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# Assessing the Experiences and Impact of Minimum Pricing for Alcohol on Service Users and Service Providers: APPENDICES (Supporting Evidence)

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

## Assessing the Experiences and Impact of Minimum Pricing for Alcohol on Service Users and Service Providers – Appendices (Supporting Evidence)

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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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## 1. Appendix A – Methods

The core element of this study focused on a first wave of qualitative interviews with service users and service providers as part of a 24 and 42 month post-MPA implementation longitudinal design. The study also involves the use of repeat cross-sectional surveys with samples of service users and service providers at the same intervals as the longitudinal qualitative study, with this report covering the first wave of surveys at 24 months post-implementation.

In this Appendix the methods that were used to conduct the primary research to explore perceptions of this issue are described. Firstly, the aims and objectives are re-stated to provide context and then the research design and strategy are discussed. Following this an explanation of the choice of each method of data collection is provided with a description of how in practice the data were gathered. The appendix also includes information about methods of data analysis.

### 1.1 Aims and objectives

The specification for the contract stated that the main aim of this study is to ‘assess both the experience and impact of minimum pricing on services and service users (including exploring the extent to which switching between substances may have been a consequence of the legislation and the impacts of minimum pricing on household budgets)’.

More specifically the full study has ten objectives (outlined in **sections 1.8** and **1.9** of **Chapter 1** of the main report); with six focusing on people receiving support from providers of services to people with alcohol problems (i.e. service users) and four focusing on individuals working as providers of such services (i.e. service providers). For clarity, these objectives are listed separately below.

#### *Service users:*

1. To explore with service users how they prepared for the change in the legislation;
2. To explore with service users their perceptions of the legislation;
3. To explore with service users what changes they made, if any, to their use of alcohol after the introduction of a minimum unit price for alcohol;

4. To explore with service users what changes, if any, they made to their use of alternative substances after the change in legislation;
5. To explore with service users their perceptions of changes (including substance switching) that other people made after the introduction of the legislation; and
6. To explore with service users the impact of the new legislation on their household expenditure and other aspects of their lives (e.g. relationships, employment, health).

*Service providers:*

1. To explore with service providers the approaches they used to help people prepare for the introduction of a minimum price for alcohol;
2. To explore with service providers their perceptions of changes in substance use (including substance switching) that service users made after the introduction of minimum unit pricing for alcohol;
3. To explore with service providers the impact of the new legislation on the lives of service users (e.g. household expenditure, health, relationships, employment, etc); and
4. To explore with service providers how useful the support materials or guidance that were provided were, as well as any additional materials that may be required.

## **1.2 Research design and strategy**

The **research design** is the blueprint or masterplan for conducting a study. It is the structure or approach that describes how, when and where data are to be collected and analysed (Bryman, 2016). Considering the objectives of the project, proposed timelines for project completion and legislation implementation, along with other information provided in the Specification, the research comprises two components, both of which involve the collection of data at more than one point in time: (1) a longitudinal study and (2) repeated cross-sectional surveys.

The longitudinal study involves repeat qualitative interviews with a sample of service users and a sample of service providers, at 24 month and 42 month intervals post-implementation of MPA.

The cross-sectional study involves the use of repeat surveys with samples of service users and service providers at the same intervals as the longitudinal study, as well as an additional (baseline) survey to provide evidence of any immediate effects of the legislation in the first few months of its implementation<sup>1</sup>.

This report covers analysis of the second wave of interviews and surveys at 24 months post-implementation.

Repeated cross-sectional designs are not able to address the direction of cause and effect because the samples are always different. However, they are useful in their ability to chart broader changes over time (Bryman 2016).

The **research strategy** is the general orientation to the conduct of research, in other words whether the study is quantitative or qualitative in focus (Bryman, 2016). To achieve the objectives of this research, a predominantly qualitative strategy has been adopted, although some quantitative data were also collected (e.g. treatment history, drug use, alcohol use and expenditure on alcohol). A principally qualitative strategy enables data to be gathered on service users' and service providers' knowledge, understanding, perceptions and attitudes of the key issues relating to the implementation and impact of minimum pricing for alcohol. A qualitative approach is particularly useful for helping researchers understand how others interpret the world and for seeing things through others' eyes (Wincup, 2017). Whilst quantitative research has many benefits (e.g. in counting and measuring the extent of phenomena), it would have limited the extent to which issues could be explored and discussed as they emerged.

Consistent with Welsh Government strategies and guidance (Welsh Government, 2014)<sup>2</sup>, we have worked closely with participants (service users in particular) to ensure that our research plans are appropriate, 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, a Project Advisory Group (PAG) that included relevant stakeholders was established and met at regular intervals throughout the study period<sup>3</sup>.

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<sup>1</sup> A comparative analysis of all three cross-sectional surveys will be presented in the final project report.

<sup>2</sup> [Welsh Government \(2014\) Substance Misuse Treatment Framework: Service User Involvement](#). Accessed on 31/01/23.

<sup>3</sup> Members of the PAG included representatives from: Welsh Government Substance Misuse Branch, Welsh Government Knowledge and Analytical Services, Welsh Government Homelessness Branch, Alcohol Change Cymru, Kaleidoscope, and the North West Recovery Community.



### 1.3 Methods of data collection

In order to meet the research objectives, a combination of interviews and online survey questionnaires were used.

The research focused on adults aged 18 and over who were either resident in Wales or involved in the delivery of alcohol services within Wales.

### 1.4 Qualitative interviews

Qualitative interviews were conducted with two groups (service users and service providers).

#### *Sampling strategy*

Interviews were conducted with 25 service users and 16 service providers (including operational management and frontline staff)<sup>4</sup>.

Convenience sampling was used to recruit interviewees from alcohol services operating across the seven Area Planning Board (APB) areas of Wales. Conducting the research across Wales meant that a voice could be given to people living in a wide variety of area types ranging from urban major conurbations to rural villages in sparse settings, thus making the research relevant to people living (and working) in the full range of area types.

The convenience approach was augmented with some purposeful sampling to ensure that a diversity of: sex; age range; geographical location (including areas close to the borders); drinking types and drug use profiles (for service users), was captured.

Given the varied objectives of the study, capturing a diverse range of individuals was important. It enabled variations in expected and actual responses to minimum pricing to be examined and both risk and protective factors that might respectively increase or decrease the likelihood of other unintended consequences to be identified.

Ethical approval for the project was obtained from the University of South Wales, Faculty of Business and Society's Research Committee.

Interviewees were recruited with the kind help of staff based in several third-sector organisations that provide support to people with alcohol problems in Wales (e.g. Barod, Kaleidoscope, and Adferiad).

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<sup>4</sup> Further details of the sample's characteristics can be found in **Chapter 4** of the main report.

Using existing networks of contacts within these organisations a variety of strategies to recruit interviewees was deployed. As expected, service providers were the most straightforward to access and their recruitment was done through email invitations distributed on our behalf by APB co-ordinators, service managers and through follow-up phone calls. Service users are often difficult to recruit into research projects and, at least to begin with, this project was no different. However, with the assistance of service managers and key workers, who spread the word about the project, a large sample of service users was recruited for interview.

Previous experience suggested that qualitative research recruitment often benefits from snowballing and cascading strategies (especially when recruiting for additional perspectives such as non-service users). The invitation to participate in an interview was therefore also distributed electronically through the research team's network of contacts in the field. It was also set as an option within the surveys, with information on how to make contact if they wished to take part in an interview. All contacts were encouraged to disseminate the invitation widely.

### *Design*

The interview schedules were designed for a semi-structured interview based on themes to be covered and interviewer prompts to assist in guiding the conversation. Separate schedules were developed for service providers and service users although common issues were explored in both. An iterative approach was adopted, whereby the results of early interviews guided the structure and content of later ones.

The specific interview questions were derived from the research objectives set out in the specification and the current research evidence base (and gaps therein).

### *Procedure*

All interviews were conducted in English<sup>5</sup>. They took place at times and locations convenient to the interviewees. Most interviews were conducted face-to-face with just a small number of interviews with service users being conducted by telephone, and a small number of interviews with providers being conducted by Microsoft Teams.

The service user interviews lasted for an average of 27 minutes and ranged from 10 minutes to just over one hour.

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<sup>5</sup> All interviews were offered in English or Welsh, but all participants chose English.

The service provider interviews lasted for an average of 39 minutes and ranged from 25 minutes to 74 minutes.

All interviews were digitally recorded and then transcribed expertly and securely by Transcriptum Ltd.<sup>6</sup> Any potentially identifying information (names, service names, locations) was removed during the transcribing process and double-checked by the research team.

### *Data analysis*

The transcripts were downloaded from Transcriptum Ltd. A database of all anonymised transcripts was set up using the NVivo package for qualitative data analysis, which allows for analysis of interview data involving multiple researchers and synthesis of large datasets. A thematic analysis was conducted, and a thematic framework grounded in the data was developed and reshaped (Glaser & Strauss, 1967; Braun & Clarke, 2006). The data coding and framework were quality assured by 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 have 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 was adopted with a tendency to use 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).

## **1.5 Online survey questionnaire**

Whilst qualitative interviews are extremely valuable for gathering in-depth data from people, they are limited in several respects. Interviews are often time-consuming, and it can be expensive to transcribe lengthy recordings. As a result, sample sizes are often small, which limits the generalisability of research findings. To help address and combat these key limitations, online questionnaire surveys were used as an additional method of data collection.

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<sup>6</sup> [Home | Transcriptum Limited](#)

### *Sampling strategy*

By using online questionnaire surveys, data were gathered from a wider sample of respondents including: service providers; service users; non-service users; and also moderate and hazardous drinkers who were otherwise excluded from the research. The survey also provided interviewees with the opportunity to contribute additional, anonymous, information to the study if they so wished.

### *Design*

Separate online questionnaire surveys for service providers and drinkers were developed in Online Surveys<sup>7</sup> (formerly Bristol Online Surveys). The survey questionnaires comprised a combination of closed questions (e.g. on current alcohol and drug use) and open-ended questions (e.g. views of the MPA policy) in order to capture more nuanced data on issues of especial interest. The surveys were available in both English and Welsh and were organised into sections that corresponded with the research objectives.

Participation in either survey was voluntary, and the surveys were anonymous (no identifying information was requested, and no IP addresses were recorded). The survey questionnaire was designed so that respondents were able to skip questions that they did not wish to answer and exit the survey at any point if they no longer wished to participate. Respondents gave consent prior to commencing the survey and were advised that once they had clicked 'finish' at the end of the survey, their responses were submitted and withdrawal from the study was no longer possible.

### *Procedure*

The surveys were distributed electronically to the research team's network of contacts within the field for completion and for cascading to their colleagues, to service users and to other drinkers not engaged in services. To maximise the sample size, the surveys were launched at the beginning of the data collection period. The two methods of data collection (interviews and surveys) were therefore undertaken simultaneously.

### *Data analysis*

The two sets of survey data were exported from Online Surveys directly into Statistical Package for the Social Sciences (SPSS). The survey responses were analysed using SPSS, Excel and Word to facilitate the analysis of the extensive amount of data collected.

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<sup>7</sup> [Online Surveys](#)

Online Surveys' own analysis tool was also used to support the analysis and presentation of results.

Closed questions that generated quantitative data were analysed using SPSS and Excel. These results are presented numerically using percentages and frequencies.

Qualitative data generated from the open-ended questions were analysed using more traditional qualitative techniques (e.g. identifying key themes and searching for quotations to illustrate them) using the search functions within SPSS, Excel and Word. As with the qualitative interview data, quantifying the qualitative survey results has been avoided except in a few cases where it was deemed particularly important to do so.

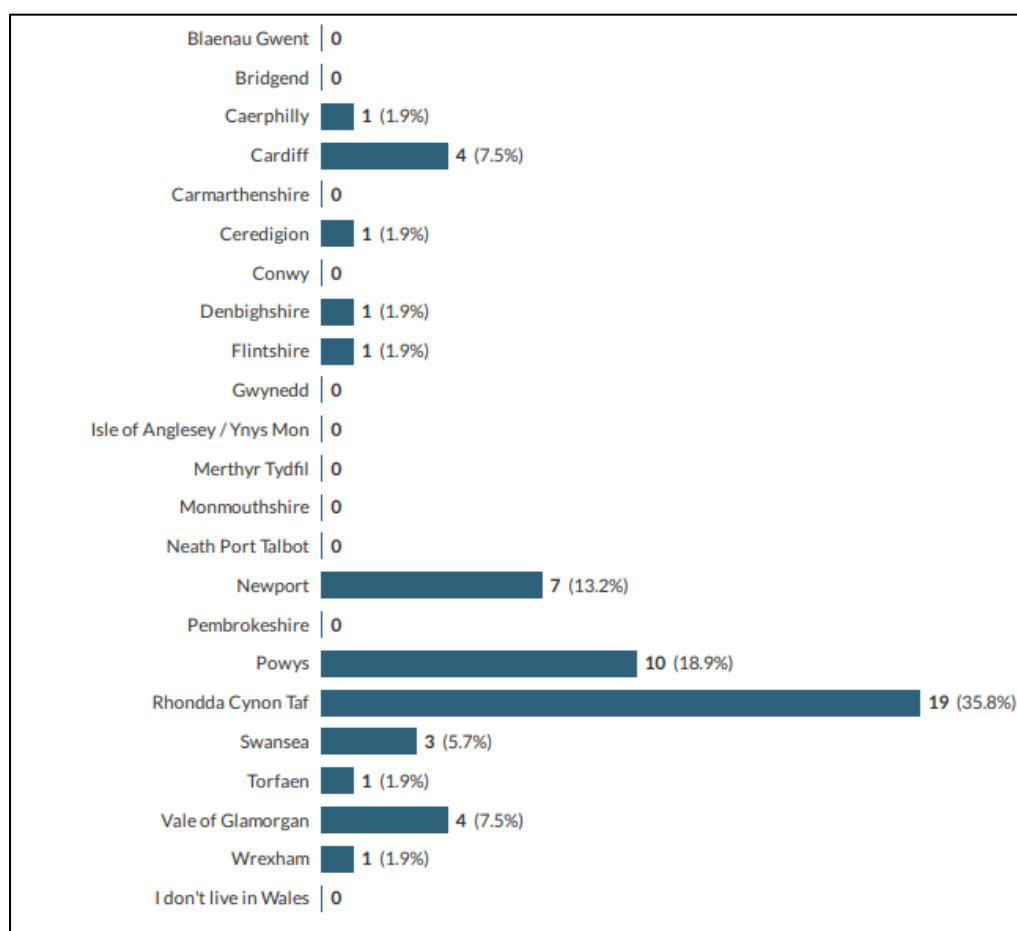
## 2. Appendix B – Characteristics of survey respondents (Drinkers and Providers)

### 2.1 Sample characteristics of drinker survey respondents

**Table 2.1: Characteristics of survey respondents (drinkers) [n=54]**

<b>Gender</b>	n	%
Male	28	52
Female	26	48
<b>Age</b>		
18-19	1	2
20-24	2	4
25-34	8	15
35-44	16	30
45-54	14	26
55-64	10	19
65-74	2	4
Prefer not to say	1	2
<b>Ethnicity</b>		
White - English / Welsh / Scottish / Northern Irish / British	51	94
White - Gypsy or Irish Traveller	2	4
Mixed - Other	1	2
Total	54	100

Notes: Some missing cases.

**Figure 2.1: Local Authority Area of respondents who completed the drinkers' survey****Table 2.2: AUDIT scores of 'drinker survey' participants [n=29]**

AUDIT score category	n	%
Low risk (0-7)	5 <sup>8</sup>	17
Medium risk (8-15)	3	10
High risk (16-19)	6	21
Addiction likely (20-40)	15	52
Low-medium risk (0-15)	8	27
High risk-addiction likely (20-40)	21	73

Notes: Missing cases.

Just over half of respondents (n=28) stated they were currently drinking alcohol, whilst just under half (n=26) stated they were not currently drinking.

<sup>8</sup> The AUDIT-C scores reported indicate that five respondents would be classed as 'moderate' drinkers and therefore not meeting the threshold for inclusion in our criteria. However, we have decided to keep these responses within the study because the surveys were distributed to individuals who are currently engaged with an alcohol treatment service (and likely to have more substantive treatment histories and higher current treatment needs than indicated through a self-reported AUDIT-C score that has not been clinically confirmed). We do not consider this to be problematic because we are simply offering demographic, descriptive data/interpretation rather than through the lens of statistical data (analysis).

Most commonly consumed alcoholic drinks were spirits/liqueurs (n=15) and normal strength beer/lager (n=11) followed by strong strength beer/lager (n=9).

When asked how much money they spend on alcohol each week, most respondents (n=8) said they typically spend between £50 and £74 per week. Other respondents (n=7) reported spending a lesser amount of between £10 and £24 per week. Whilst others (n=5) report spending between £25 and £49 per week.

**Table 2.3: Average weekly expenditure on alcohol [n=29]**

<b>AUDIT score category</b>	<b>n</b>	<b>%</b>
£1-£9	2	6.9
£10-£24	7	24.1
£25-£49	5	17.2
£50-£74	8	27.6
£75-£99	1	3.4
£100+	3	10.3
I prefer not to say	1	3.4
I'm not sure	2	6.9
<b>Total</b>	<b>29</b>	<b>100</b>

Notes: Missing cases.

## **2.2 Sample characteristics of service provider survey respondents**



**Table 2.4: Characteristics of survey respondents (providers) [n=90]**

<b>Type of service/organisation</b>	n	%
Third/voluntary sector – drug/alcohol	54	60.7
Local Authority – drug/alcohol	12	13.5
Police	9	10.1
NHS – drug/alcohol	7	7.9
Other	3	3.4
NHS – other	2	2.2
Private sector	2	2.2
Homelessness	2	2.2
Local Authority – other	1	1.1
Community Rehabilitation	1	1.1
Housing	1	1.1
Learning Disabilities	1	1.1
<b>Length of experience</b>	n	%
Less than one year	10	11.2
1-3 years	23	25.8
4-5 years	12	13.5
6-9 years	7	7.9
10+ years	37	41.6
<b>Length of time in current role</b>	n	%
Less than one year	21	24.1
1-3 years	35	40.2
4-5 years	8	9.2
6-9 years	9	10.3
10+ years	14	16.1

Notes: Some missing cases.

**Table 2.5: In which area of Wales do you PRINCIPALLY work?**

<b>Area</b>	<b>n</b>	<b>%</b>
Blaenau Gwent	4	4.4
Bridgend	3	3.3
Caerphilly	2	2.2
Cardiff	13	14.4
Carmarthenshire	5	5.6
Ceredigion	5	5.6
Conwy	3	3.3
Denbighshire	5	5.6
Flintshire	0	0
Gwynedd	7	7.8
Isle of Anglesey/Ynys Mon	2	2.2
Merthyr Tydfil	1	1.1
Monmouthshire	2	2.2
Neath Port Talbot	0	0
Newport	9	10
Pembrokeshire	4	4.4
Powys	5	5.6
Rhondda Cynon Taff	1	1.1
Swansea	8	8.9
Torfaen	3	3.3
Vale of Glamorgan	2	2.2
Wrexham	3	3.3
Regionally	1	1.1
Nationally	1	1.1
I don't work in Wales	1	1.1

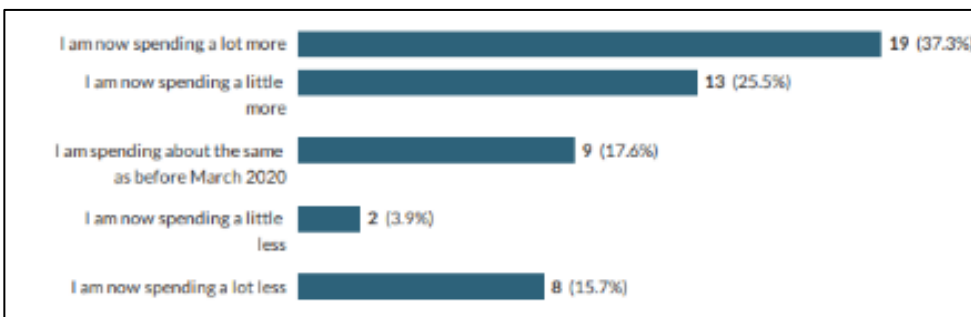
### 3. Appendix C – Survey data analysis

#### 3.1 Key findings – service user survey respondents

##### *Affordability*

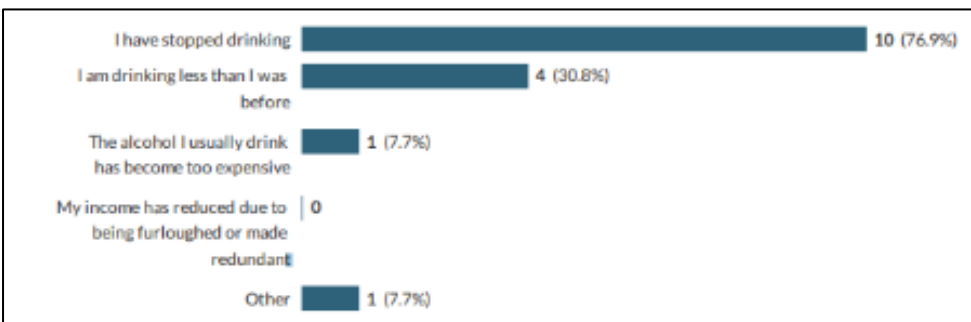
When asked to consider their expenditures on alcohol, service users reflected on their current spending in comparison to before MPA was introduced. Overall, respondents stated their spending had increased 'a lot' (n=19), others reported their spending had increased 'a little' (n=13). Some reported (n=9) the amount of money they spend on alcohol had remained about the same since before March 2020.

**Figure 3.1: Current spending compared to pre-MPA period**

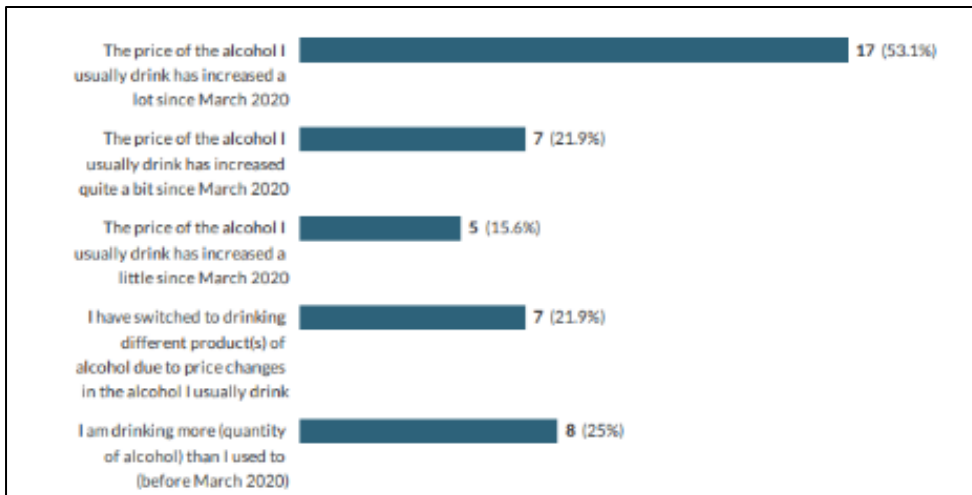


Those that did report spending less cited stopping drinking or drinking less as the main reasons for this change.

**Figure 3.2: Reasons reported by service users for drinking less**

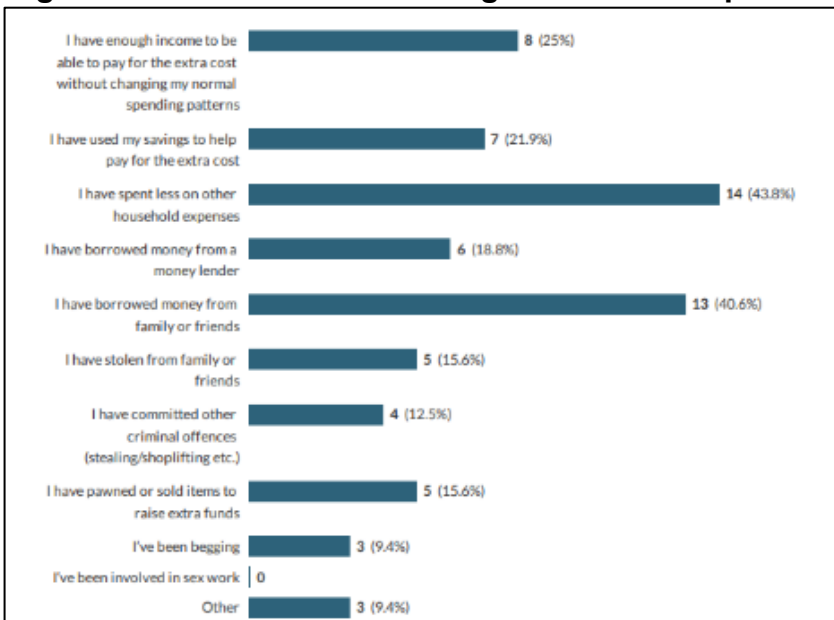


The main factor cited for any increase in spending was related to the price increases in the alcoholic beverage service users typically consume (n=17).

**Figure 3.3: Reasons reported by service users for increase in spending**

### Financing

Respondents were asked to reflect on how they are managing to fund their alcohol since the price increases. Many (n=14) reported spending a lot less on other household expenditures, borrowing money from a money lender (n=6), borrowing money from a family member or friend (n=13) and using savings (n=7). Some discussed engaging in offending behaviour (n=4) or pawning their belongings (n=5) to help raise the required funds. A further three respondents reported using begging as a means to support them to purchase alcohol due to the price increases.

**Figure 3.4: Methods of financing alcohol use reported by SUs**

The household expenditures people have gone without or sacrificed as a result of the price increases of alcohol were reported as utility bills (n=14), food (n=21), clothing (n=17), entertainment (n=11), cosmetics (n=8) and travel (n=9).

### Availability

Most service users (n=35) reported observing a change in the price of their typical choice of alcohol drink.

**Table 3.1: Changes to the price of alcohol [n=53]**

<b>Alcohol price changes?</b>	<b>n</b>	<b>%</b>
Yes	35	66
No	9	17
Not sure	9	17
Total	53	100

Notes: Missing cases.

Cider was cited by most to have made the most significant price change. Respondents also considered whether they have observed alcohol beverages no longer being available to purchase. Most stated (n=22) they had not observed a change. However, a number of respondents (n=19) did state they had noticed alcohol products being no longer available, noting mainly a change in the availability of 'ciders'.

**Table 3.2: Observed changes to the availability of alcohol products [n=53]**

<b>Observed changes?</b>	<b>n</b>	<b>%</b>
Yes	19	36
No	22	42
Not sure	12	23
Total	53	100

Notes: Missing cases.

Of those that reported noticing alcoholic products being unavailable, many felt this change was permanent (n=18) and cited observing these changes across all shops (n=9).

### Purchasing

Largely, respondents (n=36) reported not changing where they purchase alcohol since the introduction of MPA.

Most typically purchase alcohol from the supermarket, in-person (n=14), whilst others reported shopping in their local convenience store or corner shop (n=7).

Largely, service users stated they purchase their alcohol in Wales only (n=28), with just one respondent reporting purchasing in Wales and England.

### Consumption/drinking patterns

When asked about their drinking behaviours, service users discussed whether they have experienced changes to the frequency and quantity of their alcohol use. Overall, just over half of respondents (n=26) felt their alcohol use levels have remained the same as before March 2020. The remaining respondents (n=25) indicated that they had changed the amount they drink, of which ten respondents had increased their drinking and 15 had reduced their drinking post-MPA implementation.

**Table 3.3: Current drinking compared to pre-MPA period [n=51]**

<b>Current drinking v's pre-MUP levels</b>	n	%
I am now drinking a lot more	5	10
I am now drinking a little more	5	10
I am drinking about the same as before March 2020	26	51
I am now drinking a little less	4	8
I am now drinking a lot less	11	22
Total	51	100

Notes: Missing cases.

When asked whether the quantity of alcohol they had consumed had changed since 2<sup>nd</sup> March 2020, 19 out of the 34 individuals who indicated that it had, reported that MPA was not a factor at all in their change in consumption. However, others (n=8) did report MPA being a factor in the change to the amount of alcohol they would typically consume.

Similarly, most respondents (n=20) felt COVID-19 was not a factor relating to the amount of alcohol they consume.

Additionally, respondents were then asked to consider whether MPA or COVID-19 was related to how often they consume alcohol. Most (n=19 out of 34) felt that MPA was not a contributory factor, whilst others (n=14) felt COVID-19 was not a contributory factor.

#### *Other substance use*

A number (n=19) of respondents reported their use of illegal drugs had changed since March 2020. However just over half (n=28) reported no change to their use of illegal drugs. Some service users discussed the nature of any changes with some expressing increases in their use:

‘Took anything I could get my hands on.’ [Service User, survey respondent #02]

‘Whatever could get my hands on benzos and hard drugs.’ [Service User, survey respondent #18]

The majority of respondents indicated their typical use of prescription or over-the-counter drugs had not changed since March 2020 (n=36). Others (n=13) did note having changed their use of prescription drugs. Some respondents cited reasons for their reported change in use of prescription drugs such as:

‘Benzo and street drugs cheaper.’ [Service User, survey respondent #09]

‘Increased due to health reasons.’ [Service User, survey respondent #31]

‘Took loads more painkillers.’ [Service User, survey respondent #02]

The majority felt that neither MPA (n=18) nor COVID-19 (n=17) had an impact on changes to their use of prescription or over-the-counter drugs.

**Table 3.4: Change in use of prescription and/or over-the-counter drugs [n=49]**

Changes to prescribed and OTC drugs?	n	%
Yes	13	27
No	36	74
Total	49	100

Notes: Missing cases.

Contrastingly, respondents considered changes to their use of illegal drugs. Although most expressed having experienced no change (n=28), many (n=19) reported changes since March 2020.

**Table 3.5: Change in use of illegal drugs [n=47]**

Changes to illegal drug use?	n	%
Yes	19	40
No	28	60
Total	47	100

Notes: Missing cases.

Respondents were asked to reflect on whether MPA or COVID-19 were contributory factors in any changes. Both MPA and COVID-19 was overall not viewed as having had any impact on changes to the use of illegal drugs by almost two thirds of service users (n=14).

However, others did note MPA (n=7) as a major factor in the reported changes to their use of illegal drugs, whilst a number of others (n=5) felt COVID-19 played a minor role in any changes experienced.

### *Support/Treatment*

Service users were asked to consider the motivating factors that encouraged them to seek or engage with support. Many cited health reasons (n=38), pressures in relationships n=17) and concerns relating to price of alcohol and impact on finances (n=15) as motivating factors to seek support.

### *The Policy (awareness of)*

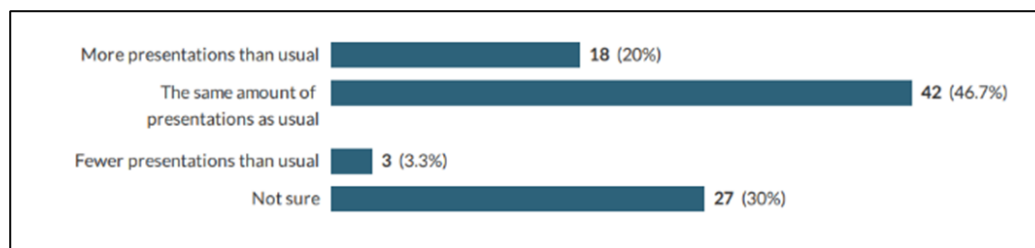
Service users were asked whether they were aware of the minimum pricing of alcohol policy. Largely, service users (n=33) reported having been aware of the policy, whilst a number of service users (n=17) stated they had not.

## 3.2 Key findings – service provider survey respondents

### *Changes to alcohol and drug use*

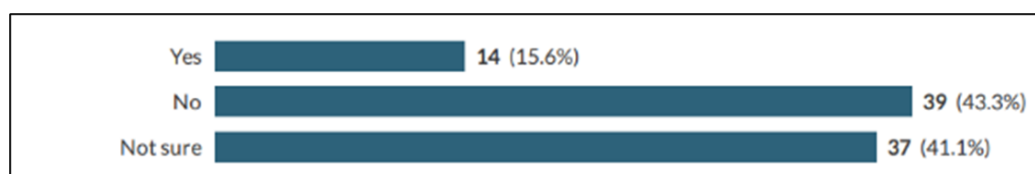
Service providers largely (47 per cent) felt that there has been no significant changes in the number of harmful drinkers entering services due to the introduction of MPA. However, many (20 per cent) did report noticing more people entering services in the harmful drinker category.

**Figure 3.5: Observed changes in number of harmful drinkers entering treatment**



Further, service providers largely (n=39) did not feel there had been any changes in the type or profile of harmful drinker entering services; although a similarly significant number (n=37) were unsure of whether there had been any changes since the introduction of MPA.

**Figure 3.6: Changes in drinker type or profile of drinker entering treatment**



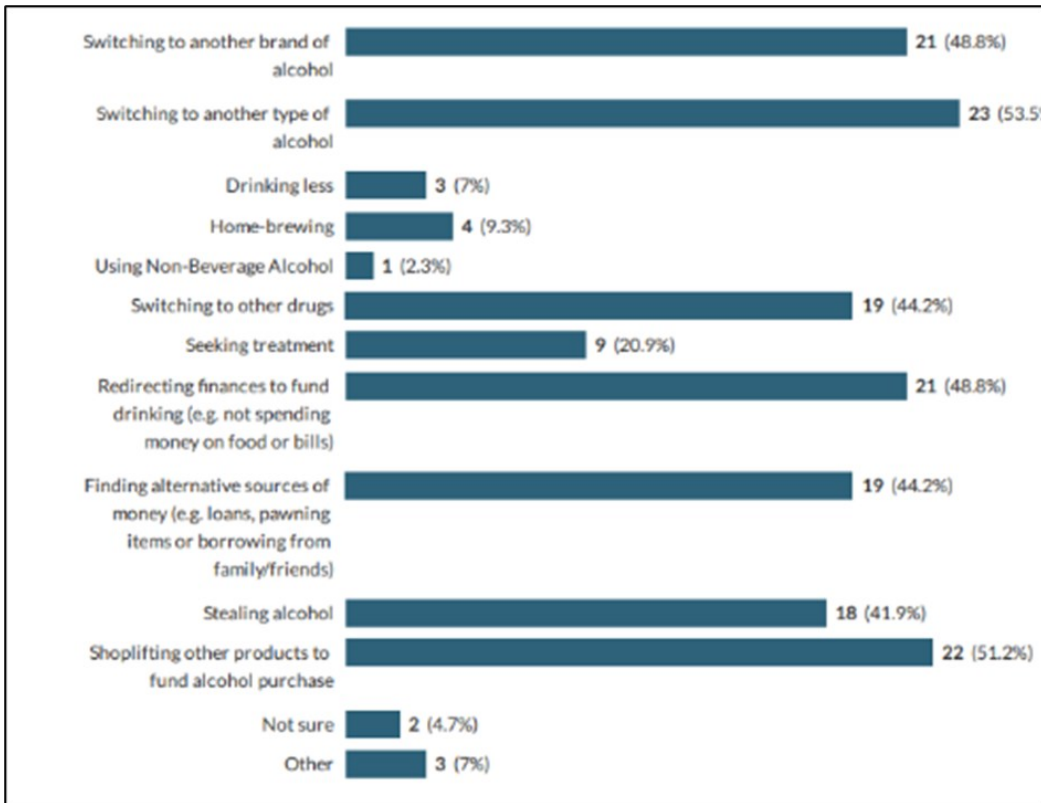
Service providers were asked whether they have evidence of those who drink at harmful levels changing behaviours as a result of MPA. Most (n=51) expressed there had been no change, whilst 43 per cent (n=39) reported observing changes. These changes included switching to other alcohol brands (n=21), switching alcohol types (n=23), switching to other



drugs (n=19), re-directing finances to fund their alcohol (n=21), finding alternative sources of money (n=19) (e.g., loans, pawning items or borrowing), stealing alcohol (n=18) and shoplifting other products to fund their alcohol (n=22).

### *Changes observed to service user's behaviours*

**Figure 3.7: Observed behaviour changes**



### *Other Considerations*

Respondents were asked about their awareness of the harms associated with the introduction of MPA on harmful drinkers. Largely (n=60) respondents stated they had not been made aware of other consequences, whilst others (n=29) felt they had, providing examples.

### *Changes to services as a result of COVID-19*

Many service providers (n=49) felt it was difficult to identify any changes their service had made as a direct or indirect result of MPA given that the COVID-19 pandemic and subsequent lockdowns had occurred at the same time. Others (n=37) felt unsure of any direct or indirect changes.

*The Policy (awareness of)*

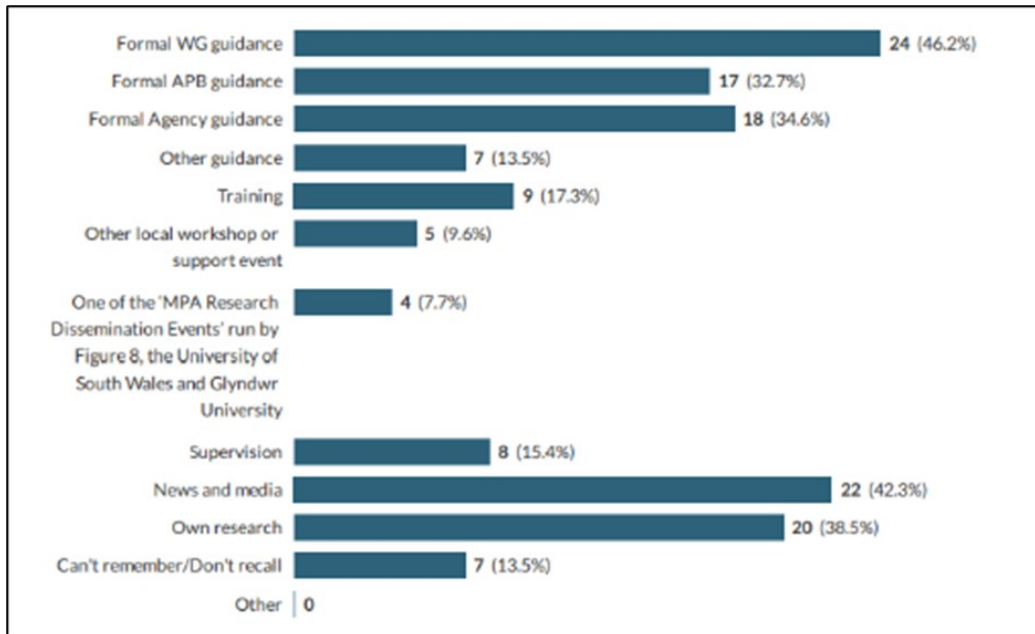
Service providers were asked to consider how knowledgeable they are of the minimum pricing of alcohol policy. Most reported feeling 'confident' (n=27) or 'reasonably confident' (n=26) they were aware of the policy and understand its premise.

*Preparation for MPA implementation*

The majority of service providers (n=51) stated the service they work for received information relating to MPA's introduction. Whilst others (n=27) felt they were unsure of what information their service had been given.

Largely respondents reported receiving information regarding MPA through formal Welsh Government guidance (n=24), APB guidance (n=17), Formal Agency guidance (n=18), training (n=9), the news and media (n=22) and through their own research on the policy (n=20).

Many (n=26) felt their service did not make any significant changes in response to the introduction of MPA, whilst a further 51 per cent (n=46) were unsure. Those that did note changes (n=18) reported the use of posters, flyers, and staff training to help support service users with the introduction of the policy.

**Figure 3.8: Sources of information relating to the introduction of MPA**

## 4. Appendix D – Characteristics of interview respondents (Service Users and Service Providers)

### 4.1 Sample characteristics of drinker survey respondents

**Table 4.1: Characteristics of interview respondents (drinkers) [n=25]**

<b>Gender</b>	n	%
Male	19	76
Female	6	24
Total	25	100
<b>Age</b>	n	%
18-19	0	0
20-24	0	0
25-34	4	16
35-44	7	28
45-54	6	24
55-64	5	20
65-74	0	0
Prefer not to say	3	12
Total	25	100
<b>APB area</b>	n	%
Cardiff and Vale	7	28
Gwent	4	16
Dyfed	3	12
North Wales	3	12
Powys	3	12
Western Bay	3	12
Cwm Taf	2	8
Total	25	100
<b>Current or recent drinker</b>	n	%
Current drinker	15	60
Recent drinker	10	40
Total	25	100
<b>Primary choice of alcohol</b>	n	%
Spirits or liquors	10	40
Normal strength beer/lager/cider	7	28
Strong beer/lager/cider	4	16
Wine	3	12

Sherry or martini	1	4
Totals	25	100

**Table 4.2: Characteristics of interview respondents (service providers) [n=16]**

<b>Gender</b>	n	%
Male	9	56
Female	7	44
Total	16	100
<b>APB area</b>	n	%
Dyfed	6	37.5
Gwent	4	25
North Wales	3	18.75
Powys	1	6.25
Western Bay	1	6.25
Cwm Taf	1	6.25
Cardiff and Vale	0	0
Total	16	100
<b>Type of service</b>	n	%
Voluntary sector (specialist)	14	60
Statutory sector (specialist)	2	40
Total	16	100
<b>Type of role</b>	n	%
Keyworker / caseholder	11	68.75
Team leader / senior practitioner	2	12.5
Peer mentor	1	6.25
Service manager	1	6.25
Support worker	1	6.25
Totals	16	100
<b>Length of time working with this population</b>	n	%
Less than 5 years	4	25
More than 5 years	12	75
Total	16	100

## 5. Appendix E – Qualitative Themes and Examples

Like all qualitative studies we have far more data than we can present in the confines of succinct reporting. In this appendix we provide further examples to those included in the main report. The key issue is that the interviews across a range of considerations have regard for detail and nuance.

### Service User interviews

**Table 5.1: Service User interviews and surveys – qualitative themes and examples**

Macro theme	Micro theme	Qualitative examples
Changes to alcohol and drug use	Affordability	<p>‘When I’m drinking that’s the priority. I’ll be honest with you, I can remember not so long ago sort of thinking well shall I buy some booze or shall I buy some food and that was a really hard; it’s like I’ve got to eat, I know I’ve got to eat.’ [Service User, interviewee #24]</p> <p>‘If you think back at it now, it’s like how on earth did I afford that? I can’t even afford a pack of ciggies in here at this moment, never mind 20 quid a day on alcohol.’ [Service User, interviewee #21]</p> <p>‘But then I always thought well I can still drink. You can’t stop me drinking no matter if you put it to £10, I can. You find a way. So I’ve always found a way.’ [Service User, interviewee #21]</p> <p>‘I most probably have though [spent more], compared to when I was drinking five years before that. I guarantee it’s more money, especially going to a pub and having to buy drinks that are dearer.’ [Service User, interviewee #04]</p> <p>‘Flagon used to be £3. Now it’s up at £9. That’s why it’s stupid. How are we supposed to afford that money? But we will get it at the end of the day. We will get our money for our drink, but it’s still killing us.’ [Service User, interviewee #05]</p> <p>‘I’m really money conscious. Mainly because I haven’t got as much as when I was drinking, originally, I was still working full-time. So, I’ve sort of adapted to the money sort of thing.’ [Service User, interviewee #19]</p>

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	<p>‘Couldn’t afford to drink their usual brand anymore, so had to look for a cheaper alternative.’ [Service User, survey respondent #32]</p>
Financing	<p>‘We know that if we don’t get it there and then, we aren’t going to get it and then it’s straight out there and then have to sit out and beg. It’s quite hard out there, it’s not easy.’ [Service User, interviewee #18]</p> <p>‘I used to go through times when I wouldn’t pay like for two months and then I’d ask my dad or my mum, look I’m behind with the rent, have you got 100 quid? I’m behind and just fill it in.’ [Service User, interviewee #21]</p> <p>‘I’ve normally leant money off my mum or my dad. Which I absolutely hate to do but it’s like... it’s the only... it’s not the only fun I get, but it’s part of the fun ... I’m still borrowing money and then it leaves me short the next month... it’s a knock-on effect-type thing.’ [Service User, interviewee #19]</p> <p>‘Again if I wanted it, I was being stupid, pay day loans or I knew I could ask to borrow money off my mum and she would always get it back, what I owed her, and everything but...’ [Service User, interviewee #20]</p> <p>‘It didn’t affect my consumption whatsoever. Because the lockdown started the same month as the MUP came in, I fortunately, I’d already been lucky with my mum, bless her, she’s passed away now, but she’d been very supportive of me, and I basically took financial advantage of my mother to fund my drinking when I couldn’t afford it myself. So, basically I was spending more of either my money or my mum’s money on the alcohol.’ [Service User, interviewee #26]</p> <p>‘I just beg, sweetheart. The way I see it is, you’ve got to manage... you can ask, they can either say yes or no, but you don’t have to hurt somebody to get it do you know what I mean?’ [Service User, interviewee #18]</p> <p>‘I beg on... Well, not beg on the streets, but people help me, give me change when they see me sitting down on my clothes and stuff.’ [Service User, interviewee #03]</p> <p>‘I’ve not stolen no, just because I don’t have the guts to go stealing in case I get caught, but I know a lot of other people who go down the shoplifting route, just because they don’t have... you</p>

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know. I have credit cards; I have access to credit when I run out of cash and that's what I've used in the past to fund it.' [Service User, interviewee #17]

'Prostitution ... She told me she had, but obviously... I know what it's like. When you've got an addiction, you're going to do whatever it takes when you're ill.' [Service User, interviewee #07]

'Probably made her more desperate, probably. I probably would say that. She could just beg to get what she needed before (...) And because she was drinking like a fish, obviously she can't pay £60, £80 a day, so then she has to look for other ways to get the money, doesn't she?'

[Service User, interviewee #07]

'It's just simple things like I sold my car, I sold my telly, I sold stereos.' [Service User, interviewee #23]

'No, probably not. If I want to drink, I will drink regardless of the price. Because I have credit I won't do so much, I won't do the shoplifting and things like that, but I will just get into more debt.'

[Service User, interviewee #17]

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Availability

'It was quite significant in the white ciders, because there's a higher alcohol content. I think it went up from something like £3.99, £4-odd to maybe £8 or £9 for a bottle of that. So, it's like, "oh my God." So, that's why... but I was drinking [cider brand] not [strong cider brand].' [Service User, interviewee #01]

'The price of [cider brand]... they're still £9.89 in cans around, if you look around, especially in the [location], you will find deals.' [Service User, interviewee #02]

'I just looked at the prices and I noticed. I used to drink [strong cider brand] and that went really expensive. The price on that went sky high and cans of [strong lager brand] got really expensive whereas they used to be cheaper before, very cheap.' [Service User, interviewee #09]

'Because what it was during lockdown shops were encouraging people... well in my experience encouraging people to drink by not... they'd have piles of boxes as you'd go in, so that was the first thing you'd see is all these alcohols. [Service User, interviewee #02]

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‘Straight away, the [strong lager brand]. The 8.5s and the 9 per cents ... from £1.50 up to £2.25, £2.50, £2.89. £2.79. It just depends what shop you go to. There is one shop I know that do them for £1.50.’ [Service User, interviewee #03]

‘The two-litre bottles [strong cider brand], I remember my mate... I was in a shop with my mate. It must have been a year and a half ago, and they've got them in there. I said, "Oh, how much are they?" I was randomly asking, because I was straight... right down when he said something like £4.80 or £5, or something like that. I was like, "What, for a two-litre?" He's like, "Yeah, I've got to pay twenty-odd quid for this," and he had four two-litre bottles. I remember, where I used to go down there, we'd get about four bottles for a tenner.’ [Service User, interviewee #04]

‘A specific thing was in [Supermarket] where I used to shop, they've got a cold fridge where they used to put the cold bottles of wine, so I always used to go directly there because then you're bringing home a cold bottle. You can drink it straight away, you don't have to chill it in the fridge, and I noticed before when I was a functioning alcoholic, when I was working, they used to do all these deals where it was £5 a bottle, £5.50 a bottle, and now it's £7 and it's like bloody hell, that's one hell of a steep rise for a bottle of wine, £1.50. It's like "Whoa, that's gone through the roof.”’ [Service User, interviewee #22]

‘There's other ways of finding cheap beer isn't there? Just go round the Pound shops and stuff like that. And you can still find the same volume of lager cheaper it says.’ [Service User, interviewee #09]

‘Oh they drink anything. Well the latest craze going round is [cider brand]. From what I can gather the latest craze going round, £1 a litre, it's flying off shelves.’ [Service User, interviewee #02]

‘Probably made her more desperate, probably. I probably would say that. She could just beg to get what she needed before (...) And because she was drinking like a fish, obviously she can't pay £60, £80 a day, so then she has to look for other ways to get the money, doesn't she?’ [Service User, interviewee #07]

‘The last two and a half years, I lived on one meal a day just through alcohol.’ [Service User, interviewee #02]

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Purchasing	<p>‘Changed my local shop as the cheap store brand cider was too expensive.’ [Service User, survey respondent #35]</p> <p>‘Yeah, well no one goes out drinking in the pubs anymore.’ [Service User, interviewee #08]</p> <p>‘It was [vodka brand] or [alternative vodka brand], but in the end it really didn’t matter because all of them were the same price. Everything went to the same price, so you couldn’t go on a cheaper one.’ [Service User, interviewee #20]</p> <p>‘Yeah, wherever I was I knew that it would be the same price so I didn’t have to go from one shop to another. There was no point because they were all the same prices.’ [Service User, interviewee #20]</p> <p>‘Because you psychologically think well that’s gone up a fiver now, so I might as well... it’s like it’s pointless going cheap anymore. I’m going to blow the money so I might as well just spend it on what I want.’ [Service User, interviewee #21]</p> <p>‘Because of the price of cider, I bought vodka, because the vodka would last me longer than what the cider would.’ [Service User, interviewee #01]</p> <p>‘If I go to a pub I go to house vodka. If I’m in the house it would be [vodka brand]. I’d have a look where the cheapest deals are.’ [Service User, interviewee #02]</p> <p>‘All the people I know who drink switched... have mostly switched from cider and that to buying vodka.’ [Service User, interviewee #07]</p> <p>‘The foreign shops ... Yeah. If I go to [Supermarket] I can buy cans, but they’re only four per cent and they’re only lager, and you get four for about £1.80, £2. It tastes like water. You need the strength from the drink all the time.’ [Service User, interviewee #05]</p> <p>‘Like mainly [Supermarket] really, [Supermarket] is more like the cheaper place that I would go. And that would be for your ciders and your spirits. Because it’s too expensive to go in the [Convenience store] and that. They are far more expensive the [Convenience store] and the side, little shops.’ [Service User, interviewee #18]</p> <p>‘I would stop going to the corner shops, the little public... Convenience, that’s it. I stopped going to those because they were expensive, really expensive. I’d go to supermarkets ... like the</p>
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garages, I'd stop going to garages because they are absolutely mad prices. I'd go to supermarkets.' [Service User, interviewee #21]

'The only reason why I started drinking vodka is because the prices went up sky high. A small bottle of vodka, I'd rather pay £4-odd for that than buy two [strong lager brand] that's going to cost me £5.50.' [Service User, interviewee #03]

'[Cider brand]. £1.50 a can. Used to be £1 a can before all this came in, then it went up to £1.50. Before that it was £1 a can, so everybody was getting p\*\*\*ed cheap. It's a cheap drink, people are selling it cheap because it brings custom in quick.' [Service User, interviewee #05]

'Yeah probably. I wouldn't pay that price for... I think it's about £7.00 now isn't it, like two litres of [strong cider brand]? There's no way I'd pay that. No way. I couldn't afford it.' [Service User, interviewee #09]

'They sell drink and that as well. You can buy them for £6, those French bottles of lager and things, like a twenty-four crate of them for £6 I think they are, or they do big... it's got some Russian name on the front of it or something, like £9 for a litre bottle for vodka. But you have to order it. Go in there and hang on and come back like an hour later or whatever and it'll be there.' [Service User, interviewee #07]

'No, it's not proper alcohol, it's like duty free but it's not duty free is it? That's what they're trying to make out. They make it over here, lorries and that.' [Service User, interviewee #07]

'Only friends that make stuff ... Loads. One guy, he has like a rice wine, homemade rice wine and has homemade lagers, wines ... for £25, you can get a lot of lager, homemade lager, and he makes it in two weeks.' [Service User, interviewee #08]

'[Beer brand], or something? It's a little brown bottle - 40%. I see that in everybody's hands at the minute. I don't know why. I just keep seeing these bottles everywhere, but I haven't actually asked them where they get them from. But yeah, I presume the chemist or something.' [Service User, interviewee #18]

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Consumption and drinking patterns

'Yeah, if she can afford it, she'll have two bottles a night. If she could afford it, she'd have three bottles a night.' [Service User, interviewee #08]

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'Yeah, definitely because whereas I could go and spend £10 and have four pints, I can spend £10 now and get two pints and it's like, "that's just not enough, it's like [makes noise], no - I'm not going to bother.' [Service User, interviewee #19]

'But I decided that I wouldn't touch spirits this time and I haven't. So, I stuck to just normal [lager brand] 3.8. I drink 28 to 36 cans a day, from seven o'clock in the morning as soon as my eyes open, to maybe nine, ten, eleven o'clock at night.' [Service User, interviewee #23]

'She went from drinking cheap ciders, because she used to drink [strong cider brand] and all that all the time, and she just started buying the small vodkas. But she'd buy the 75cl ones, because of the price or something. It would work out cheaper to get three of them for the price of a litre if you bought a litre or something.' [Service User, interviewee #07]

'They're [young people] drinking the Jamaican beer, the small one. Strong, black, tastes like... What does it taste like? I don't know. Anyway, they're doing that, and they're drinking those little ones, they are. The Jamaican stuff. [Beer brand], that's what it's called.' [Service User, interviewee #03]

'Because of the fact that I can't afford to and the fact that I have to go out there and have to beg and it's degrading, it's not nice.' [Service User, interviewee #18]

'When it got expensive it got to a consistent package of what I was going in for. I already knew what I was going for, 18 cans, a small bottle of cheap vodka.' [Service User, interviewee #21]

'Of course I've cut out my quarter, half bottles of vodka. I don't touch them at all.' [Service User, interviewee #23]

'No, because it just keeps me on an even keel. I don't really get drunk as such, or I don't think I do. But nobody sees me anyway.' [Service User, interviewee #01]

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Other substance  
use

'It's sad to say, but a lot of them are going in to taking Diazepam and Valium.' [Service User, interviewee #07]

'Because alcohol's more expensive, do you use other drugs to make up for that? Benzos, yeah.' [Service User, interviewee #03]

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‘Cannabis? Not where I’m at, at the moment, coming off drink. If I was to smoke cannabis now I wouldn’t even want to drink. I’d look at a pint and I’d be like, "No." I’d look at a pint of Coke and I’d be like, "That looks lush."’ [Service User, interviewee #04]

‘Literally. They should be... Like what they do over in America, I do agree with it. I don’t want to promote cannabis like it’s a good thing because it’s not. It’s got side-effects, but compared to drink it’s amazing.’ [Service User, interviewee #04]

‘It’s just with her, I found she went from using alcohol to using Diazepam, buying street Diazepam, street Pregabalin.’ [Service User, interviewee #07]

‘If she’s ill, I have to go out and get it for her, when she was first there, for the first couple of... probably for the first three months; I was buying it for her out of my money all the time. And I just couldn’t do it no more because I’d got my own things as well. So, I couldn’t afford to keep giving her the alcohol and that, but I could afford to give her £10, £20, and she’d buy fourteen tablets off someone and that will last her the whole week then, or she would do £14 in drink in a morning. See what I’m saying? So, that’s why she went to the Diazepam.’ [Service User, interviewee #07]

‘I would, yeah. Probably not just alcohol, drugs as well, both like. The price of drugs going down, and the price of alcohol going up. Probably, yeah.’ [Service User, interviewee #07]

‘Don’t get me wrong, I don’t take other drugs. I smoke weed. I’ve been smoking weed since I was 11 years old, that’s never going to hurt me. The legal highs, they’ll all kill you.’ [Service User, interviewee #23]

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Other considerations

Wider determinants / other factors

‘It wasn’t even a problem you’d think about because you had the money to pay for it ... so, you could literally blow whatever you wanted. You could stock the house with bottles and bottles of wine and spirits and drink them all weekend and it wouldn’t even put a dent in them, but now it’s a totally different game, definitely.’ [Service User, interviewee #22]

‘Because one, I saved a lot, two I had a tax rebate, so I used that and kept that for drink. And plus, when the COVID come, and there wasn’t work and that, we used to get certain payment of like £1600.’ [Service User, interviewee #23]

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'It's only when the money started to run out that I decided I better go and see if there were any benefits that I could claim to stop me from getting thrown out for non-payment of rent.' [Service User, interviewee #25]

'So I lost my licence then. First time in trouble, couldn't believe it ... but the thing now, they're [potential employers] going to look at my DBS and it's got drink-driving on it.' [Service User, interviewee #20]

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Wider needs

'To numb it, because then it comes back the next day when you're sober again.' [Service User, interviewee #05]

'You've got two lots of trauma [individual's name] and that's what is causing it. I said, "What's that", he said "well the first thing what happened to you when you were a kid, and the second one is your accident, your brain injury that's messed you up."' [Service User, interviewee #23]

'My parents, in between us we've done like 60 years in prison.' [Service User, interviewee #22]

'So I was kind of managing it as best I could but not very well. That last court case in lockdown it was just... I live in a tiny [location] village here which is first language [location], very lovely, very beautiful at the moment while the sun's out. This old farmhouse gets very cold and dark and the only people I would see is when I went to the local shop to buy some food or buy some fags. And the isolation of rural [location] is a killer. And so the last three or four years I've been drinking on and off and it's not nice. There's nothing pleasant about it at all.' [Service User, interviewee #24]

'I don't get drunk like normal people. I sort of get a speedy buzz off it whereas other people are falling over and all of that. I'm more up there. It gives me adrenaline and stuff and then it will hit me the next day then and then I'll be really bad with my mental health and stuff.' [Service User, interviewee #07]

'Like I say, I can't afford it sweetheart and it's getting to the stage where my mental side of it is [makes noise] and I ain't willing to hurt anybody or do something stupid just to... so I'd rather not!' [Service User, interviewee #18]

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	<p>'I've been talking to the doctor and he's changed my antidepressant medication and that, so we're working on it.' [Service User, interviewee #22]</p>
Coping strategies	<p>'A typical week now for me is... as I'm with [service name] and I'm trying my best to stop drinking, a typical week for me could be like one to three, maybe four double vodkas a week, but I am trying to give up. It's so difficult it is. I gave up for seven months and I had a slip back when I went on what we call like a bender and since then I've been on three benders as they call it and I'm struggling to give it up completely.' [Service User, interviewee #02]</p> <p>'Sometimes I might not drink that week and keep it for the next week, but I'll need... I still fancy... I still crave that little bit to keep me going.' [Service User, interviewee #02]</p> <p>'No, I'm in the same place. Where I relapsed two years ago, just over two years ago, I most probably was doing whatever I was doing then. If anything, my addiction with drugs went up. My drink just stayed the same.' [Service User, interviewee #04]</p> <p>'I don't enjoy it. It is like sticking a needle in your arm. That first drink or that first bottle of wine or whatever it might be, it hits the spot. But within two to three days I'm back being very unwell.' [Service User, interviewee #24]</p> <p>'At the moment I'm trying to come off the drink. When I said I might have a couple of cans later, it's only because I'm coming off the drink and I've had a good couple of weeks.' [Service User, interviewee #04]</p> <p>'At the moment I'm managing just staying positive and not going back down that path which is hard!' [Service User, interviewee #19]</p> <p>'Yeah, the positive one was going onto [service name]. There are very supportive and understanding staff running it and being on the programme with about 12 other people who are also in the same boat and trying their best to change. So, I've got lots of peer support and lots of support from the staff. It's been life-changing so far.' [Service User, interviewee #17]</p> <p>'I was doing these meetings on Zoom and everything.' [Service User, interviewee #21]</p>

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	<p>‘She’s like me. Because she’s been around me so much, and I don’t leave the house now, she’s gone like it as well, where she just can’t cope with being out and being around people and that.’ [Service User, interviewee #07]</p> <p>‘I was looking at my support worker, my recovery worker and I thought, maybe I could do what you do, not yet, which is why I enrolled in the course, and I just need to do as much volunteering as I can to gain even more experience and knowledge.’ [Service User, interviewee #26]</p>
Support and treatment	<p>‘Yeah. I came out of detox... I went to [service name] after that, and I came out on 5th April this year. I done two months dry and because I couldn’t work and I suffer from major depression and I’ve got mental health, I lost my house and everything. So, I was staying at my mums, couch-surfing ‘cause my mum didn’t want me to drink so I used to run off and hide so yeah, and then obviously it got back to an everyday thing from as soon as my eyes opened, because of sick, sick, shakes, panic attacks, back end, front end, you know.’ [Service User, interviewee #23]</p> <p>‘So, I took the Diazepam and stopped drinking. I stopped drinking for three weeks of course.’ [Service User, interviewee #25]</p> <p>‘I detoxed... this is my fifth time having been through a medically supervised detox and all the other times I’ve detoxed, I’ve, in my head, I’ve not really had a plan following detox and all I’ve thought is, I’ll give my body a good break from the alcohol, let my organs repair themselves, get myself back on my feet, get my life stable again, and then I would return to being... I’m doing air quotes now, a normal drinker, a social drinker, which is what I was like 20 years ago, 30 years ago, whatever it was. That never worked out for me so I’ve failed at every attempt during this period following detox.’ [Service User, interviewee #26]</p> <p>‘It took me a while to physically and mentally and emotionally recover from that. After discharge, I was in for six or seven weeks, and that was when I made the decision that I really need to embrace abstinence.’ [Service User, interviewee #26]</p> <p>‘The first time that I tried to take my life, my dad came rushing over in a right mess and the next day, he literally marched me up to the psychiatric unit in [location] and they set up an assessment for me. But then they fobbed me off to... they said it’s going to be difficult; you have to wait some</p>

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time to see a psychiatrist. They fobbed me off to counsellors in this other place [service name], in [location], which fair enough, they're okay, but they didn't really get to the bottom of why I was doing what I was doing. They talked and listened.' [Service User, interviewee #22]

'The doctor asked me... it was a French doctor in [name of hospital] he asked me was I a heavy drinker and I was, so I don't lie. I told the truth, I said yes and he said, "I can help you." And he started putting me on these... they were like orange bottles to get the alcohol off my liver. So I was in hospital while receiving that treatment. I had eight bottles in drop form and it was cleaning my liver and since then I've been taking Thiamine. I'm currently taking Campral six times a day at 333mg dose and I'm currently taking Baclofen and I'm on 120mg of them a day for the alcohol.' [Service User, interviewee #02]

'They want to get the balance of everything right before they disperse me. It used to be five days before at [service name]. Five days, not sweating? Not drinking? They chuck you out. Now there's a lot more to just chucking people out because there's aftercare and all that. You have to be in a situation where someone can help you get off the drink.' [Service User, interviewee #05]

'I can drink a can now, if I wake up shaking in the morning. That's why they knocked off my prescription because I'm blowing-over on the breathalyser. That was the whole point of me getting on the bloody monthly jag. Then they knocked me back down to weekly now and I'm just blowing-over all the time.' [Service User, interviewee #06]

'That's where I am at the moment. We have groups everyday Monday to Friday. We get breathalysed three times a day. You get urine tested for drugs three times a week. Lots of support and yeah, it's been the best thing I've done...' [Service User, interviewee #17]

'Yeah, yeah. I've been to MIND, I've been to DIP, the drug and alcohol place. I've been put on a programme there. I'm just waiting hopefully... I think it's next week, next Thursday I have an appointment, so I'll see what happens because I've never actually gone there before. I've been to psychologists and therapists and all that?' [Service User, interviewee #18]

'Yeah, I had support from the GP to get into, that would be the [service name] which helped me get into [service name] in [location] and there I was on Diazepam for a couple of nights but then I

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	haven't had anything for like... No, I came out, I was on some anti-craving tablets.' [Service User, interviewee #19]
	'Yeah, I had to come here because I couldn't do it on my own. It was... I don't know what I'd do without here. So I came here and they said, "You come here every day, show your willingness and you do not drink and stay off everything and come here nine until five, we'll give you a room.'" [Service User, interviewee #21]
Geography - rurality	'I live in rural [location] here. I had to go out and get some petrol today for my car and it was an hour and ten minutes round trip.' [Service User, interviewee #24] 'I've lived in a cottage which is quite remote for the last twenty-five years (...) Well, maybe not remote. It is rural, but I have no immediate neighbours, as in rural could include a hamlet where everyone is cheek by jowl, whereas I'm not.' [Service User, interviewee #25]
Geography – cross-border purchasing	'That's [cross-border purchasing] never been in my head or I'd never even consider that. No one I know of does that. It's literally, they go out and get it and that's it. [Location] like any small town community has got terrible drink problems I think.' [Service User, interviewee #22] 'No, I don't think that happens. Not that I know of anyway. There's been no one that I've ever met that has gone for a booze cruise to [location]. They go there all day and they get the drunken ten o'clock train back. The last train, that's the drunk express.' [Service User, interviewee #22]
Covid-19	'Then when Covid hit and the lockdowns came in, I didn't have to go to work anymore. So, I was at home more often and therefore no one could see it. It wasn't the loneliness or the fact I was at home that caused me to drink more.' [Service User, interviewee #26] 'Not as in people's behaviours and that, not really but the going out and buying a drink and knowing that you couldn't go anywhere. So, you're now having to force yourself to go into, say like in your shopping money, now you have to buy loads more alcohol to be able to take it home. Because you know that you can't come out.' [Service User, interviewee #18] 'It's been a rough shift and especially when the two years of COVID, that (...) that was very, very hard.' [Service User, interviewee #20]

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‘During COVID you’d get a phone call once a Friday, “How is it?” Yeah I’m all right, yeah. “When was the last time you had a drink?” Oh I haven’t had a drink since last Thursday. Just got a f\*\*\*ing can next to me, drinking on the phone to them, lying to their face saying you’re okay, you’re not drinking. It didn’t help me at all.’ [Service User, interviewee #21]

‘I haven’t worked now properly since COVID. It’s just... the local pub... well, it’s not local, it’s three or four miles down the road, but there’s a lot of builders down there and I know them from years ago, and they’re all praying, “please [individual’s name] come and do this with me, come and do this with me.”’ [Service User, interviewee #23]

‘I just thought, I’m at home, I’m in my room, I can drink as much or as little as I want. It was obviously more than a little bit, but it just gave me an opportunity to drink more without having to hide it, to a point, to a point waking, having withdrawal and then having a top up.’ [Service User, interviewee #26]

‘I was doing four or five days [volunteering] before Covid and then Covid came in and just nothing was there, so it was like [makes noise] and then I’ve filled up about two years with just nothing.’ [Service User, interviewee #19]

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Cost of living crisis

‘Less money for food and bills.’ [Service User, survey respondent #14]

‘I have less money to eat.’ [Service User, survey respondent #33]

‘Yeah, I’ve been lucky I have, really lucky to have that little bit of a pot of money.’ [Service User, interviewee #01]

‘Cost of living. Definitely that £20, the thing they gave us and then taking that away again. Everyone’s gone, “Oh, they’ve got this,” and then taken it away.’ [Service User, interviewee #04]

‘With these families, who’ve got to pay for this gas and electric, they’ve got kids playing on their computers and they’ve got to feed them, I feel sorry. And single mothers.’ [Service User, interviewee #04]

‘It wasn’t a problem. That was okay, I could drink and it didn’t bother me. Now the extra 50 pences and the extra money’s coming in, I’m running out of money quick. Now the cost of living’s coming as well, so that’s gone up. By the end of the month I’ve got not enough money to buy this,

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		food, and I've not got enough money to buy this and that, because I'm struggling all the time, but drink always comes... I always have a drink.' [Service User, interviewee #05]
Changes that others have made (observed)		<p>'I've seen plenty of people in my street do it. They'd rather buy alcohol than food. And they go to food banks and I've seen them sell the food from food banks to other people just to get money to drink.' [Service User, interviewee #02]</p> <p>'Yeah, a lot of people, they're just not paying some of the bills or just going without. Sitting in the house with no telly and all that sort of s***; cutting down on food and everything else.' [Service User, interviewee #08]</p> <p>'I just see them struggling more ... If you're a drug addict you're going to go and rob people, whatever you're going to do to get it.' [Service User, interviewee #04]</p> <p>'Obviously she went down further from the cider. Everything just went down. She started doing obviously the withdrawals stronger then. So, she's going to do madder things, things she wouldn't normally do, she's going to do, because she's ill and she needs to do them.' [Service User, interviewee #07]</p> <p>'It's just with her, I found she went from using alcohol to using Diazepam, buying street Diazepam, street Pregabalin.' [Service User, interviewee #07]</p> <p>'I don't want to get into more debt, don't have money, or that much money so I will go and score some street Valium instead, because - I don't know if you are familiar with Valium? Valium is pretty much alcohol in pill form really, which is why they use it in alcohol withdrawal.' [Service User, interviewee #17]</p> <p>'Yeah, she's cut down because she can't afford it as much. It hasn't changed what she's drinking.' [Service User, interviewee #08]</p> <p>'I see people with the sherries and the ports. They most probably have gone up as well.' [Service User, interviewee #04]</p>
Effects	Economic	'I'm struggling all the time, but drink always comes... I always have a drink. Sometimes I don't eat, I just drink.' [Service User, interviewee #05]

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‘Obviously I had to buy some food, but I would budget... So my food, the booze had to come first and then I’d get food.’ [Service User, interviewee #24]

‘She [respondent’s mother] took me out for food on a Friday because I probably wouldn’t eat properly all week. So, I wasn’t looking after myself.’ [Service User, interviewee #01]

‘So, nothing... the bills didn’t go unpaid, there was no... funds weren’t diverted away from essentials, living essentials with alcohol being the priority. It wasn’t a problem because mum had money and I had a little bit and when I ran out of money, I’d use mum’s money.’ [Service User, interviewee #26]

‘I used to check to make sure that the bank account contained some money. I wasn’t really doing a great deal, including eating much at the time. So, anyway, as long as I could afford the cat food and the alcohol, then I was happy.’ [Service User, interviewee #25]

‘If I’ve got a birthday, a birthday party especially, like a birthday coming up it’s normally “Well I need to save.” So, I cut back on shopping, but I try to keep the essentials [alcohol] in the basket.’ [Service User, interviewee #19]

‘I knew exactly how much everything used to cost in my trolley, then I knew I’d got that £22 to pay for the vodka. And then I was happy then. I knew I could afford that. But I wouldn’t think of not having any money for the rest of the week. In my knowledge I was like right, boys’ packed lunch, I’ve got them, got them tea for say Monday, Tuesday, Wednesday, they’re with their dad Thursday, Friday and they won’t need much Saturday, Sunday because they’re picky eaters anyway.’ [Service User, interviewee #20]

‘My mother sort of subsidised me when I was drinking heavy and I didn’t have PIP or anything.’ [Service User, interviewee #01]

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Social

‘Not as affordable as I would like but it’s kind of like taking the social side of going out sort of thing because all my mates just want to go out and go have a social drink ... It’s kind of like, yeah, I don’t really need friends anyway but...! Sometimes it’s picking between the two.’ [Service User, interviewee #19]

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	<p>'Yeah, from my mother all the time. Where I normally borrowed £30 a week, I'm borrowing £60, £70 a week now, with my drugs and my drink.' [Service User, interviewee #05]</p> <p>'No, no, either my mother giving me money, lending me money, or people buying me things, or...'</p> <p>[Service User, interviewee #05]</p> <p>'Well if I didn't have the money for it, then I used to phone up my mum, oh I haven't got enough until next week for electric or whatever. "How much do you want?" £25. I'll put it in, I'll be all right, or making excuses that I'm overdrawn. I don't have an overdraft... to make sure that I had that £22 for that litre of vodka.' [Service User, interviewee #20]</p> <p>'I'd hang round with different kind of groups of people just to fit in so I could get the substance. It was beyond. It was a proper chameleon job.' [Service User, interviewee #21]</p> <p>'I basically took financial advantage of my mother to fund my drinking when I couldn't afford it myself. So, basically I was spending more of either my money or my mum's money on the alcohol.' [Service User, interviewee #26]</p>
Safety and wellbeing	<p>'Obviously she went down further from the cider. Everything just went down. She started doing obviously the withdrawals stronger then. So, she's going to do madder things, things she wouldn't normally do, she's going to do, because she's ill and she needs to do them.' [Service User, interviewee #07]</p>
Health	<p>'Well I done easy two and a half weeks without one thing to eat, not a single piece of toast, anything, easy, just alcohol, alcohol, alcohol, alcohol. I don't get hungry.' [Service User, interviewee #23]</p> <p>'It made it harder for her then to come off it then, because she's coming off spirits and not cider (...) she started doing obviously the withdrawals stronger then (...) Obviously, she needs stronger things then when she wants to stop that as well (...) I knew how to get her off the drink because I'd done it myself. She was getting street drugs.' [Service User, interviewee #07]</p> <p>'It's not really affecting me because I haven't got no electric.' [Service User, interviewee #08]</p> <p>'And it will be more mental health as well. It will, and it will be things that might be easy to somebody else to solve but not easy to a drinker to solve. Because they need the alcohol to</p>

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		<p>function. And without the alcohol they're no good and this is where it's all going to come on top. And it will, it's hard, it will hit us hard, and it will be very soon, I can see it coming.' [Service User, interviewee #18]</p> <p>'Yeah, it has. My anxiety got worse. It made a big impact on my anxiety, to be honest with you.' [Service User, interviewee #03]</p> <p>'I found coming off the vodka was a lot more difficult than coming off the cider, it was really bad. So, I started cutting down last October and then I stopped then New Year's Day morning. I didn't have a drink then for months and months.' [Service User, interviewee #01]</p>
The Policy	Awareness of MPA	<p>'No I don't ... I feel rather embarrassed by saying that.' [Service User, interviewee #24]</p> <p>'Well, they just bloody put up my friggin' bottles of sherry...' [Service User, interviewee #06]</p> <p>'Not really, no. If I wanted it, it was there.' [Service User, interviewee #19]</p> <p>'Oh yeah, okay. I didn't know about that.' [Service User, interviewee #23]</p> <p>'Mine went up only about 50p. But I know there's bottles of cider that went up from £7-odd to £9-odd. Oh, I'm glad I don't drink that anyway. It would make me puke anyway... I used to drink it mind.' [Service User, interviewee #06]</p>
	Attitudes, feelings, and perceptions towards MPA	<p>'Stupid policy that costs people loads of money and makes you drink stronger drink and buy bootleg wine etc.' [Service User, survey respondent #02]</p> <p>'But like I said, they're going to drink what they want to drink. Is it going to stop people from drinking? No. Is it going to stop them drinking more? Maybe on some days, in some departments, but then is it going to increase shoplifting? Is it going to increase crime because they need to get that more money?' [Service User, interviewee #04]</p> <p>'Absolute waste of time and money, if someone has an addiction they will pay what is asked.' [Service User, survey respondent #28]</p> <p>'It goes hand in hand. It's a vicious circle. You're poor. Your standard of living is bad. You're feeling down, what do you do? You turn to drink or drugs.' [Service User, interviewee #22]</p> <p>'Oh, I heard about it, it was them that was setting the prices.' [Service User, interviewee #09]</p>

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‘Yeah, no I didn’t know it was like set in stone, and that was where it was going to be. I thought that they would come back and alter it again, like they always do. They always change it to suit themselves.’ [Service User, interviewee #18]

‘What I know is that there’s a 50p minimum price per unit which came in around 2020, I think. But that’s about it.’ [Service User, interviewee #19]

‘A lot of people will become suicidal over it ... they’ll commit suicide ... Addiction, you take to the grave. You take addiction to the grave.’ [Service User, interviewee #05]

‘It’s more likely to make you go and rob than it is to stop drinking, or maybe just go on other drugs if they’re more reasonably available to you. If you’re drinking self-destructively to the point of trying to pass out and you’re using it as a tool for oblivion, then you are just going to use something else.’ [Service User, interviewee #25]

‘But yeah, there’s going to be an increase in crime and stuff. I would say so, and begging. More beggars, people on the beg for money.’ [Service User, interviewee #04]

‘It’ll just cause more crimes probably like robbery.’ [Service User, interviewee #21]

‘It won’t really make no difference. It just means they sit down or they do something else. It just means they’ve got to get that little bit more money, that’s all.’ [Service User, interviewee #07]

Preparation for implementation of MPA	‘I think it’s a ridiculously poor policy, though I can understand why the people who make laws, who presumably have never been in this situation and therefore couldn’t imagine the situation.’ [Service User, interviewee #25]
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## Service Provider interviews

**Table 5.2: Service Provider interviews – qualitative themes and examples**

Macro theme	Micro theme	Qualitative examples
Changes to alcohol and drug use	Affordability	‘It’s not affordable, they’re surviving ... When they’ve suddenly got a dependency and need that, because potentially they could die from this if they don’t drink, then they’ll go out pinching.’ [Service Provider, interviewee #09]



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	<p>‘Not so much when they’re dependently drinking, but when I’ve put reduction plans in place, and say a couple of months down the line when they’ve reduced back, they’ll turn around and say, “oh, I’ve noticed a difference in my wallet”.’ [Service Provider, interviewee #03]</p>
Financing	<p>‘People are probably borrowing more money, perhaps from family members, or perhaps not paying council tax or any bills that they've got so they can purchase alcohol.’ [Service Provider, interviewee #04]</p> <p>‘Someone, for example, who is in a shared temporary accommodation who probably is not eating as well as he should be, so perhaps other things are being sacrificed to be able to sustain the habit. For this person as well, and the person who was talking about the bills going up, they are both waiting on having their detox from alcohol.’ [Service Provider, interviewee #10]</p>
Availability	<p>‘But then we tend to see then with say our homeless population it’s just a case of whatever is available, what can be afforded or what monies can be pooled by a group of people that have the same issues around alcohol and what they can manage to afford then to be able to consume alcohol.’ [Service Provider, interviewee #11]</p>
Purchasing	<p>‘We have home drinkers but we have people that rotate between houses. So, because people get paid on different days, they tend to be a group of people where they stretch out their pay days between them. So, one person will buy a bulk amount on one day and then the next person gets paid another day and they buy the bulk then, so they rotate around whenever everyone is getting paid.’ [Service Provider, interviewee #01]</p> <p>‘The client that I take care of don't buy their alcohol – it is mostly stolen. So the price doesn't change their use.’ [Service Provider, survey respondent #45]</p> <p>‘Due to the increase in pricing there has been more criminal activity to get the alcohol.’ [Service Provider, survey respondent #67]</p>
Consumption and drinking patterns	<p>‘I’ve got other people who perhaps were drinking things like vodka or those higher percentage lagers and ciders, and they’ve just switched now to something else. So, they will drink your normal strength lager or cider, but they’ll drink more cans, again because they’re not willing to</p>

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		make a reduction in that for the moment, until they come into service and they're looking for help.' [Service Provider, interviewee #06]
Other substance use		<p>'So, I think if they can't afford to drink, they'll be using that [benzos] instead, because they're a lot cheaper.' [Service Provider, interviewee #01]</p> <p>R1: Yes, and we are seeing a lot of Ketamine use with children aren't we?</p> <p>R2: Yes, really young people.</p> <p>R1: Whereas it was the bottle of [strong cider brand] between four of them on a weekend.</p> <p>R2: Yes, that has changed to Ketamine, hasn't it?</p> <p>R1: It's more they're going to substances aren't they. The Ketamine, it's cheaper and you get a lot more. It lasts you for longer so really, really poorly children that are using Ketamine.'</p> <p>[Service Provider, interviewee #15]</p> <p>'We did hear something about that. I'm sure I've heard that in passing anyway, but I haven't worked with anybody. Mouthwash, somebody was drinking mouthwash. Yeah.' [Service Provider, interviewee #01]</p>
Other considerations	Wider determinants / other factors	'I'm just mainly thinking about those people who are alcohol-dependent who are on low wage, low income, homeless. What would be the strategy to include then meeting the needs for those individuals so I think it would probably be a lot more expensive for services?' [Service Provider, interviewee #11]
	Wider needs and coping strategies	<p>'We've also seen that the homeless population or people who are in secure area housing or in temporary accommodation, they are forced sometimes to consume alcohol on the streets because of rules and regulations wherever they live; they're sometimes not allowed to consume alcohol on their premises, so that then leads to particular issues around antisocial behaviour et cetera, which is also possibly an infringement on their human rights, that they're then not able to consume alcohol.' [Service Provider, interviewee #11]</p> <p>'Self-neglect for other things. Basically, they don't eat. They don't look after their personal hygiene perhaps. They just don't look after themselves. I hear a lot of, "I haven't paid the gas this</p>

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	<p>month, I haven't paid the electric this month". They're just making their money go on alcohol, but really letting themselves go in other parts of their lives.' [Service Provider, interviewee #03]</p> <p>'I think I said, and it was only speculation, how someone who's been able to maintain his eight cans of Stella a day didn't make any changes when we were talking about reducing, so he is going for a detox. I would say that he was probably... Well, he wasn't eating as well as he should be, definitely. I don't know whether people sort of spend less on... That is the only sort of clear example I can think of. I don't know. Yeah. Not anyone who's said, "Oh, we've had to do this to be able to afford how much our favoured drink is now."' [Service Provider, interviewee #10]</p>
Support and treatment	<p>'I think people in the substance misuse field are really... We can't give them a good service, because of the funding. We're frustrated, you know? When we see people dying and it's like, we could have prevented that if only we had this, you know?' [Service Provider, interviewee #08]</p> <p>'Services, whether they be statutory, health or policing, I think they've adapted quite a lot anyway as well and they were moving in this direction of support, of being like a supportive and understanding services and having a wider, broader range of staff that understood the implications identifying safeguarding measures for an individual who's vulnerable or for family members or for the community.' [Service Provider, interviewee #11]</p> <p>'We normally, between thirty and forty our caseload, it has been but it's starting to slow down a bit now.' [Service Provider, interviewee #01]</p> <p>'We would see huge increases of people coming into services then I think, but without a contingency plan, with like an investment in services, investment in treatment places, increasing treatment places, along with then the availability for those clinicians to supervise those individuals.' [Service Provider, interviewee #11]</p>
Geography - rurality	<p>'In villages, there might be five pubs and nothing else. Everybody drinks.' [Service Provider, interviewee #01]</p> <p>'We're a rural area. There's a lot of the chattering classes here that do... They engage with our service and they go to work, they raise families and so on, but they do drink quite... I've got one</p>

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	<p>lady who's... She's currently drinking approximately 40 units a day, but you wouldn't know it.'</p> <p>[Service Provider, interviewee #15]</p> <p>'I think being a city which has then the kind of more populated areas which have more accessibility to local convenience stores, larger shops, the nightlife... what's the word for nightlife?' [Service Provider, interviewee #11]</p> <p>'In this rural area, every little village shop had started doing their home delivery service, which was brilliant because you stood less chance of catching COVID-19 on your doorstep et cetera, et cetera, but also your booze, say for example somebody would make a trip to [location name] from the outer edges of our area once a week and stock up on their massive supply of alcohol to last them for at least what they needed, and then they go home, relatively cheaply from [Supermarket]. That wasn't happening, so they were paying more for their alcohol because they were ringing up [Convenience store] or [alternative Convenience store] and saying, "Could you deliver it?" Access, so access in that respect was affected, but it was overcome by people just having to pay more.' [Service Provider, interviewee #15]</p>
Geography – cross-border purchasing	<p>'There's two guys locally who sell booze from the back of a van, and you don't know whether... These guys used to go and do a booze run over to Europe and back. I'm not sure they do that now, but they are guys you ring up and meet up in x car park and buy your booze from. I think there's a slight indication that people are going to be using those two gentlemen more but not hugely.' [Service Provider, interviewee #15]</p>
Covid-19	<p>'We've had a lot more people come in service but I think that's more to do with COVID. So, our service has never been so busy since COVID. I don't think that's potentially got anything to do with the minimum pricing though.' [Service Provider, interviewee #01]</p> <p>'I think what skews it is the pandemic because like a lot of people who have come into services and have come in with their partners or with loved ones is because they've literally spent two years alongside or living with someone or supporting someone for two years and they've watched them drink and continue to drink and they've seen a change, they've seen a physical change.' [Service Provider, interviewee #11]</p>

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Cost of living crisis	<p>'I think with the timing with when the change came in and going into lockdown and everything else, people weren't able to get drink to start off with in any shape or form, because it wasn't necessary. And then if they were getting drink, they were just taking whatever they could and paying whatever price they had to pay for it, and now that we're back open again, they don't really see a difference other than knowing that it's gone up, but everything has gone up.'</p> <p>[Service Provider, interviewee #06]</p> <p>'You know, people will say in the early days, "Oh, there's the cost of it as well." I think lockdown had an effect.' [Service Provider, interviewee #01]</p> <p>'The dialogue is there pretty much, at some level, at every session, every meet with them really. It's difficult isn't it? I would say if we weren't in the, excuse my French, economic s***storm that we're in this minute...' [Service Provider, interviewee #14]</p>	
Stigma	<p>'Yeah, especially if they live in rural areas they'll know the shopkeeper usually if they've been in there a couple of times. Because I've got a lady in [location] at the minute which is a little seaside town out here and she'll walk into [location] to get her alcohol every day in various places so that the shopkeeper doesn't become aware.' [Service Provider, interviewee #8]</p>	
Effects	Economic	<p>'People are probably borrowing more money, perhaps from family members, or perhaps not paying council tax or any bills that they've got so they can purchase alcohol.' [Service Provider, interviewee #04]</p> <p>'With the money that he was spending on alcohol, they put into a separate account and they're saving it towards holidays. Yeah, so cost generally, "Oh, it's got so expensive because of the minimum pricing," I don't know if people are making that connection at all.' [Service Provider, interviewee #01]</p>
	Social	<p>'I've spoken to a few people over the last few weeks who have said this time of year is extremely triggering because of the amount of people they see drinking alcohol. So, it's people down the beach they see drinking alcohol, people on campsites if they're passing, just having a glass. They find it very triggering. They just see it's everywhere. And I don't hear that from the other substance users, because things like heroin, it's not seen. It's underneath the radar, but with</p>

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	<p>alcohol users, I think they struggle because... and especially this area because it's so tourism... so it's everywhere.' [Service Provider, interviewee #03]</p> <p>'There's a lot of... a big culture, I mean quite a lot of the pubs, I've heard my clients say there's a big culture of alcohol and cocaine and you not being able to move in the pubs for the amount of cocaine that's going on there which can help you drink a lot more basically.' [Service Provider, interviewee #05]</p> <p>'Sometimes when my clients are saying, "I'm so ashamed" and I say "Look, I've got people on my caseload who are police officers, fire fighters, doctors. This is not something that is exclusive to any group of people".' [Service Provider, interviewee #02]</p>
Legal	<p>'I guess post-increase in prices; I have noticed that, particularly with my client group, they are buying illegal alcohol. Similar type of alcohol, so high strength, having a very immediate effect, the most ABV for your money really. They are buying illegal alcohol; they are buying a lot of alcohol that is stolen.' [Service Provider, interviewee #15]</p>
Safety and wellbeing	<p>'I think being isolated has been a huge thing. People haven't been accessing services. If they have, they've been telephone conversations, rather than one to ones. We've seen the referrals being quite off. The referrals we get from community workers actually, what the person presents like is quite different.' [Service Provider, interviewee #13]</p> <p>'With alcohol clients in particular it's consequences to action isn't it really. So a hierarchy of consequences. The more they drink, the more consequences and I think that the consequences to the drinking are happening faster but not necessarily changing anything.' [Service Provider, interviewee #08]</p>
Health	<p>'We're getting a lot more jaundiced, aren't we? We're getting a lot more alcohol seizures. We're getting a lot more cirrhosis, ascites. We've had people on kind of end of life, which we normally wouldn't take but the unit has had to adapt.' [Service Provider, interviewee #14]</p> <p>'There was one case, it wasn't in this unit, but I still think it's quite important to mention, seventeen and incontinent, urine and faeces. Couldn't go to the toilet, genital cramps –</p>

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		seventeen years of age; dying and services wouldn't touch him because he wasn't eighteen.' [Service Provider, interviewee #13]
The Policy	Awareness of MPA	'The actual impact I haven't seen to be quite honest, other than drinking other things and using other stuff. Did I think it would have a massive impact? Do you know, I didn't think it would? I didn't think it would with our clients, but I thought it would with clients that are not with us, so, homeless or whatever it is.' [Service Provider, interviewee #12]  'My idea of it, when I read it in the newspapers, I was first aware of it that it was perhaps aimed at children and perhaps stop them getting somebody to buy alcohol for them, making it outside of their pocket money. I thought it affected the alcohol pops and things like that.' [Service Provider, interviewee #13]
	Attitudes, feelings, and perceptions towards MPA	'I haven't asked this question too much, but I have on occasions said, and more recently knowing that this was coming up, I've said, "well you know, what did the increase in alcohol cost mean to you?" And they've said, "well it didn't really matter, I'm always going to have it." [Service Provider, interviewee #16]  'I reckon now if someone was getting into it, price would play more of a thing but if someone has had a long history of drinking then it's just sort of... If someone's been on vodka then they're going to carry on drinking vodka regardless of the price because it's that, means to an end but I think maybe if it's someone that's starting out now, maybe that would play... Because it's generally the older clients that I've got that are on the vodka, I mean if have some young ones that are polydrug users and just looking for anything. So, yes, I think it does, I think... I'm trying to think about, yeah there are times when someone will say, "yeah I can't afford that and..." [Service Provider, interviewee #05]  'R2: It benefits the government doesn't it? R1: Tax. R2: It benefits tax, yeah. It benefits the people who benefit from it.' [Service Provider, interviewee #13 and #14]

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Preparation for implementation of MPA	'We were made aware it was happening and I think we were given some literature and some posters but that was kind of it really.' [Service Provider, interviewee #01] 'We had guidance. We had the policy to be fair. We had the information. But I think COVID came in and that was the end of that really.' [Service Provider, interviewee #08]
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## **6. Appendix F – Topics included within Survey Questionnaires and Interview Schedules**

### *Survey questionnaire topics – drinkers*

This survey was arranged into a series of sections to gather detailed information about:

1. Demographics (Gender, age, ethnicity, area of residence)
2. Current treatment and support (decision making)
3. Current drinking (Drink types, brand, size, purchasing, expenditure, quantity, frequency)
4. Drinking history (Drink types, brand, size, purchasing, expenditure, quantity, frequency)
5. Awareness of MPA (Level of awareness, observed price changes, product availability, discontinuation of products)
6. Post-MPA implementation changes (Drinking pattern changes, expenditure changes, potential impacts of MPA and Covid-19, treatment and support changes)

A full copy of the survey questionnaire is available upon request.

### *Survey questionnaire topics – providers*

This survey was arranged into a series of sections to gather detailed information about:

1. Current job (Location, role, length of experience and current role)
2. Minimum Price for Alcohol (Knowledge and understanding, pre-implementation information and support)
3. Impact of MPA on services (Observed changes in numbers presenting into treatment; type and profile of presentations; direct or indirect change to service delivery)
4. Impact of MPA on drinkers (Observed changes to behaviour of drinkers, awareness of reported consequences of MPA for drinkers)
5. Impact of Covid-19 on drinkers and services (impact of Covid on: MPA implementation, harmful drinkers, service delivery)

A full copy of the survey questionnaire is available upon request.

*Interview topic guide – drinkers***Evaluation of Minimum Price for Alcohol – Qualitative work with Services and Service Users****Semi-Structured Interview – Drinkers (Two-year follow-up)****Preamble**

- Thank you for giving up your time and agreeing to participate.
- Conversation about the incentive and when/how it will be issued.
- Confirmation of: purpose of the interview (exploration of: drinking patterns/behaviour, both consumption and purchasing; knowledge of Minimum Pricing for Alcohol; impact of MPA on household expenditure and other aspects of life, e.g. relationships, employment, and health), about the research team and funding, explore the participation information sheet, voluntary nature and explicit use of data (confidentiality), Privacy Notice.
- Longitudinal nature of interview, i.e. desire to do a second interview later on, and I will ask to confirm contact details for this.
- Recording.
- Signing of consent form.
- Outline structure of interview:
  - a) A number of open-ended questions about yourself, your drink and drug use and how MPA might impact on this. Please answer as fully as possible. (I may offer some additional prompts, where appropriate).
  - b) A number of closed questions will be used to capture some answers.
  - c) A number of questions where you will be asked to confirm some information or clarify one or two specific points.

**Themes, questions and topics**

Theme	Potential opening questions	Things to listen for – further prompts
Self	<ul style="list-style-type: none"> <li>Please tell me something about yourself, your age, who you live with and what you do?</li> </ul>	<ul style="list-style-type: none"> <li>Age, gender, nationality, ethnicity, living with, economic status, employment history.</li> </ul>
<b>Current</b> alcohol and substance use	<ul style="list-style-type: none"> <li>Please can you tell me about your current or most recent use of alcohol, and what you primarily drink and where do you purchase your alcohol from?</li> <li>Do you know exactly what price you currently pay for your drink?</li> <li>What do you prefer about this to other options?</li> <li>Do you currently use any other substances?</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol – type, brand, volume, price, strength, quantity consumed and frequency. Can be helpful to frame this as ‘what does a typical drinking week look like?’</li> <li>Probe for purchasing patterns e.g. on sales at pubs/restaurants and/or off sales (shops); bought via online/app/delivery service.</li> <li>Probe for consumption patterns e.g. at home, public places, pubs/restaurants, drinking dens, etc.</li> <li>Probe for exact price and see if they are able to link this to an exact product (i.e. brand and size).</li> <li>Preferences - e.g. convenience, price, taste, effect.</li> <li>Illegal, illicit and prescribed substance use, expenditure on substances.</li> </ul>
Awareness and <b>immediate</b> impact of minimum pricing for alcohol	<p>The Welsh Government has brought in a new policy that has increased the price of some cheaper alcohol products.</p> <ul style="list-style-type: none"> <li>Do you know anything about this policy? Do you know what it’s called? (If so, ask when they first heard about it – and from where, e.g. TV, online, treatment services, leaflet).</li> <li>Can you remember anything that happened when the policy came into effect in 2020?</li> </ul>	<ul style="list-style-type: none"> <li>See if spontaneously name policy – if not, tell person we are talking about MPA/MUP and provide a brief explanation. See if they know when it came into effect.</li> <li>Probe for details of drinking patterns at the time of MPA implementation. People might find</li> </ul>

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- Thinking back to when the policy came into effect (which was just before the first Covid lockdown), were you drinking at that time?
  - How does the price you currently pay for alcohol compare to that when the policy came in, and (if you can remember) before the policy was introduced?
  - How affordable is alcohol for you?
  - How do you manage if/when you can't afford to drink? What effect do you think this has on people around you?
  - Did the introduction of the policy affect your drinking patterns at all?
  - Did it have any impact on the drinking patterns of other people you know? Are other people doing anything differently because of MUP?
  - Did you notice anything different when purchasing your alcohol? Where did you mainly purchase alcohol from?
- it easier to recall what they were drinking just before the first Covid lockdown.
  - Probe for detail if the individual can remember of actual prices paid. If not, probe for a sense of the scale of any price changes.
  - Explore any changes in affordability since the introduction of MPA.
  - Explore responses as they arise e.g. go without, change what/how much drink, use other substances, find more money.
  - Probe change in consumption (choice, strength, and price of preferred drink), substitution, black market, treatment seeking, ways of obtaining alcohol/money (e.g. stockpiling) etc.
  - Explore any coping strategies adopted by self/others.
  - In relation to the drinking patterns of other people they know, explore how they know this (i.e. has it been observed impacts of perceived/hypothesised)?
  - Explore any changes they noticed in shops, i.e. increased prices (of which products/how much etc.?) and whether they noticed any products changing in size or being removed from shelves etc. Explore if they used to purchase their alcohol from somewhere different to their current place of purchase (and if so, the reason for this).
  - Illegal, illicit and prescribed substance use, expenditure on substances.
-

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- Were you using any other substances at the time that minimum pricing was introduced?
  - **(If appropriate)** Since the introduction of minimum pricing has your pattern of substance use changed?
  - Switching within alcohol (i.e. from one type to another, brand to another); switching from alcohol to another substance (i.e. what substance), sources, funding, reasons.
  - Explore the extent to which any 'switching' is attributable to MPA.
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Impacts (on self and others) **over the last two years**

- In the two years since the introduction of the policy, have you noticed any changes to price or products?
  - Over the last two years, what impact, if any, has price increases (that are a result of MPA) had on you – on what you drink/how much you drink/when you drink? Or do you drink the same as pre-MPA?
  - Have you changed the amount you spend on other things in order to continue buying your usual alcohol?
  - Have you sought treatment or support to help cope with any price increases?
- LISTEN TO, AND CLARIFY, THE EXTENT TO WHICH EXAMPLES ARE ACTUAL/DIRECT EXPERIENCE RATHER THAN PERCEPTIONS/ASSUMPTIONS/HYPOTHESES.**
- Prompt for details – e.g. products you used to be able to buy, but which are no longer in stock, or big bottles of cider (3lts) changing to smaller sizes (1ltr, 1.5ltr) etc.
  - Explore to see whether the person can attribute price rises to MPA or to inflation (or to other reasons).
  - Probe for changes in spending habits and drinking behaviour. Has the change in prices led to you: reducing your drinking (on each day or on fewer days); drinking cheaper alcohol/different brands or products; stealing alcohol; drinking illicit (black market alcohol); drinking non-beverage alcohol (e.g. hand gels, meths).
  - Check that these changes are attributable to MPA as opposed to Covid/lockdown, cost of living crisis or benefits (e.g. introduction of Universal Credit) or anything else. Note any Covid impacts.
  - Food, types of food, clothing, heating, accommodation, entertainment etc. Prompt for any increased use of food banks etc.
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	<ul style="list-style-type: none"> <li>• What about the impacts on your family and friends?</li> <li>• What about other areas of your life?</li> <li>• How about other drinkers? What impacts have you seen for them?</li> <li>• Has the change in alcohol prices had any other consequences for you that we have not yet discussed?</li> <li>• <b>(If appropriate)</b> Have you made any further changes over the last two years to your patterns of substance use? (and any switching between them?)</li> </ul>	<ul style="list-style-type: none"> <li>• Consideration of the potential impact on family and friends (e.g. less money to spend on food, clothing, accommodation)</li> <li>• e.g. crime, seeking treatment, employment, accommodation, health, wellbeing, managing your daily life, finances, use of treatment and other services.</li> <li>• Switching within alcohol (i.e. from one type to another, brand to another); switching from alcohol to another substance (i.e. what substance), sources, funding, reasons.</li> </ul>
<b>Previous</b> use and treatment history	<ul style="list-style-type: none"> <li>• What about your previous use of alcohol/drugs? How has your use changed over time?</li> <li>• Can you tell me about the nature/type of treatment and/or support you are currently receiving regarding your alcohol and/or substance use?</li> <li>• Please can you tell me about any previous support or treatment that you may have had for alcohol/substance use.</li> </ul>	<ul style="list-style-type: none"> <li>• Patterns of use of different types of substance, engagement in drug and alcohol services in the community and within the CJS.</li> <li>• Check for: community/inpatient detox; prescribed medications; support via GP; residential rehab; peer alcohol/drug support groups.</li> <li>• Number of episodes, type of treatment, type of agency, community or CJS.</li> </ul>
Review of any previous coping or switching episodes <b>(If not obvious from earlier questions)</b>	<ul style="list-style-type: none"> <li>• Have there been times in the past when you have had to change your behaviour as a result of increasing prices?</li> <li>• Are there times when you have changed from alcohol to drugs or vice versa? And if so how and why?</li> </ul>	<ul style="list-style-type: none"> <li>• History of switching (e.g. when short of money, or in different contexts), substances switched from/to, motives, explanations.</li> </ul>

Other factors Attitudes and feelings towards minimum pricing	<ul style="list-style-type: none"> <li>• Has there been anything other than the price of alcohol which has had a major effect on your drinking?</li> <li>• Has there been anything other than the price of alcohol which has affected your affordability of alcohol?</li> <li>• What do you think about the policy? What are the good or bad things about this? For you? For other people who drink heavily? For other people around you? (e.g. family)</li> <li>• Has your view changed over time?</li> </ul>	<ul style="list-style-type: none"> <li>• This could be anything, but might include: changes in your own life (e.g. to your income/benefits or your housing or to your health); the influence of people around you (e.g. attitudes to heavy drinking); changes affecting your local community, this region, or even the whole country.</li> <li>• Also check for responses to Covid/lockdown, cost of living crisis, benefit changes (e.g. Universal Credit).</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Probe for what they think are the positives and negatives – both for themselves and others.</li> <li>• Check whether their view/attitudes/feelings were already formed before this interview or whether discussing it today has changed their view etc.</li> </ul>
Anything else	<ul style="list-style-type: none"> <li>• Thank you for what you have told me today about the price of alcohol and the impact of this on how you and other people drink. Before we finish, is there anything else you want to say?</li> </ul>	<ul style="list-style-type: none"> <li>• Respondents given the option to provide any further information that they think might be relevant.</li> </ul>

- Thank you
- Offer Voucher – sign for
- Further contact?

*Interview topic guide – providers***Evaluation of Minimum Price for Alcohol – Qualitative work with Services and Service Users****Semi-Structured Interview – Providers (Two-year follow-up)****Preamble**

- Thank You for giving up your time and agreeing to participate.
- Confirmation of: purpose of the interview (exploration of: drinking patterns/behaviour, both consumption and purchasing; knowledge of Minimum Pricing for Alcohol; impact of MPA on household expenditure and other aspects of life, e.g. relationships, employment, and health), about the research team and funding, explore the participation information sheet, voluntary nature, and explicit use of data (confidentiality), Privacy Notice.
- Recording.
- Signing of consent form.
- Outline structure of interview:
  - a) A number of open ended about yourself, the drink and drug use of your client group and how MUP might impact on this. Please answer as fully as possible. (I may offer some additional prompts, where appropriate).
  - b) A number of more closed questions that will be used by me to capture some answers and/or asked of you to either confirm information given and or capture one or two specific points.
- We will be using the terms MPA and MUP during the course of the interview. Explain the difference (MPA is the legislation, and MUP is the tool for delivering the policy), but that the terms often get used interchangeably.

**Themes, questions and topics**

Broad topic area	Potential opening question	Things to listen for – further prompts
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Self	<ul style="list-style-type: none"> <li>• Can you please just outline a little bit about yourself, so age, gender, nationality etc.?</li> </ul>	<ul style="list-style-type: none"> <li>• Age, gender, nationality, ethnicity.</li> </ul>
Experience	<ul style="list-style-type: none"> <li>• What is the nature of your current role?</li> <li>• Can you please tell me something about how long you have been working with drinkers and drug users?</li> </ul>	<ul style="list-style-type: none"> <li>• Current role, length of time in current role, nature of role.</li> <li>• Depth of experience in this area of practice.</li> </ul>
Type of organisation	<ul style="list-style-type: none"> <li>• What type of service(s) does your organisation offer?</li> <li>• What is the nature of the client population?</li> </ul>	<ul style="list-style-type: none"> <li>• e.g. alcohol only, other drugs, work with family/carers, number of clients.</li> </ul>
Perspective on typical alcohol use among people who use the service	<ul style="list-style-type: none"> <li>• What types of alcohol are commonly consumed by users of your service? Does it vary or are there common products? Which ones?</li> <li>• Where are these products purchased/consumed?</li> <li>• Are you aware of black market and illicit alcohol purchasing?</li> <li>• Are there any local factors relevant to these patterns of consumption and purchasing?</li> <li>• What do you think influences the drink choices made by people who come into this service?</li> <li>• How affordable is alcohol to the people who use this service?</li> <li>• What strategies do people use when they can't afford to drink?</li> </ul>	<ul style="list-style-type: none"> <li>• Probe for details of popular types of alcohol and popular brands if known.</li> <li>• Probe for purchasing patterns e.g. on sales at pubs/restaurants and/or off sales (shops); bought via online/app/delivery service.</li> <li>• Probe for consumption patterns e.g. at home, public places, pubs/restaurants, drinking dens, etc.</li> <li>• If so, where/how do you think this is obtained?</li> <li>• e.g. deprivation, traditions, culture, rurality etc.</li> <li>• i.e. aside from possible dependence, what other factors are key? (e.g. convenience, price, taste, effect)</li> <li>• Check whether these are known responses (i.e. clients have discussed using them), or whether they are assumed/perceived.</li> <li>• Explore responses as they arise e.g. go without, change what/how much drink, use other substances, find more money.</li> </ul>

	<ul style="list-style-type: none"> <li>• What effects do these have on people around them?</li> </ul>	<ul style="list-style-type: none"> <li>• Check whether these are reported/witnessed effects or whether they are assumed/perceived.</li> <li>• e.g. managing daily life, family/parenting/other relationships.</li> </ul>
Awareness of MPA legislation	<ul style="list-style-type: none"> <li>• What do you know / understand about the Public Health (Minimum Price for Alcohol) (Wales) Act 2018?</li> <li>• How has your understanding/knowledge of MPA changed over time?</li> <li>• When did you first hear about MPA in Wales and when did you first notice it had been implemented?</li> <li>• Have you received any guidance, support, or training with regards to the introduction of MPA?</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness and understanding of MPA. Where has their information come from?</li> </ul>
Impacts Pricing and products	<ul style="list-style-type: none"> <li>• What have been the consequences of this policy for the people who use your service – that you have seen or heard?</li> <li>• What, if anything, have those people who are drinking harmfully done differently because of minimum pricing?</li> <li>• Have you noticed any change to the affordability of alcohol for those drinkers you work with since the introduction of MPA?</li> <li>• What do you think have been the other consequences of MPA for: <ul style="list-style-type: none"> <li>• The people around the people who use this service (e.g. Family)?</li> <li>• People who are not yet accessing services but who might need them?</li> <li>• This service (e.g. do you anticipate / have you seen changes in demand)?</li> <li>• This sector (i.e. health and welfare)?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Finances, health, wellbeing, accommodation, clothing, food.</li> <li>• Detox</li> <li>• Probe change in consumption, substitution, black market, treatment seeking, ways of obtaining alcohol/money.</li> <li>• Probe for intended and unintended consequences.</li> <li>• Check whether these are known consequences (i.e. clients have discussed them), or whether they are assumed/perceived.</li> </ul>

	<ul style="list-style-type: none"> <li>• Other sectors (e.g. criminal justice)?</li> <li>• Have there been any changes in presentations to the service over the last two years?</li> <li>• Have there been any changes in demand for detox since the introduction of MPA (or incidents of acute withdrawal)?</li> <li>• Is there anything about this area/region which means MUP has had different effects here to elsewhere? Can you tell me more about this?</li> <li>• How does any of this (answers to above questions) compare with what you expected to happen when MPA was introduced/implemented?</li> <li>• (if not covered/introduced above)</li> <li>• Do you have any views on the level of minimum pricing that was implemented?</li> <li>• What have you noticed/observed/heard about changes to the prices of alcohol products over the last two years? Do you attribute these changes to MPA (as compared to just inflationary price rises etc.)?</li> <li>• What have you noticed/observed/heard about changes to alcohol products being sold over the last two years?</li> </ul>	<ul style="list-style-type: none"> <li>• Probe what they think has caused any changes (e.g. change in price, Covid).</li> <li>• If 'yes', explore what the evidence is for this, including any evidence that it is attributable to introduction of MPA.</li> <li>• Explore any evidence for it being different.</li> <li>• Were they aware of any consultation regarding the setting of the MUP level?</li> <li>• Probe for any/all actual changes in price to particular products as well as overall trends in alcohol pricing.</li> <li>• Check whether any changes noted are from their own observations or from what they've heard from those drinkers they are working with.</li> <li>• e.g. change in product sizes, removal of products from shelves.</li> <li>• Check whether any changes noted are from their own observations or from what they've heard from those drinkers they are working with.</li> </ul>
Switching	<p>(if not covered/introduced above)</p> <ul style="list-style-type: none"> <li>• More specifically, have drinker's behaviour changed, regarding changes in type of alcohol or other drugs being used as a consequence of minimum pricing?</li> </ul>	<ul style="list-style-type: none"> <li>• Are there particular types of drinkers who are switching as a result of MPA?</li> <li>• What does switching look like (i.e. within alcohol or to other substances), what substances, why, how?</li> </ul>
Attitudes and feelings towards minimum pricing	<ul style="list-style-type: none"> <li>• Given all that you have seen, what are your views on minimum pricing and the MPA policy?</li> <li>• Has your view changed over time?</li> </ul>	

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Anything else

- Knowing we were going to have a conversation about minimum pricing for alcohol, is there anything else you thought about or think we should hear on the subject?
  - Respondents given the option to provide any further information that they think might be relevant.
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Thank you.