

R: In a way, yeah, definitely. Thinking about it now, obviously, yeah.

**I: So, it's helped you stop drinking.**

R: Yeah. ... I was still necking the vodka, still drinking the lager or whatever, but then because it was like, you're in lockdown, you've got to go to the shop and... to me I was thinking, I just can't be bothered. So, I would make the vodka last even if it was two or three days, do you see what I mean?

Because then because I suffer with mental health as well, being stuck in a room ... then, to be honest, but then gradually, over time, I was thinking, it's pointless me doing it. I could be doing something different, going for a walk, instead of going to the shop and getting the vodka, so gradually, that's what I did. ...

**I: Do you get any professional support to help you stop drinking, or did you just cut it down yourself?**

R: Well, to be honest what happened, I was arrested, that was through alcohol. I just went on a mad one, got arrested.

**I: What, drunk and disorderly or shoplifting or...**

R: Just drunk and disorderly and then was locked up and thought, I can't keep doing this. So, I thought, there comes a point where you think to yourself, that is it. ...

**I: If you had to say of those three things, COVID, minimum pricing and just having enough, which one do you think was the biggest impact on your decision to stop drinking?**

R: Getting arrested and COVID I think, probably. If COVID hadn't come in, I'd still be drinking.

**I: So, the price change just helped support that decision.**

R: Yeah. (Interviewee 142, female, non-drinker, hostel sample)

The reinforcing effect of MPA noted by this interviewee was also noted by another interviewee who had stopped drinking primarily for health reasons:

R: Well, it was health reasons initially, but I went back and I was just having a couple of... Over Christmas and New Year, perhaps two or three glasses of wine a day, that sort of thing. Not much at all. Not compared to before. Then I thought, "I'll stop again. I didn't really miss it last time," so I stopped. The benefits, the health benefits, were obvious after about a fortnight or so. I've lost half a stone in weight; I've lost an inch off my waist. I sleep better, my blood pressure's down, and I feel like I have a lot more energy. I think it's because, because of my age, I just wasn't recovering from having a few drinks like I used to when I was younger. It just bounced off me, but it was affecting me. I didn't realise until I stopped that yes, the drink was affecting me. Interestingly, coming to price, it wasn't price that stopped me drinking, but price is one of the things that's reinforcing my idea not to start again, because I'm looking at the price, which is gradually going up, and I'm seeing that a bottle of anything worth drinking is between £8 and £9 these days, as opposed to what used to be £6 or £7. Each day I'm thinking, "Look at that saving." I'm saving £200 a month.

**I: That is a big chunk of money, isn't it?**

R: Yeah. I'm thinking, you know, it is actually a saving. In a sense it's cost-driven, but it's the saving that helps to reinforce my idea that it would be daft to start again. (Interviewee 21, male, non-drinker)

For some interviewees, health reasons in combination with MPA were responsible for decreases in alcohol use. In the following quotation, MPA appeared to be a causal factor rather than a reinforcing one:

**I: Okay, so can you talk me through what's changed?**

R: Well I'm not drinking as much and it's not like an everyday thing now because it's all getting too dear now and I just can't afford it every day now.

**I: Okay, so you're not drinking every day. How often are you drinking then?**

R: Like every other day now.

**I: Okay. And is it just cider that you're drinking?**

R: Yeah, yeah, cider that's it.

**I: So not vodka?**

R: No.

**I: Okay. And before the prices what was your drinking like then? It was every day?**

R: Oh that was heavy, yeah, every day heavy drinker.

**I: And was it vodka as well as cider then or...?**

*R: Yeah, it was more than that, yeah.*

**I: Okay. So why did you make the change then? Why did you stop drinking so much?**

*R: Because of the pricing.*

**I: So you would say it was to do with the price, okay.**

*R: Yeah and my health.*

**I: And your health as well.**

*R: Yeah because I kept collapsing and that. (Interviewee 23, female, possible dependence, hostel sample)*

Health reasons were commonly reported by interviewees who had reduced, but not stopped, their drinking during the period since March 2020. For some drinkers, the health issues were related to ageing:

*R: It was mainly for my health really. The government... I saw that they said drinking more was worse for you or drinking the amount... they changed the amount of units that you were allowed to drink, I believe or they suggested you drank. It went down or went up and I thought well I'll stop doing that and one day I just stopped. I just decided that's it... And I just stopped. To be quite honest with you I never thought I'd be able to do it, but I just did. Literally one day I just decided that's it, I'm not going to drink anymore ...*

**I: So it was mainly just that you became aware of your health problems and...?**

*R: No, I didn't have any health problems. I just decided that I was getting older, so I thought well no you can't... well as you get older you can't drink as... I used to go out and drink ten pints and think nothing of it, but I couldn't possibly do that now. Well it would probably kill me if I tried to do that now. But I just decided for the sake of my health I'd stop drinking or I'd cut down and I just stopped. (Interviewee 105, male, non-drinker)*

**I: So, why has your drinking changed? Is it related at all to minimum pricing?**

*R: No. Just down to me, because I know I'll end up dying if I carry on doing that. So, I try to... tend to, if I have a hard week, I'll either have two bottles of wines and I know that I'm alright, but there's only so much you can do. (Interviewee 137, male, possible dependence, hostel sample)*

**I: So, it's the same quantity and the same types of alcohol and the same brands?**

*R: Yes. I probably drink a little bit less but that's for health reasons not because of minimum pricing.*

**I: Okay, can you tell me why that is the case?**

*R: Well, because I was advised that you shouldn't be – I think up until a couple of years ago, I would be having a glass of wine most nights and I don't anymore. But nothing to do with minimum pricing of alcohol at all, no.*

**I: Did COVID influence any of...?**

*R: No, it didn't, no. (Interviewee 17, female, increasing risk)*

Health reasons were also commonly reported among the survey respondents who had reduced their consumption of alcohol in the period following implementation of

MPA. Some respondents listed specific health issues and concerns while others offered more general comments: ‘*pregnancy*’, ‘*weight gain*’, ‘*Type 1 diabetes*’, ‘*became gluten intolerant*’, ‘*the hangovers aren’t worth it*’, ‘*I have acid reflux*’, ‘*health issue*’).

A small number of interviewees reported that they had decreased their alcohol consumption due to MPA and the increase in price alone:

**I: So, what we’re trying to find out is whether or not the price increase has affected your drinking.**

R: Of course, especially for people like me<sup>55</sup> because we like to drink in moderation and control ourselves, and to survive and drinking and shout at people, of course, it’s difficult.

**I: So, has your drinking changed as a result of the price increase?**

R: Of course.

**I: So, can you tell me about that?**

R: Well, instead of buying five cans, you can [only] buy two. (Interviewee 152, male, non-drinker, hostel sample)

**I: Since minimum pricing came in in the last two years, has your drinking pattern changed at all?**

R: I’d definitely say I’m drinking less.

**I: Less, okay. In what way are you drinking less, and why are you drinking less?**

R: I would usually buy a crate before minimum pricing, but now I would drink four because obviously it’s a lot cheaper.

**I: Okay. You’re drinking less, and is that because of minimum pricing?**

R: Yes. Definitely ... it’s just more expensive now than it was last year. (Interviewee 31, male, increasing risk)

Similarly, two of the three survey respondents who indicated that MPA was a major factor in reducing their alcohol consumption attributed this to the price increase: ‘*Alcohol is too expensive*’ and ‘*Can’t afford to drink as often*’. One respondent who indicated that MPA had been a minor factor in reducing their frequency of use explained that they had switched from vodka to wine<sup>56</sup> due to the price increase and was drinking fewer units of alcohol as a result:

*I have continued to drink the same as I usually would generally. However, may buy a bottle of wine from the shop rather than a bottle of vodka due to the price increase.* (Survey respondent, 68, Female, possible dependence, employed full-time)

Some interviewees and survey respondents attributed the reduction in the amount of alcohol consumed specifically to COVID-19 and its related lockdown, which led to less socialising opportunities and a change in working patterns:

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<sup>55</sup> This interviewee was homeless at the time of interview and English is not his first language.

<sup>56</sup> Further discussions about switching alcohol types are presented later in this chapter.

*Yeah, definitely. Particularly around COVID. So, pre-COVID, I used to go out and socialise with my friends quite regularly. We'd have a night out at least once a month, and that would involve obviously drinking. Drinking at home and then getting drinks out, and then we'd go out and watch rugby on match days, things like that. Then once COVID had hit, and obviously we weren't doing that anymore, my alcohol consumption just decreased massively.* (Interviewee 107, female, low risk)

*As I never drink at home the opportunity to drink in pubs, friends houses was invited during lockdown and still hasn't gone back to pre-Covid regularity.* (Survey respondent, 4, Male, increasing risk, employed full-time)

*I tend to drink mostly when going to sporting events such as the football. During covid lockdown, the football was cancelled so didn't go out.* (Survey respondent, 73, Female, increasing risk, student)

*Massively, pre-Covid I was going out a lot more to pubs, bars and clubs so drinking a lot more. Now most of my socialising takes place in homes or restaurants where I don't bother drinking.* (Survey respondent, 70, Female, increasing risk, student)

Finally, a few interviewees attributed the reduction in the amount of alcohol consumed to changes in their lifestyle, such as finishing university and securing a full-time job, becoming more mature and COVID-19:

*R: I'm definitely drinking a lot less alcohol, but that's just more from obviously going from university where there's that culture and working in a pub which you did drink quite a bit as part of that workplace environment, but moving to this new job role, obviously I've just cut back massively.*

***I: Okay, so it did change the patterns and the quantities but that's nothing related to MPA or COVID lockdown?***

*R: No, it's all just job and my own kind of stuff. So, it's been nothing to do with the prices obviously increased and COVID.* (Interviewee 14, male, low risk)

*R: I probably drink less, but that really is because it coincides with lockdown and the end of university, so I've settled down with my drinking patterns and don't go on nights out anymore. It's more of a chilled drink.* (Interviewee 4, female, increasing risk)

***I: Okay, great. Since minimum pricing was introduced, so in the last couple of years, has your pattern of drinking changed?***

*R: It's changed, but not as a result of the price. It's more behavioural change within myself rather than that, but it has changed if that makes sense. ... I think I just drank so much before. As a youngster growing up, I drank a lot. We were drinking all sorts of stuff. I think as I've got older now I've learned that it complements food. Certain drinks complement certain foods, and I just enjoy it more now. I think I just drink to enjoy the drink, rather than drinking it to get drunk, if that makes sense.* (Interviewee 18, male, low risk)

Survey respondents also offered a range of 'other' explanations for decreasing their use of alcohol. These issues included mental health problems (e.g. '*stress of work*'), relationships issues ('e.g. '*becoming single*') and family responsibilities (e.g. '*children*', '*health and family reasons*'). Interestingly, these reasons were given for both decreases and increases in quantity and frequency of drinking suggesting that people with similar problems respond to the same stimuli in different ways.

#### *Decreases in consumption followed by increases*

A few interviewees reported a decrease followed by an increase in the amount of alcohol consumed since March 2020. All these individuals explained that the initial decrease occurred because of the COVID-19-related lockdown, while the increase happened when the restrictions started to be lifted:

**I: Excellent. Did, let's say, COVID or the lockdown affect your drinking patterns in any way?**

R: Actually, it did, because I was one of the shielding patients. I didn't drink at all when I wasn't able to shop.

**I: ... So, you didn't have anyone to do your shopping for you?**

R: I did. I had family that would pick up my shopping, but I felt it was an imposition to ask them to buy me drink. ...

**I: Okay, excellent. You didn't spend money on alcohol at all then, when you were shielding?**

R: No. No, I didn't, no.

**I: After you weren't shielding anymore, were you able to buy your drinks if you wanted to by yourself?**

R: Yes. (Interviewee 20, female, low risk)

**I: Okay. So since minimum pricing came in, so we're thinking back March 2020, so the past two years, has your drinking pattern changed?**

R: With COVID yes. But now that COVID has... now that we're back to normality, my drinking has probably gone back to what it was.

**I: So this is the same pattern that you had before minimum pricing?**

R: Yes. (Interviewee 26, male, increasing risk)

R: It's probably after since COVID has... the restrictions have been lifted, then our drinking, we've gone to that two to four times per month, whereas it was probably less because we weren't seeing friends and family as much.

**I: Okay, so it reduced a bit during lockdown?**

R: Yes, I think so during COVID. (Interviewee 33, male, low risk)

#### *Increases in consumption*

A few interviewees across all types of drinkers reported an increase in the amount of alcohol consumed since MPA was introduced in March 2020. One interviewee attributed this increase to the COVID-19 lockdown and the fact that they were staying more in the house and had nothing else to do:

Yes, I started drinking more because of the pandemic because I was staying home and that and I wasn't allowed people in the house, into my flat, so I would just go to the shop, buy drinks and sit in the house and drink all day kind of thing. (Interviewee 153, male, possible dependence, hostel sample)

Increases linked to COVID-19 and the lack of socialising opportunities were also reported among the survey respondents:

*Covid meant we were at home more and unable to socially drink so drank more at home especially as there were little to no responsibilities.* (Survey respondent, 21, Female, increasing risk, student)

*I drunk more alcohol during Covid due to not being able to go anywhere. Rather than having 1 drink over the weekend, such as a Saturday, with friends on a night out – it changed to drinking more throughout the week with different groups of friends and family through online video calls and quizzes etc. Also, due to the strain I faced in work and feeling the stress of Covid-19, I felt I would go home from work and drink more often as I had no other way to relieve stress such as going out for meals with friends or meeting with friends.* (Survey respondent, 68, Female, possible dependence, employed full-time)

Other respondents also described their increase in consumption as a form of self-medication to cope with the stress and boredom of the pandemic:

*Trying not to dwell on the awful implications of the impact of Covid on everything*  
*Having a glass of wine became a routine of self-nurturing during lockdown.* (Survey respondent, 44, Female, low risk, employed part-time)

*As at home more it was used as a way to break up the monotony.* (Survey respondent, 97, Female, increasing risk, employed full-time)

One dependent drinker who had managed to stop drinking before the lockdown explained that they relapsed when they were placed in a hostel that was accommodating other dependent drinkers. Other contributing factors cited by this interviewee were breakdowns in their relationships with their family and partner, and boredom:

*R: I have gone through... I went to rehab and I was sober until the lockdown and I had a flat and everything until lockdown, then I relapsed.*

***I: Was it because of the lockdown then?***

*R: Because of the lockdown, because family falling out, relationship fall out, other stuff. I told the Council not to put me in with people from here. To put me somewhere different with other people, things to do. What did they do? They put me in a flat with an alcoholic. I became an alcoholic; they put me in with another alcoholic, who's coming down every day, who's begging me for money. So, because he was pulling on my heart strings, in the end, me and my ex-partner, we've split up now my ex-partner, we had to everyday limit out of our budget, money to give him. In the end, we ended up just drinking with him, because I thought, well I've had enough. He's in my face every day; we can only go out an hour a day, so I started drinking bad style. When I drink I just get out of hand. It's no good for me drinking.* (Interviewee 139, female, possible dependence, hostel sample)

Another dependent drinker reported an increase in the amount of alcohol they were drinking and hypothesised that this might be because of peer pressure or the wide availability and legality of alcohol:

*R: See, the last year now. I've always liked my vodka, but I'm not sure it's on the scale that I have been recently.*

**I: So, it's gone up, has it?**

*R: Yes, unfortunately. I don't know if it's peer pressure or just... I don't know. I don't make excuses but it can be difficult. And it's widely available, and it's legal. It's everywhere. So, you... I would love to be one of those that could just have one or two. (Interviewee 110, male, possible dependence, hostel sample)*

One interviewee reported an increase in the amount of whisky consumed and attributed this change in drinking patterns to the COVID-19 lockdown and the fact that they started having Zoom drinking sessions with some of their friends:

**I: No change at all, and there's been no change with COVID or any other factors either?**

*R: I'm maybe drinking more whisky since COVID, but that's largely because some friends and I set up a whisky tasting group over Zoom during lockdown. So, that's greatly increased the amount of whisky I have as a result of that. But my drinking by myself or with my wife has not changed. ... Yeah, some friends, some other people I know are doing it as well, and it was just something that came out of those early COVID days. ... Yeah, it was. It was a nice thing to do and we just kept it up. (Interviewee 109, male, high risk)*

Finally, one interviewee reported drinking more because they suffered a health incident and felt that drinking alcohol helped them relieve the associated stress:

**I: Okay. So do you think that your drinking pattern has changed in any way since March of 2020?**

*R: Well it's gone up.*

**I: So it's gone up?**

*R: Yeah, I used to drink one bottle of port a year. Now I drink one every other night.*

**I: And so that's since it's been introduced then?**

*R: Yes.*

**I: Do you think that those changes have occurred because of the implementation or...?**

*R: No nothing to do with that. I had a bit of a health scare two years ago and that was what... I just have a... it helped relax.*

**I: Okay. So the lockdowns or COVID or nothing like that?**

*R: No, nothing to do with COVID whatsoever. (Interviewee 106, male, low risk)*

#### *Increases in consumption followed by decreases*

Several interviewees and survey respondents reported an increase followed by a decrease in the amount of alcohol consumed in the period after the implementation

of MPA in March 2020. All of these drinkers attributed the increase to COVID-19-related stress, boredom and lack of socialising opportunities and the subsequent decrease followed the ease of lockdown restrictions:

**I: Has your drinking pattern changed in any way over the past two years?**

R: Yes. I think there were points during the pandemic we were drinking more regularly, so probably drinking every night that wasn't a fast night, really. Recently, I've tried to have more no-alcohol evenings. Because I'm concerned about my weight and I know that alcohol is... I don't eat that much, so I think a lot of my problem is the alcohol combined with lack of exercise. I'm thinking about it in more dietary terms than anything else. (Interviewee 30, female, low risk)

*Well, I remember having the conversation when my drinking patterns had changed quite considerably during lockdown, an increase. That's probably stabilised a bit now back to where it was before. Not drinking spirits, not drinking daily, not in the house all the time. In the house, you can just slip into a pattern of habits, a drink by five o'clock, isn't it, rather than waiting until you've had your full day, "No, nine o'clock for the beer." It's different, isn't it? I'd say that's changed. Life is busier now ...* (Interviewee 34, male, increasing risk)

**I: You did cut back a bit?**

R: Yes. We can fit them all in the bin now!

**I: Okay. That was a conscious thing because you thought you were drinking too much?**

R: Yes. Not so much when you're doing it, but it was more then when it's right in front of you, you've got all the bottles lined up and you can't even fit them in what is a standard household bin, and there's only two of us so they're for bigger families as well, everyone's are the same size. Once you see it like that it's like, "Oh, okay, didn't realise we've drank that much this week." (Interviewee 3, female, increasing risk)

*I started drinking more frequently (but lower amounts) during lockdown. I have reverted back to my original pattern now.* (Survey respondent, 78, Female, increasing risk, employed full-time)

*Staying at home in the pandemic for the excessive periods of time led to me drinking slightly more due mainly to boredom. I am probably now drinking exactly the same as before COVID-19 again.* (Survey respondent, 110, Male, low risk, employed full-time)

One dependent drinker described a similar initial increase in her pattern of alcohol use due to the COVID-19 restrictions. However, partly in response to the price increases generated by the introduction of the MPA in Wales, she enrolled into a detoxification programme and was abstinent at the time of the interview. Her case is particularly important because it highlights some of the effects of the pandemic on the most vulnerable drinkers.

First, she described suffering from alcohol withdrawal after the shops had closed earlier than usual due to COVID-19 restrictions:

**I1: Okay. Did the pandemic have any impact on your drinking?**

R: Yeah.

**I1: Yeah? Can you tell us a bit about that?**

R: They changed the hours they could serve alcohol.

**I1: Oh yeah.**

R: Sometimes I wouldn't have the money. It would take a while to get the money, and by the time I got the money everybody stopped serving alcohol. Then I had a really bad experience when I went down to the 24-hour garage where everyone goes, down to the 24-hour garage to get their beer once they've got their money, then they get their alcohol. I'd gone down there rattling, needing a drink, but I'd got the money and he said, "Sorry, we can't serve after 10:00." I said, "This is the 24-hour garage." He said, "COVID, I can't serve." So, I'd gone all the way down there from here, gone down to Cathedral Road, and he said that. Got the money in my hand, I'm shaking, I'm sweating, I'm spewing, and he said, "I can't do it, because we stop serving at 10:00." ...

She went on to explain that the shorter opening hours had forced her to drink alone more quickly and in larger amounts than before the pandemic:

R: I think... When I was struggling for money it was hard, because obviously I would sit by [Supermarket] [begging] and nobody was about, really.

**I1: So, you're not getting people giving you money.**

R: Yeah. And I hated doing it. Hated doing it. I was only doing it as well... I needed a drink in me to be able to sit there, because I was so anxious when I was sitting there. I'd be rattling and trying to sit there. But you know, ... probably drinking more. Ended up drinking more by myself. So, going out when I did get paid, go out, buy a drink, go back to the hostel, but it's just literally to the shop, back, neck it in my room. I drank it quicker, drank more.

**I1: More quickly, more quantity, and more on your own than you were before?**

R: Yeah. (Interviewee 39, female, possible dependence, hostel sample)

The same interviewee went on to explain that following an incident that left her in hospital she took the decision to enrol into a detoxification programme. MPA and the higher price of alcohol clearly played an important role in her decision to stop drinking:

**I1: So, do you think minimum pricing had any impact on that decision?**

R: Yeah, I do, because I thought, I can't afford to drink and do normal things like live a normal life. I can't afford to drink and eat and look after myself. Get clean, get tidy, get clothes and that. All the money's going on alcohol because it's dear. (Interviewee 39, female, possible dependence, hostel sample)

### No changes in consumption

Most interviewees and survey respondents had made no changes to their drinking since March 2020. Most of them did not offer any specific explanations why this was the case. However, one interviewee commented that his life was as chaotic and busy as it had been before the pandemic albeit without the need to drive anywhere. In other words, nothing had really changed for him:

*R: Not really.*

**I: So, it's not impacted on you?**

*R: Not personally. (Interviewee 110, male, possible dependence, hostel sample)*

**I: Has your drinking pattern changed in any way at all since March 2020?**

*R: No. (Interviewee 116, male, low risk)*

**I: Since MPA has been introduced, has your drinking pattern changed in any way in terms of quantity?**

*R: None at all. None at all. (Interviewee 13, male, increasing risk)*

**I: Great. So, has your drinking pattern or purchasing pattern changed at all since March 2020?**

*R: No.*

**I: So, even during lockdown, did anything change, or did you carry on the same?**

*R: No, nothing changed. I was working from home, more than full-time. My wife was running a COVID lab so our life was just as chaotic and busy work-wise as it had been before without getting in a car. (Interviewee 144, male, increasing risk)*

Among the few interviewees who did comment on the reasons why their consumption of alcohol had not changed, most suggested that this was because their preferred type of drink was not affected by MPA:

**I: Since minimum pricing was introduced, has your drinking pattern changed in any way? In 2020?**

*R: No, because it doesn't affect brandy, does it?*

**I: No, and the quantities are the same?**

*R: Yes. (Interviewee 11, female, possible dependence)*

**I: Has your drinking pattern changed since minimum pricing came in?**

*R: Not at all because of minimum pricing, because the things that I drink and the places that I drink mean that it's not covered by minimum unit pricing. (Interviewee 27, male, low risk)*

**I: So, nothing in terms of quantities, types of alcohol, brands?**

*R: No. I don't think because we wouldn't buy the likes of the larger bottles of the cheap cider and things like that. That's not something we would drink. So, we've maintained with the bottles of bitter and things like that. So, what we drink has not changed. So, we're not drinking often enough for it to affect*

*us, the price difference. Doesn't make any difference for us anyway.*  
(Interviewee 33, male, low risk)

A small number of interviewees said that they were either not drinking enough or the price difference was insignificant for them to affect the amount of alcohol they consumed since the introduction of MPA:

*No, it didn't have any impact on me because we don't drink much. So, when I feel like, I will get what I want. But like I said, what I buy, maybe there is a 50p difference. So, it's not really impacted and I was still able to buy it. Probably if it was £5 more then I wouldn't buy it, but the change was not that much in the shop.* (Interviewee 132, female, low risk)

*I don't think it has. We didn't tend to go out for that much drink anyway, just special occasions. So, in and out of lockdowns and things, I don't think it's particularly changed if I'm honest.* (Interviewee 146, male, low risk)

Finally, one dependent drinker reported that neither MPA, nor any other price-related policies would affect their drinking pattern because they had always shoplifted the alcohol that they were drinking:

***I: Okay. What I'm trying to get at, has the pricing impacted you at all? It sounds like it's not impacted your drug use, your alcohol use...***

*R: No, because I'm a shoplifter, that's why.*

***I: You shoplift, so it's fine.***

*R: It's fine.*

***I: Got you.***

*R: Got me now, yeah?*

***I: The shoplifting means that the price isn't affecting you at all?***

*R: No, not at all.* (Interviewee 124, female, possible dependence, hostel sample)

## Summary

In this chapter changes in drinking patterns over the two-year period following implementation of MPA were examined. This is an important topic for the evaluation given that the main aim of MPA is to reduce alcohol-related harm through a reduction in consumption, particularly of high-strength products. The majority of drinkers in this study continued drinking at the same frequency and quantity as they had before MPA had been implemented. The main reasons for this were because their drink of choice was not affected by MPA or because they did not drink enough for the price change to impact on them. Some dependent drinkers remained unaffected by price changes due to the fact that they stole rather than paid for alcohol.

Among the few who reported changes in their consumption of alcohol, increases and decreases were reported and sometimes both were reported at different points in time. MPA was identified as a factor in causing changes in only a small number of cases. When MPA did play a role, it was largely a supporting role that reinforced

decisions caused by other factors, most commonly health or COVID-19-related factors. However, there were a small number of cases where MPA was a clear instigator for change including one dependent drinker who chose to enter a detox programme because she could no longer afford alcohol.

## 8. Changes in other drinking-related behaviours

It was predicted in previous reports that MPA would lead some drinkers to switch from one type of alcohol to another in order to obtain the best ‘bang for their buck’ (Holloway et al., 2019, Buhociu et al., 2021). Questions were therefore asked in the survey and interviews about whether any changes in the type of alcohol consumed had occurred and if so, why. Questions were also asked about changes in where they consumed alcohol. In this chapter, the quantitative survey results are presented to provide an overview of changes in these alcohol-related behaviours. The chapter then moves on to consider the explanations for any changes drawing on the interview data and qualitative survey responses where appropriate.

### Changes in drinking-related behaviours

When asked about changes in other drinking-related behaviours in the period since MPA had been introduced, the majority of survey respondents indicated that little had changed (see Table 8.1). When changes were reported these were most commonly in relation to the location where they drink alcohol (26%) and who they drink alcohol with (14%). Changes in the type of alcohol consumed since March 2020 were significantly associated with several of the core socio-demographic variables: being an increasing/high risk drinker, scoring low/medium on the worthwhile and happiness scales, and having a lower household income<sup>57</sup>. Changes in where alcohol was purchased were more likely among those with low/medium levels of life satisfaction<sup>58</sup>. Changes in where alcohol was consumed were more likely among women<sup>59</sup>.

**Table 8.1 Changes in drinking-related behaviours since March 2020**

	Yes	No	Total
Type of alcohol	13% (23)	87% (151)	100% (186)
The brand of alcohol	9% (15)	91% (159)	100% (186)
Where you drink alcohol	26% (45)	74% (127)	100% (186)
Who you drink alcohol with	14% (24)	86% (151)	100% (186)

Notes: Some missing cases.

Most of those reporting changes indicated that MPA had not been a factor in the change (see Table 8.2). When MPA was identified as a factor this was more commonly reported in relation to the brand of alcohol consumed (46% of those reporting changes), followed by type of alcohol (35%), location (32%) and lastly who they consumed alcohol with (28%).

<sup>57</sup> AUDIT group: Chi-squared test = 6.558, df=1, Fisher's Exact p<.05; Worthwhile: Chi-squared test = 5.185, df=1, Fisher's Exact p<.05; Happiness: Chi-squared test = 5.923, df=2, Fisher's Exact p<.05; Income: Chi-squared test = 7.177, df=1, Fisher's Exact p<.05.

<sup>58</sup> Satisfaction: Chi-squared test = 4.790, df=1, Fisher's Exact p<.05.

<sup>59</sup> Sex: Chi-squared test = 6.382, df=1, Fisher's Exact p<.05.

**Table 8.2 The impact of MPA and COVID-19 on drinking-related behaviours**

	Was MPA a factor?		Was COVID-19 a factor?	
	Major	Minor	Major	Minor
Type of alcohol	16% (7)	19% (8)	15% (6)	15% (6)
The brand of alcohol	24% (10)	22% (9)	22% (8)	8% (3)
Where you drink alcohol	14% (7)	18% (9)	54% (31)	18% (10)
Who you drink alcohol with	13% (5)	15% (6)	36% (16)	27% (12)

Notes: Among those who experienced changes in the period after March 2020.

## Explaining changes in drinking-related behaviours

### Type of alcohol

When asked about changes in the type of alcohol consumed, a small number of interviewees reported that they had switched from cider to vodka because of the implementation of MPA and the increase in the price of strong ciders. This change was exclusively reported by high-risk drinkers:

**I: Okay. Have you had to change your drinking to cope with that change in price?**

R: You know what? Why should I pay £3 for a can, when I can go into [Supermarket] and buy a bottle of vodka, what, for £7? (Interviewee 125, male, possible dependence, hostel sample)

**I: No more cider, okay. So, you mentioned that's what you used to drink. You said that you used to drink that, but you switched to vodka?**

R: Yeah.

**I: So why did you switch to vodka?**

R: Because the little bottles it's cheaper again. (Interviewee 23, female, possible dependence, hostel sample)

Other dependent drinkers who changed their type of drink because of MPA described a switch from strong cider to two or more other types of alcohol including spirits, wine and/or strong lagers. For instance, the interviewee below initially moved from cider to spirits to cope with the increase in the price of strong cider. This individual explained that switching to spirits was better value for money:

**I: Okay, so why did you switch?**

R: I switched because of the price. I thought it wasn't worth the value, the cider, so I swapped to a spirit and it would have a longer lasting effect whereas the cider... it wouldn't last that long and I'd have a horrible hangover. But then my tolerance went up for the spirits, but it would last longer.

**I: So, was it better value for money?**

R: Yeah, definitely.

**I: And was that the decision?**

R: Yeah, because of the units in it, because it would be like 37% a bottle and the cider was only 7%. Even though it was a three litre, because I couldn't

*work out the units, and I was trying to balance the quantity.* (Interviewee 137, male, possible dependence, hostel sample)

However, after becoming aware of the damage from drinking spirits, this interviewee switched to wine:

**I: So, what are you drinking at the moment? Spirits and wine?**

*R: No, just the wine now. I was drinking the two, which was causing me problems. ...*

**I: Okay. What about wine and not spirits? Why wine and not spirits?**

*R: Because they can do just as much damage... if I drunk them every day for a week and then stop, I get a nag in my stomach, in my pancreas, it starts nagging me.* (Interviewee 137, male, possible dependence, hostel sample)

Another female dependent drinker explained that the MPA-related increase in the price of cider led her to switch to spirits and wine. Interestingly, this interviewee reported that in the event she could not afford wine and spirits, she would steal cider. She was therefore drinking a wider range of alcohol types after MPA had been implemented than she had before:

**I: Okay, so what's your alcohol of choice?**

*R: Wine and spirits. Anything to knock me out. It used to be cider. It still is cider, because if I can't afford wine and spirits then I'll steal it.*

**I: So, before minimum pricing, would you have drunk the big things of cider?**

*R: Yes, and I would have paid for it, and it would have lasted me.*

**I: And now?**

*R: And now what? I'm buying one can for a pound.*

**I: And you're drinking other kinds of alcohol?**

*R: Yes, and I'm stealing them because I've had enough of the pricing.*

(Interviewee 139, female, possible dependence, hostel sample)

Finally, another female dependent drinker described how after the increase in the price of cider she switched to vodka and strong lagers<sup>60</sup>, the latter of which were only available in the EU shops outside of the city centre:

*R: I used to drink a lot of [cider brand], because you'd get a three-litre flagon for £3.99, but nobody drinks [cider brand] now because it's £11.99 for a flagon. It works out cheaper for me to go to [Supermarket] and get a bottle of vodka, because it's £6 for a 35cl bottle, £6.60. So, I was like ... and then I'm onto the vodka, and then I started going to the EU shops in Grangetown and Riverside, because you go there and you can get the nine per cent lagers for £1.50, whereas if you go into [Supermarket], a proper shop, you can't get this... you can't even get a can of nine per cent beer.*

**I: Okay. So, then you shifted away from the [cider brand] and you moved to the vodka. Were you spending more then?**

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<sup>60</sup> A strong lager brewed in Poland was mentioned by several dependent drinkers during their interviews.

*R: Probably spending a little bit more, but it just made more sense because I needed to stop the shakes, and to make me well I needed a strong drink. Paying £11.99 for a flagon of [cider brand] when I could get a big bottle of vodka for £13, you get a big bottle in [Supermarket] for £13, I thought, better off getting that. That started me on the vodka.* (Interviewee 39, female, possible dependence, hostel sample)

The same interviewee explained how she added wine to the list of drinks she replaced cider with, while stressing the fact that she would have been safer and more stable had MPA not been implemented:

**I1: So, you're drinking every day. No more cider, but vodka and some of these [brand of strong lager]...**

*R: And sometimes wine, because you can get a £5.50 13 per cent bottle of wine as well in [Supermarket]. So, sometimes instead of the [strong lagers] I'd get a bottle of vodka and a bottle of wine.*

**I1: So, instead of the [strong lagers] you'd get the wine?**

*R: Yeah, because you have to go out of town to get the [strong lagers]. They don't sell them anywhere in town.*

**I1: So, it's convenience. Would you say that those changes were wholly related to the price change?**

*R: Yeah. I know [cider brand] terrible for you, but I was sensible on it. I'd sip it throughout the day. I wouldn't get involved with doing stupid things. With the vodka, blacking out, I'd just do ridiculous things.*

**I1: Would you say that those bad things are now the result of the shift away from the cider?**

*R: Mmmmm.*

**I1: So, what we've got to try and pinpoint is, is this due to minimum pricing?**

*R: Yeah. I wouldn't have changed otherwise. I'd have just stuck to the cider. And I get more income now, but at the time I didn't. I was on ESA, so I was only getting £225 a fortnight, so that [price] was ideal for me, £3.99.*

(Interviewee 39, female, possible dependence, hostel sample)

Lower risk drinkers also described switching types of alcohol in the period post-implementation of MPA. One reported switching from drinking [branded] Irish Cream Liqueur to wine in order to relieve anxiety:

**I: When did the shift away from [brand]... I was just looking at the last interview we had. When did that happen? That must have been in the last year or so.**

*R: I'd probably say over the last 12 months, mainly just because I have an anxiety issue, and honestly, any alcohol can set me off sometimes or make me feel worse. I find that it's less tempting to drink the wine than to drink the [brand], because I could probably drink a bit more of the [brand] and then feel a bit worse anxiety-wise. I'd say because the anxiety has increased over the last 12 months, that's kind of reduced along with it if that makes sense. Not that it was very frequent in the first place.*

**I: Okay. The change in what you're drinking is not minimum pricing-related?**

R: No.

**I: Is it linked to COVID in some ways? Is your anxiety linked to any changes in life since then?**

R: I'd say it's exacerbated it, but I wouldn't say it's caused it. (Interviewee 36, female, low risk)

Some other interviewees described switching from one kind of alcohol to a 'lighter' type, and in one case this change was attributed to price:

*I did change. I went through a phase of quite liking a gin and tonic when I had my birthday or anniversary or whatever, Christmas, but funnily enough, I think that since lockdown I thought that was a bit too heavy, and if I was going to drink, I think I wanted something a bit lighter. That's why I switched to Perry cider. Everyone switched with me, not that anyone ever drank anything. My husband always had something else because he's not a huge gin fan. My son never drank at all, so it was just me that was affected by this, and I just thought, "Fine, I want something a little bit less heavy and lighter."* (Interviewee 2, female, low risk)

**I: Types of alcohol. You mentioned this, you changed.**

R: I just drink beers instead now because they're cheaper, I think, than a pint of cider.

**I: Brands. You changed your brands.**

R: Yeah, [cider brand] to [lager brand] and [lager brand] and things. (Interviewee 4, female, increasing risk)

Finally, one interviewee explained that since the introduction of MPA in March 2020, their preferred drinks started to be non-alcoholic ones, particularly non-alcoholic lagers and ciders. This interviewee attributed the change to a combination of factors, including COVID-19, the improvement in the taste of these drinks and their perceived wide availability, not just in shops but also in restaurants:

*R: I've also found, I think it's more societal thing really rather than just because of the introduction of minimum pricing, there seems to be a lot more availability both in supermarkets and in restaurants of very low or no alcohol... well I'm talking very low like 0.05%. Some are saying there is alcohol in there, but a very small amount or no alcohol at all. And they've become very available both as I say in restaurants and also in supermarkets.*

**I: And you've started drinking those?**

*R: I've started drinking those and I think there's been a lot of work done actually to improve the taste of them as well. They used to be say a few years ago quite poor in quality, an acquired taste, but I'm thinking now more of like the [brand]. It went Zero or was it ... before as well. Some of the Italian beers as well.*

**I: Yeah [brand].**

*R: They've gone to some available as 0% and they're drinkable. And I'd say with [brand] you can hardly tell the difference. ... They've done a whole range of them which I can't remember seeing until just recently out and about. You saw it occasionally at the supermarkets but I've never actually seen them on restaurant menus before on drinks menus. So that's a big*

*factor really I think within my changes as well. As I say the way I work has changed, the COVID has meant I'm not going out and the introduction of a greater variety of good quality non-alcoholic drinks.* (Interviewee 19, male, low risk)

**Brand of alcohol**

A small number of interviewees did not change the type of alcoholic drink they consumed but instead started drinking more premium brands of the same type of alcohol. Importantly, none of these interviewees were dependent drinkers. For these drinkers the shift in brand was due to a combination of factors including an increase in income, a desire for lighter beverages as well as MPA and price increases:

**I: So, you didn't buy different things or less or...?**

*R: I think my income has increased in the last year, so maybe the brand that I buy has changed.*

**I: So, you're going for the more premium brands?**

*R: Yes, less of the supermarket's own and more premium brands.*  
(Interviewee 146, male, low risk)

*I: I've actually recently changed one of the brands that I buy to a cheaper brand because I was thinking it was getting a bit expensive. That was on cider.*

**I: What brand?**

*R: So, [brand] cider. I've switched to [alternative brand] because it's cheaper. They're not comparable products in a way. One is a bottled premium cider, and the other one is a can, it's aimed at a sort of lower price range, I suppose. They're not like-for-like in that sense. I have switched to be a bit cheaper, and if I'm honest because they're lower alcohol content, and I was thinking that I don't want to... If I have one bottle of [brand] cider it's quite strong. I think it's about seven or eight, whereas the [alternative brand] is more of a lighter cider. That was a factor as well, not just the price.* (Interviewee 30, female, low risk)

Some of the survey respondents also described switching brands. Interestingly, the qualitative explanations given for the switch were mixed with some noting a shift from 'own' to premium brands because the prices had become so similar since MPA had been implemented. For others, however, the 'minimal' price difference between own and premium brands was still significant and they therefore opted for the cheaper of the two:

*There's now little to no difference in cost to own brand drinks compared to their premium counterparts.* (Survey respondent, 9, Male, higher risk, employed full-time)

*I moved from drinking supermarket own brand to premium brand as the cost difference is minimal but the taste is much better.* (Survey respondent, 135, Male, possible dependence, employed full-time)

*I tend to drink more supermarket branded wine now as its cheaper.* (Survey respondent, 40, Male, increasing risk, employed part-time)

One respondent explained that they had started ordering directly from breweries and craft beer shops to get the best value for money:

*Started ordering direct from breweries and from craft beer shops as opposed to picking stuff up in supermarkets. (Survey respondent, 29, Male, increasing risk, employed full-time)*

#### Location of alcohol consumption

A few interviewees across all drinker types also described changes in the location where they drank alcohol in the period since March 2020. All these drinkers said that they were not going out as much as before and were drinking more at home. These changes were attributed to COVID-19 and the related lockdown restrictions:

*Well, we probably drank a bit more at home during COVID to be honest, yeah. Our at home drinking, when the pubs were closed, obviously became greater. But I think now things have returned to so say normality, it's back down to the same, and our at home drinking probably replaced our going out drinking. So, we probably didn't increase the amount we were drinking, but we just drank in a different scenario or a different setting. (Interviewee 129, male, increasing risk)*

*Definitely more drinking at home because you couldn't go out anywhere. For a time when you literally could not even leave the house it was almost like a boredom thing, I guess, that there was nothing else to do. You'd get your food delivered and you'd have a drink. (Interviewee 3, female, increasing risk)*

**I: Since minimum pricing was introduced, so over this past two years, has your drinking pattern changed in any way?**

*R: It's still just as infrequent, I would say. It's just more of a case of a home environment, rather than going out to a pub or a bar or a restaurant, whatever. That's probably the only difference.*

**I: You've not started going back out again?**

*R: Not really. Not for that kind of thing. (Interviewee 36, female, low risk)*

Survey respondents also reported changes in the location of alcohol consumption and, like the interviewees, they attributed this to COVID-19 rather than to MPA. The qualitative explanations suggested that the change of location was due to restrictions on socialising, which meant that alcohol shifted from being consumed in on-licensed premises to off-licensed ones (e.g. '*pubs were shut during lockdown*', '*Only able to drink with my partner*', '*friends not coming out as much since COVID*').

For some respondents this change persisted after the restrictions were lifted:

*I've been going out significantly less since the start of the COVID pandemic. I've only really been to pubs/restaurants etc. during the when sitting outside was an option (e.g. weather dependent). (Survey respondent, 41, Female, low risk, employed full-time)*

*We have stopped eating out because of COVID, and that is where we would have drunk wine. Now we cook more meals at home and have wine with our meal at the weekend, occasionally a Gin and tonic, which we would have had at a pub with friends.* (Survey respondent, 126, Female, low risk, self-employed)

*Yes, though Covid has also changed my drinking habits so difficult to say.*  
(Survey respondent, 50, Female, low risk, employed full-time)

## **Summary**

In this chapter, changes in drinking-related behaviours in the period post-implementation of MPA were examined. The vast majority of drinkers reported little change in either the type or brand of alcohol that they consumed. Those who did make changes were mainly high-risk drinkers who described switching from strong white cider to spirits either alone or in combination with wine and strong lagers. This was because these drinks offered better value for money. In other words, as predicted in previous reports, dependent drinkers bought (or in some cases stole) the products that gave them the best 'bang for their buck'. Changes in brand were also reported with some evidence of a shift away from own brands to premium brands as the price differential decreased. Changes in the location of consumption were more commonly reported (although still in only a minority of cases) but these changes were attributed to COVID-19 and the lockdown restrictions rather than to MPA.

## **9. Changes in household expenditure and alcohol purchasing patterns**

Previous reports predicted that some drinkers would struggle to cope with the price increase and that they would need to shift their household budgets around to free up money to pay for alcohol (Holloway et al., 2019, Buhociu et al. 2021). At the first follow-up, nine-months post-implementation of MPA, it was noted that while most drinkers in our longitudinal study were able to absorb the price increases, some of the harmful drinkers had to make changes to their habits in order to fund their continued use of alcohol (Holloway et al, 2022). In this chapter, the survey and interview data are drawn on to examine the issues among a wider sample of drinkers over a longer two-year period. The chapter begins with a summary of the quantitative survey data relating to changes in household expenditure. It then moves on to focus on alcohol purchasing patterns drawing on the qualitative interview data to explore the reasons for any changes.

### **Changes in household expenditure**

To explore changes in household expenditure in the period since MPA was introduced, survey respondents were asked to indicate if they had increased, decreased or made no changes in their spending in relation to a variety of household costs (see Table 9.1). The majority of drinkers reported no changes in their expenditure with more than half (sometimes well over half) reporting that their expenditure had either stayed the same or stayed at zero for nine of the eleven costs. The two exceptions were household bills and transport costs where increases were reported by 66 per cent and 49 per cent respectively in the two-year period post-implementation of MPA. The large proportion of respondents reporting an increase in expenditure on food from shops/online is also notable (43%). These increases may well reflect the fact that the survey was completed at time when the cost of living was increasing ([Bank of England, 2022](#)).

Increases in expenditure on alcohol were reported by just over one-quarter of respondents but for more than half of respondents (56%), their expenditure remained unchanged. Only a small proportion (8%) reported a decrease in expenditure on alcohol from shops/online in the period since MPA had been implemented. Decreases were most commonly reported in relation to alcohol bought in restaurants/pubs (27%).

**Table 9.1 Changes in household expenditure since March 2020**

	Increased	Decreased	Stayed the same	Stayed at zero	Total
Alcohol from shops/online	28% (51)	8% (15)	56% (102)	7% (13)	100% (181)
Food from shops/online	43% (77)	2% (4)	48% (87)	7% (13)	100% (181)
Alcohol in restaurants/pubs	18% (33)	27% (49)	51% (92)	3% (5)	100% (179)
Food in restaurants/pubs	28% (50)	20% (35)	50% (89)	2% (4)	100% (178)
Non-food groceries	23% (40)	2% (4)	74% (132)	1% (2)	100% (178)
Cigarettes/E-cigarettes	6% (10)	6% (10)	15% (27)	73% (130)	100% (177)
Illegal drugs	6% (10)	3% (5)	11% (19)	81% (141)	100% (175)
Mortgage/rent	23% (41)	6% (10)	51% (91)	20% (36)	100% (178)
Household bills	66% (118)	1% (1)	26% (46)	8% (14)	100% (179)
Child care/activities	11% (19)	2% (4)	22% (38)	65% (113)	100% (174)
Clothing	21% (37)	13% (22)	63% (110)	3% (6)	100% (175)
Transport	49% (87)	20% (36)	28% (50)	3% (5)	100% (178)
Loans/debt	17% (30)	5% (9)	51% (90)	28% (49)	100% (178)
Other [1]	18% (32)	17% (29)	55% (96)	11% (19)	100% (176)

Notes: Some missing cases. [1] Other includes things like savings, health insurance, holidays, gifts.

The changes in expenditure were attributed to COVID-19 far more often than to MPA (see Table 9.2). Indeed, for each item of household expenditure a larger proportion of respondents identified COVID-19 rather than MPA as being either a major or minor factor in the change. When MPA was identified as a major or minor factor, this was most commonly reported in relation to expenditure on alcohol from shops/online or in restaurants/pubs. Although respondents were asked to explain how MPA led to a change in expenditure, few respondents provided further details. However, one respondent commented that MPA had been a minor factor in their decreased expenditure on alcohol from shops/online because they '*can't afford to drink as often due to MPA*'.

The role of COVID was more commonly unpacked and the explanations reflected those described earlier in relation to changes in drinking patterns (i.e. due to stress, not going out drinking so frequently, going shopping less frequently as a precaution against catching COVID and the convenience of online delivery). Importantly, many of those who provided explanations for increases in household expenditure made reference to the rising '*cost of living*'. Evidently, among survey respondents, MPA was understood to have had far less of an impact on household spending than COVID-19 and the cost-of-living crisis.

**Table 9.2 The impact of MPA and COVID-19 on household expenditure**

	Was MPA a factor?		Was COVID-19 a factor?	
	Major	Minor	Major	Minor
Alcohol from shops/online	11% (7)	24% (15)	33% (21)	22% (14)
Food from shops/online	2% (1)	9% (5)	37% (23)	22% (14)
Alcohol in restaurants/pubs	18% (11)	5% (3)	45% (30)	19% (13)
Food in restaurants/pubs	5% (3)	7% (4)	48% (33)	20% (14)
Non-food groceries	4% (2)	4% (2)	16% (8)	14% (7)
Cigarettes/E-cigarettes	10% (4)	7% (3)	11% (5)	11% (5)
Illegal drugs	5% (2)	8% (3)	16% (7)	11% (5)
Mortgage/rent	4% (2)	4% (2)	18% (9)	4% (2)
Household bills	2% (1)	9% (6)	26% (19)	15% (11)
Childcare/child activities	5% (2)	7% (3)	13% (6)	2% (1)
Clothing	2% (1)	5% (2)	34% (19)	14% (8)
Transport	2% (1)	5% (3)	51% (37)	6% (4)
Loans/debt	7% (3)	2% (1)	23% (11)	4% (2)
Other	5% (2)	9% (4)	35% (18)	12% (6)

Notes: Among those who experienced changes in the period since MPA was implemented.

## Explaining changes in alcohol purchasing patterns

Interviewees were asked to describe any changes that occurred in their alcohol purchasing patterns since the introduction of MPA in March 2020 and if changes did happen, to try to explain the reasons behind them. Interviewees were questioned about changes in: 1) the amount of money they spent on alcohol, and 2) where and how they purchased alcohol.

### Changes in the amount of money spent on alcohol

Like the survey respondents, most interviewees reported little change in their expenditure on alcohol. However, some reported increases while others reported decreases. Explanations for these changes are discussed below:

#### No changes

Interviewees from across all drinker types reported no changes in the amount of money spent on alcoholic drinks. Some did not notice any change at all, while others said that the difference was negligible.

**I: £30, okay. How does the amount of money that you're currently spending on alcohol each week compare with the amount that you spent before March 2020?**

**R: It's the same.**

**I: The same, and in the period since MPA was introduced it's stayed the same?**

**R: Same, yes. (Interviewee 1, male, low risk)**

**I: Okay. How does the amount of money that you are currently spending on alcohol each week compare to the amount that you spent before March 2020?**

R: Oh God. I think it's the same. (Interviewee 11, female, possible dependence)

**I: £10, okay. And how does the amount of money that you're currently spending each week compare to the amount that you spent before?**

R: It's negligible, it's neither here nor there. You spend that when you go for a cup of coffee or a McDonalds! (Interviewee 106, male, low risk)

I think it's same amount. I'd say maybe £1 or 50p more but no, I don't see a massive... I see it in the restaurant but not when I buy it in the shop, the stuff I buy. (Interviewee 132, female, low risk)

One dependent drinker reported they were spending the same amount of money as before but had switched to drinks that had a lower percentage of alcohol in their volume to avoid paying more. This change also meant that they were now drinking for longer periods of time throughout the day:

**I: Are you spending more on alcohol now than you used to?**

R: About the same.

**I: About the same. So, things have kind of... you've just reorganised how you drink. It's hard to get to understand. So, those big flagons of cider have lots of units in, but now you're drinking something that is not as strong.**

R: But twice as many.

**I: But twice as many. But is that still cheaper?**

R: Works out about the same, but I'm getting to drink more.

**I: So, why are you not drinking those big things of cider then, if you're spending the same amount of money?**

R: Because I refuse to pay that amount of money for them, when they were only £4.50, now they're £9, I refuse to pay it.

**I: Is that because it's not very nice or...?**

R: I think because it's the government.

**I: Because it's the government? Okay, but you're buying more of the cans.**

R: Yeah, but I'm getting to drink all day long instead of knocking that back and drinking for a couple of hours, I'll get to drink for four or five hours.

(Interviewee 140, male, possible dependence, hostel sample)

Finally, some interviewees reported they were spending very little money on alcohol previously and that had stayed the same since March 2020. The small quantity of alcohol consumed and their lifestyle were cited as reasons as to why their spending on alcohol had not changed:

R: If we say a bottle of wine every week, let's go for that and... less than £10 a week. ...Yes, £7, £8 when we spend it across, frequently.

**I: And has your pattern of drinking and purchasing changed over the last couple of years or since March 2020?**

*R: I don't think it has. We didn't tend to go out for that much drink anyway, just special occasions. So, in and out of lockdowns and things, I don't think it's particularly changed if I'm honest.* (Interviewee 146, male, low risk)

*R: Probably very little. Probably no more than £15 a month.*

**I: ... How does the amount of money that you are currently spending on alcohol each week compare with the amount that you spent before March 2020?**

*R: It is no different.* (Interviewee 20, female, low risk)

**I: How does that compare with before minimum pricing?**

*R: Oh gosh, I don't know to be honest.*

**I: Is it about the same? Is it more, or less?**

*R: It's probably about the same to be honest, because like I said, we don't drink a lot. When we do we binge, that's the problem. Probably not much different, to be honest.* (Interviewee 8, female, low risk)

### Less spending

Most interviewees who reported changes in the amount of money they spent on alcohol since MPA was introduced, reported spending less than they did previously and the overwhelming majority of these interviewees were lower-risk drinkers (scoring low on the AUDIT). The reasons given by these interviewees for spending less money were varied and included changes in personal circumstances, COVID-19 and a combination of both. For instance, several interviewees attributed the reduction in the money they spent on alcohol to a change in their financial circumstances, their lifestyle, and ageing:

**I: So, would you as a result then, obviously would you say that you're spending less money overall then on alcohol?**

*R: Yeah, definitely.*

**I: Okay, so have you changed since minimum pricing, or has there been any impact on maybe where you purchase alcohol? Do you maybe shop around differently or has that had no effect?**

*R: Probably not, not the minimum pricing side of things, no. It's more related to my wage and cost of living.* (Interviewee 107, female, low risk)

**I: And how does the amount of money that you are currently spending on alcohol each week compare with the amount that you spent before March 2020?**

*R: It's probably gone down quite a lot.*

**I: And in the period since MPA was introduced?**

*R: Yes, it's gone down as well.*

**I: Okay, and that's related to, again, your new job?**

*R: Yes.*

**I: And not being at university?**

*R: Yes.* (Interviewee 14, male, low risk)

**I: Would you say that you're spending less as a result of it then?**

*R: Yes, I am spending less because I don't drink as much as I used to, because I'm not getting any younger. My friends are, some of them are*

*older than me. Some of the younger people, we go on trips together. So, I don't drink as much.* (Interviewee 112, male, low risk)

A few more interviewees said that the main cause for the reduction in the amount of money they spent on alcohol was COVID-19 and the related lockdown restrictions. For some, this was coupled with changes in their lifestyle and other personal circumstances (e.g. having to clear an inherited house ready for sale and having a baby):

**I: How does the amount of money that you are currently spending on alcohol each week compare with the amount that you spent before March 2020?**

*R: Before March 2020, that's before the COVID isn't it and lockdown? It's probably going to have reduced we've got to say haven't we because we were before having meals with groups of people where we drank a bit more, sometimes to excess at Christmas, parties and such. So it's definitely reduced.*

**I: And you said it's because of COVID?**

*R: It's because of COVID is one reason people are not... we haven't socialised as much during that period of time has been a factor. But also as well not only my working pattern has changed, obviously I've become fully employed. Other people I know who were employed previously but the nature of their job has changed the whole way of... their work life has changed largely because of COVID. They're working more hours or different hours, working at home more for example which does have an effect. People are not out and about as they were before to meet up. The work pattern has changed.* (Interviewee 19, male, low risk)

**I: Okay. How does the amount of money that you are currently spending on alcohol each week compare with the amount you spent before March 2020? Would you say it's less, the same, more?**

*R: I would say it's less, actually.*

**I: Okay. Can I ask you, why do you think it's less?**

*R: I think that I would say we'd have the odd drink when it was someone else's birthday or something, and we were still here. I think it's just that we got so busy trying to fill time during the worst of the COVID, and then we were so busy emptying the house in West London and dealing with the fallout from all of that that there just wasn't really the inclination to want to drink. It was never a very big part of our life, but it became even a lesser part of our life because we had so much else to do.* (Interviewee 2, female, low risk)

**I: Yeah. Okay. You're spending about £25 a week on alcohol.**

*R: Something like that.*

**I: Is that different to before minimum unit pricing, or before the pandemic? Is that less than what you would have been spending?**

*R: Before the lockdown, I would probably go to the pub about once a week on average, and I was saying I'd probably spend £20. Whether I drink all that is another matter! Yeah.*

**I: So, do you think that you're spending a bit less than you used to?**

*R: I think I'm drinking less beer because I'm not going to the pub so often. So, yes. I'm probably spending less. If I don't go to the pub Saturday night, would I have a glass of wine? I possibly would, yeah. So, whether it is actually a genuine reduction, there's probably an element of substitution going on there as well.* (Interviewee 27, male, low risk)

**I: Okay. The amount of money that you spend on alcohol now, so you said it's about £20 a week. Is that roughly the same as what it was before March 2020? Before MPA, before COVID?**

*R: I'm just trying to think. I would have probably been out more. I would have probably been spending more money drinking at establishments. Obviously, we've not been eating out as much, I'm not going to the pub or going to events as much, so I think I'd be spending less money out but probably similar to my home spending, but I guess we're just being a bit more financially sensible at the moment due to the uncertainty and everything.*

**I: Okay. So, the going out less, is that still pandemic-related, or is that family and baby-related?**

*R: It's family, it's finance, it's all of that stuff. Pre-March 2020 we were a family of obviously double the income we're on now, so it was a lot easier to go out for meals, and there was like, less family about as well to all go out. It's a bit trickier when there's a whole gang of you. Getting cover, getting childcare and all of that stuff. I would say the reduction in cost, on spending, is probably not due to the minimum pricing but just due to financial awareness.* (Interviewee 34, male, increasing risk)

Nevertheless, there were also a couple of dependent drinkers who described a reduction in the amount of money they spent on alcohol and/or the quantity of alcohol they drank. Both interviewees attributed these changes to the price increase that followed the introduction of MPA in Wales:

**I: Okay, but how about the money you have spent on it?**

*R: Now it's going down, because I haven't got enough to spend on it. So, you've got to think, I'll have six of them, now I can only buy four sort of thing. So, I've taken the price down.*

**I: So, the price is stopping you drinking?**

*R: Yes, of course.*

**I: That's interesting.**

*R: Because I'd not shoplift, that's not me.* (Interviewee 151, male, possible dependence, hostel sample)

**I: So, can you think back to before minimum pricing how much you were spending a week on alcohol?**

*R: Oh at least £80 maybe more when it was cheaper, yeah.*

**I: And now you've reduced to £50 I think you said?**

*R: Yeah, yeah.*

**I: And you'll say that that's due to minimum pricing?**

*R: That's right, yeah.* (Interviewee 23, female, possible dependence, hostel sample)

### More spending

Several interviewees across all types of drinkers described an increase in the amount of money spent on alcohol since the implementation of MPA. However, the explanations for this change were different depending on the type of drinker. The dependent drinkers attributed the increase in the amount of money they spent on alcohol to MPA:

**I: So, the amount of money you're currently spending on alcohol each week compare with the amount that you spent before March 2020?**

R: Probably 2.5 times.

**I: 2.5 times more?**

R: Yes, well four cans used to be £1.89, and now they're not even the same strength and they're £4. If you do the maths, it's over double.

**I: Yes, I can see that.**

R: I think it's £4.20, so it's like two and a quarter times the money.

(Interviewee 13, male, increasing risk)

**I: But are you spending more?**

R: I can do, yeah.

**I: Than before the minimum pricing?**

R: Yeah, because I used to get three bottles for a tenner, so that's the difference.

**I: So, you are spending more money?**

R: A lot more. (Interviewee 137, male, possible dependence, hostel sample)

**I: So, your drinking changed. How much were you spending on alcohol before COVID and before minimum pricing? Over a week roughly. So, what was it, a bottle...?**

R: A bottle of vodka...

**I: And a few cans every day.**

R: So, you're saying... say £14 a day. Roughly £14 a day.

**I: And then after...**

R: After that then it nearly shot up, you're thinking... it could be £18 a day.

(Interviewee 142, female, non-drinker, hostel sample)

Other lower-risk drinkers reported spending more money on alcohol since March 2020 because COVID-19 restrictions had been lifted and they were now able to go out again and socialise more often:

**I: And would you say, if you were drinking more during the COVID at home, has your expenditure increased or decreased since then?**

R: It's increased since then, because obviously I'm drinking out now, whereas it's more expensive than at home if you drink at home. (Interviewee 129, male, increasing risk)

**I: And can I ask you how does the amount of money that you're currently spending on alcohol each week, compare with the amount you spent before March 2020?**

R: It's probably a little bit more I would say than what we had done before then.

**I: Can I ask you why would you say that?**

R: I think we're probably just socialising a bit more than we were prior to COVID, friends and family and neighbours and what have you. We're in a position now where we've got good neighbours, good friends, so we just generally socialise a bit more than we used to.

**I: And again, the same question, how does the amount of money that you're currently spending on alcohol each week compare with the amount that you spent in the period since MPA was introduced? So, after March 2020?**

R: I'd say, it's probably a little bit more than we were since March 2020, then obviously we spent very little I suppose. But the spending has gone up. It's not a significant amount I suppose, but it has gone up. (Interviewee 33, male, low risk)

Another interviewee attributed the increased amount of money they were spending on alcohol to the general increase in prices:

**I: And how does the amount of money that you're currently spending on alcohol each week compare with the amount that you spent before March 2020?**

R: Not much different, no. It's a little bit more expensive, slightly more, but that's due to it going up, not because I'm drinking more.

**I: So, just because it's going up. And in the period since MPA was introduced, so think about when during March 2020 and onwards, how does the amount of money compare with what you are currently spending?**

R: Not much different.

**I: And you say that if you're spending more, it's because you are going out more?**

R: Yes, I'm not drinking more, but of course, everything has gone up in price. (Interviewee 17, female, increasing risk)

Finally, one interviewee reported spending more on alcohol than previously but did not provide a definitive reason for this:

**I: Okay, excellent. How does the amount of money that you're currently spending on alcohol each week compare with the amount that you spent before March 2020?**

R: It's more.

**I: It's more? Okay.**

R: Yes, definitely more. It was a lot more during the pandemic as well.

**I: That was the next question. In the same period since MPA was introduced, so you said that you spent a lot more then, at the beginning, and then a bit less now, but definitely more than before the pandemic.**

R: Yes. Oh, God yes.

**I: Okay. If you're spending more, why would you say this happened? Is it related to MPA, the COVID-19, or other factors?**

R: I wouldn't say it was necessarily related to that. It was purely the quantity. So, whereas before it would be, say, we'd buy one bottle of wine and share

*that, then it would be we'd buy three bottles and share those. You're doubling or even tripling what was previously purchased and consumed.* (Interviewee 3, female, increasing risk)

### Sources for more spending

Interviewees who reported an increase in the amount of money spent since March 2020 were asked to explain how they funded their increased expenditure. Most interviewees in this group were moderate drinkers and most were able to absorb the MPA-related price increase in their existing budgets. One commented on how it was easier to absorb prices in alcohol than prices in fuel and household bills:

**I: Okay, and in terms of funding that, has that been any detriment to your finances?**

*R: Not really no, because we're comfortable; we both get a pension every month and we don't spend that. We're in a very fortunate position. We haven't got a mortgage, we paid all that off. No, it doesn't really impact. We've got a certain amount of money for socialising and eating out each month, and that's what we do. That's one of our pastimes or hobbies.* (Interviewee 129, male, increasing risk)

**I: And you said you are spending slightly more. Can I ask you, how are you funding this?**

*R: Out of my income. I've got a fairly steady income.*

**I: So, you've been able to absorb the price in your existing budget?**

*R: It's much harder to absorb the prices in fuel and household bills or electricity than it is on an extra bottle of wine, believe me.*

**I: I do.**

*R: £6 a month, I really can soak that up no problem.* (Interviewee 17, female, increasing risk)

*It was just absorbed, really. It kind of became absorbed too because a lot of it's from the supermarket, so you just buy it at the same time as your food stuffs so you don't necessarily notice in that sense.* (Interviewee 3, female, increasing risk)

One dependent drinker reported that she was not affected by the increased expenditure because she was able to cover the costs with money she received from her benefits:

**I: So, you are spending more money?**

*R: A lot more.*

**I: And how are you paying for that?**

*R: Out of my money.*

**I: Where are you getting the money from?**

*R: Government, benefits.* (Interviewee 137, male, possible dependence, hostel sample)

However, the rest of the interviewees who reported spending more on alcohol since March 2020 were not able to fit the price increase into their existing budgets. These individuals were all high-risk drinkers and all attributed the increase in the amount of

money they spent on alcohol to the implementation of MPA in Wales. As a result, they needed to find other ways of coping with the change in price, some of which involved committing low-level acquisitive crimes, something which had been predicted in previous reports (see Holloway et al., 2019; Buhociu et al. 2021).

A small number of dependent drinkers reported that their way of coping with the increase in the money they spent on alcohol was to commit shoplifting:

**I: So, have you noticed it affecting other people?**

R: Yes, because nobody can afford the things, so actually a lot of people are begging these days to try and get their drink.

**I: Do you think that's to do with minimum pricing?**

R: Yes, and the price has gone up. So, people if need to drink they'll either... I know quite a few people who will go and rob it.

**I: Do you mean shoplifting?**

R: Yes. And it's... because if an addict needs something, they're going to get it regardless of the scenario.

**I: So, they'll find a way to get it?**

R: Yes, of course.

**I: Have you had to do that?**

R: I've done it, yes.

**I: In the last couple of years?**

R: Yes.

**I: You've had to shoplift?**

R: Yes. ... I nicked a bottle of wine and some ice cream and a steak. I was off my head. (Interviewee 110, male, possible dependence, hostel sample)

Another dependent drinker reported they had not been able to pay rent due to the increase in the price of alcohol and hence had been evicted from the flat in which they used to live:

**I: How were you paying for that?**

R: The same.

**I: Just out of your benefits?**

R: Yes.

**I: Did you stop buying other things to pay for that?**

R: Yes, rent.

**I: Did you lose your house?**

R: I got kicked out, yes. (Interviewee 153, male, possible dependence, hostel sample)

When prompted, another interviewee who used to be a dependent drinker in the period after the implementation of MPA indicated that she would go without food in order to free up money to pay for alcohol:

**I: How did you cope with that price change?**

R: That's why I was drinking the vodka, because I couldn't have beer.

**I: So, initially, before you cut down, how did you cope? Did you do anything differently? Did you steal anything or...?**

*R: Didn't steal anything no, just kept paying.*

***I: Did you have to go without food or something to pay for it?***

*R: Oh yeah, I'd go without food.*

***I: Was that linked to the price?***

*R: Yeah.*

***I: That was so that you could pay for the alcohol.***

*R: Yeah. (Interviewee 142, female, non-drinker, hostel sample)*

Finally, one interviewee said that he had to cut back on hobbies and other outdoor activities to be able to fund the increase in the price of alcohol due to the implementation of MPA in Wales:

***I: Okay and how are you funding this spending?***

*R: Well, I'm cutting back on other things, obviously. I'm not playing golf three times a week; I'm only playing golf once a week.*

***I: And are there any other areas that you have to cut down on?***

*R: Yeah, whereas I would have perhaps got in the car and drove to Porthcawl and taken the dogs for a stroll along the beach, I don't do that anymore, because a gallon each way and the price of petrol now, I know it's not to do with...but if I was paying less on alcohol, I'd have more money to do other things, know what I mean? (Interviewee 13, male, increasing risk)*

#### *Changes in where and how they purchased alcohol*

Interviewees were asked to report whether they changed how and where they purchased alcohol in the period after MPA was implemented in March 2020. While some said they made no changes, most interviewees reported they did, citing COVID-19 and its related restrictions as the most important reason for this:

***I: What about where and how you bought alcohol, did that change?***

*R: I kept it in the same place. (Interviewee 142, female, non-drinker, hostel sample)*

***I: Since March 2020 have you changed where and how you purchase alcohol?***

*R: Not really, no. It has been predominantly... how can I put it? It's a supermarket but - do you know what I mean by the smaller versions of it. It's a [shop name] but it's not a supermarket. It's more the express version yes. That's the best way of putting it yeah, but it's not a convenience store, it's like in between isn't it?*

***I: Yeah. So it remained the same. Nothing changed in that.***

*R: Yes, nothing changed there. (Interviewee 19, male, low risk)*

***I: Okay. Since minimum pricing came in, have you changed where and how you buy alcohol, or is it still the same as it's always been?***

*R: No, it's still the same as it was before. (Interviewee 8, female, low risk)*

Most interviewees who reported changes said that they started using more deliveries than they used to in the past, and that was because of COVID-19 restrictions:

**I: Since March 2020, have you changed where and how you purchase alcohol?**

R: No.

**I: So, it was the same supermarket or local...?**

R: yes.

**I: So, no more changes at all due to COVID?**

R: Yes, more deliveries at home, but the same supermarket and the same stuff, but more home deliveries, yes. (Interviewee 17, female, increasing risk)

**I: Where you buy your alcohol, has that stayed the same as well? It's still [Supermarket] in your online delivery?**

R: Yeah, it's always through [Supermarket].

**I: Were you doing online delivery before pandemic and before minimum unit pricing?**

R: I was, but I wasn't doing it as much. (Interviewee 18, male, low risk)

One interviewee described a shift to purchasing wine through an online wholesaler as this was more convenient and offered him better quality for the same price:

**I: No changes? I remember last time we spoke you'd shifted to online deliveries, but it was still from the supermarket, wasn't it?**

R: Yes, that was for convenience and because of the amount I was going through. Saves me trailing backwards and forwards to the shop, and I could get better quality for the same price. But no, I didn't really change much.

**I: So, better quality for the same price from the supermarket?**

R: No, from home delivery.

**I: Okay. Home delivery from the supermarket, or from some other supplier?**

R: From wine wholesalers. (Interviewee 21, male, non-drinker)

A few other interviewees said that now they were using convenience stores and corner shops more often, rather than supermarkets. For one moderate drinker this change was due to COVID-19 and the fact that they were working from home more often. Interestingly, this interviewee said that they thought about alternating the convenience stores fearing what the people selling there would think about them if they were going there more than once a week to buy alcohol:

**I: Since March 2020, have you changed where and how you purchase alcohol? Please describe the changes and explain why you made those changes. I think you did touch upon most of these already.**

R: So, for example, if I was going to the local shop rather than the supermarket, because that's further away, I would sometimes be conscious of if I'd already been in there, say in the week, to get a bottle or two of wine. I'd think, "I might go to a different shop so they don't think, oh God, she's already bought..." I'm sure they don't. I very much doubt they notice things like that because so many people are coming in and out, but it was in the back of my mind like, "Maybe I should go to a different shop so they don't think I've got an issue." That's probably the only behavioural thing.

**I: Okay. That would be, again, is it MPA-related? Not MPA-related, COVID-19 or other factors?**

*R: I'd say COVID-19 to an extent, because otherwise I would be in a different area anyway during the day. When I'm based from home, when I'm working from home, you've got more of a limit on your options. It's not like there's anywhere else to go conveniently. You have to make a conscious effort or an extra, longer drive to go to somewhere else.* (Interviewee 3, female, increasing risk)

One dependent drinker reported changing the type of convenience store because the ones they previously went to did not sell the cheap alcoholic drinks they used to get from there. This change was attributed to the implementation of MPA in Wales:

**I: So since the change in price, have you changed where you buy your alcohol from or is it the same?**

*R: Yeah, yeah, I just go to... I just look around for cheaper.*

**I: Okay. So where would you have gone before?**

*R: Well it was normally [supermarket] and all that.*

**I: Okay and now?**

*R: They're just dearer now, they're dear.*

**I: So where do you go now?**

*R: Just like a little corner shop.*

**I: Corner shop, yeah.**

*R: Yeah, like Polish shop things.*

**I: Okay, and you can get it a lot cheaper there can you?**

*R: Yeah.*

**I: And you also mentioned [grocery retailer] didn't you?**

*R: Yeah.*

**I: So would you more often go to the corner shop?**

*R: More often, yes. (Interviewee 23, female, possible dependence, hostel sample)*

Finally, a few interviewees reported that due to the increase in the price of alcohol following the implementation of MPA in Wales, they had started buying some alcohol from England as well. One interviewee also described brewing his own:

**I: Same. Since March 2020, have you changed where and how you purchase alcohol?**

*R: Yes. Like I say, if we are going down to our family, the likelihood is we will buy it in England and bring it back home. (Interviewee 1, male, low risk)*

**I: Since March 2020, have you changed where and how you purchase alcohol?**

*R: I buy it from the same place, but I also brew my own and if I'm in England like I said...I won't specifically go to England, but if I'm going up there to buy something, I would bring booze back. But I know boys who just go up once a month with a transit van. They go to the same place, fill it up with [cider brand] or whatever and come back, especially on a Bank Holiday weekend, because they always have offers, so that's what they do. Like I know they went up last Easter.*

**I: And would you say these changes that you've made to your purchasing patterns, did they happen because of MPA, COVID, or other factors?**

R: Well, because I've got less money, less disposable income.

**I: And this happened because of MPA?**

R: Yes. I honestly believe it's a poor man's tax.<sup>61</sup> (Interviewee 13, male, increasing risk)

Some of the survey respondents also reported crossing the border to buy alcohol in England at a lower price.

*I stopped buying from shops in Wales except as a last resort (hosting guests at short notice). I now stock up when visiting family in England or buy online from sites like Amazon. (Survey respondent, 20, Male, increasing risk, employed full-time)*

*Will travel to England to buy cheaper alcohol in bulk, even if fuel costs it is cheaper to drive to Bristol [supermarkets] than buy from the one in Bridgend for slabs of lager at xmas etc. (Survey respondent, 121, Male, low risk, employed full-time)*

*I go over the border to England and buy alcohol at the proper price. \*\*\* the Welsh Government. (Survey respondent, 55, Male, increasing risk, employed full-time)*

One respondent also reported purchasing alcohol online as a means of circumventing the legislation:

*Received from online shops. (Survey respondent, 21, Female, increasing risk, student)*

Interestingly, one interviewee reported a change in the opposite direction. Whereas before the COVID-19 pandemic they used to do much of their shopping in England, they switched to buying their groceries (including alcohol) from Wales. The reason for this was that they felt safer in Wales, where sanitary rules related to COVID-19 were stricter:

**I: Okay. Since March 2020, have you changed where and how you purchase alcohol? If you did, please describe these changes and why you made them?**

R: Yes, I would say there has been a change, oddly. Because we're right on the border with England we used to, before COVID, shop more in England, so we'd buy alcohol in England. When COVID came in we decided, because of the restrictions being different in England, that it would be easier to maintain shopping in Powys. In fact, we swapped from going into the little town on the other side of the border to going to a bigger town in Powys and going to [grocery retailer] in Powys and buying it from there. We've actually

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<sup>61</sup> Just prior to this part of the interview this interviewee went into some detail about how he was spending 2.5 times more on alcohol as a result of the price increase generated by the introduction of MPA in Wales.

*spent more money in Wales than in England since, whereas before, because it was obviously cheaper to buy it in England, we'd have gone into England to buy it. We felt the restrictions in Wales were safer than in England, so we just switched shopping from the English side of the border to the Welsh side of the border. In fact, we've changed so that we would be more affected by the minimum pricing than if we were still going shopping in England. That didn't form any part of our decision to buy, if we did buy alcohol, to buy it in Wales. (Interviewee 2, female, low risk)*

## **Summary**

In this chapter, changes in expenditure on alcohol were examined. Most drinkers reported little change in their spending on alcohol in the period since MPA had been implemented. When changes were reported these were more commonly decreases than increases and these were mainly due to factors other than MPA (e.g. the pandemic, a change of circumstance and a rise in the cost of living). When MPA was noted as a factor in any decrease this was among dependent drinkers who described reducing their alcohol use because they could not afford to continue at the same level.

Increases in expenditure on alcohol were also attributed to MPA. Some dependent drinkers had not cut down their consumption and were therefore paying more due to the increase in price. Some moderate drinkers also reported spending more but this was not because of MPA but because they were going out more to socialise in the wake of the pandemic or because they were drinking more than they had previously. Many drinkers were able to absorb any price increases into their existing budgets. However, not all drinkers were in this position, and some (particularly dependent drinkers) had to employ, as predicted in previous reports, various coping strategies to continue drinking. This included shoplifting, shifting their household budgets to free up money for alcohol, cross-border shopping, online shopping and in one case home brewing.

Few drinkers made changes in where and how they purchased alcohol. Those who did described using more deliveries than before March 2020 and this was attributed to the pandemic rather than MPA. Some dependent drinkers reported shifting to convenience stores as their drink of choice (e.g. strong lagers) could no longer be bought in regular supermarkets.

## **10. Changes in the use of other substances**

In this chapter the interview and survey data are drawn upon to examine any changes in drinkers' use of other substances since the implementation of MPA in March 2020. The chapter considers both the nature of any changes and drinkers' reasons for those changes. It was noted in previous reports (see Holloway et al., 2019, Buhociu et al., 2021) that substance switching from alcohol to other substances was unlikely among most drinkers and it was predicted that if switching did occur, this would only be among people with a history of using those substances. Holloway et al. (2022) confirmed these findings drawing on interview data collected in the nine-month period following the implementation of MPA. Two-years post-implementation, these issues were re-examined through questions in both the survey and interviews. The results are presented in the paragraphs below.

### **Use of other substances since March 2020**

As predicted and reported in the previous studies, few interviewees or survey respondents reported any changes in their use of other substances following the implementation of MPA. Indeed, the vast majority of survey respondents indicated that their use of various substances had remained at zero (i.e., they had not used that substance before or after MPA) or had stayed the same as before MPA (see Table 10.1). Changes were most commonly reported in relation to non-alcoholic beverages (23%) and food (18%).

**Table 10.1 Changes in the use of other substances since March 2020**

	Increased	Decreased	Stayed the same	Stayed at zero	Total
Illegal drugs	6% (11)	3% (5)	7% (12)	84% (148)	100% (176)
Drugs prescribed to you	7% (12)	4% (7)	39% (70)	50% (90)	100% (179)
Drugs prescribed to others	1% (2)	2% (3)	6% (10)	91% (160)	100% (175)
Over-the-counter drugs	5% (8)	2% (4)	49% (86)	44% (78)	100% (176)
Non-alcoholic beverages	17% (30)	6% (10)	62% (111)	15% (27)	100% (178)
Food	15% (27)	3% (5)	69% (123)	13% (23)	100% (178)
Non-beverage alcohol	13% (23)	1% (1)	51% (89)	35% (62)	100% (175)
Any other substance	-	3% (4)	20% (30)	78% (119)	100% (153)

Notes: Some missing cases.

Survey respondents who had reported changes in their use of different substances were asked to explain how MPA, COVID-19 or any other factor had contributed to the change. As noted previously in relation to drinking-related behaviours, any changes in relation to the use of other substances were more commonly attributed to COVID-19 than to MPA (see Table 10.2). The one exception, however, was illegal drug use where similar proportions of survey respondents indicated that MPA and COVID-19 were a major or minor factor in the change (25% and 23%, respectively).

**Table 10.2 The impact of MPA and COVID-19 on use of other substances**

	Was MPA a factor?		Was COVID-19 a factor?	
	Major	Minor	Major	Minor
Illegal drugs	11% (4)	14% (5)	14% (6)	9% (4)
Drugs prescribed by a doctor	8% (3)	3% (1)	14% (6)	9% (4)
Drugs prescribed to someone else	9% (3)	3% (1)	8% (3)	10% (4)
Over-the-counter drugs	6% (2)	6% (2)	13% (5)	21% (8)
Non-alcoholic beverages	5% (2)	7% (3)	31% (15)	6% (3)
Food	5% (2)	8% (3)	32% (14)	16% (7)
Non-beverage alcohol <sup>62</sup>	14% (5)	6% (2)	39% (18)	4% (2)
Any other substance	10% (3)	10% (3)	11% (4)	5% (2)

Notes: Among those who experienced changes in the period since MPA was implemented.

In both the survey and interviews, drinkers were asked to explain how MPA, or COVID-19 (or any other factor) had impacted on their use of other substances in the period since March 2020. The results are presented below, and, for clarity, each substance is considered in turn drawing on the survey responses (quantitative and qualitative) and the interview data. While the qualitative survey responses are fairly short in length, they are nevertheless illuminating and have been presented alongside the longer interview responses.

#### Illegal drugs

Most survey respondents had not used illegal drugs prior to the implementation of MPA and most had not started in the two-year period following its implementation (84%) (see Table 10.1). Similarly, few interviewees had histories of illegal drug use, and most had not started using them following the introduction of MPA:

**I: Since minimum pricing came in, has there been a change in your use of other substances?**

R: No.

**I: Illegal drugs, prescription drugs, non-alcoholic beverages, food?**

R: No. No change at all, no. (Interviewee 8, female, low risk)

*'I don't do any other. I don't smoke, I don't do drugs, I don't... Besides the lager, I'm clean as a whistle.'* (Interviewee 26, male, increasing risk)

In the rare cases when changes in illegal drug use were reported, increases were more likely than decreases (see Table 10.1). Interviewees and survey respondents attributed increases in the use of illegal drugs to the cost of alcohol either alone or in combination with the pandemic:

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<sup>62</sup> The qualitative survey responses indicate that respondents were thinking of non-beverage alcohol as something to 'use' to reduce the risk of catching COVID-19 rather than as something to 'drink'. This issue is considered in more detail later in the chapter.

*Drink is far more expensive.* (Survey respondent, 16, Female, increasing risk, student)

*Alcohol became more expensive, so I turned to other ways of numbing myself during my depression.* (Survey respondent, 135, Male, low risk, employed full-time)

*Mixture of cost of alcohol but mainly the stress of the pandemic and the feeling that I might as well.* (Survey respondent, 40, Male, increasing risk, employed part-time)

A small number of interviewees commented on the comparatively low cost of crack compared with alcohol and how they had increased their use of this substance as a result:

**I: So since the price of alcohol went up, have you changed your use of other things like illegal drugs, do you use any more...?**

R: Yeah, I do other drugs as well, yeah.

**I: Are you doing more than you used to do?**

R: Yeah.

**I: Can you talk me through that a little bit? What are you doing differently?**

R: I'm smoking crack and that's like heavy.

**I: How often do you smoke crack?**

R: Now it's every other day.

**I: ... So are you using more than you used to before the...price changed?**

R: Yeah.

**I: Can you explain why?**

R: People I'm hanging round with probably ... the wrong crowd basically.

**I: So how has the price of alcohol changed your use of crack then?**

R: Well I'm not too sure, I know now... it was bad.... I find that the crack is more cheaper than alcohol at the moment. (Interviewee 23, female, possible dependence, hostel sample)

R: So, it must have been around, just before we had... I'm trying to think now. Before we had the lockdown, that's when I turned to drug use.

**I: What kind of drugs?**

R: Crack.

**I: Why was that?**

R: Because I think it was cheaper to blow it on drugs than to have the alcohol.

**I: Had you used crack before? Was it a new thing?**

R: I did but not as bad as what I eventually did.

**I: So, it escalated?**

R: Yeah.

**I: Okay, was that a daily thing that you would be using the crack?**

R: Every other day probably. (Interviewee 142, female, non-drinker, hostel sample)

Others reported an increase in the use of benzodiazepines because of their affordability compared with alcohol. One interviewee with a history of using benzodiazepines explained that the increase in price had led her to start using street Valium (sometimes referred to as MSJs):

**I: Did the price of alcohol changing, the minimum price, impact on your use of illegal drugs at all?**

R: Yeah, because it's cheaper to buy Valium, because people are getting hold of this Valium and they want to get rid of them to get their drug of choice, and the Valium can help me with the drink. It's cheaper. For a fiver, they were offering me 10. ...

**I1: Would you have done that before the price changed?**

R: No. (Interviewee 39, female, possible dependence, hostel sample)

One interviewee described how using cannabis meant he did not need to drink large quantities of wine. He went to link this change in behaviour to the price of alcohol:

*It [cannabis] messes with my head so I can't smoke it all the time. If I have it, I can only have one bottle of wine. That would be me done all day, and then I'll go to bed. Then I'll wake up and be fresh and drink coke. Won't do that again. But that's down to the price as well.* (Interviewee 137, male, possible dependence, hostel sample)

While the main reasons for escalation were price-related some other explanations were also provided by survey respondents including the '*minimal side effects*' associated with cannabis use (compared with alcohol) and having '*nothing better to do*' during the pandemic. For one interviewee, an increase in the use of synthetic cannabinoids (i.e., spice) was linked to relationship problems:

**I1: Okay. So, you no longer drink those drinks. So, you drink these ones, and vodka. So, you've shifted to vodka.**

R: And smoke cannabis, and spice.

**I1: Smoking tobacco? And spice.**

R: Yes.

**I1: Did you use spice before, or is it more recently that you started using spice?**

R: No.

**I1: More recent, or have you always used spice? No? Okay. So, it's...**

R: I was in a bad relationship, and bang. It sent me this way.

**I1: Would you say that that is a result of the price change, or is it some other reason?**

R: I mean, the government, well they rob people now ... (Interviewee 125, male, possible dependence, hostel sample)

No survey respondents provided explanations for their reductions in illegal drug use. However, a few interviewees reported that their use of illegal drugs had remained at the same level as before MPA was introduced. For both, the explanations centred around the fact that drug use was something they had always done and was part of their lives:

**I: Okay, so, how you drink, where you drink, that's not changed in the last couple of years?**

R: No. I've always done that. I've always been an alcoholic and Valium head. I used to be a crack and smackhead. I've been it all.

**I: But now, just alcohol and Valium? Yeah. So, has there been a change in your use of drugs since minimum pricing came in? Has anything changed? Nothing?**

R: No.

**I: You keep using the same?**

R: Yeah. (Interviewee 138, male, possible dependence, hostel sample)

**I: Street Valium?**

R: Yes, street Valium, not prescribed.

**I: How often do you take that?**

R: I take that maybe four, five times a week where I can.

**I: Has that changed since the price of alcohol has changed?**

R: No, that's still the same because they're getting all these tablets off the internet and say they're Valium and we're taking them and people are zeroed off them. It is what it is. (Interviewee 151, male, possible dependence, hostel sample)

#### Drugs prescribed by a doctor

Few changes in prescription drugs were reported by either survey respondents or interviewees:

*... I've been on a script for the last two years. I have used substances, but now I'm on the script, it's okay. I've got it under control... (Interviewee 153, male, possible dependence, hostel sample)*

*No, I'm still the same. I just take my antidepressants. That's it... I'm on Mirtazapine with the doctor. (Interviewee 23, female, possible dependence, hostel sample)*

**I: Has there been any change in your use of other substances? Illegal drugs, prescription drugs of any kind?**

R: No, I'm still the same. I just take my antidepressants. That's it.

**I: They're prescribed?**

R: Yes. (Interviewee 31, male, increasing risk)

**I: Has there been a change in your use of other substances since March 2020? Did you use any illegal drugs or prescription drugs?**

R: No, I gave up smoking twice in that period, but no. Prescription drugs have remained the same. I've got a chronic health condition, so my prescription remained the same, but more recently that has changed slightly, but that's the health condition, nothing to do with alcohol, but I'm more than happy to tell you about it if you need to know. (Interviewee 144, male, increasing risk)

Among the few participants who did report a change, mixed explanations were offered. For one survey respondent their decrease in prescription medication was linked to the pandemic and working from home, which had '*reduced anxiety*' and had stopped the need for antidepressants. Contrastingly, three others described increases in the use of medication as a result of the pandemic, either due to anxiety or COVID-related health issues:

*Feeling more anxious due to isolation from partner and family which caused a flair up in skin condition.* (Survey respondent, 53, Female, low risk, employed full-time)

*I may have long COVID, neuropathic pain, for which I need medication*  
(Survey respondent, 126, Female, low risk, self-employed)

*Depression and anxiety medication because the world is falling apart.* (Survey respondent, 61, Male, low risk, employed full-time)

#### Drugs prescribed to someone else

Changes in the use of drugs prescribed to someone else were the least commonly reported. On the whole, most interviewees experienced no change in their use of drugs prescribed to others:

*No, I don't use any other substances legal or otherwise.* (Interviewee 146, male, low risk)

***I: How about any prescription drugs that you've obtained from other sources like illegally, anything else?***

*R: No, no.* (Interviewee 23, female, possible dependence, hostel sample)

Among survey respondents, only two respondents reported an increase and three reported decreases. Two of the respondents who reported decreases indicated that MPA was a major factor in the change. However, no explanations of how MPA contributed to the change were provided. Similarly, one of the respondents who reported an increase indicated that COVID-19 played a minor role in the change but gave no further details about what this role was.

The use of drugs prescribed to others were often not mentioned in the interviews. However, one interviewee commented on how she had previously used a family member's supply of benzodiazepines but had started using street Valium:

*No. I never touched it before. I did the diazepam, but not the street stuff. I got it off a family member, and they gave it to me just so that it would stop... If I was really unwell and having a seizure ... I'd taken them that way. But never bought street.* (Interviewee 39, female, possible dependence, hostel sample)

The reason given for this switch was because Valium is 'cheaper' than alcohol and a useful alternative:

*Valium can help me with the drink. It's cheaper.* (Interviewee 39, female, possible dependence, hostel sample)

#### Over-the-counter medication

As with prescription drugs, few changes were reported in the use of over-the-counter medication among survey respondents or interviewees (see Table 10.1). Two survey respondents reported increases in use and attributed this either to '*increased stress*' (which had caused more migraines) or to headaches that resulted from '*prolonged screen usage*'. One survey respondent reported a decrease in the use of over-the-counter medication and attributed this to the pandemic and the lack of interaction and opportunity to catch any illnesses that required any such medication:

*I haven't seen that many people and have not had any coughs or colds over the last two years.* (Survey respondent, 111, Female, low risk, employed full-time)

Some interviewees said that they had started taking some over-the-counter medications in the past two years. One interviewee mentioned that they had started taking '*iron tablets*' (11) while another had started using herbal remedies to cope with panic attacks following the COVID-19 vaccination and vitamins to cope with the effects of ageing:

***I: So, your eating has changed. What about in terms of any other substances? Have you ever used anything else?***

*R: Years ago, yeah, I smoked cannabis. I had magic mushrooms, but I don't do anything now. I just have a drink.*

***I: So, that was a long time ago, was it?***

*R: Yes, but I'm on blood pressure tablets, cholesterol, and because I was suffering after I've had my jab, I was having panic attacks I was, but I got these herbal tablets, and I find them good. Yeah, I can't remember what they're called, but it's a root from New Zealand, sort of thing. So, I've been taking them and I'm feeling good.*

***I: Okay, but there's been no other change then in terms of anything else since COVID?***

*R: No, vitamin tablets and cod liver oil tablets. But that's because I'm getting older, my knees are aching so, I take them every day.* (Interviewee 112, male, low risk)

#### Non-alcoholic beverages

Explanations for changes in the use of non-alcoholic beverages were most frequently linked to the pandemic and the shift to working from home, which increased the opportunity to consume tea or coffee:

*Working from home has made it more convenient to make coffee throughout the day.* (Survey respondent, 20, Male, increasing risk, employed full-time)

*We bought a nice coffee machine, never really drank coffee that much prior to this. Now we have 1 a day.* (Survey respondent, 140, Female, low risk, employed full-time)

*Working from home, take a lot more tea breaks* (Survey respondent, 112, Male, increasing risk, employed full-time)

However, one survey respondent described the reverse situation where working from home had reduced opportunities for drinking tea due to '*no team tea rounds in the office*' (Survey respondent, 62, Female, increasing risk, employed full-time).

A small number of interviewees reported drinking more non-alcoholic beverages in the period following implementation of MPA. This change was associated with the COVID-19 pandemic and other factors, including the improved taste, and increasing availability of non/low alcohol alternatives, rather than with MPA.

**I: You've tried that a bit, haven't you? So, there's been a change there ... Non-alcohol beverages?**

R: Yes.

**I: So, the no alcohol stuff.**

R: Yes, but I don't drink that very much, only to be sociable. Only in company, really.

I: How often would you say you did that?

R: Perhaps once a month. Yeah, about once a month. (Interviewee 21, male, non-drinker)

*I don't think I've been out for a drink now for a long while for meals and such because part of it's often the change of... my working life has changed as well. COVID having an effect as well ... So that's a big factor really I think within my changes as well. As I say the way I work has changed, the COVID has meant I'm not going out and the introduction of a greater variety of good quality non-alcoholic drinks.* (Interviewee 19, male, low risk)

Non-alcoholic alternatives were not universally popular. Indeed, one interviewee was discouraged by the perceived high price of low alcohol products and stated that it was cheaper to buy a soft drink than a low alcohol beer:

*No, I'd have a cup of tea or a juice, or a glass of water. If I'm in a pub and I'm not drinking, on the days that I'm the designated driver for going out to the poker, I'll just have a J20. I won't have a low-alcohol beer. I don't know, it seems an expensive way of not having a beer. ... You're not having a beer, you can probably just have a soft drink. It's cheaper.* (Interviewee 34, male, increasing risk)

One interviewee who had stopped drinking in the period since MPA had been implemented commented on the high quality of low alcohol beers but the poor quality of low alcohol wines:

*Low-alcohol wine, I don't know if you've ever tried it, but it's basically just like grape juice, sweet grape juice. I wouldn't bother spending money on it, really. I'd just drink water. I'm quite happy with that. ... The quality of beer is very, very good, actually. The no alcohol beer is excellent.* (Interviewee, male, 21, non-drinker)

### Non-beverage alcohol

Thirteen per cent of survey respondents reported an increase in the use of non-beverage alcohol (see Table 10.1). While it was predicted as a possible unintended consequence of MPA in previous reports, such a sizeable increase was unexpected and concerning given the dangers of consuming alcohol in non-beverage formulations. However, analysis of the qualitative survey responses revealed that the survey respondents were not thinking of non-beverage alcohol as something to 'drink' but rather as something to 'use' to reduce the risk of catching COVID-19 (e.g., '*I never used handwash before COVID!*' and '*hand sanitiser use increased massively due to pandemic*').

None of the interviewees reported using non-beverage alcohol as a substitute for alcohol. However, one interviewee reflected on how a friend, who died from alcohol withdrawal, had been squeezing alcohol from hand-sanitising wipes. The interviewee attributed this behaviour to the increased cost of alcohol:

**I: Yes, but can you remember seeing a change in the price of drink?**

R: Yes. One bottle of cider that could have helped us went to £10. That's what I remember.

**I: So, a cider that used to help you, that you could buy...?**

R: Yes, couldn't afford it because it's £10 now.

**I: You noticed that a couple of years ago?**

R: Yes, and I thought it was disgusting. It's killing people.

**I: How so?**

R: Well one of my mates died because he couldn't afford it.

**I: So, what happened?**

R: He died of alcohol withdrawal.

**I: You're kidding?**

R: Yeah, he was squeezing those alcohol wipes. He died.

(Interviewee 139, female, possible dependence, hostel sample)

### Food

Mixed explanations were given by survey respondents and interviewees in relation to changes in the consumption of food. For some, the COVID-19 pandemic was clearly a causal factor as '*working from home*' had made it easier to snack while for others the boredom of being stuck at home led them to eat more:

*Working from home has made accessing sugary snacks easier.* (Survey respondent, 63, Male, low risk, employed full-time)

*More time spent at home and unable to visit places.* (Survey respondent, 53, Female, low risk, employed full-time)

*I relied upon sweets and chocolate a lot during the period 2020-2022.* (Survey respondent, 39, Male, increasing risk, employed full-time)

*As we were stuck in the house I was eating more chocolate out of boredom.* (Survey respondent, 65, Female, increasing risk, student)

*'I think I probably indulge a bit more in nice food since the pandemic, I think. That was probably something I would look forward to, like if I can't go out and have fun and see people, instead I would treat myself to a takeaway, because that's the only happiness I'm getting right now. Yeah, I think that was probably the only more indulgent thing I did over the pandemic. Like I said, my alcohol consumption decreased a lot. I've never dabbled with any other substance really at all. It was just food basically that increased for me.'*

(Interviewee 107, female, low risk)

One survey respondent explained that their eating had increased because they were working more and needed '*more fuel*'.

Prior to the implementation of MPA concerns were raised about some drinkers going without food in order to pay for their alcohol. One of the interviewees (a dependent drinker) explained that the increase in price had led him to substitute wine for food and that this had led to relationship problems:

**I: So, has the change in the price of alcohol had any impact on your life otherwise, so on relationships or...?**

R: Yeah, definitely, because I get a bottle of wine rather than a tin of beans. I used to have rows with my girlfriend and when I had the baby as well with her, when I was living with her, definitely caused rows.

**I: Because you were buying alcohol instead of food?**

R: Yeah, I put that first. I won't get that today, or she'd catch me going around [Supermarket] and I'd open the bottle, drink it as I'm shopping, but put the bottle in and pay for it. So, it was causing problems. Yeah, I used to do that.

**I: So, it's impacted on your relationship?**

R: Yeah.

**I: Did the relationship break down?**

R: In the end it did, but not strictly because of alcoholic issues. (Interviewee 137, male, possible dependence, hostel sample)

Not all the explanations for changes in eating were linked to the pandemic. Indeed, one survey respondent commented that they had decreased their eating due to increases in '*taxes and prices*' that were not linked to COVID-19 or MPA.

Furthermore, one interviewee linked it to '*convenience*' while another linked it to mental health problems and the stress of a friend getting arrested:

**I: What about food? Did that change in any way?**

R: Perhaps more takeaways, but not in the sense of different types of food or tastes had changed. It was more a convenience thing that you'd say, "Oh, I can't be bothered to cook tonight, we'll just get a takeaway." (Interviewee 3, female, increasing risk)

**I: Binge food, okay. Is this a change that happened since we last spoke?**

R: Well, it has got worse. I was in recovery from my bulimia for a while, but a friend of mine was arrested for being a paedophile last year, and it got worse then. I didn't eat or drink for about a week. (Interviewee 11, female, possible dependence)

## **Summary**

This chapter examined changes in drinkers' use of other substances in the period since MPA was implemented. As predicted in previous reports, few drinkers reported any changes in their use of other substances since March 2020. Indeed, most drinkers had not used illegal drugs before and had not started to do so in the past two years. When changes were reported these were more commonly increases than decreases and included increases in the use of crack, benzodiazepines and synthetic cannabinoids, which were understood to offer better value for money than alcohol. As predicted, those who reported using illegal drugs after March 2020, had histories of using illegal substances although not all of them had used that specific type of drug before.

A small number of drinkers reported changes in their use of over-the-counter medication, which included increases (due to physical and mental stress) and decreases (due to reduced opportunities of catching any illness) that were more likely to be attributed to the pandemic than MPA. Increases in the consumption of food and non-alcoholic beverages were also linked to the pandemic and, in particular, working from home, which provided greater opportunities to eat and drink tea and coffee. There was also some evidence of an increase in consumption of low-alcohol beverages, which were noted to be better tasting and more widely available than previously. Contrary to predictions, there was only limited evidence of drinkers substituting food for alcohol as a result of MPA, and the use of non-beverage alcohol was reported by just one drinker who witnessed a friend squeezing alcohol from sanitising wipes.

## 11. The impact of MPA on drinkers' personal lives

Moving on from the impact of MPA on patterns of drinking and the use of other substances, this chapter examines the wider social and health consequences of introducing a minimum price for alcohol in Wales. The chapter is divided into two main parts. The first focuses on the potential social impact of MPA on drinkers including the effects on: offending, finances, relationships, employment, and housing. The second part of the chapter explores the impact of MPA on drinkers' physical and mental health. The chapter begins, however, with a review of the survey responses to assess the extent of any change in drinkers' lives in the period since MPA was implemented. The remainder of the chapter concentrates on how MPA was linked to any changes in these domains<sup>63</sup>.

### Changes in drinkers' personal lives

The survey included a series of questions that asked drinkers to indicate whether MPA or COVID-19 had had an impact on various aspects of their personal lives including their relationships, health, finances, housing arrangements and offending behaviour. The results are presented in Table 11.1. As noted previously in this report, MPA was perceived to have had an impact on only a small proportion of drinkers. Indeed, less than 10 per cent of drinkers indicated that MPA had impacted on any of the eight aspects identified. By contrast, far larger proportions of drinkers indicated that COVID-19 had impacted on their personal lives. In fact, well over half of drinkers indicated that COVID-19 had impacted (either a lot or a little) on their relationships with family and friends and on their physical and mental health. The one exception was offending behaviour where few respondents felt that MPA or COVID-19 had impacted on them (4% and 10% respectively).

**Table 11.1 Impact of MPA and COVID-19 on drinkers' personal lives**

	Did MPA affect this?			Did COVID-19 affect this?		
	Yes – a lot	Yes – a little	No – not at all	Yes – a lot	Yes – a little	No – not at all
Relationships – family	4% (6)	4% (6)	93% (161)	26% (40)	36% (57)	38% (60)
Relationships – friends	3% (5)	6% (10)	91% (156)	30% (46)	39% (61)	31% (49)
Physical health	2% (4)	4% (6)	94% (163)	23% (36)	34% (53)	42% (65)
Mental health	4% (6)	5% (9)	91% (156)	39% (60)	31% (49)	30% (47)
Employment	2% (3)	4% (6)	95% (161)	22% (34)	16% (25)	62% (95)
Finances	4% (7)	8% (14)	88% (152)	20% (30)	29% (44)	52% (80)
Housing/living	4% (6)	4% (7)	93% (160)	18% (27)	10% (16)	72% (111)
Offending	2% (4)	2% (4)	95% (163)	7% (10)	3% (4)	91% (139)

Notes: Some missing cases.

Those who noted that MPA or COVID-19 had impacted on their personal lives were asked to provide details about how they had affected them. The explanations provided are presented throughout this chapter alongside extracts from the interviews. Given that few survey respondents were impacted by MPA in terms of

<sup>63</sup> Given that a key aim of this evaluation is to assess the impact of MPA on drinkers' personal lives, the chapter concentrates on what drinkers said about how their lives had been affected by MPA rather than how their lives were affected by COVID-19.

their personal lives, few qualitative survey responses were provided. The chapter therefore includes far more extracts from the interviews than qualitative survey responses.

## Social impact

### Relationships

Changes in relationships with family and friends as a result of MPA were reported by several interviewees. In most cases the change was for the worse rather than for the better. For one interviewee, the increased price of alcohol meant that he had '*less disposable income*' and was unable to go out and socialise as often as he had previously. He described MPA as '*a poor man's tax*' and went on to describe the impact on his social life:

**I: Has MPA had an impact on your life more generally, in terms of relationships with friends, family, physical health, mental health?**

*R: Well, it must do really, because I can't go out so much, whereas I used to go out two or three times a week, I go out two now, if you see what I mean. So, my social life has definitely suffered a bit.* (Interviewee 13, male, increasing risk)

The deterioration in relationships was particularly acute among some dependent drinkers. For some, the increase in price made them reluctant to share limited supplies of alcohol with friends, which often led to arguments:

*R: Yeah. I've lost friends through it, through drinking.*

**I: Through the price change?**

*R: Yeah, because they won't get the drink that I want. They always get the cheaper one now, the cider, and they know damn well I won't drink it, so I say, "Well, you're not having any of mine. Why should I pay for expensive wine, when you're getting £6 bottles?" It's nice, it's still nice, but I couldn't understand it. It would just cause rows, and I never talk to people again then.* (Interviewee 137, male, possible dependence, hostel sample)

**I: What are you rowing about?**

*R: All different things with the drinking.*

**I: And is that to do with the price?**

*R: Sometimes.*

**I: So what would you be rowing about?**

*R: Well if I haven't got enough I'd ask somebody and if they're like, "No, no, no," then I'd get all irritated and that and it just goes into rows then.*

(Interviewee 23, female, possible dependence, hostel sample)

For others, the increase in price increased their stress levels, which had a knock-on effect on their relationships with family members:

*'Yeah, it does, yeah, because I stopped doing just the normal things. I wouldn't buy a bus ticket. I was messing around on my feet because every penny was for alcohol. I would stop buying... Like, treat myself to... On payday*

*I used to treat myself to a nice bit of makeup or bit of clothes. I stopped doing that. Stopped really talking to my family because it was just constant stress about'*

**I: So, it has affected your relationships?**

R: Yeah. (Interviewee 39, female, possible dependence, hostel sample)

It was predicted in previous reports that some drinkers might resort to loans from family and friends in order to fund their continued use of alcohol and that relationships might suffer as a result (Holloway et al., 2019, Buhociu et al. 2021). This prediction became a reality for one interviewee who described how her relationship with a friend (a dependent drinker) suffered as a result of repeated requests to borrow money to pay for alcohol since the price of alcohol had increased:

R: Yes. A friend, she's drink-dependent. I noticed that although she's not drinking as much, she is struggling more financially because it's costing her more money.

**I: Okay. So, since the price has gone up...**

R: She's noticed the difference, and because she's noticed the difference, she's on my case more for money.

**I: Oh goodness. So, she's asking to borrow money?**

R: Sorry?

**I: She's asking to borrow money?**

R: Yeah... I'm finding it difficult to say no, but I've got to because I can't have her impacting on my life with regards to finances and my family ...

**R: That must be very hard for her, and for you as well.**

R: It is. She has no one there either. It is difficult, but I can't just keep sending her money. It's very difficult.

**I: That's impacted on your relationship with her?**

R: Yes, it has. Yes. (Interviewee 8, female, low risk)

### Acquisitive crime

As also predicted in the previous reports, several interviewees (all dependent drinkers) reported increases in offending to facilitate their continued use of alcohol. In most cases, the offending behaviour was shoplifting:

**I: But they're not finding a way to carry on?**

R: Well, they shoplift or they do whatever.

**I: Have you noticed that? Have you seen people doing more of that these days?**

R: What?

**I: Shoplifting?**

R: Yeah, yeah, I've done it myself. (Interviewee 110, male, possible dependence, hostel sample)

**I: So, before minimum pricing, would you have drunk the big things of cider?**

R: Yes, and I would have paid for it, and it would have lasted me.

**I: And now?**

R: And now what? I'm buying one can for a pound.

**I: And you're drinking other kinds of alcohol?**

*R: Yes, and I'm stealing them because I've had enough of the pricing.*

***I: So, the price increase has dramatically affected you?***

*R: Yes, dramatically affected me and it's dramatically affected females. Put me on the floor, because there is no way, I'm sitting in a doorway with a blanket, degrading myself any more than society has already degraded me, no way. I'd rather go in the shop and take the bottle. There's no way I'm getting a blanket and being degraded any more than I've already been degraded.*

***I: I'm so sorry. So, you are not a fan of this policy?***

*R: No.*

***I: And it's changed your drinking.***

*R: And it's changed my criminal... it's made my criminal go high.*

***I: Is that wholly shoplifting or anything else?***

*R: Yes, shoplifting. (Interviewee 139, female, possible dependence, hostel sample)*

One interviewee explained that she had not shoplifted in the past and she had started because she could no longer afford to buy the alcohol that she needed:

***I: When did you start shoplifting?***

*R: A year and a half or so*

***I: Why were you doing it?***

*R: Couldn't afford it. So, I'd go in and I'd cut out the middle-man. Usually I wouldn't go robbing stuff to sell. I'd just go and rob the alcohol I needed.*

***I1: You'd not done any of that before?***

*R: No, I never shoplifted. But I got caught. I did get caught. I saw the opportunity, and I was ill, I needed a drink. (Interviewee 39, female, possible dependence, hostel sample)*

Shoplifting was not an option for one interviewee who found the prospect of committing this type of crime far too stressful. Instead, he described paying someone (often someone dependent on heroin) to shoplift alcohol on his behalf. In practice, this meant that he was able to obtain alcohol at a price lower than the minimum unit of 50p:

***I: So, you're paying somebody £20 to get something, that they'll then spend on heroin?***

*R: Yeah.*

***I: So, it's supporting each other's habits?***

*R: Yeah, you're helping each other out. It's crazy, it is crazy. You shouldn't be using them. It's no different to... but if they're hooked on it, they're hooked on it, and they'll do anything to get it.*

***I: And they'll do shoplifting?***

*R: Yeah, they'll get two or three bottles where I'll only get one maximum for the money.*

***I: So, you don't want to do the shoplifting yourself?***

*R: No, I've tried it, I've done it, but it's not for me. My anxiety goes through the roof.*

***I: Whereas you know that there'll be somebody that will do it?***

*R: And it's like nothing... "How the hell do you do it?" But they've got to do it because they're clucking.*

***I: Okay, so would you say minimum pricing has led to a change... an increase in shoplifting?***

*R: Definitely. (Interviewee 137, male, possible dependence, hostel sample)*

#### Other types of crime

A small number of interviewees also reported engaging in other types of crime as a result of MPA. This included drunk and disorderly behaviour following the rapid consumption of 'expensive' alcohol from which they wanted to get the maximum effect:

***I: What about offending? So, we've talked about how you would pay somebody to do shoplifting for you. So minimum pricing has impacted on that.***

*R: Oh drunk and disorder.*

***I: Has it made you more or less drunk and disorderly?***

*R: Over the last month it hasn't. I've been locked up quite a few times because, instead of taking the time, I knock it down. I think "fuckin' hell; that was expensive, so I might as well get smashed on it."*

***I: Okay, so you've had more drunken disorderly since minimum pricing?***

*R: Yeah. (Interviewee 137, male, possible dependence, hostel sample)*

Some interviewees reported that certain shops were selling alcohol at prices below the minimum unit price and were thus operating in breach of the MPA legislation:

*I did go into a shop just before... I'd just come out of the hospital. Just before that. It was a [shop name] down XXXX, and I'd gone in there. They still have them on the shelf, but they're out of date. So, I said, "This is out of date. Give you £1 for it." I gave him £1 for it. That's the only place I've seen it still on the shelves because they don't even put it on the shelves anymore because nobody's buying it. Everybody's drinking the [strong lager brand], the nine per cent lagers, or the [brand], because you can buy them in the EU shops.*

*They're obviously not doing it properly, are they? (Interviewee 39, female, possible dependence, hostel sample)*

*R: But then I'd have to watch the prices on the wine in certain shops then, go for the special offers, or £5 because it's a couple of months out of date or something, it's wine.*

***I: So, are you finding some of the shops have got some dodgy deals?***

*R: Yeah, definitely. There's one in... I'll tell you where there's one, Albany Road, selling out of date cider.*

***I: What cheaply?***

*R: Yeah, a pound a bottle.*

***I: How big a bottle?***

*R: Three litre.*

***I: Three litre for a pound?***

R: Yeah, and it's called... because you know, it's two years out of date, you can't sell that, but you can have it for a pound. (Interviewee 137, male, possible dependence, hostel sample)

This same interviewee also commented on the sale of illegal alcohol under-the-counter:

**I: But you're finding some shops that are selling things under the counter?**

R: They can, yeah. It depends what shops. Some shops do definitely ...

**I: Yeah, okay, so you've got to balance it out. So, if you're in a shop that's selling things that aren't strictly legal, what sort of alcohol will be under the counter? Is there a particular type?**

R: Yeah. What do they sell? Vodka, cheap s\*\*\* vodka which is horrible anyway. There's been a clamp down on them. What was the other? I can't think what the other one was. I can't remember what it was. It was a spirit. (Interviewee 137, male, possible dependence, hostel sample)

Conversely, one interview described how MPA had resulted in her getting into less trouble with the police. By switching from alcohol to crack due to its relative cheapness, this stimulant drug made her more alert and engage in less criminal behaviours as a result:

*With the alcohol I'm just a nightmare. I get too drunk and I don't realise what I'm doing until it's too late. But with the crack I'm alert. So, I think that's what's made me change from the drink to the crack because I'm more alert on the crack. ... With alcohol I haven't got a clue what I'm doing... I'd just do stupid things like walking around with a knife and that.* (Interviewee 23, female, possible dependence, hostel sample)

### Victimisation

One issue highlighted during several interviews with dependent drinkers was the harm associated with switching from high percentage, low-cost cider to spirits. One drinker described becoming more vulnerable after consuming vodka and explained that she had been the victim of robbery while passed out:

**I1: What did you do?**

R: Switched to vodka.

**I1: So, you shifted then, sort of straight away?**

R: Pretty much. I got money through, I realised, go to [Supermarket], you can get [Supermarket] own-branded vodka and it works out cheaper than getting...

**I1: So, when you're drinking cider, is it quite quick that you drink those flagons, whereas with the vodka is it slower?**

R: The flagons I'd sip throughout the day. The vodka, I'd neck quite a bit just to make me well, but then I'd sip a bit and then a lot of the time I wake up and all my stuff's gone, things like that. That's what I get – with the vodka.

**I1: That's not good. Were they stealing your drink as well when they were stealing your stuff?**

R: Yeah, drink, going through my pockets... (Interviewee 39, female, possible dependence, hostel sample)

Another interviewee also commented more generally on an increase in theft from intoxicated drinkers as a result of being unable to afford to buy it:

**I: So would you say minimum pricing has led to a change ... any other offending you think?**

R: Robbing off each other.

**I: Yeah, is there more of that?**

R: Yeah, definitely because if there are a pack of cans there, people will think, I'm taking these cans. It's not greed, it's just they can't afford it. He's already half-cut, I want some.

**I: So, they take advantage of them being...**

R: Drunk, definitely.

**I: Does that happen a lot?**

R: In here it does, yeah, it's terrible. (Interviewee 137, male, possible dependence, hostel sample)

#### Finances and accommodation

Interviewees were also asked about any changes in their finances and accommodation arrangements in the period since MPA had been implemented. Some felt that the change in the price of alcohol had increased the burden on their already stretched finances:

**I: So, has minimum pricing impacted on your finances, your housing arrangements? Offending?**

R: God yeah, all of it. Everything. ... It's a knock on effect of everything. I lost my house as well. That was through drinking, drinking, drugs, everything. But at the time, I thought I was fine, but I wasn't. (Interviewee 142, female, non-drinker, hostel sample)

**I: You said about financial circumstances, so that would be an area that did...?**

R: Yes, I wouldn't say I've got much disposable income, and now we've got the energy crisis, and other things, so I think everyone is feeling the pinch. And that puts the price of living up!

**I: And you feel that MPA did contribute to that as well?**

R: Yes.

**I: Housing or living arrangements, have these been affected?**

R: No. I own my own home luckily. (Interviewee 13, male, increasing risk)

**I: Financially, you're not spending as much. Are you better off now? Or is it the same?**

R: I'd say definitely, because a crate was £9 or whatever, and now I'm paying £4 less, so I'm saving £4 a week, or a month. (Interviewee 31, male, increasing risk)

Survey respondents also commented on the impact of MPA on their finances. One felt that it was now '*more expensive to live*' while another believed that a '*usual night out costs more*' than previously. A third respondent thought that MPA had been a major factor in affecting both their financial situation and housing/living arrangements

but commented on the impact of 'divorce and cost of living increases' as compounding factors.

One interviewee described negative changes in her living arrangements, which she attributed specifically to MPA:

**I: What about your housing? Your living arrangements. Did it impact on that? Were you able to pay for any accommodation?**

R: I got kicked out of a few... I've been through a few hostels, and I wasn't paying the service charge. Not much for the service charge, but it was ... a week or something, but it was gone - on booze.

**I1: Before minimum pricing you could have coped?**

R: Yeah. (Interviewee 39, female, possible dependence, hostel sample)

## Health impact

Some interviewees, including dependent drinkers, felt that their physical and mental health had improved with the implementation of MPA. For some, the price increases provided much needed encouragement to cut down or stop drinking completely:

**I: What about your health? Do you think there's an improvement in your health since shifting from cider to wine?**

R: Yeah, definitely and that's down to the price, because I've got... to do with the money, because it took me four years to start slowing myself down, and then I noticed that my health was getting better. So, I did have a beer gut, not a wine gut, and I was thinking... and I went to the doctor as well because I'm on meds, but it's definitely down to the price, definitely. (Interviewee 137, male, possible dependence, hostel sample)

R: No. I think my mental health's got a lot better. Like I said before, obviously alcohol is a depressant, and obviously if I'm consuming less, I'm going to feel less depressed. I reckon this past two weeks I've cut out alcohol completely and I'm just focusing on the gym, and I feel a lot better in myself rather than when I would take alcohol. Drink alcohol.'

**I: Okay. In terms of the cutting down, the improvement in your mental health, is there any link between that and minimum pricing?**

R: I'd say yes, a little bit, obviously, because it's more expensive now so I'm going to be like, "I don't want to pay that much," whereas before it wasn't really that much of a problem. I'd just be like, "Yeah, that's fine, I don't mind paying that." Now I'd be second-guessing myself, "Do I really want it?" rather than just going, "Yeah, okay, I'll have it," which I would, say, a year ago. Now I'd be more hesitant to buy it because it's more expensive. (Interviewee 31, male, increasing risk)

For some, however, the impact on their health was not positive. Indeed, one interviewee described that changes in his alcohol and drug use brought about by MPA had caused him to pass out on several occasions and that on several occasions he had turned up for appointments heavily under the influence of alcohol:

**I1: Okay. So, for you it's led you to change your drinking, and to use more drugs, yeah? Has it any other effect on you?**

R: Yes, I'm comatoid [sic] at my appointment.

**I1: Is that happening more often to you, that you go comatose on the pavement?**

R: Three times it's happened.

**I1: Because of vodka?**

R: And spice.

**I1: And the spice.** (Interviewee 125, male, possible dependence, hostel sample)

Another dependent drinker described how switching to spirits had led to more blackouts:

**I1: Is it nicer to drink than the [brand of cider]?**

R: I've found coming off it, like in the mornings, worse. Sicker in the mornings, shakier, more bile coming up and that. More blackout on the vodka, whereas the [cider brand] I was more sensible. I know it's bad for you, but the vodka I would black out, and then I'd have people telling me the next day what happened. I still got a bottle because it's the cheapest thing I could get, really.

(Interviewee, 39, female, possible dependence, hostel sample)

Others described rising mental health problems related to the stress and anxiety of the price increases in alcohol:

R: If I'm stressed, I'll drink more. I tend to reach for the bottle more. So, if I was stressed by anything, or if I've got to fill out any forms or anything, I'll drink a bottle; steady my nerves type of thing.

**I: But has the price changed... had some kind of indirect effect on your mental health? So are you drinking a different kind of drink? Do you feel better or are you stressed about the price?**

R: Stressed about the price all the time, definitely. I double up on it see, because when I drink... like you're leaving a bottle of spirits, but you're getting bottles of wine which is costing you more anyway, so that's how I stress out then. And I think "Oh I should have paid that this week" do you know what I mean, and then stress about that so I buy more drink.

(Interviewee 137, male, possible dependence, hostel sample)

One survey respondent who indicated that MPA had affected his mental health 'a little', explained that after switching from cider to wine and after turning to other substances when alcohol became more expensive that his mental health had worsened:

*When I started drinking more wine/using other substances I worsened my depression and anxiety.* (Survey respondent, 135, Male, possible dependence, employed full-time)

### ***Treatment seeking***

Survey respondents and interviewees were asked if they had sought support for drinking-related problems in the period since MPA had been implemented. Of the survey respondents, four per cent (n=7) said that they had sought support for themselves and the same proportion and number had sought help on behalf of a family member or friend. Those who had sought support for their own problems were a mixture of drinkers and included low risk, increasing risk and high-risk drinkers (as measured by the AUDIT at the time of interview). Of those who sought support for their own problems, four indicated that this was due to MPA in combination with COVID-19 although further details about why this was the case were not provided. None of those seeking support for others attributed the need for help to MPA although six attributed the help-seeking to the COVID-19 pandemic.

Like the survey respondents, most interviewees said that they had not sought support for drug or alcohol related problems since the introduction of MPA. The few that had done so were dependent drinkers with histories of treatment prior to the implementation of MPA. Those who had sought treatment in the period since March 2020 described the introduction of MPA as the catalyst for seeking support:

***I: So, has minimum pricing played any role in you wanting to get treatment and support?***

R: Yeah, because I'll run out of money. Definitely. Because I could spiral out of... Before I go in, the money has gone, there's no gas, there's no electric. There's no rent paid. Kicked out on the street, which you're going to drink more again then and you've got no money.

***I: Are there any other factors that are influencing your decision to get support and treatment, or is it wholly about minimum pricing?***

R: Stress. I don't like the stress, so I turn to the wine just to unwind. But then if I do that, that's where my money can go quick. (Interviewee 137, male, possible dependence, hostel sample)

R: Yeah, I'm getting support.

***I: Are you?***

R: Yeah.

***I: And did the pricing affect that decision?***

R: Yeah big time.

***I: Yeah, did it? So it made you think you need to change something?***

R: Yeah.

***I: When did that happen?***

R: I'd say... I'm struggling, I'd say about a month now; just under a month.

***I: Okay. And you'd say that was due to alcohol being too expensive now?***

R: Yeah. (Interviewee 23, female, possible dependence, hostel sample)

The following interviewee also cited the price increases in alcohol as an influence in the decision to seek treatment, noting wanting to be able to pay for necessities such as clothes and food. Health was also reported to be an important factor in support seeking:

**I: Have those detoxes been because you couldn't afford alcohol, or for some other reason?**

*R: Because I couldn't afford alcohol, and I was in no fit state. It had gone too far for me to even try and get anything, like to sit on the street or to try and rob it. I couldn't walk, I was shaking, I was hallucinating.* (Interviewee 39, female, possible dependence, hostel sample)

## **Summary**

This chapter has examined the social and health consequences of introducing MPA in Wales. For the majority of drinkers, MPA had little or no effect on their personal lives. When changes in relationships were reported, these were usually for the worse rather than for the better. The problems were particularly acute among dependent drinkers who described getting into more arguments due to a reluctance to share their supplies with other drinkers and strained relationships as a result of constant demands to borrow money. As predicted, some dependent drinkers reported increases in acquisitive crime to pay for their continued use of alcohol. Most commonly this involved shoplifting or paying someone less than the minimum price to shoplift on their behalf. There was also an increase in theft among street drinkers who were victimised when intoxicated, which was more likely among those who had switched from cider to spirits.

Some drinkers reported improvements in their health following MPA as the increase in price had encouraged them to stop drinking or cut down their intake. Others, however, reported problems that were linked with the shift to spirits and to the general stress of coping with the price increase. Most drinkers had not sought support for their substance-related problems since MPA had been implemented. The few that had done so had histories of treatment prior to March 2020. A small number of drinkers described MPA as the catalyst for seeking professional support.

## 12. The impact of MPA on other drinkers

In this chapter we shift away from our research participants' personal experiences of MPA to examine the impact of MPA on the lives of their family and friends. A similar exercise was undertaken at the first follow-up (nine-months post implementation) and while most interviewees felt that MPA had made little difference to the lives of those around them, a small number noticed changes that were broadly in line with the predictions made in previous research (see Holloway et al., 2019 and Buhociu et al. 2021). This included witnessing drinkers switching from alcohol to illegal drugs, switching from one type of alcohol to another, shopping across the border in England where MPA is not in operation, and shifting their household budgets to free up money to fund continued use of alcohol (Holloway et al., 2022).

In this chapter, these issues are revisited to examine the observed impact of MPA on others, two years after its implementation. Unlike previous chapters, this chapter focuses wholly on the interview data given that questions about the perceived impact of MPA on other drinkers were not included in the survey. To ensure that the chapter is based on real life events rather than generalised perceptions of the impact of MPA, only events personally witnessed by interviewees are reported in this chapter.

### Patterns of alcohol use

Most interviewees had not noticed any changes in patterns of alcohol use among their family and friends:

*I haven't really noticed anything, really. (Interviewee 1, male, low risk)*

*No, as I said, none of us were affected by that at all. There's never been a bottle of [cider brand] in this house, or my kids, so no. (Interviewee 017, increasing risk)*

*No, not on me personally or as a family, no. (Interviewee 8, female, low risk)*

*No, not personally. I've not known anyone that has been affected. Again, I suppose with the likes of COVID and lockdown, not really gone out that much. Obviously we see our neighbours around us, but we've been quite limited really, I suppose in terms of who we have seen, and not aware of anyone that has been affected to that extent, because all of my family, they're not heavy drinkers and what have you, so I wouldn't have thought it would have affected them, so not that I'm aware of anyway, not that I can think of. (Interviewee 33, male, low risk)*

However, a small number of interviewees reported that they had witnessed drinkers changing from one type of alcohol to another. Two interviewees (both dependent drinkers) had observed other dependent drinkers switch from cider to spirits as a result of MPA. One of these had also noticed a shift from cider to a combination of strong lager and synthetic cannabinoids:

**I: Nothing has affected you. but what have you seen happening to other people?**

R: From cider, they changed on to spirits. (Interviewee 153, male, possible dependence, hostel sample)

**I1: So, are people's drinking patterns changing like yours did? Are they shifting what they use? Are they using more drugs? What have you noticed?**

R: Pretty much everyone I see drinks [strong lager brand] now. They don't drink any other ... they drink [strong lager brand] and spice.

I1: And take spice?

R: Spice. Yeah. Alcohol and spice.

I1: Okay. Is that a shift away from the ciders to the [strong lager brand] and spice?

R: Yeah, I'd say.

I1: Anybody else shifted to spirits like you? Have you seen any of that?

R: I've seen my friend, ... it was a couple of weeks ago now. She was vodka'd up. She doesn't drink vodka. She's on the vodka now. So, she's shifted from [cider brand] to vodka. But she's a completely different person on it and she's gone and she's rummaged through my bags, lifted my stuff, and then she's said... She tipped the last can out on the side, my last strong can. That's not like my friend anymore.

**I1: Yeah, so it's changing people's behaviour. So, spirits, you think spirits is a worse drink.**

R: Yeah. (Interviewee 39, female, possible dependence, hostel sample)

## Use of other substances

Like the previous interviewee, several others had also witnessed an increase in the use of synthetic cannabinoids since the implementation of MPA:

**I: Have you noticed many people switching to other substances or changing their use of...?**

R: Yeah, moved on to spice.

**I: Is it more than they would have done before or just...?**

R: Yeah, because it's cheap. It's cheaper and it holds them off the heroin as well. They'll do both. They'll drink, you've got to watch the spice and the drink together, because it will kill you that, but some do it. They think I'll have four cans instead of ten or eight and a spliff of spice and do it that way, so, instead of spending... they do the two of them so they've got two habits going on. That's down to the price. (Interviewee 137, male, possible dependence, hostel sample)

**I: So, there were concerns that people, if they couldn't afford alcohol that they would switch and start using other drugs. Is there any sign of that?**

R: It depends on what drugs. If the drugs are cheaper than the alcohol, they are going to do it and that's why the Spice is all a pop.

**I: Have you seen this, is this happening?**

*R: Yes, the Spice is taking over in a big way.*

**I: From alcohol?**

*R: Yes, because it's a penny drip. It's a penny drip. It's not picking up heroin or alcohol, or litres of vodka or whatever. They're only paying like maybe £1 for a spliff and that might like knock them out for about four hours and then another pound or £2 then and they're wiping off again. So, it is a vicious circle, isn't it? (Interviewee 151, male, possible dependence, hostel sample)*

When pressed about whether or not the change was caused by the price increase, this last interviewee backtracked and claimed that he thought it would have happened anyway:

**I: What we would need to know is, is the price of alcohol going up, affecting it? Has it affected it or do you think it would happen anyway?**

*R: I think it was going to happen anyway. I do think it was going to happen anyway. It is what it is. I wouldn't blame it on the alcohol inflation or any inflation. I'm just saying when people want to do it, they're going to do it anyway, aren't they? Simple. It's a simple thing. I don't blame it on anything. (Interviewee 151, male, possible dependence, hostel sample)*

Another interviewee had also witnessed an increase in the use of spice and heroin among drinkers in recent years. Like the previous interviewee, he too found it difficult to say for sure that MPA was wholly responsible:

*R: the normal drug used to be say heroin and crack but it's virtually all spice. I tell you what you never smell here? You never smell marijuana. ... It's all spice or heroin...*

**I: Is there anything you could tell us that you've seen? ...Is there anything changed? Or is too difficult for you to say?**

*R: I think it's too difficult because we're trying to make a broad-brush analysis. (Interviewee 150, male, low risk, hostel sample)*

An increase in the use of heroin was also reported by another interviewee who was also a dependent drinker. The extent to which this interviewee thought that MPA was responsible for the change was unclear

**I: So, you haven't noticed people stopping drinking?**

*R: I think people take more drugs than anything.*

**I: Okay, so what have you noticed?**

*R: A lot of heroin.*

**I: So, people changing from alcohol to heroin?**

*R: Yeah. I've seen enough people on heroin and all that lot. (Interviewee 140, male, possible dependence, hostel sample)*

## Offending

While most interviewees had not noticed changes in offending among those around them, a small number (all dependent drinkers) had observed some important shifts in behaviour. Several interviewees reported witnessing an increase in acquisitive crime, most notably shoplifting and theft:

**I: So, has there been an increase do you think in thieving?**

*R: Yeah, of course, of course, but I think that's also in the real world as well, and actually probably that would... people will steal... they would have to steal dearer booze, wouldn't they? For example here, it's actually to fund booze. So, you will come in and they would have to steal more... that's to do with drugs but a booze habit... they're doing sometimes two bottles of vodka a day and they glug it like water... (Interviewee 150, male, low risk, hostel sample)*

*R: Yeah. There's more of it now than ever before, robbing from the shops.*

**I: And you think that is to do with the price?**

*R: Yeah. ((Interviewee 138, male, possible dependence, hostel sample))*

One interviewee reported an increase in violent behaviour and subsequent police attention because of the shift from cider to spirits brought about by MPA:

**I: Any impact on their behaviours, relationships?**

*R: They're getting more violent. More violent, yes.*

**I: Because of the spirits?**

*R: Yes.*

**I: So, more police?**

*R: Yes. (Interviewee 153, male, possible dependence, hostel sample)*

While another interviewee had also noted an increase in theft as a result of MPA, he also noted witnessing less problems than previously due to a change in the type of alcohol being consumed:

**I: Have you noticed this happening, are people doing things differently now that you can see?**

*R: Probably the alcoholics need to steal or... people with problems, the price... if the price goes up and down, it's going to be the same, because they need it. ...*

**I: So, are you noticing people doing things differently then? Are you seeing this here? Do you spend a lot of time here [in the hostel]?**

*R: Yes. It depends but yes.*

**I: Or on the streets, are you seeing drinkers drinking different things or doing anything differently, or drinking less or anything at all that you've noticed?**

*R: To be honest, I see less problems but they like to buy one litre of soda and buy whisky bottle and mix it together and then they drink for hours, don't bother no one.*

**I: Is that different to what they used to do?**

*R: Yes, because before they would drink more I would say, get more bottles*

*I: They were drinking different things?*

*R: Yeah, they mix ... now they are more calculated in what they buy.*

(Interviewee 152, male, non-drinker, hostel sample)

## Health impact

Again, most interviewees had not witnessed any impact of MPA on the health of those around them:

***I: Any specific examples of how minimum pricing might have affected your family members or friends?***

*R: Most of my family live in England, so I don't think it affects them, does it?*

*I: No.*

*R: No. No, I don't. I can't think of anybody that's been affected, really.*

(Interviewee 30, female, low risk)

***I: Friends? Any relationships with friends? Have your friends been affected, their drinking, by the increase in price of some things?***

*R: I wouldn't say so.*

***I: ...No impact on physical health, mental health, employment, finances, housing, offending? I think we're pretty clear that it's not been impacting on you at all.***

*R: No. (Interviewee 36, female, low risk)*

*No, I haven't noticed any change in anyone else. (Interviewee 21, male, non-drinker)*

However, some interviewees did provide accounts of health problems experienced by drinkers that they knew. In each case, the witnessed event involved a dependent drinker. One interviewee commented on how her friend was foregoing food to pay for alcohol and that her general health was declining:

***I: Have you noticed it impacting on her health?***

*R: Yes, definitely. She has the inability to feed herself properly. Her general overall health is awful. It's dreadful.*

***I: You think it's got worse since...?***

*R: Oh yes, it's definitely got worse. Definitely got worse over the last year, 18 months. Definitely.*

***I: You would say that was to do with minimum pricing?***

*R: It possible could be, yeah. I think so, because I mean, what she's trying to do now is, when it is on offer and things like that, she's grabbing as much as she can. Then, when it obviously isn't, she's really struggling, and then she's not eating. It's making it worse, because she's trying to grab every penny she can then to try and buy the next lot. I really do think it does... It definitely has made a difference to her. (Interviewee 8, female, low risk)*

Another interviewee believed that MPA was deliberately targeting people from the 'working class'. He was concerned that their health would suffer as he had 'noticed'

that people will shift their household budgets to free up money to pay for alcohol or cigarettes during times of need:

*... what I've always noticed ... is that people will take something from their budget. So, they'll eat less, but drink, because drink is a drug, drink and fags, something suffers. So, the health will suffer and it is always on the working under class, so to me, that's my political point, is this is deliberately targeted to basically kill off the bloody working class. There we are. It's not a saviour. The Nanny State is not a protective thing, or it hasn't been in my case anyway, that's why we're here.* (Interviewee 150, male, low risk, hostel sample)

In previous reports, concerns were raised about the possibility that dependent drinkers might suffer from seizures if they were unable to buy alcohol at higher prices (Holloway et al. 2019). Sadly, this prediction became a reality for one interviewee (139) who, as noted earlier in the report, believed that her friend had died from alcohol withdrawal because he was unable to afford alcohol.

## Social impact

While most interviewees did not notice any social impact of MPA on their family and friends, some interesting changes were observed among dependent street drinkers. The following interviewee described a stark change in how drinkers were interacting and consuming alcohol since the implementation of MPA. Rather than working together to support one another by sharing their supplies, drinkers were now observed to be lone operators taking care of only themselves:

**I1: Have you noticed that minimum pricing, the increase, has had an impact on people around you? So, other drinkers or family members or anyone?**

R: A lot more drinkers that you see just chilling, just drinking on the street, you're now seeing the sleeping bags, sat down. They're trying to make money for a drink. Not... I wouldn't say partying, but they're miserable. Just grafting, constant grafting to get a drink.

**I1: So, can you just say that again? They are less happy now than they were, is that what you're saying? I'm not sure I heard you.**

R: You used to see... Like by the XXX, we used to sit around, have a chat and have a drink, but now everyone's out on their own spot trying to make money to get the drink, and everyone's really, you know, talking about it, sharing drink. "Have you got...? Please help me out. Have you got a can?" "No, no."

**I1: Whereas previously they would have done.**

R: Yeah. Drinkers help each other out, sort of thing.

**I1: But not anymore.**

R: No.

**I1: That's sad.** (Interviewee 39, female, possible dependence, hostel sample)

This shift towards an individualistic rather than collectivist lifestyle created conflict among some drinkers:

*'Definitely, because some people just have got less money than me. Then they're stressing, then they borrow off people to get their drink. ... And I've seen arguments over that, and you can get a crate like that for about a tenner, that's [brand]. But it don't do the same for them because it's weaker, because it's robbed. So, they're spending a tenner, the next man could be spending £30 on decent cans. Then they'll have arguments then but it's always down to the pricing, and that's been for the duration of minimum price, definitely.*

(Interviewee 137, male, possible dependence, hostel sample)

One interviewee noted an increase in street drinking since minimum pricing had been introduced. He was unsure of the reason why and speculated that the increase in outdoor seating (on the street) in response to COVID-19 may have played a role:

*'There's more visible drinking on the street than I think we've ever seen before. It hasn't affected that at all. So we see it. I personally in the XXX area at least see more people drinking in the street than possibly before the MPA came into being, which I don't really understand the reasoning for. Before, in XXX we were seeing a lot more spice. ... But I'm seeing more people in the street drinking and the antisocial behaviour because of it.'* (Interviewee 19, male, low risk, male, low risk)

## Summary

In this chapter attention was shifted away from the personal experiences to those witnessed among other drinkers. Few noticed any impact on the lives of drinkers that they knew. When change was noted it was largely among dependent drinkers who observed changes in other dependent drinkers. This included switching from cider to stronger lagers and spirits and an increase in the use of some illegal drugs. The extent to which MPA was responsible for these shifts in behaviour was not always clear. Some dependent drinkers also witnessed an increase in offending, although there was also evidence of some decreases too. Finally, there was some limited evidence of dependent drinkers shifting their household budgets away from food to free up money to pay for alcohol and one case of alcohol withdrawal that was linked to MPA that resulted in the death of a dependent drinker.

## **13. Discussion**

This report has presented findings from the third of four waves of research being conducted as part of a 5-year evaluation of the impact of MPA on the wider population of drinkers in Wales. The report focuses on data collected through semi-structured interviews with a sample of 44 drinkers and an online questionnaire survey that was completed by 186 drinkers from across Wales two years after the legislation was implemented in March 2020. In this concluding chapter we summarise the findings and reflect on them in light of the literature reviewed in Chapter 3, which builds upon and extends our earlier systematic reviews (see Holloway et al. 2019; Buhociu et al., 2021; Holloway et al. 2022).

Before doing this, several key issues must be addressed. The first is the impact of COVID-19 on drinkers in Wales. Our first follow-up report presented findings from data collected, nine months post-implementation (see Holloway et al. 2022). This was a time when COVID-19-related legislation placed tight controls over socialising and, at times, forced on-licensed premises to close or reduced their opening hours. This second follow-up report presents findings from data collected two years post-implementation of MPA at a time when virtually all COVID-19 related restrictions had been lifted. It therefore provides the first opportunity to assess the impact of MPA on drinkers without the confounding effect of the pandemic and associated restrictions.

The second issue concerns attrition, which is not uncommon in longitudinal research (Bryman, 2016). As noted in Chapter 4, it was not possible to reinterview approximately half of our original sample. Unsurprisingly, given the stressful and difficult lives led by many street drinkers, attrition was greatest among the sample of drinkers recruited from third sector housing organisations. Fortunately, we were able to recruit a large sample of replacement interviewees who were matched with lost interviewees in terms of the sample source and as far as possible by their drinking status (i.e. moderate, hazardous or harmful), sex and area of residence.

The third issue is also related to sampling. While the samples of interviewees and survey respondents were diverse in many respects (including drinking patterns, illegal drug use, household income, geographical location and quality of life), it must be noted that people not in full-time employment and minority ethnic groups were not well represented in either the interviews or survey and that hostel residents were over-represented in the interview sample. Furthermore, men were under-represented in the cross-sectional survey, although their over-representation in the interview sample goes someway to balancing out the relative contribution of men and women to this report. Nevertheless, caution must be taken when generalising the results beyond those represented within the research.

The fourth issue is methodological and related to the type of interview conducted. The use of both telephone and face-to-face interviews in the longitudinal study was useful as the strengths of one helped to offset the weaknesses of the other. For example, the use of face-to-face interviews allowed the voices of many hostel residents to be captured while the use of telephone interviews helped to save time and keep the costs of interviewing drinkers from across Wales, low. It must be acknowledged, however, that the face-to-face interviews were longer than the telephone interviews (on average, 28 minutes compared with 24 minutes). To some

extent this may be expected given the closer physical proximity (making it easier to develop rapport) and the effort that both the interviewee and interviewer made to meet. However, it may in part be because those who were interviewed face-to-face were all from the hostel sample who were dependent drinkers or knew of others who were. This group may therefore have had more to say about the impact of MPA than those interviewed by telephone.

Finally, it is important to note that the research was based on retrospective accounts of behaviours that took place over a two-year period. Accuracy of recall is an issue in any research project involving self-report methods, but it can be particularly difficult when asking questions about alcohol consumption where recollection of events may be clouded by intoxication. The added complication of living through a pandemic and at a time when the 'cost of living' is high, may well have compounded this methodological problem. Any conclusions drawn from the research must therefore be considered with these limitations in mind.

## **Quantitative measures of change**

As part of the semi-structured interviews, participants were asked to answer a series of closed questions to gather information about their personal circumstances, drinking patterns and quality of life. The goal was to monitor if anything had changed since the baseline interview and since the first follow-up. As noted in Chapter 4, few changes were noted in the two-year period since implementation of MPA and the emergence of the pandemic. Drinking status (as measured by the AUDIT) remained stable for most of the 22 people interviewed previously. When changes did occur, these were mostly in a positive, less harmful, direction rather than in a more harmful direction. These findings correspond with some of those reported in previous reviews of the literature, which highlighted that most drinkers in the general population had maintained pre-COVID-19 drinking patterns (Bakaloudi et al., 2021, Public Health England, 2021).

Most interviewees scored positively on the quality-of-life measures and where changes had occurred between baseline and second follow-up, these were largely in a positive direction. However, a small group of interviewees reported changes in a negative direction. This included a worsening in terms of their life satisfaction, feeling that they are doing worthwhile things, happiness and levels of anxiety. In relation to how well they were managing financially, most of the sample reported changes between baseline and second follow-up. The sample was evenly split in terms of whether or not the change was in a positive direction or a negative one.

## **Awareness and attitudes towards MPA**

The majority of drinkers were aware of MPA and most had learned about it through either the television (via news reports), radio, online news sources, social media, or a combination of these outlets. As noted at the first follow-up, those who were not aware of the policy included those whose drink of choice was not affected by MPA and those who did not drink enough to be affected by it (Holloway et al., 2022).

Conversely, awareness at the second follow-up point was also low among the dependent drinkers who had not participated in the study previously. To some extent, this was unexpected given that MPA had a marked impact on this group through its effect on the price of strong, white cider. However, it reflects recent research emanating from Scotland, which found that awareness of MUP among harmful drinkers was also limited (Holmes et al., 2022). Perhaps, as noted in research with street and homeless people in Scotland, MUP is not a priority for those facing multiple concerns and difficulties on a daily basis (Elliott et al., 2022). Two years post-implementation of MPA in Wales, those who could recall the content of publicity about MPA were mixed in their recollections with some relaying the reasons underpinning the policy and others recalling only that the price of alcohol was going to increase.

For those unaffected by MPA, one might question whether it matters if they know or understand anything about the policy. For those who are affected (particularly drinkers of strong, white cider), the same argument would be more difficult to make. Indeed, a lack of awareness and understanding of MPA might increase the risk of harm (e.g. from switching to a stronger type of alcohol or to a different substance) and result in missed opportunities to signpost harmful drinkers into treatment.

The drinkers in this study were mixed in terms of their attitudes towards MPA. Favourable attitudes were driven by the belief that MPA would help to reduce alcohol-related harm. Less favourable attitudes were focused on what was felt to be a disproportional impact of the policy on dependent drinkers, a view that was also reported by drinkers in previous studies (O’May et al., 2016; Holloway et al. 2019; Buhociu et al., 2021). There were also concerns about the potential for circumventing the policy through cross-border shopping and about routine variations in price masking the effect of MPA, an issue also highlighted by Duffy et al. (2022).

## **Changes in price and availability**

In terms of awareness of the implementation of the legislation, drinkers in this study were fairly evenly split in terms of whether or not they had noticed any price changes. Those who had not, suggested that this was because their drink of choice was not affected by MPA or because they did not purchase alcohol often enough to notice any changes. When changes were noticed this was most commonly in relation to the price of strong ciders although some changes were also noted in the price of strong lagers, spirits and wine. These findings are consistent with other studies assessing the impact of minimum pricing policies in both Scotland and Wales. After implementation, prices of all types of alcohol increased, most notably the price of cider (Xhurxhi, 2020; Alcohol Change, 2021).

The absence of offers and discounts in Wales was a source of frustration to drinkers in this study, some of whom travelled to England to buy alcohol at cheaper prices. The change in price of bulk products is also consistent with other research. Alcohol Change (2021), for example, found that fewer multi-buy offers were available in Wales post-implementation, although these were still available in England.

Few participants noted any change in the availability of alcohol products. However, those who did notice, spotted changes in the size and strength of various products, particularly cider and strong lager. There was also some indication that certain products were now only available in the smaller convenience stores outside of city centres. These findings in relation to availability also reflect the existing evidence base. For example, the Alcohol Health Alliance (2020) noted that some brands had reformulated their products to sell them in smaller containers and at lower strengths, while some had stopped being sold altogether.

## **Changes in drinking patterns**

The primary aim of MPA is to reduce alcohol-related harm through a reduction in consumption, particularly among hazardous and harmful drinkers and of cheap, high-strength products. It is therefore important to consider whether any changes in drinking patterns have occurred since implementation and to assess whether these changes can be attributed to MPA.

Two years post-implementation, the majority of drinkers in this study continued drinking at the same frequency and quantity as they had before MPA had been implemented. The main reasons for this were because their drink of choice was not affected by MPA or because they did not drink enough for the price change to impact on them. This finding is positive in that it suggests that those drinking within the recommended guidelines (i.e. moderate drinkers) are not being adversely affected by MPA, a concern that was raised by stakeholders during the scrutiny stages of the Bill. However, even some dependent drinkers whose drink of choice was affected and who did drink enough to be affected by the price increases, also described little changes in the frequency and quantities consumed. For some, this was because they were able to steal alcohol themselves or (in the case of one respondent) pay someone less than the minimum price per unit to steal it for them. For others this was because they were dependent on alcohol and ‘found a way’ to carry on drinking regardless of any price increase.

These findings differ significantly from those reported at the first follow-up when many drinkers reported changes in their drinking patterns. At that time, the changes were attributed to the pandemic, with increases linked to the self-medication of boredom and loneliness and decreases linked to the lack of socialising. Only one interviewee reported an MPA-related change and this was the case of a dependent drinker who reported switching away from cider to vodka (Holloway et al. 2022). Two years post-implementation, most drinkers appeared to have resumed their pre-pandemic drinking patterns as the majority were drinking about the same as before March 2020.

Among the small proportion who did report changes in the quantity and frequency of their alcohol consumption, MPA was again rarely identified as a factor in causing those changes. When MPA did play a role, it was largely a supporting role that reinforced decisions caused by other factors, most commonly health or COVID-19-related factors. However, there were a small number of cases where MPA was a clear instigator for change including one dependent drinker who chose to enter a detox programme because she could no longer afford alcohol. This finding is

consistent with Holmes et al. (2022) who also reported that minimum pricing contributed to decisions to enter treatment for a small minority of people.

## **Changes in other drinking-related behaviours**

The vast majority of drinkers reported little change in either the type or brand of alcohol that they consumed. Those who did make changes were mainly dependent drinkers who described switching from strong white cider to spirits either alone or in combination with wine and strong lagers as these drinks offered better value for money. In other words, as predicted, dependent drinkers bought (or in some cases stole) the products that gave them the best ‘bang for their buck’ (Holloway et al., 2019; Buhociu et al., 2021). This finding is consistent with recent research examining the impact of MUP on harmful drinkers in Scotland, which noted a switch away from cider to spirits (Holmes et al., 2022; Elliott et al., 2022). It is also consistent with research from Germany, which found that an increase in the price of alcopops led to an increase in the consumption of spirits (Muller et al. 2010).

Changes in brand were also reported with some evidence of a shift away from own brands to premium brands as the price differential decreased. Some drinkers were willing to pay a little extra for what was perceived to be a better product, although some opted for the cheapest available option. Changes in the location of consumption were more commonly reported (although still in only a minority of cases) but these changes were attributed to COVID-19 and the lockdown restrictions rather than to MPA.

## **Changes in household expenditure and purchasing patterns**

The majority of drinkers reported little change in their spending on alcohol in the two-year period following the implementation of MPA. When changes were reported these were more commonly decreases than increases and these were mainly due to factors other than MPA (e.g. the pandemic, a change of circumstance and a rise in the cost of living). When MPA was linked to a decrease in spending, this was among a small number of dependent drinkers who described reducing their alcohol use because they could not afford to continue at the same level.

Increases in expenditure on alcohol were also attributed to MPA. Some dependent drinkers had not cut down their consumption and were therefore paying more due to the increase in price, a finding also reported by Holmes et al. (2022). Some moderate drinkers also reported spending more either because they were going out more to socialise in the wake of the pandemic or because they were drinking more than they had previously.

As noted at the first follow-up, most drinkers were able to absorb any price increases into their existing budgets. However, not all drinkers were in this position, and some (particularly dependent drinkers) had to employ various coping strategies to continue drinking. Consistent with other studies, this included shoplifting, cross-border shopping, and to a lesser extent some shifting around of their household budgets to free up money to pay for alcohol, and (in one case) home brewing (Holloway et al.,

2019; Buhociu et al., 2021; Buykx et al., 2021; Holmes et al., 2022; Elliott et al., 2022).

Few drinkers made changes in where and how they purchased alcohol. Those who did described using more deliveries than before March 2020 and this appeared to be legacy of the pandemic rather than anything to do with MPA. Furthermore, some drinkers reported more frequent solo drinking and consuming alcohol more quickly as a result of the tighter restrictions on selling alcohol during lockdown. However, some dependent drinkers reported buying more alcohol from convenience stores as their drink of choice (e.g. strong lagers) could no longer be bought in regular supermarkets following the introduction of MPA.

## **Changes in the use of other substances**

As predicted in previous reports, few drinkers reported any changes in their use of other substances since March 2020 (Holloway et al., 2019; Buhociu et al. 2021). Indeed, most drinkers had not used illegal drugs before and had not started to do so in the past two years. These findings are broadly consistent with the Scottish research, which found that predictions about substance switching had not materialised to any great extent post implementation of MUP (Buykx, et al., 2021; Holmes et al., 2022; Elliott et al., 2022).

When changes in the use of other substances were reported these were more commonly increases than decreases and included escalation in the use of crack, benzodiazepines and synthetic cannabinoids. The primary reason for switching was because these substances were understood to offer better value for money than alcohol. As predicted and noted elsewhere, those who reported using illegal drugs after March 2020, had histories of using illegal substances (Miller and Droste, 2013; Peters and Hughes 2010, Holloway et al. 2019; Elliott et al., 2022). However, not all of them had used that specific type of illegal drug. The most often cited illegal drugs were crack cocaine, synthetic cannabinoids (i.e. 'Spice') and street Valium.

Two years post-implementation of MPA in Wales, a small number of drinkers reported changes in their use of over-the-counter medication that were linked to COVID-19 rather than to introduction of MPA. This included increases (due to physical and mental stress) and decreases (due to reduced opportunities for catching any illness). Increases in the consumption of food and non-alcoholic beverages were also linked to the pandemic, particularly to the 'work from home' mandate, which provided greater opportunities to eat snacks and drink tea and coffee. There was also some evidence of an increase in consumption of low/no-alcohol beverages, which were noted to be better tasting and more widely available than in the past.

Contrary to predictions, and in line with research from Scotland (Holmes et al., 2022; Elliott et al., 2022) there was only limited evidence of drinkers substituting alcohol for food as a result of MPA. Concerns about an increase in the use of non-beverage alcohol also failed to materialise to any great extent. The one exception was a drinker who witnessed her friend squeezing alcohol from sanitising wipes.

## The impact of MPA on drinkers' personal lives

For the majority of drinkers, MPA had little or no effect on their personal lives. Indeed, most drinkers indicated that MPA had not affected their relationships, health, employment, finances, housing arrangements or their offending behaviour. The impact of COVID-19 on drinkers' lives was far more commonly reported.

When changes in relationships were attributed to MPA, these were usually for the worse than for the better. In line with the predictions made at baseline, relationship problems were particularly acute for dependent drinkers who described three key reasons for the deterioration (Buhociu et al., 2021). First, they got into more arguments with other drinkers due to their reluctance to share their more limited supplies of alcohol with one another. This finding conflicts to some extent with research from Scotland which found that the practice of pooling money and borrowing from other drinkers was widespread among homeless and street drinkers (Elliott et al., 2022). Second, they experienced strained relationships with family and friends due to the stress and anxiety of coping with price increases. Third, they struggled to cope with repeated demands to lend money to those who were unable to afford alcohol. These findings are consistent with other studies investigating the impact of pricing policies on harmful drinkers. Indeed, Holmes et al. (2022) found that the financial strain created by MUP in Scotland led some drinkers to increasing borrowing from friends and family in order to continue drinking.

Some dependent drinkers reported increases in acquisitive crime to pay for their continued use of alcohol. Most commonly this involved shoplifting or (in one case) paying someone less than the minimum price to shoplift on their behalf. Some dependent drinkers also reported an increase in theft within the community of dependent street drinkers. Some of the hostel residents who had switched from cider to spirits were reported to be more vulnerable due to their greater level of intoxication and were therefore at a heightened risk of victimisation.

These findings concur with the predictions made at baseline but differ to those reported at first follow-up, when little evidence of an increase in acquisitive crime was reported (Buhociu et al., 2021; Holloway et al., 2022). The difference may be because lockdowns (which were still in operation at the time the first follow-up was conducted) reduced opportunities for the commission of acquisitive crime. However, given that an increase in offending was reported wholly by dependent drinkers, it may also be because fewer dependent drinkers were interviewed at the first follow-up point.

A small number of drinkers reported improvements in their health following MPA as the increase in price had encouraged them to stop drinking or cut down their intake. However, as also noted by Holmes et al. (2022) in Scotland, this study found no clear evidence that MPA had led to an overall reduction in consumption. Indeed, some drinkers reported problems that were linked with the shift to spirits and to the general stress of coping with the price increase. Most drinkers had not sought support for their substance-related problems since MPA had been implemented. The few that had done so had histories of treatment prior to March 2020. Encouragingly, a small number of drinkers described MPA as the catalyst for seeking professional support.

In addition to acquisitive crime, some dependent drinkers also reported other types of crime including under-the-counter sales of alcohol, drunk and disorderly behaviour and some evidence of violence in the two years post implementation of MPA. The limited extent of these behaviours is consistent with the evaluation of MUP, which found little evidence of these behaviours among harmful drinkers in Scotland (Holmes et al., 2022).

## **The impact of MPA on other drinkers**

Few interviewees had noticed any impact of MPA on the lives of other drinkers known to them personally. In the few cases when change was noted it was largely among dependent drinkers who observed changes in other dependent drinkers. This included switching from cider to stronger lagers and spirits and an increase in the use of some illegal drugs. The extent to which MPA was responsible for these shifts in behaviour was not always clear. However, there was one reported case of alcohol withdrawal that proved fatal, which the interviewee attributed to MPA.

Some dependent drinkers witnessed an increase in offending, although there was also some suggestion of a decrease too. For example, for one drinker the switch to crack use away from cider enabled them to think more clearly and behave more sensibly and get in trouble with the police less often. Finally, there was some limited evidence of dependent drinkers shifting their household budgets away from food to free up money to pay for alcohol. This finding is consistent with research from other countries which found that the re-budgeting of resources was a strategy commonly used by drinkers to help them cope with price increases (Erickson et al., 2018; Falkner et al., 2015; Elliott et al., 2022).

## **Concluding comments**

This study is the second to gather feedback on the impact of minimum pricing for alcohol on drinking patterns and related behaviours in Wales. It is the first, however, to examine the impact of MPA at a time when the country is free from COVID-19 related restrictions. This study is therefore an important one in the assessment of the impact of MPA on drinkers in the general population of Wales.

There are several important conclusions to draw from this interim evaluation of the impact of MPA on the general population of drinkers in Wales.

First, is that two years post-implementation, MPA has had little impact on the drinking patterns of the drinkers in this study. Indeed, changes in the frequency and quantity of alcohol consumption were reported by only a small minority of drinkers. Decreases in consumption were more commonly reported than increases and there were examples of MPA being cited as a key factor in some of those decreases. However, it was more common for MPA to play a supporting role that reinforced decisions to change that had been caused other factors.

Second is that awareness and understanding of MPA was limited among the dependent drinkers who had not been involved previously in the evaluation. Thought might therefore be given to developing some additional publicity material that directly targets dependent drinkers, particularly those who are not in treatment, to ensure that opportunities for harm reduction are not missed.

Third is the finding that some drinkers reported circumventing the legislation by travelling across the border to England to purchase alcohol at cheaper prices. This finding is consistent with research from Eastern Europe which found that drinkers from Estonia were attracted to neighbouring Latvia where alcohol prices were considerably cheaper (Parna, 2020). Research from Scotland also recorded some evidence of cross-border shopping in response to the introduction of MUP (Patterson et al., 2022). However, their analyses indicated that the scale of the problem was unlikely to affect consumption at a population level. Nevertheless, as noted in the first follow-up, if the impact of MPA is to be fully realised in communities close to the border, then alcohol policy in neighbouring countries needs to be consistent with those objectives. The call for England to introduce MPA would again appear to be a logical one in this context (Alcohol Health Alliance, 2021).

Finally, consistent with other research emanating from Scotland, this study found that the widely anticipated negative consequences of MPA were not commonly reported among the drinkers in this study. However, that is not to say that they were entirely absent. Indeed, some of the dependent drinkers in our sample reported experiencing and witnessing some serious health and social consequences, which were attributed directly to MPA. The shift from cider to spirits and the increase in acquisitive crime are clear examples. These findings add weight to the call for a harm reduction campaign to be developed and for relevant information and advice to be distributed to this vulnerable group of drinkers. They also add weight to the call for easier access to alcohol treatment (detoxification in particular) and to other appropriate services including drink-free accommodation and mental health support.

## **Next steps**

This report is the third of four reports planned for the assessment of impact of MPA on the wider population of drinkers. The fourth and final report will focus on data collected 42 months post-implementation of the legislation. This follow-up report will draw upon the data presented in this report in order to assess and monitor changes in alcohol consumption patterns and related behaviours, including alcohol-purchasing patterns, over time.

In the final wave of the research, the plan is to conduct repeat interviews with our interview sample (replacing, again, any drop-outs with similar types of drinker) and to repeat the cross-sectional survey with drinkers across Wales. Conducting repeat interviews with a sample of drinkers will enable us to monitor the longer-term impact of MPA on drinkers' lives. This element of the evaluation is critical for assessing the effectiveness of MPA in achieving its aims. Conducting repeat cross-sectional surveys is less useful as a tool for measuring effectiveness because each sample is a fresh one that may include new respondents. However, as Bryman (2016) notes, cross-sectional designs are nevertheless useful, particularly in their ability to chart broader changes in behaviour over time among larger samples.

It was noted earlier in the report that the use of a non-probability sampling strategy resulted in the recruitment of a survey sample that was over-represented by women and people in full-time employment. Planning ahead for the final wave (42 months post-implementation) we propose to address this limitation in two ways. First, we will carefully monitor the characteristics of survey respondents throughout the data collection period and employ a flexible but targeted campaign to generate interest and encourage participation among any under-represented sub-groups. The goal will be to obtain responses from as representative a sample as possible. Second, where sample sizes permit, we will examine variations between different groups (e.g. men compared with women; people in employment compared with people not in employment) in terms of changes in drinking patterns and associated behaviours post implementation of MPA. Breaking down the analyses in this way will enable us to control for the over-representation of any particular sub-group.

It is also important to recognise that any assessment of the impact of MPA on patterns of alcohol consumption in Wales may need to take into account the confounding and competing effects of drinkers' responses to the ongoing global COVID-19 pandemic as well as to other confounding factors such as the cost-of-living crisis.

The portfolio of research emerging from the assessment of MPA on the wider population of drinkers is important. It will help to inform and guide the shape and scope of MPA in Wales and, potentially, other countries around the world.

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## **Appendix**

## **Appendix 1**

## **National Survey for Wales**

The NSW runs annually and involves 45 minute face-to-face interviews with a randomly-selected sample of people aged 16 and over across Wales. Each year, a sample of addresses is selected at random from the Royal Mail's list of addresses. Survey interviews then take place face-to-face with one randomly-selected adult in each selected household (Welsh Government, no date)<sup>64</sup>. The NSW includes an extensive set of questions on alcohol consumption and therefore presents a useful opportunity for identifying a sample of moderate, hazardous and harmful drinkers (who have agreed to be recontacted) for the purpose of this research.

However, it is important to recognise that while the NSW includes a very large sample ( $n=11,000$ ) it does not include important groups of people who research has shown are likely to be moderate, hazardous and harmful drinkers. For example, it excludes people aged under 16 as well as people living in communal establishments (e.g. care homes, prisoners, hostels, student halls) and homeless people living on the street.

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<sup>64</sup> Welsh Government (no date) [Design and Methodology - National Survey for Wales](#)

## **Appendix 2**

## **Interview schedule**

### **Evaluation of the Minimum Pricing for Alcohol in Wales Impact on the wider population of drinkers (Lot 4)**

#### **Introduction and preamble**

My name is XXXX and I am part of a team of researchers that have been commissioned by Welsh Government to evaluate the impact of Minimum Pricing for Alcohol in Wales. Thank you for agreeing to be interviewed. Please can I check that you have read the privacy notice and information sheet and also that you consent to being interviewed? The interview will take approximately 30 minutes and will be based on a series of mostly open questions where you will be asked to tell us about your drinking patterns since MPA was introduced back in March 2020 and subsequently. Please try to answer as fully as possible. After the interview I will send you by Royal Mail a £10 Argos voucher. I will ask you to confirm that the postal address that I have for you in my records is correct. I hope that this is ok?

Do remember that your participation is entirely voluntary and that you are free to skip any questions or stop the interview at any point. Your identity will be kept confidential and your responses will be anonymised in any reports or articles that we write. Please can I check that you are still happy for me to record the interview on this digital recorder? Do be careful not to mention any names while the recorder is on, but don't worry if you do as we will delete them from the written transcript as soon as it has been transcribed. Thanks again for helping us with this important project.

**State the interviewee's unique ID at the start of the interview on the recording.**

Theme	Question	Prompts
<b>Socio-demographic characteristics</b>  <i>You provided lots of information about your socio-demographic characteristics in the first interview. Thank you for doing that.</i>	<p>1. Please may I ask you first of all whether anything has changed since we spoke last (end of 2020)? I have a list of things to check with you:</p>	a. Age category (ask how old they are) b. Local Authority Area c. Employment (e.g. type of job, hours worked, furloughed) d. Marital status e. Housing status f. Qualifications g. Children aged 17 and under living at home h. Benefits i. Income category
	<p>2. How well would you say that you are managing financially these days?</p>	<ul style="list-style-type: none"> <li>• Very well</li> <li>• Quite well</li> <li>• Neither managing nor not managing</li> <li>• Not well</li> <li>• Not at all well</li> </ul>
	<p>3. And, would you mind answering four questions about your quality of life at the moment, please?</p> <p>On a scale from 0-10, overall:</p>	<ul style="list-style-type: none"> <li>• How satisfied are you with your life</li> <li>• To what extent do you feel that the things you do in your life are worthwhile</li> <li>• How happy did you feel yesterday</li> <li>• How anxious did you feel yesterday</li> </ul>
<b>Current drinking pattern</b>	<i>You may recall in the first interview that we asked you to complete an online survey prior to the interview. Thanks for doing that! We have not asked you to do that again for this additional round of interviews. But, we would still like to ask you the key questions about your general pattern of alcohol use over the past year so that we can see if anything has changed. We hope that this is ok with you?</i>	Administer AUDIT questions (see end of schedule)

<b>Post-implementation – awareness of MPA</b>	4. Since MPA was introduced in March 2020, can you recall seeing any publicity about MPA?	<ul style="list-style-type: none"> <li>• When did you notice this</li> <li>• What did you see</li> <li>• Where was this</li> <li>• What did it say</li> <li>• What did you think/feel about it</li> </ul>
	5. Thinking about the alcohol products that you (or people you know) drink, since MPA was implemented have you noticed any significant changes in the price of alcohol?	<ul style="list-style-type: none"> <li>• If yes, please describe the changes in terms of what products, sizes, etc.</li> </ul>
	6. Have you noticed any products being no longer available?	<ul style="list-style-type: none"> <li>• What product(s) (type, brand, sizes)</li> <li>• Everywhere or just one location?</li> <li>• Short-lived or continuing?</li> </ul>
	7. Please could you describe a typical week (from within the last month or two) in terms of what type of alcohol you <b>currently</b> drink, what brands, how much, how often, where you tend to consume it.	<ul style="list-style-type: none"> <li>• What type of alcohol</li> <li>• What brands</li> <li>• How much</li> <li>• How often</li> <li>• Where purchase</li> <li>• Where consume</li> </ul>
<b>Post-implementation – impact on drinking patterns</b>	8. Since MPA was introduced, has your drinking pattern changed in any way?	<ul style="list-style-type: none"> <li>• Quantities</li> <li>• Types of alcohol</li> <li>• Brands</li> <li>• Drinking out more/less/same</li> <li>• When did the changes occur?</li> <li>• Ongoing pattern or have you returned to previous patterns?</li> </ul>
	9. Why would you say these changes occurred?	<ul style="list-style-type: none"> <li>• MPA</li> <li>• COVID-19 and lockdown</li> <li>• Other factors</li> </ul>

<b>Post-implementation – changes in purchasing patterns</b>	10. How much are you currently spending on alcohol each week?	
	11. How does the amount of money that you are currently spending on alcohol each week compare with the amount that you spent (a) before March 2020, and (b) in the period since MPA was introduced.	If spending <i>more/less</i> , is this related to: <ul style="list-style-type: none"><li>• MPA</li><li>• COVID-19</li><li>• Other factors</li></ul>
	12. If spending <i>more</i> , how are you funding this?	<ul style="list-style-type: none"><li>• Have you absorbed the price increase into your existing budgets</li><li>• Have you shifted around your finances to free up money (probe for details)</li><li>• Have you borrowed money (probe from whom, how often, how much)</li><li>• Have you committed any/more crimes (probe for type of crime, how often)</li><li>• Have you used some other method?</li></ul>
	13. Since March 2020, have you changed where and how you purchase alcohol? Please describe the changes and explain why you made those changes.	<ul style="list-style-type: none"><li>• MPA</li><li>• COVID-19</li><li>• Other factors</li></ul>
<b>Use of other substances</b>	14. Since March 2020, has there been a change in your use of other substances (i.e. illegal drugs, prescription drugs obtained legally, prescription drugs obtained illegally, non-beverage alcohol, food). If yes, please describe the changes.	If yes, why did you change and were these changes related to: <ul style="list-style-type: none"><li>• MPA</li><li>• COVID-19</li><li>• Other factors</li></ul>

<b>Responses to MPA, COVID-19 and other factors</b>	15. Have you sought any support for your drinking since March 2020? If yes, who from (professional/personal) and how easy was it to find the help that you needed?	If yes, was the reason related to: <ul style="list-style-type: none"> <li>• MPA</li> <li>• COVID-19</li> <li>• Other factors</li> </ul>
	16. Has MPA had an impact on your life more generally?	<ul style="list-style-type: none"> <li>• Relationships family</li> <li>• Relationships friends</li> <li>• Physical health</li> <li>• Mental health</li> <li>• Employment</li> <li>• Financial circumstances</li> <li>• Housing/living arrangements</li> <li>• Offending</li> </ul>
<b>Final comments</b>	17. Is there anything else that you would like to tell us about MPA, COVID-19 or alcohol consumption?	<p>So far, we have asked you about your direct experiences. Would you like to comment more generally about the impact on others? It would be helpful if you could provide examples of things you have noticed, please. (probe for evidence and examples rather than perceptions and assumptions).</p> <p>Views on MPA ...</p>

Thank you very much for your time.

*[Before switching off the recorder, check that they are still happy to continue as part of the study and that it's ok to keep their contact details. After switching off the recorder, check that you have the correct postal address]*

<b>Questions</b>	<b>Scoring system</b>					<b>Your score</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

## **Appendix 3**

## **Questionnaire topic guide**

1. Preamble and information sheet
2. A few questions about you (gender, ethnic group, Local Authority area, type of area, age, marital status, number of children under 17, qualifications, employment, household income, housing status)
3. A few questions about your household expenditure (alcohol from shops/online, alcohol in restaurants/pubs, cigarettes, illegal drugs, food, clothing, other groceries, household bills, transport, other)
4. A few questions about your quality of life (satisfaction, worthwhile, happy, anxious)
5. A few questions on your usual use of alcohol (how often, how many units, impact on your life)
6. A few more questions on your use of alcohol (frequency of consuming different types of alcohol, location of consumption, location of purchase)
7. A few questions on substance misuse treatment
8. A few questions about minimum pricing for alcohol policy
9. A few questions about the impact of MPA on product availability
10. A few questions on changes in your drinking since MPA was introduced
11. A few questions on your use of other drugs (illegal drugs, prescription drugs not prescribed to you, over the counter medicines, food, non-alcoholic beverages, non-beverage alcohol)
12. A few questions about changes in expenditure since MPA was introduced
13. A few final questions on the impact on other aspects of drinkers' lives (relationships with family, relationships with friends, physical health, mental health, employment, financial circumstances, housing/living arrangements, offending behaviour)
14. Anything else that you would like to tell us about MPA.

## Appendix 4

## Longitudinal interview sample – tables

### Tables A1-A6

### Characteristics of the longitudinal interview sample

Table A1

Location and housing status of the longitudinal interview sample

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
<b>Local Authority/Health Board Area</b>			
Wrexham – BCUHB	5	5	4
Vale of Glamorgan – CVUHB	2	2	0
Torfaen – ABUHB	1	1	1
Rhondda Cynon Taf – CTHB	5	5	4
Powys – PTHB	4	4	4
Newport – ABUHB	4	1	1
Monmouthshire – ABUHB	2	2	2
Flintshire – BCUHB	1	1	1
Conwy – BCUHB	1	0	0
Ceredigion - HDHB	2	2	3
Carmarthenshire - HDHB	2	1	1
Cardiff – CVUHB	11	8	21
Caerphilly - ABUHB	1	0	1
Bridgend	0	0	1
<b>Area type</b>			
Rural	17	15	16
Suburban	8	7	6
Urban	16	10	21
<b>Housing status</b>			
Street homeless	1	0	2
Hostel/other supported	8	4	10
Living with family/friends	4	3	1
Renting (social, council)	1	1	4
Renting (private)	8	7	7
Home owner (mortgage)	10	8	11
Home owner (no mortgage)	9	9	9
<b>TOTAL</b>	<b>41</b>	<b>32</b>	<b>44</b>

Notes: Some missing cases. ABUHB – Aneurin Bevan University Health Board; Betsi Cadwaladr University Health Board; CTHB – Cwm Taf Health Board; CVUHTB – Cardiff and Vale University Health Board; HDUHB – Hywel Dda Health Board; PTHB – Powys Teaching Health Board;

Table 2 Demographic characteristics of the longitudinal interview sample

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
<b>Number of children under 18 living in your household</b>			
Three or more	1	1	1
Two	4	4	2
One	5	4	7
None	31	23	33
<b>TOTAL</b>	<b>41</b>	<b>32</b>	<b>44</b>

Notes: Some missing cases.

Table A3 Education, Employment and Training of the longitudinal interview sample

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
<b>Highest qualification</b>			
Level 7+	4	4	10
Level 6	12	12	7
Level 5	3	3	3
Level 4	1	1	1
Level 3	8	6	10
Level 2	7	2	4
Level 1	1	1	0
Entry level/No qualifications	3	1	8
<b>Employment status</b>			
Other	2	1	0
Pupil/student/FT education	8	8	4
Retired	7	6	7
Looking after home/family	1	1	1
Unemployed but not looking	7	3	14
Unemployed but looking	2	0	2
Employed part-time (<30h)	5	5	3
Employed full-time (30+h)	9	7	12
<b>TOTAL</b>	<b>41</b>	<b>32</b>	<b>44</b>

Notes: Some missing cases.

Table A4

Financial status of the longitudinal interview sample

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
<b>Are you currently receiving any state benefits</b>			
Universal credit	6	1	9
Other benefits	6	3	7
No	27	26	28
Prefer not to say	2	2	0
<b>Household income</b>			
I prefer not to say	4	3	2
£52,000 pa or more	5	5	9
£36,400-£51,999	1	1	2
£26,000-£36,399	9	7	7
£20,800-£25,999	1	1	4
£15,600-£20,799	6	5	6
£10,400-£15,599	4	4	2
£5,200-£10,399	7	4	9
Up to £5,199	3	1	3
<b>TOTAL</b>	<b>41</b>	<b>32</b>	<b>44</b>

Notes: Some missing cases.

Table A5

Alcohol consumption among the longitudinal interview sample

	<b>Baseline</b>	<b>Follow-up 1</b>	<b>Follow-up 2</b>
<b>AUDIT Score</b>			
Non-drinker	0	0	4
Lower risk	13	13	18
Increasing risk	13	13	9
Higher risk	3	1	1
Possible dependence	9	1	12
<b>TOTAL</b>	<b>41</b>	<b>32</b>	<b>44</b>

## Appendix 5      Cross-sectional survey sample – tables

### Tables A6-A14 Characteristics of the cross-sectional survey sample

Table A6a Demographic characteristics of the cross-sectional survey sample

	Baseline		Follow-up	
	N	%	N	%
<b>Sex</b>				
Female	135	75%	113	61%
Male	43	24%	70	38%
Non binary/third gender/other	1	1%	2	1%
I prefer not to say	0	0%	1	<1%
<b>Age</b>				
75+	1	1%	0	0%
65-74	3	2%	6	3%
55-64	8	5%	17	9%
45-54	26	15%	40	22%
35-44	35	20%	50	27%
25-34	50	28%	44	24%
20-24	40	23%	23	12%
18-19	15	8%	4	2%
Prefer not to say	0	0%	2	1%
<b>Ethnic group</b>				
White – E/W/S/NI/B	157	88%	166	89%
White – Irish	2	1%	2	1%
White – Gypsy or Irish Traveller	1	1%	0	0%
White – Other	15	8%	13	7%
Mixed – White and Black Caribbean	1	1%	0	0%
Mixed – White and Black African	1	1%	0	0%
Mixed – Other	0	0%	2	1%
Asian – Other	0	0%	1	<1%
Black - African	1	1%	0	0%
Black – Caribbean	0	0%	1	<1%
Prefer not to say	0	0%	1	<1%

Table A6b Demographic characteristics of the cross-sectional survey sample

	Baseline		Follow-up	
	N	%	N	%
<b>Marital status</b>				
Married	46	26%	79	43%
In a civil partnership	1	1%	2	1%
Cohabiting/living together	28	16%	32	17%
Single	52	29%	39	21%
In a relationship	42	24%	25	13%
Widowed	2	1%	1	<1%
Divorced	3	2%	4	2%
Separated	3	2%	3	2%
Prefer not to say	2	1%	1	<1%
<b>Number of children under 18 living in your household</b>				
None	109	61%	117	64%
1	27	15%	30	16%
2	29	16%	36	19%
3 or more	14	8%	3	2%
<b>TOTAL</b>	<b>179</b>	<b>100%</b>	<b>186</b>	<b>100%</b>

Table A7 Education, Employment and Training of the cross-sectional survey sample

	Baseline		Follow-up	
	N	%	N	%
<b>Highest qualification</b>				
Entry level	5	3%	0	0%
Level 1	1	1%	1	<1%
Level 2	8	5%	8	4%
Level 3	57	32%	22	12%
Level 4	11	6%	13	7%
Level 5	22	12%	11	6%
Level 6	40	22%	59	32%
Level 7	29	16%	50	27%
Level 8	6	3%	21	11%
<b>Employment status</b>				
Employed full-time (30+h)	52	29%	118	63%
Employed part-time (<30h)	16	9%	26	14%
Self-employed	5	3%	5	3%
Unemployed but looking for a job	6	3%	0	0%
Unemployed but not looking	4	2%	1	<1%
Looking after home/family	2	1%	2	1%
Retired	4	2%	4	2%
Pupil/student/FT education	87	49%	27	15%
Other	3	2%	3	2%
<b>TOTAL</b>	<b>179</b>	<b>100%</b>	<b>186</b>	<b>100%</b>

Table A8 Financial status of the cross-sectional survey sample

	Baseline		Follow-up	
	N	%	N	%
<b>Are you currently receiving any state benefits</b>				
Universal credit	10	6%	11	6%
Other benefits	20	11%	8	4%
No	143	80%	164	88%
Prefer not to say	6	3%	3	2%
<b>Household income (annual)</b>				
Up to £5,199	19	11%	5	3%
£5,200-£10,399	22	12%	6	3%
£10,400-£15,599	18	10%	6	3%
£15,600-£20,799	16	9%	11	6%
£20,800-£25,999	13	7%	12	7%
£26,000-£36,399	19	11%	32	17%
£36,400-£51,999	31	17%	44	23%
£52,000 pa or more	23	13%	48	26%
I prefer not to say	18	10%	22	12%
<b>Managing financially</b>				
Managing very well	17	10%	23	12%
Managing quite well	92	51%	101	54%
Neither managing/not managing	37	21%	40	22%
Not managing well	22	12%	20	11%
Not managing at all well	11	6%	2	1%
<b>TOTAL</b>	<b>179</b>	<b>100%</b>	<b>186</b>	<b>100%</b>

Notes: Some missing cases.

Table A9

Location and housing status of the cross-sectional survey sample

	Baseline		Follow-up	
	N	%	N	%
<b>Local Authority/Health Board Area</b>				
Blaenau Gwent - ABUHB	3	2%	6	3%
Bridgend - CTHB	8	5%	12	7%
Caerphilly - ABUHB	8	5%	11	6%
Cardiff – CVUHB	23	13%	46	25%
Carmarthenshire - HDHB	1	1%	2	1%
Ceredigion - HDHB	0	0%	2	1%
Conwy – BCUHB	2	1%	2	1%
Denbighshire – BCUHB	6	3%	0	0%
Flintshire – BCUHB	13	7%	5	3%
Gwynedd – BCUHB	1	1%	0	0%
Isle of Anglesey/Ynys Mon - BCUHB	0	0%	1	<1%
Merthyr Tydfil - CTHB	2	1%	6	3%
Monmouthshire –ABUHB	1	1%	4	2%
Neath Port Talbot - ABMUHB	2	1%	5	3%
Newport – ABUHB	12	7%	23	12%
Pembrokeshire - HDHB	7	4%	1	<1%
Powys – PTHB	6	3%	1	<1%
Rhondda Cynon Taf – CTHB	24	14%	30	16%
Swansea - ABMUHB	0	0%	10	5%
Torfaen – ABUHB	2	1%	7	4%
Vale of Glamorgan – CVUHB	5	3%	9	5%
Wrexham – BCUHB	52	29%	3	2%
<b>Area type</b>				
Urban	48	27%	61	33%
Suburban	46	26%	80	43%
Rural	84	47%	44	24%
<b>Housing status</b>				
Home owner (mortgage)	50	28%	98	53%
Home owner (no mortgage)	13	7%	27	15%
Renting (private)	41	23%	30	16%
Renting (social, council)	28	16%	5	3%
Living with family/friends	34	19%	23	12%
Hostel/other supported	11	6%	0	0%
Street homeless	1	1%	0	0%
Other			3	2%
<b>TOTAL</b>	<b>179</b>	<b>100%</b>	<b>186</b>	<b>100%</b>

Notes: Some missing cases. ABMUHB - Abertawe Bro Morgannwg University Health Board; ABUHB – Aneurin Bevan University Health Board; Betsi Cadwaladr University Health Board; CTHB – Cwm Taf Health Board; CVUHTB – Cardiff and Vale University Health Board; HDUHB – Hywel Dda Health Board; PTHB – Powys Teaching Health Board;

Table A10 Alcohol consumption among the cross-sectional survey sample

	Baseline		Follow-up	
	N	%	N	%
AUDIT Score				
Lower risk	92	52%	103	55%
Increasing risk	64	36%	68	37%
Higher risk	10	6%	5	3%
Possible dependence	11	6%	10	5%
Roughly how much of the alcohol you consume is consumed at home?				
All of it	11	6%	7	4%
Most of it	58	32%	70	38%
About half of it	27	15%	41	22%
Some of it	58	32%	58	31%
None of it	25	14%	10	5%
Where do you usually buy the drinks that you consume at home?				
Supermarket in person	134	75%	137	75%
Supermarket online	11	6%	21	12%
Off licence/convenience store	26	15%	10	6%
Abroad/from a duty-free	2	1%	1	<1%
Petrol station	1	1%	0	0%
From a delivery service	2	1%	8	4%
Other	1	1%	6	3%
<b>TOTAL</b>	<b>179</b>	<b>100%</b>	<b>186</b>	<b>100%</b>

Table A11 Alcohol consumption among the cross-sectional survey sample

	Baseline		Follow-up	
	N	%	N	%
Where have you consumed alcoholic drinks in the last month				
At home	110	62%	144	77%
At other people's homes	64	36%	78	42%
In pubs	99	55%	116	62%
In restaurants	76	43%	113	61%
In nightclubs/bars	53	30%	35	19%
At events	39	22%	40	22%
Outside in a public place	9	5%	11	6%
Other	8	5%	8	4%
<b>TOTAL</b>	<b>179</b>	<b>100%</b>	<b>186</b>	<b>100%</b>

Table A12a Frequency of alcohol consumption among the survey sample (follow-up)

	Daily or almost daily	Weekly	Monthly	Less than monthly	Never/Missing	TOTAL
Beer/cider/lager [1]	3%	31%	23%	29%	14%	100% (186)
Spirits or liqueurs	1%	15%	27%	40%	17%	100% (186)
Sherry or martini	<1%	1%	4%	12%	82%	100% (186)
Wine	3%	23%	22%	31%	23%	100% (186)
Alcopops	0%	2%	5%	19%	74%	100% (186)
Low alcohol	0%	7%	6%	14%	74%	100% (186)

Notes: Missing cases were recoded as 'never' for the purposes of this analysis. [1] Normal and strong beers were listed in both categories and hence have been merged. The most frequent rate of use was selected for inclusion in the variable.

Table A12b Frequency of alcohol consumption among the survey sample (baseline)

	Daily or almost daily	Weekly	Monthly	Less than monthly	Never/Missing	TOTAL
Beer/cider/lager	6%	20%	26%	30%	19%	100% (179)
Spirits or liqueurs	4%	12%	31%	35%	18%	100% (179)
Sherry or martini	1%	-	2%	7%	90%	100% (179)
Wine	5%	20%	20%	29%	27%	100% (179)
Alcopops	1%	3%	6%	13%	78%	100% (179)
Low alcohol	1%	2%	6%	12%	80%	100% (179)

Notes: Missing cases were recoded as 'never' for the purposes of this analysis. Normal and strong beers were listed in both categories and hence have been merged. The most frequent rate of use was selected for inclusion in the variable.

Table A13 Drug/alcohol treatment history among the cross-sectional survey sample

	Baseline		Follow-up	
	N	%	N	%
Ever received treatment for alcohol problems	7	4%	3	<1%
Ever received treatment for drug problems	3	2%	5	3%
Not ever received treatment for either	169	94%	179	97%
Currently receiving treatment for alcohol problems	3	2%	2	1%
Currently receiving treatment for drug problems	0	0%	3	2%
Not currently receiving treatment for either	176	98%	181	97%
<b>TOTAL</b>	<b>179</b>	<b>100%</b>	<b>186</b>	<b>100%</b>

Notes: One respondent had received both alcohol and drug treatment in the past, hence the total adds up to 187.

Table A14  
sample

Quality of life measures among the cross-sectional survey

	Baseline		Follow-up	
	N	%	N	%
How satisfied are you with your life?				
Low (0-3)	21	12%	20	11%
Medium (4-6)	64	36%	47	25%
Higher (7-10)	92	52%	119	64%
How worthwhile are the things you do?				
Low (0-3)	19	11%	16	9%
Medium (4-6)	44	25%	43	23%
Higher (7-10)	114	64%	127	68%
How happy were you yesterday?				
Low (0-3)	35	20%	21	11%
Medium (4-6)	58	33%	50	27%
Higher (7-10)	84	48%	115	62%
How anxious were you yesterday?				
Low (0-3)	69	39%	82	44%
Medium (4-6)	49	28%	52	28%
Higher (7-10)	59	33%	52	28%
<b>TOTAL</b>	<b>179</b>	<b>100%</b>	<b>186</b>	<b>100%</b>