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Assessing the Experiences and Impact of Minimum Pricing for Alcohol on Service Users and Service Providers

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Table of contents

List of tables

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Glossary

Acronym/Key word	Definition
APB	Area Planning Boards for Substance Misuse – APBs were established in 2010 as part of the new arrangements to deliver the Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm'. The APBs were intended to provide a regional framework, to: (1) Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and (2) Enhance and improve the key functions of planning, commissioning and performance management.
AUDIT	Alcohol Use Disorders Identification Test - The World Health Organisation created the AUDIT and AUDIT-C questionnaires to help health professionals quantify harmful alcohol use based (respectively) on ten and three questions that are posed to individuals about their consumption habits.
HMPPS	His Majesty's Prison and Probation Service
MPA	Minimum Pricing for Alcohol – used to refer to the policy of setting a minimum price for alcohol.
MUP	Minimum Unit Price – the level set per unit which is used to calculate the minimum price for alcohol. In Scotland, the policy itself is also routinely referred to as MUP.
NHS	National Health Service

1. Introduction

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

1.2 Three of the contracts (Lots 1, 3 and 4) were awarded to a consortium of researchers based at Glyndŵr University (Wrexham), Figure 8 Consultancy Services Ltd (Dundee), and University of South Wales[1]. Lot 2 was awarded to the National Centre for Social Research[2].

1.3 The explicit aim of this component of the research is to assess both the experience and impact of MPA on service users (harmful, hazardous, and dependent drinkers) and services across Wales (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).

1.4 The original plan was to assess the impact of MPA at 18 months and 42 months post-implementation. As a result of the ongoing impact of the COVID-19 pandemic, the 18-month follow-up was postponed for six months. This report therefore presents findings from data collected 24 months post-implementation of the legislation. The second follow-up study will still be conducted at 42 months post-implementation, at which point a final evaluation report will be completed and submitted to Welsh Government.

1.5 At this early stage of the evaluation process it is not possible to detail with certainty the full impact of the policy on service users and services without conflating the impact of MPA with the impact of COVID-19 and the current cost of living crisis. We are, however, able to frame early evidence around the 'early effects' of the policy, rather than purporting any actual impact(s) of the policy.

1.6 Therefore, this report, which is based on research conducted two years post-implementation of the legislation, provides an important interim assessment of the experience and early effects of MPA on those drinkers who are: (1) directly targeted

[1] Lot 1 is led by Glyndŵr University, Lot 3 is led by Figure 8 Consultancy Services Ltd, and Lot 4 is led by University of South Wales.
[2] National Centre for Social Research

by the legislation (i.e. harmful and hazardous drinkers); and (2) the most vulnerable population group that are directly impacted, but not directly targeted, by the legislation (i.e. low income dependent drinkers).

1.7 The research gathered the views and opinions of both service users and service providers using a combination of qualitative interviews and online survey questionnaires (see **sections 1.11-1.13** 'Language' and **Chapter 3** for further detail on the use of these labels/descriptors).

1.8 In relation to service users, the key objectives of the study were to explore:

- how they prepared for the change in the legislation;
- their perceptions of the legislation;
- what changes they made, if any, to their use of alcohol after the introduction of a minimum unit price for alcohol;
- what changes, if any, they made to their use of alternative substances after the change in legislation;
- their perceptions of changes (including substance switching) that other people made after the introduction of the legislation; and
- the impact of the new legislation on their household expenditure and other aspects of their lives (e.g. relationships, employment, health).

1.9 In relation to service providers, the key objectives of the study were to explore:

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

Structure of the report

1.10 The report is divided into three key parts:

- The first (**Chapters 2-4**) provides contextual information, an overview of the research methods, as well as the characteristics of the interview and survey samples.

- The second (**Chapters 5-6**) presents the results of the study and is structured into two core chapters which present the analysed views of the two key stakeholder groups (service users and service providers).
- The third (**Chapters 7-8**) summarises the results, provides a comparative discussion of the views of service users and service providers, and includes a set of 'next steps' for consideration by the Welsh Government.

Language (labels and descriptors)

1.11 For clarity, the research team have chosen to adopt two labels/descriptors: 'service users' (drinkers) and 'service providers'. Detailed characteristics of these groups, for both survey and interview samples, are provided in **Chapter 4**.

1.12 Within the report, additional and nuanced terms are used to reflect the specifics of delineated sub-populations within these overall groups.

1.13 In relation to the term 'service users', the report acknowledges that survey and interviewing sampling focused on those individuals whose level of drinking is categorised[3] as either hazardous, harmful, or dependent[4].

[3] Consistent with other researchers, in this report the terms 'hazardous', 'harmful', and 'dependent' drinking are defined on the basis of scores obtained through the Alcohol Use Disorder and Identification Test [AUDIT] – see Alcohol Use Disorder Identification Test [AUDIT].

[4] The underlying assumption made was that any individual who is currently engaged with a service due to their problematic alcohol use would fit the criteria for being categorised as such.

2. Background and context

2.1 The background and context for MPA have been set out in detail in three previous reports[5], the most recent of which (Holloway et al., 2022) provides an updated literature review that builds upon the reviews completed in the two earlier reports and is where we would direct readers to look for up-to-date references.

2.2 The earlier of these reports (Holloway, et al., 2019) is considered to be the baseline report for this study as it considered the potential for substance switching following the introduction of MPA based on the views of the same targeted stakeholder groups (i.e. service users and service providers), and therefore contains relevant background content.

2.3 This chapter provides a brief summary of key points from these previous literature reviews in order to set the context for this report, rather than presenting another full literature review. It considers the definition of MPA and examines where in the world minimum pricing policies operate[6]. The chapter briefly maps out the history and development of minimum pricing for alcohol policy and legislation in Wales and outlines the legal and policy context of the evaluation. It also considers the process of implementing MPA and provides a summary of key findings from other recent literature reviews.

Minimum Pricing for Alcohol policies

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

[5] Holloway et al. (2019), Buhociu et al. (2021), Holloway et al. (2022).
[6] More comprehensive contextual information about Minimum Pricing for Alcohol, including the international context, are presented in Holloway et al. (2019) *Research into the Potential for Substance Switching Following the Introduction of Minimum Pricing for Alcohol.* Accessed on 31 October 2022 at: Holloway et al. (2019)

The UK context of minimum pricing for alcohol

2.5 In England, there are 'no plans for the introduction of MPA' although in March 2020 the Government stated that it would continue to monitor the progress of MPA in Scotland (Woodhouse, 2020) as per the recommendation of a House of Lords Committee in 2017[7].

2.6 In Scotland, alcohol licensing is a devolved matter. After a five-year legal case with industry representatives, minimum unit pricing (at the level of 50p per unit) came into force on 1 May 2018 as part of The Alcohol (Minimum Pricing) Scotland Act 2012[8].

2.7 In Wales, the Public Health (Minimum Price for Alcohol) (Wales) Act 2018[9] enabled the introduction of minimum pricing for alcohol on public health grounds, an area within the National Assembly[10] for Wales's legislative competence[11].

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

History of minimum pricing for alcohol in Wales

2.9 A minimum pricing for alcohol policy is not a tax. The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 sets out a formula for calculating the applicable minimum price for alcohol – based on the minimum unit price (the MUP), the percentage strength of the alcohol, and its volume. Importantly, the subsequent revenue goes to the drink's producers and retailers, not the Government. The Welsh Government has actively considered whether its objectives regarding reducing alcohol-related harm could be achieved by raising the level of tax on alcohol. However, partly due to the limitations of the National Assembly for Wales to pass legislation on taxation and partly due to the fact that evidence (APoSM, 2014) suggested that taxation alone would not target hazardous and harmful drinking in the same way – and as effectively – as minimum pricing, the Welsh Government

[7] House of Lords Select Committee on the Licensing Act 2003, The Licensing Act 2003: post-legislative scrutiny, HL Paper 146, 4 April 2017, para 86
[8] Alcohol (Minimum Pricing) (Scotland) Act 2012
[9] Public Health (Minimum Price for Alcohol) (Wales) Act 2018
[10] On 6 May 2020, the National Assembly for Wales changed its name to Senedd Cymru – the Welsh Parliament.
[11] UK Parliament Research Briefing

opted for the latter. Minimum pricing for alcohol is also the strongest indicator for reductions in overall population consumption.

2.10 A consultation on a draft Public Health (Minimum Price for Alcohol) (Wales) Bill followed in 2015, which found considerable support for the introduction of a minimum price for alcohol. Most stakeholders recognised the crucial impact it would have on reducing existing levels of hazardous and harmful drinking in Wales and the associated health gains and impact on health inequalities this would bring.

2.11 The Public Health (Minimum Price for Alcohol) (Wales) Bill was introduced to the National Assembly for Wales on 23rd October 2017. It included provisions to introduce a minimum price for the sale and supply of alcohol in Wales and to make it an offence for alcohol to be sold or supplied below that price. In the Welsh Government's view, whilst the Bill's objective was to tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-related deaths in Wales, and an effective epidemiological approach at health protection, it was also likely to target those hazardous and harmful drinkers who tend to consume greater amounts of low-cost and high-alcohol content products.

2.12 During the scrutiny stages of the Bill, concerns were raised by Assembly Members[12] and other stakeholders, about possible unintended consequences arising from the legislation, including the possibility of hazardous and harmful drinkers switching to other substances. However, evidence of the extent of such behaviour is scarce as there is little, and contradictory, published research available on this matter (Falkner et al, 2015; Keatley et al, 2016; Stockwell, 2017).

2.13 In March 2018, the Health Social Care and Sport Committee published their stage 1 report on the Public Health (Minimum Price for Alcohol) (Wales) Bill and included a recommendation to undertake research into this issue. In response, Welsh Government accepted this recommendation and issued an Invitation to Tender for research into users switching substances (C086/2018/2019) and the contract was awarded to a consortium of researchers from Figure 8 Consultancy, the University of South Wales, and Glyndŵr University (Holloway et al., 2019).

2.14 This study concluded that there was little evidence (pre-MPA implementation) that drinkers would switch substances as a result of higher prices[13]. For the majority of

[12] Health, Social Care and Sport Committee 23/11/2017
[13] Holloway et al. (2019)

drinkers, the only switching or change in use that was considered to be likely would be alcohol (and not drug) related and largely an adaptation of existing behaviour, such as a switch in type of alcohol or a change in purchasing behaviour, within a new pricing framework.

2.15 Whilst the new legislation is based on a whole population approach to tackling alcohol-related harm, this research was commissioned to focus on the experiences and impact of MPA on those receiving support for alcohol-related problems. **The findings presented in this report must therefore be considered in this context.**

Evaluation of Minimum Pricing for Alcohol in Wales

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

2.17 Welsh Government has commissioned an evaluation to inform the report on the operation and effect of the legislation over a five-year period. This report forms part of that evaluation and is based on data collected two years post-MPA implementation. It is the first of two 'post-implementation' reports that will examine alcohol consumption patterns and related behaviours among hazardous, harmful, and dependent drinkers currently engaged with Welsh alcohol treatment services.

2.18 As noted earlier in the report, the original plan was to assess the impact of MPA at 18 months and 42 months post-implementation. As a result of the ongoing impact of the COVID-19 pandemic, the 18-month follow-up was postponed for six months. This report therefore presents findings from data collected 24 months post-implementation of the legislation.

Implementing MPA

2.19 In November 2019, in preparation for the implementation of MPA in Wales, the Welsh Government published a range of resources for retailers on its website[14]. Two months later, in January 2020, a guidance document was published on the

[14] Resources for retailers

Welsh Government website targeting retailers and Local Authorities[15]. The main purpose of this document was to provide guidance on how to calculate, implement and enforce the law on minimum pricing. In addition to the posters, leaflets and guidance documents, Welsh Government also issued an 'MUP Calculator App'.

2.20 Two weeks before implementation, on 17th February 2020, a broader publicity campaign targeting the general population about MPA was launched[16]. The campaign included advertisements on social media, national and local radio and online, but not on television.

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

2.22 Further to the above measures and in preparation for the implementation of MPA, Welsh Government officials engaged and consulted with a range of stakeholders in relation to implementation issues and the proposed MUP level. These engagement and consultation meetings and events are summarised in Table 2.1 below.

Table 2.1: Pre-implementation engagement and consultation stakeholder meetings and events

Date	Event
10/10/18	• Retail of Alcohol Standards Group, Wine and Spirit Trade Association (WSTA): • Attended by representatives from the WSTA, Community Alcohol Partnerships, Asda, Morrisons, Waitrose, Sainsbury's, Lidl, Home Bargains, Aldi and the Association of Convenience Stores.
16/10/18	• Regional Leads Meeting: Area Planning Boards
18/10/18	• Alcohol Change UK
18/10/18	• British Beer and Pub Association and CAMRA
19/10/18	• National Meeting of the Directors of Public Protection in Wales
06/11/18	• National Federation of Retailer Newsagents
08/11/18 and 09/11/18	• Public Health Wales Annual Conference

[15] Guidance on implementing MPA
[16] BBC News article

21/11/18	• Substance Misuse Partnership Board: Members included APB Chairs and Service Providers
22/11/18	• Children in Wales
28/11/18	• Office of the Children's Commissioner
27/11/18	• Public Health Wales Alcohol Leads Meeting
30/11/18	• Welsh Heads of Trading Standards
05/12/18	• Third Sector Substance Misuse Network
05/12/18	• Welsh Government Alcohol Industry Network
11/12/12	• Welsh Heads of Trading Standards National Conference
AREA PLANNING BOARDS	
08/11/18	• Cwm Taf Area Planning Board
04/12/18	• Dyfed Area Planning Board
05/12/18	• Cardiff and Vale Area Planning Board
12/12/18	• Gwent Area Planning Board
13/12/18	• Western Bay Area Planning Board
13/12/18	• Powys Area Planning Board
14/12/18	• North Wales Area Planning Board
SERVICE USER FORUMS	
16/11/18	• Cardiff and Vale Service User Forum
12/12/18	• RCT User Forum
13/12/18	• Gwent User Forum
WORKSHOPS WITH YOUNG PEOPLE	
November 2018	• Workshop with Young Wales, North Wales
December 2018	• Workshop with Young Wales, South Wales

2.23 In the Welsh Government funding offer letters (for 2020/21) to APBs (dated 18th December 2019), the following direction, under the approval of expenditure plans section, was provided in relation to policy priorities: *'The Substance Misuse Delivery Plan (2019-22) confirms the Welsh Government and our key stakeholders priorities for the use of these resources. These* [include]*…Ensuring that appropriate and responsive alcohol misuse services are in place before the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 is implemented…'*

Key findings from recent research

2.24 The findings from the aforementioned three previous literature reviews were broadly positive in terms of the impact of pricing policies on drinking and related behaviours.

2.25 In the first review, limited evidence was found to suggest that switching to more harmful substances would occur as a result of minimum pricing for alcohol (Holloway et al., 2019).

2.26 The second 'updated' review (Buhociu et al., 2021), found that pricing policies generally were associated with reductions in alcohol consumption and related harms. Emerging evidence from Scotland was also identified to suggest that MUP was being implemented as intended and that it was having no detrimental effect on small retailers nor on children and young people (either as drinkers or as relatives of drinkers).

2.27 The research included in the third review (Holloway et al., 2022) added further positive findings to the evidence base. Research emerging from Scotland has been unanimously positive in noting that MUP is having a successful early impact in terms of increasing prices and reducing sales (Robinson et al., 2020; Ferguson et al., 2021; Alcohol Focus Scotland, 2021), with a somewhat mixed impact in relation to consumption patterns, and alcohol-related harms (Holmes et al., 2022).

2.28 Further evidence of significant negative consequences that were anticipated particularly among dependent drinkers, has not materialised, although some shifting of household budgets from essential supplies to alcohol has been noted (Buykx et al., 2021, Holmes et al., 2022).

2.29 Given these broadly positive or neutral findings, it comes as little surprise to note an increase in public support for MUP in the period since it was introduced (Ferguson et al. 2020).

2.30 Early findings in relation to the impact of MPA in Wales are also positive and mirror those from Scotland (Anderson et al., 2021).

3. Methods

3.1 Before proceeding with details of what was done, it is important to provide a brief overview of the people that were included in the research. The Specification referred to the need to capture the views of two specific groups, namely service users and service providers.

3.2 'Service users' are the people who are in receipt of support services for harmful drinkers. In other words, service users were harmful, hazardous, or dependent drinkers who were engaged in some form of treatment to address their drinking (and sometimes other drug use) behaviour.

3.3 The term 'service provider' was interpreted to mean people involved in the provision or delivery of such support services for harmful drinkers (predominantly alcohol alone but sometimes in combination with other drug use).

3.4 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.

3.5 Full details of study methods and our approach to analysis is provided in **Appendix A** of the separate **Appendices (Supporting Evidence)** report.

Aims and objectives

3.6 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)'.

3.7 More specifically the full study (of which this report provides interim findings), has ten objectives (outlined in **sections 1.8 and 1.9** of **Chapter 1**); 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).

Study methods

3.8 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.

Qualitative interviews – service users and service providers

3.9 The main aims of the interviews with service users were to: investigate issues from the perspective of those people who the legislation was designed to help, establish how they prepared for the change in the legislation, explore their perceptions of the legislation, examine their perceptions of changes (including substance switching) that people made after the introduction of the legislation, identify any changes to their use of alcohol after the introduction of a minimum unit price for alcohol, explore any changes to their use of alternative substances after the change in legislation, and investigate the impact of the new legislation on their household expenditure and other aspects of their lives (e.g. relationships, employment, health).

3.10 The main aims of the service provider interviews were to: investigate issues from the perspective of those who support harmful drinkers, explore the approaches they used to help people prepare for the introduction of a minimum price for alcohol, explore their perceptions of changes (including substance switching) that people made after the introduction of minimum unit pricing for alcohol, examine the impact of the new legislation on the lives of service users, explore how useful the support materials or guidance that were provided were and consider what other resources might be needed.

3.11 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. The interviews were ‘flexible but controlled’ (Burgess, 1984) and based on an open rather than rigid structure, which can often regulate, subdue and structure interviewees’ responses (Bryman, 2016). 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.

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

3.13 All interviews were conducted in English[17]. 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.

Cross-sectional surveys – service users and service providers

3.14 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.

3.15 Separate online questionnaire surveys for service providers and drinkers were developed in Online Surveys[18] (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.

3.16 The survey questionnaires were organised into sections that corresponded with the research objectives.

3.17 The service user survey focused on people who are currently engaged with alcohol treatment services across Wales due to either current or recent problematic alcohol use and included sections on:

- demographics;
- current treatment/support;
- current alcohol use; history of alcohol use;

[17] All interviews were offered in English or Welsh, but all participants chose English.
[18] Online Surveys

- awareness of MPA;
- changes post-implementation of MPA;
- potential impact of MPA and COVID-19 on drinking patterns and related behaviours; and
- a summary of how MPA has affected the respondent and other people known to the respondent.

3.18 The service provider survey focused on the views of those people who work within alcohol services in Wales and included sections on:

- demographics;
- current role and previous experience of working with those who drink at harmful levels;
- respondents' own knowledge and understanding of MPA;
- information and support regarding the introduction of MPA;
- impact of MPA on services;
- impact of MPA on drinkers; and
- impact of COVID-19 on drinkers and services.

Summary of study methods

3.19 A summary of study methods, recruitment, sampling, and activity completed is presented in the table below. Fieldwork activities took place between 24th May 2022 and 26th September 2022.

Table 3.1: Summary of study methods, recruitment, sampling, and activity completed

Method	Description	Number
Semi-Structured Interviews (Service Users)	• Convenience sampling was used to recruit participants from alcohol services operating across Wales. • The convenience approach was augmented with some purposeful sampling to ensure that we captured diversity of: sex, age range, geographical location (including areas close to the England-Wales border), and drinking types. • Additionally, we invited survey participants to submit their contact details if they wanted to be interviewed as part of the study.	**25** • [27 interviews were conducted with 28 respondents[19], with two interviews (3 individuals) being discounted

[19] One interview was completed with two respondents.

	• Interviews were spread across all seven of the APB areas of Wales. Cardiff and the Vale had the most (seven out of the 25 respondents), Gwent (four respondents), Dyfed, North Wales, Powys, and Western Bay (all had three respondents each), and Cwm Taf (two respondents).	from the analysis.[20]] • One interviewee was recruited via survey responses.
Semi-Structured Interviews (Service Providers)	• Convenience sampling was used to recruit staff working in alcohol services operating across Wales. • The convenience approach was augmented with some purposeful sampling to ensure that we captured diversity of: sex, age range, geographical location (including areas close to the England-Wales border). • Interviews were spread across six of the seven APB areas of Wales.	**16** • [15 interviews were conducted with 16 respondents[21]]
Online survey (Service Users)	• A link to the online service users survey was distributed via APBs and Third Sector alcohol support services for cascading to service users. • The survey was mostly completed online by service users. Some service users were supported to complete the online survey by peer workers who had received training in supporting individuals to complete the survey. • A Welsh version of the survey was provided and distributed alongside the English version; however, no responses were received for the Welsh version. • Respondents were resident in 12 of the 22 Local Authority areas in Wales. The largest proportions of respondents were living in Rhondda Cynon Taf (36 per cent) and Powys (19 per cent). The remaining areas contributed between one and seven respondents each.	**55**

[20] One interviewee was with a primary drug user who only drinks 1-2 cans of normal strength lager on 1-2 days per week (which does not fit the criteria for being a 'harmful' drinker. There was no history of alcohol problems or treatment for alcohol for the said individual. Two individuals (who were interviewed together) within a treatment service were incorrectly referred to the study as, although they were currently undergoing treatment in Wales, they both normally resided in England. This was only identified by the researcher once the interview had started.
[21] One interview was completed with two respondents.

Online survey (Service Providers)	• A link to the online service providers survey was distributed via APBs and Third Sector alcohol support services for cascading to staff. • A Welsh version of the survey was provided and distributed alongside the English version; however, no responses were received for the Welsh version. • 20 out of 22 Local Authority areas were represented in the survey. Cardiff and Newport were the areas with the most respondents (14 per cent and 10 per cent respectively) whilst no responses were received from either Flintshire or Neath Port Talbot.	**90**

Ethics

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

3.21 The original plan was to also seek ethics approval from His Majesty's Prisons and Probation Service [HMPPS]. An ethics application was submitted ahead of conducting fieldwork. However, due to COVID-19 related delays in processing applications it was not possible to obtain HMPPS ethics approval in time so the decision was made not to include individuals engaged with criminal justice services.

3.22 Due to the allocated study timescales and resources it was decided from the outset not to pursue an NHS ethics application.

3.23 The result of the above decisions means that all study participants were recruited into the study from either Third Sector or Local Authority based alcohol treatment services across Wales.

4. Sample characteristics

4.1 This chapter summarises the characteristics of the service user and provider samples who took part in the research. Four samples have been separated to provide an overview of the characteristics of each:

- service users who completed the online survey;
- providers who completed the online survey;
- service users who participated in an interview; and
- providers who participated in an interview.

4.2 The main aim of this chapter is to provide the reader with sufficient detail to understand that each sample was a diverse one that represents a range of people who either drink alcohol at harmful, hazardous, or dependent levels, or who provide support to people with alcohol-related problems.

Survey respondents – service users

4.3 In total, 55 people completed the 'service users' online survey.

4.4 Whilst drinkers from across the breadth and length of Wales participated in the survey, the uneven distribution across Local Authority areas means that it is important to take care when generalising any findings across Wales.

4.5 Socio-demographic characteristics of drinkers who completed the survey are presented in **Table 2.1**, **Appendix B** in the separate **Appendices (Supporting Evidence)** report, with headline characteristics mentioned below.

4.6 Roughly half of the sample were male (n=28; 52 per cent) and just under half were female (n=26; 48 per cent).

4.7 The majority of service users (n=51; 94 per cent) indicated they were 'White-English/Welsh/Scottish/Northern Irish/British' whilst the remainder were 'White-Gypsy or Irish Traveller' (n=2; 4 per cent) and 'Mixed-other' (n=1; 2 per cent).

4.8 Just over half of the service user survey respondents were aged between 18 and 44 (n=27; 51 per cent) whilst the remainder were aged between 45 and 74 (n=26; 49 per cent).

4.9 Respondents were resident in 12 of the 22 Local Authority areas in Wales at the time of completing the survey – see **Figure 2.1**, **Appendix B** in the separate

Appendices (Supporting Evidence) report. The largest proportions of respondents live in Rhondda Cynon Taf (n=19; 36 per cent) or Powys (n=10; 19 per cent). Remaining areas contributed between one and seven respondents each.[22]

4.10 Almost half of respondents who provided an answer (n=12; 46 per cent) reported Universal Credit to be their main source of income, with nearly a quarter (n=6; 23 per cent) reporting it to be their wage or salary. Other responses included: 'savings' (n=3; 11 per cent), 'benefits – other', 'family', and 'other' (n=1; four per cent each). The remaining two respondents answered, 'I prefer not to say'.

4.11 Respondents were required to answer many questions on their alcohol consumption as part of the study. The goal was to discover various drinking patterns so that they could be compared in terms of their attitudes toward an alcohol minimum price and their reactions to the implementation of MPA.

4.12 The World Health Organisation created the AUDIT-C [Alcohol Use Disorder Identification Test] which quantifies harmful alcohol use, based on three questions posed to individuals about their consumption habits. The AUDIT-C was adapted from the longer AUDIT questionnaire (ten questions), which is mainly used in primary care settings. From the responses received it was only possible to calculate the AUDIT-C scores for 29 out of the 55 service user survey respondents .

4.13 As seen in Table 4.1, the majority of those who responded had scores within the 'dependence likely' (n=15; 52 per cent) or in the 'high risk' (n=6; 21 per cent) categories.

Table 4.1: AUDIT-C scores – service users

AUDIT-C score category	Number	Percentage
Low risk (0 to 4)	5[23]	17
Increasing risk (5-7)	3	10
High risk (8-10)	6	21
Dependence likely (11-12)	15	52
Note: Some missing cases.		

[22] Whilst drinkers from across the length and breadth of Wales participated in the survey, the uneven distribution across Local Authority areas means that it is important to take care when generalising any findings across Wales.
[23] 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).

4.14 Whilst the research team were able to gather in-depth information about the drinkers who completed the online survey, for consistency with the other samples, only a brief overview of their characteristics are presented in this chapter. More in-depth information about this group (e.g. expenditure on alcohol, type of alcohol consumed, current drinking and purchasing patterns, history of drinking, use of other drugs, and history of substance use treatment, etc.) and summaries of the key survey findings can be found in **Appendix B** in the separate **Appendices (Supporting Evidence)** report.

Survey respondents – service providers

4.15 Ninety people working in the field of substance use in Wales completed the 'provider survey'.

4.16 Socio-demographic characteristics of service providers who completed the survey are presented in **Table 2.4** in **Appendix B** in the separate **Appendices (Supporting Evidence)** report, with headline characteristics mentioned below.

4.17 Most service providers were from third/voluntary sector- based drug/alcohol services (n=54; 61 per cent), whilst other substantive categories noted were those who work for either a local authority-based drug/alcohol service (n=12; 13 per cent), the police (n=9; 10 percent), or an NHS-based drug/alcohol service (n=7; 8 per cent).

4.18 Twenty out of 22 Local Authority areas were represented in the survey. Cardiff and Newport were the areas with the most respondents (n=13; 14 per cent, and n=9; 10 per cent respectively) whilst no responses were received from either Flintshire or Neath Port Talbot.[24] (see **Table 2.5** in **Appendix B** in the separate **Appendices (Supporting Evidence)** report).

4.19 The largest proportion of the service providers (n=37; 42 per cent) reported they had been working and/or volunteering with those who drink at harmful levels for 10 or more years, with 26 per cent (n=23) between 1 to 3 years' experience. The remaining 32 per cent were split between 4-5 and 6-9 years' experience (n=12 and

[24] Whilst all areas were represented in the study, some areas were more heavily represented than others. Caution must therefore be taken when generalising the findings across all areas.

n=7 respectively). The sample could therefore be considered a credible one with substantial experience of working in the substance use field.

4.20 More in-depth information about this group and summaries of the key survey findings can be found in **Appendix B** in the separate **Appendices (Supporting Evidence)** report.

Interviewees – Service users

4.21 Twenty-seven interviews were conducted with 28 respondents[25]. Two interviews have been discounted from the analysis for the following reasons:

- One interviewee was with a primary drug user who only drinks 1-2 cans of normal strength lager on 1-2 days per week (which does not fit the criteria for being a 'harmful' drinker, as it would be under 14 units of alcohol per week[26]). There was no history of alcohol problems or treatment for alcohol for the said individual.
- Two individuals (who were interviewed together) within a treatment service were incorrectly referred to the study as, although they were currently undergoing treatment in Wales, they both normally resided in England. This was only identified by the researcher once the interview had started.

Therefore, data for 25 individuals have been included in the analysis for this study.

4.22 Socio-demographic characteristics of those service users who were interviewed are presented in **Table 4.1** in **Appendix D**, with headline characteristics mentioned below.

4.23 Most interviewees were male (n=19; 76 per cent) with a fairly even spread of interviews across the 25-34, 35-44, 45-54 and 55-64 age group categories.

4.24 All those interviewed had experienced problems with their alcohol use both pre-and post-implementation of MPA and were therefore either current drinkers (n=15; 60 per cent) or recent drinkers (n=10; 40 per cent), consistent with a treatment profile.

4.25 One in three (n=8; 35 per cent) of respondents reported that they did not use any other substance (excluding tobacco) apart from alcohol.

[25] One interview was completed with two respondents.
[26] The UK Chief Medical Officers' guideline for both men and women is that 'to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis'. See UK Chief Medical Officers' Low Risk Drinking Guidelines

4.26 ‘Spirits or liqueurs’ were the most commonly reported ‘main drink type’ among the sample (n=10; 40 per cent), followed by ‘normal strength beer/lager/cider’ (n=7; 28 per cent), strong beer/lager/cider (n=4; 16 per cent), ‘wine’ (n=3; 12 per cent), and ‘sherry or martini’ (n=1; 4 per cent).

4.27 Interviews were spread across all seven of the APB areas of Wales. Cardiff and the Vale had the most (n=7; 28 per cent), Gwent (n=4; 16 per cent), Dyfed, North Wales, Powys, and Western Bay (n=3; 12 per cent each), and Cwm Taf (n=2; 8 per cent).

4.28 A mixture of urban and rural locations were covered across the interview set, with three of the interviewees also living close to the English border.

Interviewees – Providers

4.29 15 interviews were conducted with 16 respondents[27] involved in the provision of drug and alcohol services across Wales.

4.30 Socio-demographic characteristics of those service providers who were interviewed are presented in **Table 4.2** in **Appendix D**, with headline characteristics mentioned below.

4.31 A relatively even mixture of female and male (n=7 and n=9 respectively) participants were interviewed and three quarters had over five years’ experience of working in the drug and alcohol field (n=12; 75 per cent).

4.32 The majority were Keyworkers/Caseholders (n=11; 69 per cent), with two Team Leaders, one Service Manager, one Support Worker, and one Peer Mentor.

4.33 Several of those interviewed disclosed their own lived experience of problematic alcohol and/or drug use (which, in all cases, was a primary reason for now working in substance use services) or disclosed personal experience of problematic alcohol and/or drug use within their family.

4.34 Interviews were conducted across six of the seven APB areas of Wales.

[27] One interview was completed with two respondents.

5. Views of service users (drinkers)

Key messages

- Despite the pricing policy, service users usually found a way to maintain dependent drinking, although slightly reduced daily/weekly units consumed were noted for some.
- Where discussed, changes to consumption patterns and quality of life were reportedly a consequence of multiple individual, and macro-level factors, including MPA.
- Data analysis identified significant, often unmet, health, economic, social support, and alcohol treatment needs across the sample.
- Economic effects of MPA may be better understood relative to the many sacrifices individuals made to ensure continuity in alcohol supply.
- MPA-driven increases in shoplifting, robbery, and other forms of crime, though commonly anticipated by participants, were not reported from experience.
- Individuals almost invariably considered MPA as punitive to people who drink dependently, and stated that complementary health, alcohol treatment and wider social supports are lacking.

Introduction

5.1 To help address the core aim of this study (in relation to the views of service users)[28], the following chapter contains thematic analysis of:

- the qualitative data from the 25 individuals interviewed for the study who are currently engaged with alcohol treatment services across Wales, and who all have histories of drinking at harmful levels both pre- and post-implementation of MPA; and
- the qualitative responses contained within the 55 service user survey returns.

[28] The explicit aim of this element of the evaluation is to assess both the experience and impact of MPA on **service users (harmful, hazardous, and dependent drinkers)** and services across Wales (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).

5.2 A selection of illustrative qualitative examples are included under each subheading, with a fuller sample of examples provided in **Appendix E**.

Changes to Alcohol and Drug Use

5.3 The proceeding section reports participants' changes to alcohol and drug use which they themselves relate to MPA. Unsurprisingly, alcohol was largely reported as being less affordable since the introduction of MPA in Wales. However, participants regarded alcohol as an essential item which tended to 'come first'. Its affordability was therefore, better understood relative to the many sacrifices participants made to ensure procurement. For example, alcohol was invariably described as being prioritised over other concerns, such as household bills and food. Whilst the financing of alcohol was sometimes reported as a challenge that pre-dated the introduction of MPA, participants took the time to reflect upon how the policy had increased their financial reliance upon others and contributed to the intensity with which they turned to alternative methods to obtain alcohol. Notably, MPA-driven increases in shoplifting, robbery, and other forms of crime, though commonly anticipated by participants, were rarely reported from experience. Reduced availability of certain types of alcohol was noted under this meta theme, as were emerging consumption and sales trends among communities of drinkers, and licensed premises respectively. Whilst participants largely maintained their alcohol intake, others sought to reduce consumption or were compelled to switch to different drinks. For some, fortunately situated geographically, or with access to transport, cross-border alcohol purchasing was an option, though this was rarely reported within the present sample[29].

Affordability

5.4 Across interviews, participants described how alcohol came first in purchasing decisions, regardless of its price. Individuals reported, for instance, how the perceived need for alcohol determined its value, with most suggesting they would pay whatever it cost.

[29] Only three respondents from the sample lived within easy reach of the English border.

‘You didn’t care really because if you want a drink you pay whatever you pay for it.’ [Service User, interviewee #21]

5.5 With most participants reportedly in receipt of state benefits prior to the introduction of MPA, maintaining dependent drinking was already expensive.

‘Well, it was already unaffordable (…) Universal Credit doesn’t give you £150 a week to spend on booze.’ [Service User, interviewee #22]

5.6 Whilst some reported that the price of alcohol may have contributed to reductions in consumption, interviewees largely continued to drink as frequently as prior to MPA, simply paying more.

‘No, I just kept going, just paid more money for it.’ [Service User, interviewee #26]

5.7 Others switched to drinking different brands.

‘I have changed the alcohol brand but still find that it affects my financial situation.’ [Service User, survey respondent #26]

5.8 Drinking under MPA meant reduced funds, which led to other essential items becoming less affordable. These effects were felt by participants from a range of social circumstances, including those with dependent children.

‘Getting your groceries and kids and all that, you do notice like God, like a few months ago I would have had £40 left, now I’ve got maybe £15 left, oh my God.’ [Service User, interviewee #20]

5.9 To reiterate, cost increases had little effect on the purchasing of alcohol for people drinking dependently. Hence, the continued use of alcohol despite its higher price had effects on purchasing power elsewhere, including groceries and other essentials, to be outlined in the following section.

Financing

5.10 In the context of MPA, participants reported turning to various methods to ensure they maintained a continuous supply of alcohol. Whilst none of these approaches to financing alcohol were entirely new, increased costs contributed to spiralling debt, the frequency and degree of borrowing from loved ones, and in some cases, the desperation which led participants to engage in begging and prostitution. Also captured under this theme were other measures for addressing higher alcohol costs, including the frequent experience of sacrificing on essential items and household bills. Importantly, reduced alcohol consumption, where discussed, was

not linked to MPA and being ‘priced out’ of drinking, the effects of the policy from participants’ perspectives were most evident in the lengths they were willing to go to acquire alcohol and what they would do without.

> ‘It made the alcohol more expensive and cost me a lot more until I stopped drinking and I went into my retirement savings money as well.’ [Service User, survey respondent #19]

5.11 Discussions of how alcohol was financed often began with some variation on the phrase:

> ‘I’ve always found a way.’ [Service User, interviewee #21]

5.12 There were a number of different ways of procuring alcohol reported among the present sample, though the most common approach was to borrow money. For roughly a third of participants, maintaining a dependency to alcohol meant borrowing from family. However, this was often not attributed to MPA, though some participants acknowledged that borrowing had increased in frequency since the policy’s introduction.

> ‘I'm trying to borrow money left, right, and centre more than I used to. Before it wasn't a problem because I did have money left at the end of the day, but now it's either food or alcohol, and the addiction takes over, so the alcohol comes first.’ [Service User, interviewee #05]

5.13 For some participants with a recent history of employment, finding a way to obtain sufficient quantities of alcohol also involved credit card purchases and the use of pay day loans, which increased debt and financial instability.

> ‘I would sit there and I would look at the bottle, I know exactly… right, maybe I’ll have two glasses of that tomorrow but that won’t be enough, so straight away on your phone, pay day loans.’ [Service User, interviewee #20]

5.14 As well as borrowing from family, friends, and the use of lines of credit, participant accounts of financing also patterned around the theme of ‘grafting’. Grafting describes how participants made their money to finance dependent drinking and included begging, stealing, prostitution and drug dealing. As above, only a small minority of interviews spoke explicitly to the relationship between MPA and grafting, whilst the vast majority of data suggests participants engaged in these practices

pre-MPA. However, consistent with the ideas above, one participant reflected that higher prices meant harder graft.

> ‘I don't think it necessarily makes anyone drink less. They're just going to graft harder.’ [Service User, interviewee #04]

5.15 Two participants described prostitution as a method that was sometimes (though rarely) used to finance alcohol. Sex work was associated with desperation. Though the relationship between MPA and desperation was unclear under this theme, its contribution to the challenges faced by participants is repeated throughout the dataset.

> ‘Sometimes prostitution … only when I’m desperate and I need to get that, you know, my alcohol.’ [Service User, interviewee #06]

5.16 Analysis revealed begging to be a common approach for funding alcohol, with prices determining the frequency and duration of the practice.

> ‘Twice a day, three times a day I could yeah. So, I’d have to go out there and graft [beg]. Yeah, people do ask you if it’s for drugs and for alcohol and I’m blatant and straight with them.’ [Service User, interviewee #18]

5.17 Interestingly, three participants noted an increase in begging among dependent drinkers in their respective communities, with two commenting on the aggressiveness of those involved.

> ‘You've got the people walking around, "Have you got a pound? Got a pound?" They don't even say please. "Got a pound? Got a pound?" Aggressive begging's becoming a bit more common.’ [Service User, interviewee #04]

5.18 The effect of MPA has so far been described as contributing to existing hardship and the measures taken to ensure continuity in alcohol supply. The consequences of COVID-19 and attendant restrictions fall similarly into the category of contribution, and it serves here to report evidence of the complex relations which must be accounted for when considering attribution.

> ‘Because you know that you can’t come out in the street so then now you’re going into your shopping money. So, then your shopping money, everything… it will suffer. It does suffer, it has a knock-on effect.’ [Service User, interviewee #18]

Availability

5.19 Data regarding the availability of certain types of alcohol, or indeed alcohol priced similarly to pre-MPA amounts are captured under this primary theme. Participants recognised for example, the absence of cheap, high-strength ciders, both in shops and circulating among communities of people who drink problematically. Conversely, some among the present sample described being able to maintain similar drinking patterns and managing to bypass MPA.

5.20 The most remarked upon changes with respect to availability were those affecting formally cheap, strong ciders, and 'essential' brand alcoholic items which, once highly prevalent among affected communities, were now hardly seen.

> 'I've also noticed the essential range-type of thing seems to have gone, and like [cider brand], [alternative cider brand] and all that, you don't see much of that anymore.' [Service User, interviewee #19]

5.21 Since tripling in price, cheap, high strength ciders had effectively vanished from the drinking scene, typically to be replaced by spirits, and especially vodka.

> 'So I don't like vodka, I don't like spirits, but is it economically more viable.' [Service User, interviewee #24]

5.22 Present data may reflect the incomplete implementation of MPA across data collection areas. For example, data indicates that:

> 'Some shops have been lenient, really lenient.' [Service User, interviewee #03]

Such reports, however, were limited to three participants within the sample.

5.23 Similarly rare, were accounts describing other ways people who drink dependently were able to subvert MPA, namely, through cross-border purchasing (which is presented later in this chapter at **section 5.90-5.94**) and by accessing illicit/homemade alcoholic options.

5.24 Increases in the availability of homebrewed alcohol were also noted as a means to overcoming high prices in the shops.

> 'Yeah, everything getting more expensive, but around here, people are making their own moonshine you know?' [Service User, interviewee #08]

5.25 Yet more concerningly, data analysis appears to have uncovered that illicit alcoholic options may have entered the market, though these claims were not triangulated within the dataset.

> ‘You can get knock-off vodka and stuff around here.’ [Service User, interviewee #07]

5.26 Despite MPA, several participants were still able to access cheaper options more in line with pre-policy prices. Often this meant searching for deals in independent shops, though data suggest that opportunities to bypass MPA may be limited geographically. More often, money-saving approaches to support the purchasing of sufficient quantities of alcohol typically involved sacrificing on other essential bills, like energy, groceries, and rent. Whilst the relationship between sacrifice and higher alcohol prices was often left implicit within the dataset, some participants clarified the post-implementation policy effects.

> ‘Before, I could afford food, something to eat, and a drink.’ [Service User, interviewee #05]

5.27 The experience of ‘going without’ was typical across participants, with effects felt in reduced capacity to heat homes and pay rent, leading to rent arrears for some.

> ‘Not paying the rent and getting kicked out.’ [Service User, interviewee #23]

5.28 Though compelling, these effects cannot be attributed directly to higher alcohol costs and are better understood as a function of competing priorities in contexts of limited incomes, COVID-19, higher energy prices, and latterly, a burgeoning cost of living crisis. Moreover, data are lacking regarding comparisons with financial hardship pre-MPA. Further illustrating this complexity, broader, community-level economic effects are enlarged upon below.

Purchasing

5.29 MPA-driven changes in the types of establishment where participants purchased alcohol, and the particular forms of alcohol bought and consumed, were noted under this theme. In the relative absence of special offers, post MPA, differences in purchasing locations included a new preference for local shops. Among the sample, pub drinking appeared to have declined, for reasons which remain unclear. Better developed under this meta theme were descriptions of shifts in alcohol type relating to the introduction of MPA, such as switching from cider to spirits (noted above),

buying products in greater volume, or making more consistent (less opportunistic) purchases. Product changes within stores were also acknowledged, as were drinking trends among communities of people who drink problematically.

5.30 Post-MPA, opportunities to save money on alcohol were extremely limited. Where special offers across the various supermarket chains and independent shops had once determined the location of alcohol purchases, unit-based pricing had since elevated convenience to the principal factor in shop choice. When asked to describe the preferred store-type for alcohol purchases, a typical response was:

> ‘Well, I’d consider how convenient it is.’ [Service User, interviewee #09].

5.31 Thus, uniform pricing of alcohol largely removed the impetus for participants to seek out better value options, and significantly limited consumer choice.

> ‘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]

5.32 However, another participant reflected that bulk purchasing from supermarkets afforded them greater economy. Though, whether this was due to the lower prices of larger packs, or savings made through less frequent shopping trips, remains unclear.

> ‘Supermarkets would be my go-to – Asda because that’s where all the offers were. You could buy the bulks.’ [Service User, interviewee #21]

5.33 The above participant did enlarge upon changes to their purchasing patterns, however, noting greater consistency (implying stability) compared with patterns pre-MPA.

> ‘Yeah. It was more consistent what I was buying. I was getting 18 lagers, that was what I bought. But before, like if alcohol was cheap, cheap, I was like a kid in a sweetshop.’ [Service User, interviewee #21]

5.34 Although most continued to purchase from the same shops as before, those that did note changes stated their motivation was to locate somewhere selling less expensive alcoholic drinks:

> ‘Went to wherever was cheapest.’ [Service User, survey respondent #18]

5.35 Accounts of pub drinking were infrequent within the dataset. Where discussed, participants noted reductions in pub drinking, though, the relative effects of COVID-

19 restrictions, shifting preferences for drinking alone, or differences in disposable income were not available for analysis.

> ‘And I would go to the pub in-between for a couple of pints (…) very rare though. I used to normally hide on my own in fields or on the beach.’ [Service User, interviewee #23]

5.36 Product changes were widely reported, especially where interviewees had discussed a pre-policy preference for cheap, highly potent ciders. As reported above, typical examples of type change among individuals drinking dependently were from cider to vodka – the latter less affected by MPA and providing greater cost effectiveness than other types.

> ‘In the house it would be vodka because the cider is too expensive.’ [Service User, interviewee #01]

Consumption and drinking patterns

5.37 The following describes respondents’ reports of MPA-driven changes in alcohol consumption. Accounts of reductions in alcohol use post-MPA were common across the dataset. These reductions in consumption would be expected from those who have entered treatment. Nonetheless, participants largely recounted how MPA itself had had little effect on the amount they drank prior to treatment. A few exceptions were noted.

5.38 For most, MPA was regarded as little more than an additional obstacle to maintaining a dependence upon alcohol, with drinking patterns largely unaffected by the policy. As above therefore, discussion captured under this primary theme partly patterned around how individuals would ‘always find a way’ to obtain drink, despite increased costs.

> ‘I’ll fund my alcohol one way or another … for me, no. I mean I regard myself as a genuine bona fide alcoholic and nothing is stopping me getting my alcohol when I want it.’ [Service User, interviewee #17]

5.39 Across and within interviews, individuals reported various styles of drinking, from daily, dependent drinking to spree- and controlled-drinking and ‘mostly abstinence’ peppered with relapses. The following extract aligns with the patterns of spree drinking, whilst the interviewee offers insight into their thought process during a spree and the apparent absence of financial consideration.

‘But that [higher costs] didn’t put me off because I’m on a mission and I’m on this binge. I didn’t think, that’s £150, it’s just literally, you spend it.’ [Service User, interviewee #22]

5.40 Similarly, some respondents were unable to determine how, if at all, their drinking patterns had changed following the introduction of MPA.

‘I've been really drunk for the last two years, so it would be hard for me to analyse.’ [Service User, interviewee #04]

5.41 One individual reported transitioning from higher to lower strength lager post-MPA, though importantly, this shift also followed an alcohol-related physical injury, which meant moving back in with parents and claiming benefits.

‘I’m on Universal Credit, but because I’m at my mum and dad’s, I don’t have to pay bills or anything, so I get my £600 and whatever, and that’s why I’m on the cheapest, 3.8, and buy boxes, because I think they’re only £15 for 18 cans.’ [Service User, interviewee #23]

5.42 As in the extract above, and across individual narratives, the broader context situates MPA as a contributory factor in changes to alcohol use, rather than assigning direct causative power to the policy alone. To further illustrate, one individual reflected that MPA facilitated reduced pub drinking and offered benefits in terms of greater disposable income and less guilt and borrowing.

‘Yeah, it’s had an effect on how often and how much because I probably could stay out longer if it wasn’t so much, which in a way is a bad thing because I can drink quite heavy. But it’s a good thing because I’m not spending the money and having that guilt the next day. And then going through lending money and having that conversation with my mum again, which is always hard.’ [Service User, interviewee #19]

5.43 Implicit within the text, however, are the consequences of drinking to the respondent’s relationships and finances, and how these bear upon changes to consumption patterns. Moreover, the above individual’s extended drinking narrative clarified that they had moved from dependent, daily drinking to more of a controlled pattern, under which they could better choose, where and how much to drink, than previously.

5.44 The limited reports of increased drinking remain consistent with the 'attribution versus contribution' discussion running throughout this section and are neatly exemplified in the following extract. That is, the interviewee relates their increased drinking to local availability in the context of COVID-19 and the attendant 'lockdown' which was also recognised by the respondent as facilitating increased consumption.

> 'I was drinking more. It was so easy to get cheaper products (…) I don't believe it was the pandemic. I believe shops took advantage of the pandemic. They knew people were in and they knew they would use the corner shop. So corner shops would stock up on so much alcohol, that they knew if they under-priced they'd get their money back eventually.' [Service User, interviewee #02]

5.45 Respondents' drinking narratives allow MPA and its effects to be considered relative to other macro, and indeed, individual, and social-level factors which comprise a person's drinking journey. Such context has been shown crucial for assessing the impact of a factor or series of factors on an individual's drinking.

Other substance use

5.46 As described above, MPA was reported to have contributed to shifts in alcohol purchasing and consumption patterns among problem drinkers. Relatedly, substituting alcohol for other drug use was also not uncommon among respondents. Whilst roughly half of those interviewed reported having a history of other drug use in addition to or preceding problems with alcohol, around a fifth described switching substances as a direct consequence of comparatively high alcohol costs, and being:

> 'Outpriced by alcohol.' [Service User, interviewee #07]

5.47 Significantly, all of these cases of price-related substance switching were individuals who have previously used drugs. Rather, poly-substance use (including alcohol) had reportedly preceded the implementation of MPA, though this effect of the policy remain important. Data analysis showed benzodiazepines to be the most commonly substituted substance, followed by cannabis, whilst increased alcohol costs had tempted one interviewee to return to drugs.

> 'Due to the price of alcohol increases I have switched to buying drugs as its cheaper.' [Service User, survey respondent #17]

5.48 Three participants reported MPA-driven switching from alcohol to benzodiazepines. Though not a new behaviour, the extract below highlights the cost-saving incentives of switching, whilst hinting at the risks associated with illicit benzodiazepines.

> 'I've thought, well I can't afford the alcohol, so I'll just go and buy a box of Valium for £20. Or if you buy the street Valium, the [pharmaceutical brand], you can get, £20 will get 100 tablets of that. But then you become dangerous because that's not regulated. You've got no idea how much active ingredient is in [pharmaceutical brand].' [Service User, interviewee #17]

5.49 A further three individuals acknowledged this type of switching among loved ones and peers which they tied to higher alcohol prices. These findings are reported more fully in the *'Changes that others have made'* section below (see **section 5.100 – 5.109**), though it serves here to evidence the claim.

> 'I found she [interviewee's partner] went from using alcohol to using Diazepam, buying street Diazepam, street Pregabalin.' [Service User, interviewee #07]

5.50 One respondent with a history of poly-substance use noted how the economic challenges of maintaining dependent drinking often tempted a return to heroin use, though this had yet to transpire.

> 'There are times when I've thought about going back to the drugs because it's cheaper but then it doesn't do my mental health any good, so I just go in a spiral and argue with myself for a couple of hours.' [Service User, interviewee #19]

5.51 Several interviewees reported concurrent cannabis and alcohol use. More pertinently however, the extract below describes direct substitution (for which appeals to cannabis's greater value were made elsewhere by the interviewee), and a planned longer-term transition between substances.

> 'That's where I find myself at now, coming away from the drink and then replacing with cannabis (…) It's got side-effects, but compared to drink it's amazing.' [Service User, interviewee #04]

5.52 This reflected a wider trend where some reported using drugs to cut back on alcohol use.

> 'Has increased when cutting down alcohol use.' [Service User, survey respondent #38]

‘I am currently smoking weed to help me lower my alcohol intake.’ [Service User, survey respondent #26]

5.53 Although price-driven substance switching was fairly low in prevalence among the sample, it was not uncommon and the risks/benefits it presents were considered by interviewees. Further discussion of observed switching continues in the *‘Changes that others have made’* section below (see **section 5.100 – 5.109**).

Other Considerations

5.54 The wider determinants and other needs affecting those who drink problematically, as well as experiences of alcohol/other drug treatment, the use of various coping strategies and the effects of COVID-19 and the cost-of-living crisis are reported under this primary theme. Where relevant, findings are reported as they relate to MPA. However, a consistent thread across interviews was significant unmet health and social support needs amidst an alcohol policy context which appeared to contribute to hardship for most.

Wider determinants and other factors

5.55 Reported experiences of poverty, housing status and criminal justice experience were noted under this theme – as wider determinants, supporting understanding of individuals’ personal/social circumstances and risk factors. Most interviewees were in receipt of benefits and reported being social housing tenants, in temporary accommodation, or staying with family or friends. Around a fifth of those interviewed also shared criminal justice experience, which alongside being vulnerably housed, is a known risk factor affecting health and social outcomes.[30]

5.56 Having limited income has been acknowledged as a factor affecting drinking patterns and experiences of hardship in the context of MPA. However, analysis shows significant differences in incomes reported across interviews. Some, for example, report being in receipt of higher than standard rates of benefits, whilst others with a greater history of employment discussed having savings and/or receiving furlough payments during pandemic ‘lockdowns’ which facilitated dependent drinking. Though comparisons of income relative to the effects of MPA

[30] Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. and Watkins, D. (2015). Hard edges: mapping severe and multiple disadvantage in England. Lankelly Chase Foundation

were not directly available for analysis, it was not uncommon for those interviewed to estimate their financial means relative to others who may drink problematically.

> ‘I get PIP [Personal Independence Payment] for my mental health because I was diagnosed with complex PTSD … I think I’m quite fortunate because I get a decent amount of benefits compared to a lot of people.’ [Service User, interviewee #24]

5.57 Importantly, for those with greater access to funds, experiences of having to find ways to access alcohol were less frequently reported. Rather, being able to draw on savings accumulated during periods of lighter/less frequent drinking stands in contrast to those engaged in grafting, for instance.

> ‘I just lived off my savings.’ [Service User, interviewee #25]

5.58 The onset of the COVID-19 related Public Health measures differentially effected some thus compromising the sample. For the two interviewees below, ‘lockdown’ measures meant ceasing work, whilst the furlough scheme contributed to higher levels of drinking.

> ‘I was on a seriously good income as a teacher … It wasn’t the cheapo supermarket brands because I could afford it.’ [Service User, interviewee #22]

> ‘When the Covid come, and there wasn’t work and that, we used to get certain payment of like £1600 for every… So, I had about three or four of them through the whole three years of the Covid.’ [Service User, interviewee #23]

5.59 Criminal justice experience was common among respondents and was invariably linked to alcohol and other drug use.

> ‘I’ve been to court loads of times and they would always put me on these like SMS [substance misuse] courses or probation courses, alcohol awareness course.’ [Service User, interviewee #21]

5.60 Of significance, such experiences tended to be described as motivating factors in respondents’ movements towards seeking help, or in the determination with which they reportedly intended to leave old behaviour patterns behind.

> ‘I've come away from a life of crime, a life of addiction.’ [Service User, interviewee #04]

Wider Needs

5.61 Descriptions of mental ill health and treatment needs relating to the effects of trauma and bereavement are noted under this primary theme. Whilst some respondents directly situated MPA as exacerbating mental health concerns, discussions largely serve here to better characterise the often unmet needs of those within our sample. Individuals related for example, how drinking provided momentary relief from psychological and emotional struggles, in the absence of more appropriate coping strategies, treatment or other support.

5.62 Though often closely tied to drinking, mental health was described relative to a number of factors, including alcohol dependence, stress, trauma, treatment and support, and meaningful activity (the latter of which is described in the following section). The extract below describes for instance, the common experience of alcohol being used as a strategy for managing mental health, through effectively blocking out psychological pain.

> ‘My drink goes up from day-to-day. Depends on the stress I get in my head. Sometimes I can't deal with things, so I drink a lot more alcohol … I'm just trying to self-medicate. I'm trying to self-block out the time.’ [Service User, interviewee #05]

5.63 Offering a further reflexive diagnosis, another respondent provides a high-level outline of their long-term relationship with poor mental health, emotional breakdowns, and alcohol.

> ‘What’s really sad is that my life’s been punctuated by breakdowns which have then resulted in chaotic drinking and that’s to do with my mental health … the drug and alcohol services are very, very weak on decent counselling skills and understanding of trauma and stuff like that.’ [Service User, interviewee #24]

5.64 The above respondent also indicated that the mental health support offered by specialist drug and alcohol services was insufficient to meet his/her needs. Similar reports of ineffective/inadequate mental health support were noted by roughly a quarter of the sample. Consistent with this idea, the respondent below describes a more acute consequence of improperly managed psychological health, which culminated in a suicide attempt.

> ‘Alcohol and me are not good. About 38 days ago, I tried to take my life for the second time … I fell off the wagon about a month ago and went on like a week

bender and ended up police turning up and everything.' [Service User, interviewee #22]

5.65 Experiences of post-traumatic stress disorder (PTSD) were reported by several respondents within this dataset, whilst other forms of trauma, including those relating to abuse and other adverse events in childhood were also captured under this theme, and were sometimes described as precipitating problem drinking and episodes of relapse.

'I've never been in the war or heard a bomb, because that's what I always thought PTSD was, and they said, "no, no, you've got trauma.' [Service User, interviewee #23]

5.66 Rounding out this theme, challenges with bereavement affected one quarter of the sample, with most individuals identifying the loss of loved ones as influencing increased alcohol consumption. For two interviewees in particular, individual loss also coincided with COVID-19 and the implementation of MPA.

'I lost my son two and a half years ago and I've been in a bad place.' [Service User, interviewee #02]

'When I was sixteen, I met my life partner who was also sixteen, and we got together then and we basically had a thirty-three-year relationship … two years ago, she suddenly died, which is basically when I started drinking heavily.' [Service User, interviewee #25]

Coping strategies

5.67 Whilst engagement with health, alcohol treatment and recovery services supported a proportion of interviewees (reported in the following section), individuals articulated a number of approaches they employed to keep themselves safe and support health and wellbeing. Beyond maintaining dependent drinking as a way to manage mental health and other challenges, some respondents reflected how adopting an abstinence-based approach to alcohol was best for them, also highlighting the importance of disengagement from drinking friends to achieve this. Also captured under this theme, respondents described participation in a range of activities such as educational courses, volunteering, and/or meaningful employment as strategies for supporting reduced alcohol consumption and increased self-efficacy.

5.68 Recalling, for instance, multiple experiences of relapse after periods of abstinence throughout his/her drinking career, one respondent noted how reduced/controlled drinking was no longer a feasible option for them.

> ‘Recovery doesn’t have to be abstinence-based for everyone; it just needs to be for me, because that works for me.’ [Service User, interviewee #26]

5.69 For some others, attempts to achieve abstinence and/or avoid the consequences of relapse, involved shielding themselves from other problem drinkers with whom they used to associate.

> ‘Because they’re all heavy drinkers, I don’t associate with them anymore.’ [Service User, interviewee #01]

5.70 Whilst this approach allowed another interviewee to regain some control, it was elsewhere acknowledged as only a short-term solution, in lieu of more formal support.

> ‘That’s my way of controlling my addictions. I just lock myself away like twenty-four hours a day, and I don’t go anywhere and I just come out to get medication, because I know that I’m weak when it comes to stuff like that, if I’m around people that use or are under the influence.’ [Service User, interviewee #07]

5.71 More pragmatic strategies to limit drinking and protect and enhance psychological health and wellbeing included volunteering with third sector organisations. The respondent below reported gaining considerable support from serving as a volunteer with a recovery service and here candidly illustrated his/her use of a cognitive-behavioural technique for avoiding relapse into problem drinking.

> ‘I volunteer now within the drugs and alcohol … like today I’ve come to town, whereas before I would just have gone straight into the pub when I’ve finished my day, I can go home and chill. I might have that thought when I’m waiting at the bus stop but it’s like, “well that’ll go because the bus will be here soon.”’ [Service User, interviewee #19]

5.72 Similarly, exposure to treatment and recovery services motivated some respondents to seek opportunities for personal and professional development through vocational programmes and academic study.

> ‘I’m determined this time to give up for good and focus on my education and get back into work.’ [Service User, interviewee #02]

5.73 Speaking to some of the skills and experience among individuals comprising our sample, this final extract demonstrates a common aim reported across interviews – the motivation to give something back.

> ‘I usually do busking and youth work, stuff like that. I was doing lots, going into schools, prisons, going to youth clubs.’ [Service User, interviewee #04]

Experiences of support and treatment

5.74 Descriptions of involvement in, and personal experiences of, treatment and other support, as well as motivations for engagement in recovery activities to support reduced alcohol use, are reported under this primary theme. The utilisation of formal detoxification services, including several cases of recent engagement were recorded within the dataset. Respondents spoke also of accessing residential and community-based alcohol treatment, including pharmacological approaches such as Antabuse (an alcohol antagonist which produces severe reactions to ethanol-based products). The reported accessibility of this range of supports was variable, however.

5.75 Multiple respondents spoke of utilising detoxification programmes, and some several times, over a period of years. For two individuals, examples of recent support suggested access was accelerated due to physical complications associated with dependent drinking.

> ‘I got detoxed in hospital last year when I had a second mild stroke.’ [Service User, interviewee #02]

5.76 Likewise, when asked how he/she managed to access an in-patient detox service, another respondent replied:

> ‘By default. From liver failure, acute liver failure in March 2021. I was a litre of vodka a day at that stage, in full dependency (…) this is my fifth time having been through a medically supervised detox.’ [Service User, interviewee #26]

5.77 Experiences of undergoing medically supervised detoxes were reported by approximately a quarter of interviewees. The cross-sectional nature of the study design also permitted the collection of data from individuals at various stages of treatment – additionally capturing information relating to waiting lists for in-patient options and the challenges these can present to dependent drinkers.

‘I've been waiting for detox now for three, four months … I thought with my situation, that I'm desperate, I'm suicidal over it, I thought I would be rushed through quicker, but no, I've still got to wait and wait and wait.’ [Service User, interviewee #05]

5.78 Experiences of residential rehabilitation programmes were less common than was supervised detox service usage. Nevertheless, three individuals reported recently accessing in-patient treatment for alcohol-related problems, although data relating to patient satisfaction were unavailable for analysis. Conversely, a lack of follow-up support following residential treatment was noted by one respondent from our sample.

‘Aftercare. There's no aftercare after rehab. It's chucked out, get over it, "Okay, you're clean." Where's the aftercare? There's no aftercare.’ [Service User, interviewee #05]

5.79 As well as medically supervised alcohol detox, data analysis showed three individuals to have experience of community-based medication-assisted alcohol treatment, using Antabuse.

‘I spent some time on a psychiatric ward, and then after that we agreed to Antabuse … If I’ve already taken my tablet in the morning, then that means I can’t drink. I haven’t been the kind of person who has taken the Antabuse and then seeing what you can get away with. So, no, it’s working really well as far as I’m concerned.’ [Service User, interviewee #25]

5.80 Though the medication was reportedly effective at enabling abstinence from alcohol, its long-term efficacy as an acceptable solution was questioned by another respondent, who highlighted some side effects of the treatment.

‘Antabuse, which meant I couldn’t touch alcohol. I was on that for three years and then I was fed up of eating dry food so I was like, “I’m coming off them”.’ [Service User, interviewee #19]

5.81 Engagement with community delivered alcohol and drug treatment and mutual aid groups were broadly noted across interviews, with them typically held in positive regard. One respondent stated:

‘It’s been the best time of my life.’ [Service User, interviewee #21].

5.82 Speaking to the nature and perceived effectiveness of the peer support built into such programmes, another interviewee outlined their satisfaction.

> ‘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]

5.83 However, though all respondents were service users of drug and alcohol treatment and/or recovery services, the kinds of support discussed under this theme were reported in several cases to be geographically dependent.

> ‘That’s what I’d say, is that drug and alcohol services in [location], certainly in [location] they’re very few and very sparse and people that work there. With all the best will in the world they’re absolutely fantastic on that, “I want to help”, but they haven’t actually got the skills or the resources to actually say, “Well I can help”.’ [Service User, interviewee #24]

5.84 Numerous factors, including MPA, have so far been highlighted as having a degree of bearing on individuals’ health, social circumstances and drinking status. Further contributors providing psychological motivation for respondents to make positive changes included the support of family and a desire to ‘do right’ by their children. For others, getting back to work, and/or maintaining abstinence for its own sake were sufficient incentives.

5.85 Around a fifth of those we spoke to reported having children, with becoming a more involved figure in their children’s lives a key motivating factor in reducing/ceasing alcohol use. For instance, when questioned about the factors supporting recent changes to alcohol consumption, one interviewee replied:

> ‘Being a dad … I’ve never taken a chance drinking around them.’ [Service User, interviewee #02]

5.86 Likewise drawing on the desire to be better parents, two other respondents shared similar sentiments, with the latter additionally recognising others involved, as well as themself.

> ‘I've realised, I've sat there, I was like, [individual's name], get your kids back. They're young. Sort that out.’ [Service User, interviewee #04]

‘I just don’t want to fail this time, really don’t. Not just for my daughter, but for my mum and dad, my sake and realise who I am.’ [Service User, interviewee #23]

5.87 One interviewee spoke of undergoing alcohol treatment alongside his/her partner, and the importance of being an example to her.

‘I can’t expect her not to drink and have a drink around her myself, it’s not really fair to be sitting there drinking in front of her.’ [Service User, interviewee #07]

5.88 Work responsibilities were for one respondent regarded as a principal reason for actively participating in alcohol treatment and looking determinedly to the future.

‘I do a lot of coving, you know, the outside rendering as well, specialised in that and I got really good… this is the one reason I needed to get myself fixed this time properly, because I’ve got that much work that I haven’t been able to do. Everyone wants me.’ [Service User, interviewee #23]

5.89 Whilst this discussion of factors motivating engagement with alcohol treatment and recovery options has largely involved individuals earlier in their recoveries, and focused on family and other external influences, the final respondent testified how remaining abstinent for oneself can be highly motivating.

‘In recovery now, eighteen months abstinent. Really enjoying my recovery as well.’ [Service User, interviewee #23]

Geography (cross-border purchasing)

5.90 As indicated above, a small number of interview participants (n=3) were geographically situated close to the Wales-England border giving them easy access to continue buying alcohol at English (non-MPA) prices. For these individuals, the direct financial effects of MPA were less obvious, though additional fuel costs and budgeting changes were incurred by those travelling by car and/or purchasing bulk quantities to justify travel expenses.

5.91 For one such individual, the cost-saving benefits of cross-border alcohol purchasing meant he/she no longer considered buying alcohol in Wales.

‘I don’t look at the prices of alcohol in Wales, there’s no point.’ [Service User, interviewee #25]

5.92 This interviewee also told of the day he/she first learnt MPA had been introduced and the birthday shock received when attempting to purchase a formally cheap bottle of strong, white cider.

‘I think we took a bottle to the till and said, is this right? They said, “Yeah, no I’m afraid yeah, they’ve introduced this new legislation”. So, yeah, that was the one and only bottle we ever bought at the full price, because it was early evening. There was no point going to [name of English town] on that day, so we just bought that and a bottle of fizz from the supermarket and went home to celebrate my birthday and from then on, we always bought it in [name of English town].’ [Service User, interviewee #25]

5.93 Another interviewee and a survey respondent who were reportedly unaffected by the policy likewise commented that their fortunate geographical location meant that MPA had little effect on their purchasing power.

‘Last time I went into [grocery retailer], you could buy four cans of cider for £1.25 or something … Well that was just over the border so I’m right on the border here.’ [Service User, interviewee #24]

‘Hasn't really affected me. If I wanted alcohol, my parents would just drive to England, where it is cheaper.’ [Service User, survey respondent #32]

5.94 Survey data complements discussions under this theme, adding greater detail to descriptions of the purchasing patterns of those people drinking problematically who also reside close to the border. For example, two respondents outlined how MPA led to cross-border purchasing and the acquisition of larger quantities than before. Moreover, the latter respondent was able to confirm that among his/her peer group, trips to England to stock up on alcohol were common.

‘Moved to buying larger quantities in England where it was cheaper.’ [Service User, survey respondent #19]

‘The fact that Wales is so close to the English border, meant we just travelled there to get the cheap alcohol. I know many friends who travel to England, to stock up on their supplies of cheap alcohol too.’ [Service User, survey respondent #32]

COVID-19 and the cost-of-living crisis

5.95 As touched upon above, the effects of COVID-19 and the more recent cost of living crisis affected those interviewed in a range of ways, including financially, through reductions in support, and as a consequence of related increases in stress and mental health struggles. The following therefore provides additional detail on the

contribution these macro-level phenomena had on our sample. Several interviewees and survey respondents reported ceasing work, and with this extra free time at home came furlough payments and the privacy to drink uninterruptedly.

> ‘When I was in lockdown due to covid I was then drinking at home alone and becoming a secret drinker and then the limits were unlimited and unwarranted and therefore more dangerous and became a hermit and recluse.’ [Service User, survey respondent #19]

5.96 Though lockdowns and the furlough scheme have since been discontinued, spiralling alcohol consumption and associated effects meant that individuals within the sample did not return to work. For some, attempting to maintain reduced alcohol use amidst the closure of support services and gyms, and having fewer opportunities to volunteer led to relapse, whilst others struggled when left to their own devices.

> ‘It made me relapse more because all other things are put in place to stop relapsing. Things like volunteering and gym and things like that. That all stopped. Lockdown was harsh on everybody but for people in recovery or trying to stop substance abuse it was ten times harder.’ [Service User, interviewee #17]

5.97 Some respondents felt, by contrast, that COVID-19 measures have had little impact on their daily lives.

> ‘Yeah, Covid is irrelevant for me. The only difference it made was you do the social distancing, and you wear the mask when you are shopping. That was it.’ [Service User, interviewee #25]

5.98 Closely related to much of the discussion above regarding the (largely financial) implications of MPA on those drinking dependently, the escalating cost of living crisis was discussed in a few interviews, whilst its described effects were at most peripheral.

> ‘Obviously, the petrol has gone up and everything, fuel, and everything. I don’t know how I’m going to cope with that moving forward.’ [Service User, interviewee #01]

5.99 Closing this theme, the below respondent keenly observed, in contrast to MPA, that rising inflation affects everyone, not just people who drink problematically.

‘My sister, she’s a sister, she’s a nurse. Even she’s struggling.’ [Service User, interviewee #08]

Changes that others have made

5.100 The observations made by respondents regarding the effects of MPA on others’ drinking/substance use behaviour and quality of life are documented under this theme. Aligning with the findings above, respondents acknowledged MPA-associated effects on others with respect to reduced drinking, changes in purchasing patterns, switching substances, increased grafting, doing without, and additional strains on mental health. As above, the changes outlined here cannot be directly attributed to MPA. Rather, post-MPA shifts in drinking behaviour and mental health appear to be a function of intersecting individual-, community-, and macro-level factors, and were described as often in flux, pre-policy.

‘It didn’t have a massive effect on me because I was stopping drinking but seen the affect it has had on friends and other people I know.’ [Service User, survey respondent #18]

5.101 Though rare within the dataset, one participant suggested that MPA supported reductions in his/her friend’s alcohol consumption, noting both positive and negative effects of this change (i.e., saving money, yet reduced opportunity for enjoyment).

‘I’ve noticed my one friend who was drinking quite heavy at one point; I was kind of worried for him. I’ve noticed he’s stopped completely drinking in the house, just because he can’t afford it (…) It’s good in one way but at the same time you’re still not having that enjoyment, because I know he enjoyed his whisky. But yeah, it’s had an effect on him.’ [Service User, interviewee #19]

5.102 As already reported above, MPA-driven changes in alcohol products largely involved moves from white ciders to vodka. However, two participants also reported a new preference for vodka among individuals formally drinking super-strength lagers.

‘I know a boy who was drinking vodka. He went from drinking [strong lager brand] to vodka. He would drink a litre bottle instead of four cans of [strong lager brand]. But he still finds the money to do it like. So, it’s a bit more expensive.’ [Service User, interviewee #09]

5.103 There were also reports in the surveys that some were drinking more as they were increasingly buying in bulk.

> ‘My family and friends drink more as they won’t pay the amount for 4 cans will buy a box’ (Service User, survey respondent #24)

5.104 Possibly reflecting community-level substance switching, particularly among dependent drinkers with histories of other drug use, three respondents reported price-related movements from alcohol to illicit benzodiazepines.

> ‘People are switching to Diazepam, because it’s easier down here to get Diazepam than it is to get alcohol.’ [Service User, interviewee #07]

> ‘Well, of course. They've gone on to drugs and things like that because they're not going to drink something that rots your guts when they can drink something else that isn't so bad and is worth the price they're paying.’ [Service User, interviewee #03]

> ‘It’s affected street drinking. Friends are taking a lot of fake benzos with alcohol.’ [Service User, survey respondent #07]

5.105 As well as increases in the frequency and duration of begging episodes among respondents, identified above, two interviewees recruited in different geographic locales, suggested the practice was being taken up more frequently among people drinking dependently.

> ‘She still would have been begging before, but she probably would be begging longer now.’ [Service User, interviewee #07]

> ‘Yeah, a lot of them. And I’ve noticed a lot of the drinkers are becoming beggars as well because of it. A lot of them are and I see a lot of us out there. There’s a lot of them up by the 24-hour Spar, sitting up on the benches.’ [Service User, interviewee #18]

5.106 Across interviews, respondents anticipated MPA (now approximately two and a half years post implementation) to lead to increases in crimes such as shoplifting, though this was not reported from experience among our sample.

> ‘I couldn't say if there's more shoplifting going on or not.’ [Service User, interviewee #04]

5.107 However, the contribution of MPA to various experiences of privation was not overlooked by those interviewed, many of whom recognised rising desperation among their peers and acquaintances.

> ‘I’ve heard them talk and their whole demeanour has changed over the last year or so. They would never dream of talking about things like that but yeah, I can hear them saying, “Aw what, you know, I’m getting to the stage where I’m getting really f***ed off, I wanna rob or something.”’ [Service User, interviewee #18]

5.108 Worsening mental health at the community level was commonly observed across interviews, though this was often difficult to ascribe to a single phenomenon. The below respondent did however imply that MPA may have had a causative effect on the rate and severity of depression among his/her associates.

> ‘Oh yeah, and the depression ... A lot of people are becoming more depressed.’ [Service User, interviewee #18]

5.109 Lastly, and by far the most common effect tied to increased alcohol costs, respondents noted significant upsurges in economic adversity, which invariably meant going without.

> ‘I just see them struggling more. They're spending more on that than their gas and electric. They're struggling. They're going to drink what they want to drink; do you know what I mean?’ [Service User, interviewee #04]

> ‘I’ve seen so many people buying alcohol rather than food now.’ [Service User, interviewee #02]

Effects

5.110 As carefully navigated throughout this chapter, respondents’ reports and perceptions relating to the effects of MPA on themselves, their social circles, and the wider community of people with an alcohol problem cannot be directly attributed to the pricing policy. Rather, MPA has been shown as contributory to the challenges faced by those managing dependent drinking, for whom reported health, social and legal outcomes may be better understood as a function of excessive alcohol use, economic disadvantage, and support service availability/accessibility (amid COVID-19 and beyond) that are often insufficient to meet needs.

5.111 With this in mind, therefore, the following section provides a brief summary of the economic, social, health, wellbeing and safety effects respondents associated with the pricing policy.

Economic

5.112 For those in our sample, the economic effects of dependent drinking under MPA were described relative to the sacrifices they made to ensure continued supplies of alcohol. Hence, the sustained use of alcohol despite its higher price had effects on purchasing power elsewhere, including groceries and other essentials, like electricity, heating and rent. MPA contributed to experiences of hardship beyond simply 'going without', with most interviewees forced to borrow from family and friends or to extend lines of credit to access sufficient quantities of alcohol. Alcohol was consistently viewed as being the first priority, with food and other bills being an afterthought.

> 'So when I'm drinking alcohol is the first priority and whatever the price is down at the Spar or the local shop, I have to pay that and as a result my quality of food and heating my house, things like that falls by the wayside.' [Service User, interviewee #24]

5.113 Importantly, however, and as above, multiple interviewees recounted experiences of poor nourishment and a general lack of self-care related to alcohol consumption rather than to a lack of funds.

> 'Just from the actual stats of drinking to excess, you're eating goes out the window anyway. You don't feel like eating, you just want to drink. So, that's a natural product of it, you just drink and you don't eat. And then as I said, again, you won't put the heating on because you're either passed out or you've gone to bed' [Service User, interviewee #22]

5.114 As illustrated succinctly above it was likewise not always possible to disentangle these effects from the contribution to financial hardship made by MPA. Indeed, unavailable for analysis were sufficient data relating to the proportions of respondents' incomes that were spent on alcohol. With this in mind, the interviewee below indicated that when drinking under MPA 'all' of his/her money would go towards alcohol, yet it is unclear whether this ratio had changed post implementation.

‘I wouldn’t even buy food. I would go two weeks without having a single meal because I would just be drinking. All of the money went on alcohol.’ [Service User, interviewee #17]

5.115 Perhaps clearer, the below extract implies a shift in eating patterns which correspond closely with the introduction and continued enforcement of MPA in Wales.

‘The last two and a half years I lived on one meal a day just through alcohol … free up my money to drink.’ [Service User, interviewee #02]

5.116 Going without food, heating and electricity were commonly reported across interviews. The wider health and wellbeing implications of these sacrifices are largely implicit to the qualitative examples provided across this Chapter.

‘Less eating, no electric, no heating, all that sort of s***.’ [Service User, interviewee #08]

‘Ah, it’s rent arrears (…) gas and electric, I’ve fallen behind on stuff like that. [Service User, interviewee #09]

5.117 For some, dependent drinking in the context of MPA meant sacrifice in other quality of life-related areas such as socialising with friends and drinking in pubs (reported in the following subsection).

Social

5.118 There are a lack of data relating to the social effects of MPA from the perspective of interview participants. Once more however, any social effects reportedly associated with the pricing policy must be considered in the broader context of COVID-19 (i.e., social distancing), and the often reported drinking-related relationship tensions that characterised respondents’ drinking narratives. Speaking to the point above, the borrowing of money from family and friends may arguably be a social effect of MPA, given the identified contribution to financial hardship and the frequency of borrowing respondents attributed to the policy. Of additional importance, the present sample was made up almost mainly of individuals with experience of dependent drinking, for whom alcohol had overtaken many other aspects of life, including the social. Thus, levels of social activity, including pub drinking may have been lower among respondents than the general population – the latter of whom might better support assessment of MPA’s social effects.

5.119 Speaking to the idea introduced above, one participant summarised the experience of a number of respondents.

> ‘People can’t get away from me quick enough when drinking. But it used to be pub drinking and then it turned to house drinking, staying [in the] house drinking.’ [Service User, interviewee #21]

5.120 Several interviewees likewise described similar progressions through sociable drinking to drinking alone at home. As above, this appeared unrelated to MPA.

> ‘No, it’s always at home, I don’t go out.’ [Service User, interviewee #09]

5.121 Of course, some among our sample who have sufficient levels of income did socialise, for example, drinking at pubs with friends (where the cost of alcohol has not been impacted by MPA as it is generally already sold in excess of the 50ppu MUP). However, the implication for those who purchase and drink alcohol products that have risen in price as a result of MPA, and who also have limited incomes, was often a choice between socialising with friends or purchasing food.

> ‘Do I go out with my mates and socialise and have that dopamine or do I want food?’ [Service User, interviewee #19]

5.122 More positively however, the above interviewee indicated satisfaction with his/her reduced alcohol intake, though hinting that reduced funds also meant leaving social events early.

> ‘But yeah it’s affected the amount I drink, which in a way is a good way but at the same time it’s not because all my mates are still out and then I’ve got to save my last £20 to go get a taxi home.’ [Service User, interviewee #19]

5.123 Though perhaps a less obvious social effect than reduced time spent out with friends, borrowing money was also suggested by multiple respondents to be a cause of relational stress.

> ‘And I’ve got one or two friends that help me out when I get into debt which is not very fair on them at all.’ [Service User, interviewee #24]

Legal

5.124 Across interviews there were no reports of criminal activity and/or legal proceedings related to MPA. Discussions of legal issues were limited, within the interview dataset, to respondents’ historical drinking narratives and included examples of drunk driving, drug dealing to support dependent drinking and other alcohol-related

charges. A number of interviewees did however anticipate that the pricing policy would give rise to elevated levels of crime as the wider community of dependent drinkers sought to maintain alcohol supplies. These predictions, though evidently unfounded, were captured under the '*Policy - Attitudes, feelings, and perceptions towards'* section below (see **section 5.151 – 5.165**), but their relevance to present discussions warrants brief inclusion here. Although interview data lacked positive examples of MPA-associated engagement in criminal activity, two survey respondents indicated that the pricing policy had contributed to their own illegal behaviour (see **section 5.127** below).

5.125 As previously outlined, criminal justice experience was not uncommonly reported across interviews. Where respondents described examples of legal issues, these were not MPA-related, though each example was alcohol-related – including drunk driving, drug dealing and other alcohol-related, anti-social behaviour type offences.

> 'I was in court in January, that's just been. I had a £360 fine and 20 months suspension on my licence.' [Service User, interviewee #20]

> 'The police moved me out and I was under probation at the time and they got me a place, a B&B at the [name of pub] and I was there for two months.' [Service User, interviewee #21]

5.126 Interview data does reveal a perception, shared by more than half of respondents, that MPA is likely to lead to increases in crime to fund continued alcohol use amid higher prices. Two examples of this general supposition are reported presently, to evidence the claim, though there is greater detail provided below.

> 'For somebody who is genuinely dependent on alcohol, it'll have no difference. It will lead to more crime because more people will go out stealing.' [Service User, interviewee #17]

> 'In different circumstances, it would have had a really dangerous impact on me being a dependent drinker. It may have resulted in… I didn't have to because I had mum, I could bank on mum, but I may have had to resort to crime to fund my alcohol intake.' [Service User, interviewee #26]

5.127 This reflective insight provides a clear description of the circumstances under which the respondent anticipated he/she might be driven to engage in crime. Importantly, two survey respondents reported being driven to act as hypothesised above.

‘Increased price has made me commit crime.’ [Service User, survey respondent #09]

‘I am getting more in debt and engaging in criminal activity’. [Service User, Survey Respondent #41]

Safety/Wellbeing

5.128 Respondents spoke candidly about the challenges they faced maintaining dependent drinking amid MPA, though typically, the nature of the relationship between the policy and respondent’s health and social outcomes was difficult to determine. This was also true in relation to safety and wellbeing. Nevertheless, in several cases respondents spoke directly of a perceived connection, whilst in others, this was inferable. For example, in the absence of cheap alcoholic options, counterfeit or homebrewed alcohol appeared to have emerged within illicit markets, with safety implications identified by some respondents.

‘Dangerous, that fake alcohol though……can cause blindness and everything.’ [Service User, interviewee #07]

5.129 Similarly, accounts of substance switching among dependent drinkers with histories of other drug use were reported in reference to interviewees’ actual and perceived effects of the alcohol pricing policy. Whilst accounts of substance switching appeared to be limited to those with experience of poly-substance use, the unregulated nature of illicit markets, highlighted below, may pose risks for this group.

‘Or if you buy the street Valium, the MSJs, you can get, £20 will get 100 tablets of that. But then you become dangerous because that’s not regulated. You’ve got no idea how much active ingredient is in MSJs.’ [Service User, interviewee #17]

5.130 Issues of safety and wellbeing, largely described elsewhere, were understood under this theme as relating to the risk of harm posed by communities of people drinking dependently, driven by alcohol prices, to seek cheaper, sometimes unregulated options. What follows immediately below are descriptions of the actual health effects respondents associated with the alcohol pricing policy, including more challenging withdrawals and mental ill health.

Health

5.131 Chronic problems with alcohol characterised the sample. Withdrawal experiences were therefore not uncommon both prior and following the minimum unit pricing policy in Wales. However, for some interviewees who switched from formally cheap white ciders to spirits on account of the latter being perceived as better value under MPA, experiences of withdrawal (both planned and unplanned) were described as being more severe. Similarly relating to changes in alcohol type, a few respondents spoke of issues maintaining medication assisted treatment for concurrent opioid use disorders whilst drinking different alcoholic options as a consequence of the pricing policy. Also noted under this primary theme were respondents' perceptions that MPA may have contributed directly to worsening individual and community-level mental health.

5.132 Though a common theme across drinking narratives preceding MPA, withdrawal from spirits as opposed to cider was said to be more severe by a number of individuals within our sample.

> 'I was making myself really ill and I'd done a couple of detoxes and I found coming off the vodka was a lot more difficult than coming off the cider (…) I was more dependent on vodka than I was with the cider.' [Service User, interviewee #01]

5.133 Detoxification experiences were noted frequently across interviews, indicating the lack of options, such as medication-assisted maintenance therapies, available for those with an alcohol problem. As described by the above respondent, some facing unpleasant and dangerous withdrawal symptoms were tempted towards illicit markets to support withdrawal self-management.

5.134 Consistent with the finding that support services were lacking for those drinking dependently across host sites, two respondents reflected upon the lack of aftercare following rapid detoxes. Notably, this cannot be attributed directly to MPA, though the perceived lack of compensatory support options offered alongside the pricing policy are discussed in the '*Policy - Attitudes, feelings, and perceptions towards'* section (see **section 5.151 – 5.165** below).

> 'She was really bad. And now, since she's come off it, her nerves are so bad.' [Service User, interviewee #07]

‘Drink, yeah. The demon drink. The voices talking in my head; it’s horrible.’ [Service User, interviewee #23]

5.135 An interesting, though unique, finding saw one respondent shifting from cider to sherry with this change affecting the continuity of his/her drug treatment.

‘That’s why they knocked off my [methadone] prescription because I’m blowing-over on the breathalyser (…) It’s just like, you’re not giving me my medication because I’m blowing-over and then I’m drinking more.’ [Service User, interviewee #06]

5.136 As reported above, and rounding out this theme, some participants articulated a perception that less accessible alcohol due to increased costs had effects on mental health.

‘Depression is getting worse I’ve noticed as well since the change in the alcohol.’ [Service User, interviewee #18]

‘It hasn’t really, alcohol is a bit more expensive but my mental health issues are still there so until that is dealt with things won’t improve.’ [Service User, survey respondent #39]

The Policy

5.137 Awareness of the pricing policy varied across respondents, from pre-implementation knowledge to no awareness until the point of interview. Whilst most interviewees noticed significant price increases over the past few years, awareness of a unit-based pricing policy was limited among the sample. A few individuals reported pre-implementation awareness, whilst the majority discovered the price increases at the shelves. Of those met by surprise with higher prices, some assumed it was a normal (though excessive) alcohol tax increase. Others who later learned something of the minimum pricing element of the policy shared the belief that MPA helped raise public funds. Three individuals reported good knowledge of the policy, and even of the international literature, though this was acquired at some point post-implementation. Awareness also appeared to be associated with income, employment, drinking status (chaotic/sporadic) and geographical location though the nature of these relationships remained unclear.

5.138 Several interviewees reported having little or no awareness of the minimum pricing policy. However, each respondent noted their experiences of higher alcohol prices and certain related consequences during their interviews. When asked if they had knowledge and/or the extent of their awareness of MPA, respondents commonly reported along the lines of:

> ‘No, not at all. Didn’t even cross my mind, or I didn’t really hear about, minimum pricing.’ [Service User, interviewee #22]

5.139 Whilst there are insufficient data to permit explanations for unawareness among respondents, the above interviewees had either a recent work history and so atypical levels of income for some time post-implementation, or lived on the border between Wales and England, so may have been less inclined to inquire as to increased prices.

5.140 One of the above respondents clarified that they had only been informed of MPA by the study’s host service as preparation for interview, though they were keen to participate in order to highlight the challenges faced by dependent drinkers.

> ‘But when [professional’s name] told me about this [study] I was thinking that I’m going to stick up for the alcohol-dependent people because it’s a s*** life.’ [Service User, interviewee #24]

5.141 By contrast, one individual reported having been directly consulted about MPA, pre-implementation as a member of a local alcohol panel.

> ‘I think it was an area panel board sub-group. Yeah, because I’m on the panel for the alcohol group in [location] and I believe it was mentioned in there about them doing it.’ [Service User, interviewee #19]

5.142 Some interviewees described having some knowledge of the policy. One reported hearing through friends of the imminent policy shift, whilst another, as above, became better informed following interview than they had been previously.

> ‘Not really. I just remember everybody was saying the alcohol was going up, but the phrase was, “It’s still cheaper than going out.”’ [Service User, interviewee #20]

> ‘I know there is a minimum pricing and now I know it’s 50p a unit. Yeah, that’s all I know.’ [Service User, interviewee #17]

5.143 However, for the majority, there was reportedly no pre-implementation awareness, indicating insufficient dissemination of information highly relevant to those in our sample. As outlined, most who spoke of MPA awareness first learnt of the policy at the shelves.

> ‘I think we took a bottle to the till and said, is this right? They said, “Yeah, no I’m afraid yeah, they’ve introduced this new legislation.”’ [Service User, interviewee #25]

5.144 Another interviewee appeared to hint at having some (yet vague) advanced knowledge of MPA, although being likewise surprised at the higher prices of alcohol on the shelves.

> ‘Yeah, I saw a difference on the shelves, I thought, “Oh my God, it’s got a bit more expensive now” and I realised the minimum price had come in.’ [Service User, interviewee #26]

5.145 However, as introduced in relation to those unaware of the policy, earlier, both the above and below respondents who discovered MPA at the shelves happened to have recent histories of employment and drank in sprees.

> ‘I think the first time I was aware of it was after I had been made redundant (…) I tend to do these things where I’d be totally clean for a few months, then I’ll have a week of complete binging (…) that’s when I became aware of the pricing because suddenly, bottles of wine were £7 a bottle and then suddenly it was [vodka brand] was £14, £15 a bottle and everything jumped in price.’ [Service User, interviewee #22]

5.146 For others the realisation of MPA appeared more gradual, which may perhaps have been related to a preference for pub drinking (where the difference might not be as noticeable), or types of alcohol less affected by the policy.

> ‘Pints in the pub maybe going up a bit? I know I can't get three pints with a tenner sometimes now.’ [Service User, interviewee #04]

5.147 Having acquired good knowledge of the policy over time post-implementation, two interviewees reflected on their familiarity with the international literature.

> ‘It’s 50p a unit minimum price. It’s applicable to off-licences, supermarkets and what have you. It’s primarily done for health reasons by the Welsh government, following on from Scotland who first introduced it a couple of years before, I

believe (…) I studied substance misuse on a part-time course at a college.' [Service User, interviewee #26]

'Yeah, that's when I became aware, and that's when also… I'd looked on the internet and saw about things that had gone on in Scotland and Canada and stuff like that, so that's when I was suddenly aware that there was minimum unit pricing.' [Service User, interviewee #22]

5.148 Contrastingly, several individuals we spoke to were under the assumption that it went straight to the government.

'I just thought it was the 50p minimum was going into the government and they were going to help services; more money for services to combat and help the NHS and all of that, but yeah, it's all come crashing down!' [Service User, interviewee #19]

5.149 Whilst others, presumably finding price rises consistent with national budget-driven increases, assumed these higher costs were a normal (if excessive) increase in alcohol tax.

'No, I didn't know about the unit. I knew that they changed… every time that someone comes into parliament, they change it. Beers always go up; fags always go up every time, but at least through the Covid and that… I don't know, I think they went a bit OTT on this one, this time, putting it up as far as they did, it was just crazy. You jumped from £3.99 up to nearly £10 for a bottle of cider and that is just phenomenal.' [Service User, interviewee #18]

5.150 Lastly, and echoing a sentiment common among interviewees, when asked about their awareness of the minimum pricing policy, one individual shared their assumption that price increases were linked to policymakers' desires to stop people drinking.

'Not a lot really, I just thought they'd put the prices up to stop everybody drinking.' [Service User, interviewee #09]

Attitudes, feelings, and perceptions towards

5.151 Much has already been discussed concerning the individual and community level effects associated with higher alcohol prices. When asked their direct opinions, people with experience of dependent drinking under MPA had almost invariably negative attitudes towards the policy. For the vast majority, MPA was both

experienced and perceived as punitive. Respondents reflected for example upon the seeming insensitivity of a strategy which appeared to target individuals facing alcohol dependency yet failed to provide compensatory services. Extending beyond populations of people drinking problematically however, respondents also commonly felt that MPA disproportionately affected those who are economically disadvantaged. Anticipated consequences of the pricing policy were also collated under this primary theme and were largely consistent with the effects experienced among our sample. For the poorest and those drinking problematically then, mental ill health was expected to surge, whilst increases in 'grafting', going without, and other familiar strategies undertaken to maintain alcohol supply were described.

5.152 As outlined above, MPA awareness, and especially recognition that dependent drinkers were not the policy's intended target population, was low across interviewees. Despite lacking knowledge relating to policymakers' intentions, however, respondents' proposals as to the wider outcomes of MPA were grounded in personal experience and community-level observation. Thus regardless of intention, respondent accounts broadly condemned the policy, suggesting it had been enacted with little consideration for those drinking dependently.

> 'No, it's a rubbish strategy. If you can't start understanding why people drink and what happens to someone when they drink on a regular basis physically, mentally, and emotionally, then if you can't sort of get that bit, then just f*** off is my opinion.' [Service User, interviewee #24]

5.153 In the view of some interviewees, making alcohol cost prohibitive could have inevitable consequences, including seizures and potentially death.

> 'They tell you not to stop drinking because of fits and whatnot and then you can't afford the cider or whatever you're drinking and then what's going to happen? You're going to have a fit.' [Service User, interviewee #01]

> 'They're going to get really sick or really poor or something because nobody's going to help them out. They're going to end up in A&E. They'll be fitting if they don't get a drink. That's the thing. You don't die from heroin withdrawal; you do from alcohol.' [Service User, interviewee #24]

5.154 Often, the pricing policy appeared to imply a message which stood in direct opposition to medical opinion reportedly received by several of our sample regarding the dangers of suddenly stopping drinking. Some respondents reasoned,

however, that though affected, people drinking dependently may not be the population of the policy's focus.

> 'It will stop heavy drinkers, you know, people who are turning up to work a little bit hungover and not performing that well at work because they are drinking heavily in the evening. It will make them think twice. But for the bona fide genuine alcoholics it will not stop them at all.' [Service User, interviewee #24]

5.155 Rare across interviews were descriptions of MPA-associated benefits. However, one respondent with knowledge of the international literature appeared to confirm the intuition reported above as regards population-level reductions in consumption.

> 'Yeah, I mean my attitude towards it is broadly, it's a good thing, because from reading reports in Scotland and Canada, whatever, there is a fall in hospital admissions and people are drinking less, so generally, I would say it's a good thing.' [Service User, interviewee #22]

5.156 Purported health improvement aside, however, more than a quarter of interviews touched also upon the disproportionate effects higher alcohol prices may also have on those from poorer backgrounds.

> 'I don't think you can price a product to achieve a health-orientated goal. I think it unfairly… not punishes… I think unfairly impacts on people from socially deprived environments.' [Service User, interviewee #26]

5.157 Some interviewees were able to see the logic of the policy, suggesting:

> 'If it was any cheaper, we'd be drinking more, wouldn't we?' [Service User, interviewee #08]

5.158 Nevertheless, MPA was principally perceived as lacking sensitivity towards the likely/actual collateral effects.

> 'But why price someone out when you've got no services available?' [Service User, interviewee #24]

5.159 As suggested above, participant perceptions as to the wider effects of MPA were grounded in lived experience. Thus, MPA was anticipated to be implicated in a number of associated outcomes, including increasing desperation among people experiencing dependency issues, going without, rising levels of grafting, and substance switching.

5.160 Among the most commonly anticipated consequences of the pricing policy was increased suffering among people already facing significant challenges, leading to rising levels of desperation.

> ‘All of the price increase in the world is not going to stop an alcoholic from drinking. All it will do is make that alcoholic do more desperate things to get their fix.’ [Service User, interviewee #17]

5.161 Sacrificing on other essentials like food and warmth, covered at length above, was expected, unsurprisingly, to similarly impact the wider population of dependent drinkers from which the present sample was drawn.

> ‘So, that’s a natural product of it, you just drink and you don’t eat. And then as I said, again, you won’t put the heating on (…) I don’t think there’s enough help for that.’ [Service User, interviewee #22]

5.162 MPA appeared to drive transitions from cheap, high-strength ciders and lagers towards spirits, which for some respondents, did not always make sense.

> ‘I think they're encouraging people to buy spirits. I don't know why. I think they are encouraging people to buy spirits.’ [Service User, interviewee #03]

5.163 Recognising that the absence of low priced/high strength alcoholic options could create a gap in the market, several respondents reflected upon how unmet demand could be filled by providers operating within illicit markets.

> ‘No, because it’s just going to push people to using cheaper, stronger alcohol, or if it’s available, they’re going to get the duty free alcohol, the alcohol which is probably not even alcohol.’ [Service User, interviewee #07]

5.164 Though not reported from experience, a significant proportion of interviewees expected higher alcohol prices to lead to increased crime as a means to financing dependent drinking.

> ‘Even if it goes up to £10 a unit. They’ll fund, they’ll go stealing it … they’ll go burgling and robbing and doing things like that in order to get their fix (…) It will lead to more crime because more people will go out stealing.’ [Service User, interviewee #17]

5.165 As an alcohol policy, MPA was regarded as insensitive to the needs of problem drinkers. Respondents often articulated their frustrations, indicating that the pricing policy is detached from the lived experience of those suffering its effects.

‘I don’t think this law would have been thought up with… It wouldn’t have been thought up by people who are or have been alcohol dependent.’ [Service User, interviewee #17]

6. Views of service providers

Key messages

- Overall, service providers found it hard to distinguish the contribution that MPA has so far played in reducing harms associated with alcohol across Wales. This is because it was hard for them to differentiate between changes that are attributable to the COVID-19 pandemic as well as the current cost of living crisis as opposed to solely the introduction of MPA.
- Service providers provided reports of service users changing their purchasing patterns to buy stronger alcohol and cheaper brands.
- A number of services are reporting (anecdotally) some increases in other drug use in service users over the period that the policy has been in place.
- Not all service providers understood the intention of the policy. Most were under the impression and assumed that it is primarily intended to target dependent drinkers, as opposed to hazardous and harmful drinkers. By making this assumption service providers conclude that the policy disproportionately disadvantages the group of dependent drinkers who are the poorest and most vulnerable, and is unlikely to work, given that they view dependent drinkers as needing to drink whatever the cost.

Introduction

6.1 To help address the core aim of this study (in relation to the views of service providers)[31], the following chapter contains thematic analysis of:

- the qualitative data from the 16 individuals interviewed for the study who are currently working within alcohol treatment services across Wales; and
- the qualitative responses contained within the 90 service provider survey returns.

[31] The explicit aim of this research is to assess both the experience and impact of MPA on service users (harmful, hazardous, and dependent drinkers) **and services** across Wales (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).

6.2 A selection of illustrative qualitative examples are included under each subheading, with a fuller sample of examples provided in **Appendix E** in the separate **Appendices (Supporting Evidence)** report.

Changes to alcohol and drug use

6.3 Respondents were asked to consider whether they have observed changes to the quantity of harmful drinkers in their service and whether any changes are due to MPA. Most indicated that they have observed no change in the number of harmful drinkers since March 2020. Those that have reported increases in referrals to services have largely attributed this rise to the COVID-19 pandemic and subsequent lockdowns.

> ‘From working with service users with alcohol misuse I haven't seen any change or reduction in alcohol intake due to cost at present.’ [Service Provider, survey respondent #40]

> ‘Personal experience in current and previous line of work. I do not feel this has had a significant change on the number of individuals who consume alcohol to a harmful level.’ [Service Provider, survey respondent #58]

6.4 A pattern across the different areas of data collection was the move towards vodka consumption and away from other alcohol.

> ‘Spirits. Vodka is a big one.’ [Service Provider, interviewee #04]

> ‘It would be vodka… yeah, I would say vodka.’ [Service Provider, interviewee #05]

6.5 Survey respondents were asked to consider whether they believe these changes, observed in their local shop or retailers they typically purchase from, were permanent or temporary. The majority felt the changes were permanent and believed this permanent change was across mostly ‘all shops’ or ‘most shops/retailers’.

Affordability

6.6 Affordability proved to be a complicated consideration for most service providers. On one hand there was a recognition that alcohol had generally become more expensive since the introduction of MPA and, that for most of their service users,

alcohol was not affordable. However, this was underpinned by a recognition amongst service providers that despite alcohol not being considered affordable, people who wanted it were still buying it.

> ‘It’s not affordable, they’re surviving. Any means they would go to, to survive, whether they go shoplifting, which the majority of them are doing now at the moment because they can’t fund it, and with the prices going up as well with alcohol and everything else, cost of living.’ [Service Provider, interviewee #09]

6.7 Several service providers noted that service users were often unaware of, or had not thought much about, the affordability of alcohol. However, this often became clear once the individual had cut down on drinking or had stopped all together.

> ‘When you talk to them a couple of months down the line when they’ve cut back a bit, they’re like, “I’m really noticing the difference. I’ve got this spare cash now”.’ [Service Provider, interviewee #03]

6.8 The majority of service users received benefits and often did not have much disposable income. However, some service providers noted that those who simply couldn’t find ways to afford alcohol were often still obtaining it, just through other means.

> ‘Theoretically, it shouldn’t be affordable at all, because I’ve got very few clients who aren’t on benefits, some who are on very minimal benefits, but that can result in shoplifting, not to put too fine a point on it. I’ve got a client whose alcohol usage is entirely funded through shoplifting.’ [Service Provider, interviewee #02]

6.9 However, different service providers offered contrasting perspectives on the effects that this had had. Services acknowledged that Wales was in the unique position of having introduced MPA unknowingly just before the COVID-19 pandemic and the subsequent lockdowns. As such the intended impacts of MPA may have, to varying degrees, been lost amongst the significant societal change that was caused by the pandemic.

> ‘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]

6.10 As noted in the first quote, there was also a feeling that it was hard to separate out the contribution that is attributed to MPA in relation to changing drinking (purchasing and consumption) patterns from that of the general rise in the cost of living over the period that MPA had been active for. In particular, there was a recognition of the significant contribution of the current cost of living crisis. With wider social and political context influencing UK prices for products there was a general increase in costs for many things, including alcohol, over the period following MPA. Service providers were generally unclear what had directly caused the prices that they are seeing and were especially unsure how far service users attributed the rise in costs to MPA. Whilst service users were certainly aware of the rising costs of alcohol they had not for the most part engaged in conversations with services around MPA specifically.

Financing

6.11 One of the key messages from many services providers was that people who wanted to drink, or needed to drink, were still buying alcohol. Each person who wanted alcohol was individually still managing to access alcohol. However, they reflected that for many service users this often came at the expense of buying food, paying rent, or paying for utilities. Food in particular was a cause for concern as services felt that there was a tendency for those who were most vulnerable to forgo food which caused health issues, especially when combined with consistent drinking.

> ‘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.’ [Service Provider, interviewee #10]

6.12 There was also a reported increase in communal or collective buying with groups putting available funds together to buy alcohol throughout the month as different people were paid or gained access to funds.

> ‘No, they can’t afford to go out to drink, no, no. It’s normally in the house and they also have a lot of visitors at home. They pair up with another person, and then when they get their money, they obviously buy the drink, then the following week, the other person would buy the drink. So, there’s a flow.’ [Service Provider, interviewee #09]

‘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]

Availability

6.13 Availability was not a particularly prominent topic of conversation. The few service providers who reflected on it felt that alcohol was mostly available at the point of need for people one way or another. The only time availability was raised was around concerns around access for some of the most vulnerable service users.

‘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]

6.14 As noted above, there were concerns that homeless individuals might have a harder time accessing alcohol although again this was underpinned by an understanding that alcohol was widely enough available that they would obtain it somehow.

Purchasing

6.15 Purchasing patterns were influenced by location first and foremost. Rural people would increasingly go to great lengths to vary the shops that they were purchasing from to avoid stigma and recognition within the community.

‘Yeah. I think there is something about having sort of that relationship with the corner shop. As in, the man in the shop and obviously not wanting to be seen going into a supermarket and coming out loaded up with… because there’s lots more people there and it’s further away from their home.’ [Service Provider, interviewee #05]

6.16 However there was one service provider who noted an increase in online purchasing.

‘I have several clients who will shop around online or use several stores to get the cheapest deals on bulk buys rather than buy daily amounts i.e. will buy a case rather than 4 cans daily’ [Service Provider, survey respondent #19]

6.17 Stigma more broadly affected purchasing decisions with individuals increasingly attempting to buy the smallest and least notable bottle with the highest alcohol percentage. There was a general sense that this was to avoid being seen carrying or drinking large quantities of alcohol in one go.

> ‘He could drink a half-bottle of vodka a lot quicker without anybody seeing and get more pissed. So, reasons for wanting, intoxication in that case, I suppose. He was an example of someone who changed, but for his own individual reasons. People on that list are pretty much the same, either stuck to wine, stuck to [lager brand], stuck to [alternative lager brand] really.’ [Service Provider, interviewee #10]

6.18 This also in some cases was considered to alter what type of alcohol individuals felt comfortable bringing to the till. It was felt that being seen to be buying wine for example in the middle of the day was more socially acceptable than buying beer, cider, or spirits.

> ‘Nobody brings a bottle of [cider brand] to like a dinner party, do they? You can’t add it to food or anything like that.’ [Service Provider, interviewee #05]

6.19 Individuals who lived in more urban areas often were felt to have more options and often would purchase from locations that were cheapest and most convenient. There was a sense that increasingly there was thought put into purchasing locations but services were unsure what contribution this has had on which shops people tended to buy from when they had many options. This was linked by service providers to a number of factors including location, class, and routines.

> ‘But what we’ve seen is like homeless people would normally consume alcohol on the street, they would beg, get money, go and buy alcohol in corner shops, or smaller franchises. You wouldn’t see them purchasing in the likes of [Supermarket] or [alternative Supermarket] or anywhere like that. When you’ve got a different class of professional people who then present, you tend to find then that they would purchase their alcohol from the supermarkets; it kind of coincides with the weekly shop or a daily shop for food et cetera.’ [Service Provider, interviewee #11]

6.20 Overall many service providers felt that the introduction of MPA had inspired the switching of alcohol types. In particular there was a decrease in the purchasing of wine, beer and cider and a move towards spirits. This was not the case in every

instance but a general trend which saw the move towards more *bang for your buck* purchasing. There was also a move away from buying branded products or those that were believed to be *higher quality*, which caused health and wellbeing concerns amongst the service providers who took part in this study.

6.21 Increasingly people were also buying illicit alcohol. In one instance this was home brewed and sold illegally.

> 'Buying illegal alcohol from shops (i.e. home brew vodka or duty-free supplies).' [Service Provider, survey respondent #41]

6.22 Beyond this example, the discussion of illicit alcohol consumption involved the purchasing of under the counter extra-strength Polish beer from local Polish shops.

> 'What I'm seeing is that people are still taking very strong lagers, but they might be Polish lager. There are places that you can get them in [location] that are illegal. Places get shut down and reopened with a new name. They sell them for around 50p behind the counter.' [Service Provider, interviewee #13]

6.23 This was discussed in several service provider interviews. However, it was unclear whether this was a trend in a particular area or amongst a particular demographic.

Consumption and drinking patterns

6.24 One of the biggest changes over the period in question was the move to predominantly *at-home* drinking. Whilst at first this may have seemed to have been affected by the lockdowns changing patterns of behaviour, service providers were clear that they considered this was linked to cost. Several noted that their service users could no longer afford to go and drink in a pub or bar as much but instead would choose to prioritise drinking at home alone or with friends.

> 'This seems like a new thing to me, people going around each other's houses and supplying drinks for other people.' [Service Provider, interviewee #01]

6.25 Perhaps the most significant change in drinking patterns was the switching that has been noted and observed by service providers. Almost all service providers noted that there has been a move towards higher alcohol content products.

> 'Some individuals who were drinking high ABV% [Alcohol By Volume] alcohol now present as drinking spirits instead of some ciders/beers.' [Service Provider, survey respondent #65]

‘There appear to be more people drinking at harmful levels. More drinking wine or spirits and less cider drinkers.’ [Service Provider, survey respondent #48]

Other substance use

6.26 Whilst many service providers mentioned other substances it was sometimes linked to existing or previous substance use and it was usually unclear if this was a direct, or even indirect, result of MPA.

‘In my experience, people graduate from drugs onto alcohol. Or people who are drug users or alcohol users or they use both. But I don’t think people have gone back to using drugs or have just thought, “Right this alcohol is too expensive.”’ [Service Provider, interviewee #05]

6.27 It was also rare that service providers saw service users who were solely using other drugs.[32]

‘I don’t think there’s a service user that I’ve worked with that has been using illicit substances, or at least the harder ones perhaps, so things like your heroin, amphetamines, cocaine, that sort of stuff, that isn’t drinking as well. It tends to be a mixture of the two, whereas perhaps I think some people who are smoking cannabis, they tend not to drink as well.’ [Service Provider, interviewee #06]

6.28 As with some of the trends in alcohol purchasing there was a pattern noted by one service provider that service users were purchasing other drugs online.

‘So, Diazepam, street Diazepam, so it’s not prescribed, they’re buying it off the internet. A lot of people are calling it Dog Valium, so a lot of people are using MSJs and that since the minimum pricing unit came in.’ [Service Provider, interviewee #01]

6.29 It was felt by several service providers that increased drug use was in part an attempt by service users to manage or reduce their drinking.

‘Taking benzos allows for more sporadic alcohol use. So, where they were drinking every day dependently before, if they’ve got some benzodiazepines, they don’t have to drink that day.’ [Service Provider, interviewee #01]

[32] Although it is worthy of note that this may have been due to the services that were utilised for recruitment for this research.

6.30 One service provider noted that this was becoming more common in homeless populations.

> ‘In the homeless population I see more drinkers using spice/other drugs to compensate.’ [Service Provider, survey respondent #75]

6.31 Finally, there was an acknowledgement that in extreme cases some individuals had been consuming non-beverage alcohol. This was only noted by a small number of service providers.

> ‘There has been one service user come in fairly recently who has been drinking things like hand sanitiser, for the alcohol in that.’ [Service Provider, interviewee #6]

Other considerations

6.32 Whilst the previous section detailed the responses from service providers on the perceived changes that the introduction of the policy had made to alcohol and drug use, this following section offers an insight into some of the other changes noted by service providers.

Wider determinants and other factors

6.33 One of the most notable factors that some service providers noted as influencing drinking was simply determination. Whilst the reasons for this determination were not discussed, several service providers noted that if service users were determined to drink, they would.

> ‘Where there’s a will, there’s a way.’ [Service Provider, interviewee #02]

Wider needs and coping strategies

6.34 Service providers were asked to reflect on the various methods employed by service users to manage the change in alcohol pricing. Many noted that the cost of alcohol meant that the other needs of service users were going unmet.

> ‘Well, my service users, a lot of them are prioritising alcohol over food and paying their bills. So, lots of our service users are now in debt with rent arrears, especially with the Universal Credit being paid directly to them. Alcohol comes first to our service users, so we’re seeing a massive rise in food parcels, because people just aren’t buying groceries. They’re not paying their bills; they’re getting

evicted from their properties, because they're prioritising their alcohol use.' [Service Provider, interviewee #01]

'I also work with many clients who have found their debts rising significantly as they stop paying bills to fund their drinking.' [Service Provider, interviewee #19]

6.35 In several instances service providers were engaging with service users who were resorting to theft, begging, and borrowing money to meet needs.

'Yeah, whether that's beg, borrowing or stealing basically. I mean some people do try and ride it out but yeah, I would say they're on the lower end of the alcohol use, the ones that will try and ride it out. Because they'll just about get away with it, but some of these chronic alcoholics, yeah… not so much.' [Service Provider, interviewee #05]

Experiences of support and treatment

6.36 Overall, most respondents stated MPA was not a factor in their decision to seek or continue with treatment or support for alcohol-related problems. Those few that did feel it was a contributing factor expressed that the price increases directly influenced their decision.

'Not being able to afford… well, they were fearful of withdrawals… they were both drinking the big cider bottles, the strong cider. Because… it was very cheap wasn't it and then that jumped up quite a lot. People that were on the basic benefits just wouldn't be able to fund that, so they were scared about going into withdrawal so it scared them into coming into service, which was really positive, but that's two examples out of our [whole] caseloads, [which is] a lot of people.' [Service Provider, interviewee #01]

6.37 However, other service providers noted other motivations for seeking treatment. The pandemic was felt by some to have influenced the treatment seeking behaviours of some individuals.

'Yeah, I had a guy on Friday who suddenly stopped himself and you do get people who have built up throughout the pandemic and all of a sudden they're drinking a litre to one and a half litres of vodka a day, and they've thought "oh my word, how has this happened" and then sometimes they think a detox is a magic solution, because "I'll get a community detox with the Community Drug and Alcohol Team" and it's not always the case. They think, "Oh I'll have this detox

and I can go back to life pre-alcohol" and sometimes there are underlying issues that haven't been addressed.' [Service Provider, interviewee #03]

'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]

Geography (including rurality and cross-border purchasing)

6.38 Several services reported seeing an increase in cross-border buying. Individuals were crossing into England and in some instances Europe to purchase alcohol. This was seen distinctly in the areas of Wales that were closest to the English border.

'I know that some of them will actually go across to [location in England] and buy stuff and bring it back. So, they go out, buy it in bulk and bring it back.' [Service Provider, interviewee #17]

COVID-19 and the cost-of-living crisis

6.39 The majority of service providers discussed the impacts of the COVID-19 pandemic on service users and its implications on service provision engagement. Of the wider considerations discussed by service providers, the implications of the pandemic on those viewed as 'harmful drinkers' was widely discussed. Providers were mainly concerned with noted crime increases, relapse, deprivation and declining mental health and wellbeing.

6.40 A few service providers felt that COVID-19 had caused an increase in drinking.

'We have seen an increase in service users due to increased drinking but as a likely consequence of COVID-19.' [Service Provider, survey respondent #03]

'Lockdown saw a rise in the clients we see who have a tendency to drink harmfully.' [Service Provider, survey respondent #57]

6.41 Most services noted that they had seen an increase in service users since the pandemic started, but they considered that this was not attributable to the introduction of MPA.

'The impact of MPA did not lead to a significant or obvious change to drinking. COVID-19 has led to an increase in drinking both for those in recovery (lapses)

and for those with continued dependency.' [Service Provider, survey respondent #03]

6.42 Some put this increase in treatment seeking down to the isolation that went alongside the pandemic lockdowns.

'I think people, through Covid, have been more isolated. People are able to buy shopping online. So, perhaps they haven't got family to hide anything from. Perhaps they haven't got issues with anyone in the shop seeing them buy their alcohol. It's just being delivered to them and they're drinking it on their own. So, we're seeing a lot of that - and people getting into some states really.' [Service Provider, interviewee #14]

6.43 One respondent expressed that service users themselves attribute their increases in drinking directly to the pandemic.

'It is hard to distinguish between the introduction of this and Covid; many service users describe Covid as being the trigger behind their alcohol use.' [Service Provider, survey respondent #56]

6.44 Some providers reflected upon the challenge of trying to understand exactly what changes over the last two years can be seen as attributable to MPA, not just because of COVID-19, but also due to the increasing cost-of-living crisis.

'If we weren't in that [cost-of-living crisis], we'd have a clearer idea of where we're going. I get a sense that minimum pricing has had an effect and is having an effect, but to what extent, I don't really know, because everything is more expensive for everybody, so that clouds it. The honest answer to your question is I don't really know. I get the feeling that MPA is an issue regarding affordability and so on, but to what extent just MPA, I don't know.' [Service Provider, interviewee #15]

'It was an only a couple of weeks since they introduced MPA when the Covid pandemic hit. I think it did have a detrimental effect on its success and how it was implemented.' [Service Provider, survey respondent #14]

Stigma

6.45 One of the key factors felt by service providers to impact buying and drinking patterns was stigma. Several noted that the purchasing decisions of their service users were significantly impacted by the stigma associated with being seen to buy

drink in certain places. This was a particularly distinct concern for rural people who commonly had fewer purchasing options.

> ‘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 #08]

6.46 Stigma also had an impact on what types of alcohol people were buying. For example one service provider notes the respectability politics involved with buying wine versus buying ‘crates’ (of beer or lager).

> ‘Where people tend to be your evening drinkers, your wine drinkers, they’re not as worried about what other people think, because it seems to be more accepted socially, so like I said, we worked with teachers and doctors and things and they’re drinking two or three bottles of wine a night, but when you go out and do a week shop and there’s loads of bottles of wine in the trolley as well, people tend not to think about it as much as someone perhaps walking across the road with two crates under their arm, thinking something different. So, I think that tends to play a big factor for everyone, especially around here.’ [Service Provider, interviewee #06]

Effects

6.47 All service providers had seen changes in service user needs and the expectations on their service in the period since the introduction of the policy. Whilst it was not always clear to the service providers what exactly had caused the changes there were some useful reflections on what the scope of these were. The following section explores the fields of change that service providers have observed and experienced over the last two and a half years since MPA was implemented across Wales.

Economic

6.48 Most service providers perceive that there has been a rise in individuals’ borrowing money either formally or informally. They have heard about many of their service

users who are increasingly borrowing money from friends or family in order to purchase alcohol.

> ‘They get into difficulties a lot. Borrow off family up to a point and then the family decide no.’ [Service Provider, interviewee #08]

6.49 A couple of service providers also noted the histories of payday loans amongst their service users and stated that some individuals were also taking out more formal loans. Some service providers also noted that those who simply didn’t have access to money were often shoplifting. This was, in some instances a behaviour that was already being seen amongst certain individuals. However, the perception of some service providers was that there has been a rise in shoplifting behaviours amongst those who did not have a history of theft, although no direct or confirmed examples were offered.

> ‘People have been shoplifting. So quite a few of our service users have turned to shoplifting.’ [Service Provider, interviewee #01]

6.50 Some service providers also noted that they had increasingly been offering more economic and financial advice as part of their support.

> ‘I’m working with her, and she’s set up a bank account and set some limits on her cards and things to try and balance herself out over the month because of the risks associated’. [Service Provider, interviewee #04]

Social

6.51 When service providers discussed social impacts in interviews they tended to focus on the impacts on family members. In particular, they noted that borrowing money from family members was increasingly common amongst their service user groups and that this was having a detrimental impact on familial relationships.

> ‘As I said, people are probably borrowing more money, perhaps from family members.’ [Service Provider, interviewee #04]

6.52 One service provider also noted the strain that was on families of dependant drinkers when they recognised the need to keep buying alcohol.

> ‘They have to buy it. They have to. There's no choice for them not to buy it, because that person can become seriously ill if they don't have the alcohol. I've had a few, especially family members, saying they've got their sons in their 30s

drinking two bottles of vodka a day. They have to work, just to keep their families going, for the alcohol.' [Service Provider, interviewee #09]

6.53 One service provider noted a concern that one of his service users was coming to social harm as a result of those who were determined to get alcohol from him.

'Being bullied and intimidated to have their alcohol taken from them.' [Service Provider, survey respondent #67]

Legal

6.54 Many service providers reported an increase in criminal activity in particular shoplifting, in order to fund higher costs. This was not just for alcohol but also for products that had been forgone in favour of purchasing alcohol such as food or other household necessities. The increased engagement with drug purchasing and use and the illicit sales of alcohol also have distinct legal implications in Wales.

'I know a couple of clients that have never strayed into any sort of contact with the Criminal Justice System, and thankfully they still haven't, but they are now possibly going to be in contact with the Criminal Justice System because they shoplift. Shoplift alcohol, but also shoplift other goods to sell for alcohol.' [Service User, interviewee #21]

6.55 In some instances services have heard of individuals buying stolen alcohol, but this was not as common.

6.56 One service provider also noted a trend for drug dealers beginning to sell cheap alcohol too.

'One thing that did surprise me was last week I spoke to two people who primarily take drugs, but their dealers have started selling booze.' [Service Provider, interviewee #15]

6.57 As in other instances there was a feeling amongst some service providers that homeless populations are particularly at risk.

'Within my previous role working with street homeless clients in [location] there was regular disclosure that they were forced into shoplifting, stealing from clothing donation skips and selling goods on, shoplifting alcohol, switching to other substances. Using food parcels to maintain their well-being while using money to fund alcohol use.' [Service Provider, survey respondent #04]

Safety/Wellbeing

6.58 There were some discussions of the risks associated with the introduction of MPA. Most of these were around the stress of not being able to access alcohol as a dependent drinker and the general concerns that service users have of prioritising their finances. In instances where decisions have been made to buy alcohol over and above paying for utilities, food or rent there were also significant pressures experienced by live-in dependants.

> 'Their family life is always going to be impacted, but I suppose a lot of them don't have families, but the ones that do aren't putting any money in the pot for the family, so that's obviously going to have a strain on family life.' [Service Provider, interviewee #01]

6.59 One service provider also expressed a concern that there was an increase in home brewing which they felt could be potentially harmful.

> 'Some have begun brewing their own alcohol in a bid to save money; however this can be more harmful as we do not know the units involved or if the equipment being used is safe."' [Service Provider, survey respondent #80]

6.60 Finally, many service providers noted the associations between alcohol consumption and mental health. The awareness of mental health was seen to be positively increasing amongst those who worked with alcohol drinkers.

> 'Definitely that and that's not high on the NHS agenda or the mental health agenda at all. Mental health problems, dual diagnosis. When I first came into this work years ago, dual diagnosis meant for learning disability and a mental health problem and that's what we used to call dual diagnosis. Now a dual diagnosis is mental health and substance use.' [Service Provider, interviewee #02]

6.61 As the interviewee above notes there has been a positive move in recent years towards recognising the relationship between mental health and alcohol use. However, as they also note there is still much that needs to be done to support mental health needs. This interviewee reflected the views of several service providers in calling for more focus and prioritisation on mental health.

Health

6.62 Overall there was a sense from the service providers that the introduction of MPA has had a detrimental effect on the health of their service users. However, it should

be acknowledged here that by nature of the need to be included in alcohol services the service users discussed were heavy and often dependent drinkers.

6.63 There was a concern amongst some service providers that the move to drinking different kinds of alcohol was causing some health issues for service users.

> ‘Well, you can get more drunk from similar sort of price range and obviously that’s having a big impact on people’s health, because obviously vodka is not nice to drink every day. And again, if people aren’t eating and then drinking vodka on top of that, that’s where their health is being impacted.’ [Service Provider, interviewee #01]

6.64 In particular there were significant concerns raised by services around the health considerations of withdrawals.

> ‘More people that are saying, “I can’t afford to drink.” They’re having those days of going into withdrawal or just having that time when they’re not… It’s either full-on withdrawal or if they’ve got it together then they’re sort of drinking less that day because they know they’ve got less money. So, they’re not going in full withdrawal, they’re just… yeah, a little bit, if you see what I mean. They’ll just want to medicate the withdrawal symptoms.’ [Service Provider, interviewee #05]

6.65 The need to avoid withdrawals was often a significant motivator for service users in obtaining alcohol by any means. There was particular concern amongst services that the increased price of alcohol meant that service users were likely to be going into more regular *little break* withdrawals which had significant implications for liver and brain health.

> ‘Yeah, which puts their health at risk doing that; having those little breaks and then drinking on top of that again, it increases the risk of liver damage and alcohol related brain injury.’ [Service Provider, interviewee #01]

6.66 The same service provider noted the cyclical nature of these withdrawals for those who could not constantly or consistently afford to buy alcohol.

> ‘Some of them have just been going through withdrawal symptoms and just become poorly. That goes on sometimes for a good few days until they’ve got money. When you go through those withdrawal symptoms, that could lead to death. People do die from alcohol withdrawals, so people are putting their lives at

risk really, by not having any other choice but to go through those withdrawals.' [Service Provider, interviewee #01]

The policy

6.67 Service providers were asked for their views about the policy itself. Whilst there was a range of responses and awareness levels there was an overall awareness of the policy having come in and most service providers had their own opinions about the policy. The following section offers an overview of the discussions that were had with service providers about the policy itself.

Awareness of the policy

6.68 In general services had been aware of the upcoming policy changes in advance of the introduction of MPA and in most cases, but not all, had understood what the changes entailed. During interviews service providers knew of the details of the policy, citing its 50p minimum unit price and demonstrating knowledge of the implementation date.

'Aware of the policy but not sure the details.' (Service Provider, survey respondent #01)

'Have read up on the policy but feel there has not been much info due to the pandemic' (Service Provider, survey respondent #06)

6.69 Amongst service providers there were very few who had engaged in much discussion with service users around the policy. Some providers reflected on how their service users did not tend to mention the policy and so there was little real sense of how aware service users were of the changes in advance of the policy being brought in. Even following the implementation service providers commented that it was not a common discussion point between themselves and their service users.

'I remember the build-up to it when we found out about that coming in to practice. There was a lot of fear amongst our service users.' [Service Provider, interviewee #01]

6.70 There was a confusion amongst many service providers about the intention of the policy and several were very unsure what the policy had been intending to achieve. Almost all service providers believed that the policy had been brought in to target

dependent drinkers. This is despite guidance from the Welsh government being clear that the policy is targeted at those drinkers who would be classed as either harmful or hazardous drinkers.

> ‘I guess the aim is to reduce the number of dependent drinkers. I don't know, I haven't read too much. I know that Scotland have been doing this for a while, haven't they, and I think Ireland have as well. I'm not sure, has the UK got much data on the effect of introducing a minimum unit price for alcohol?’ [Service Provider, interviewee #04]

> ‘So, I know who it targets. It targets our poorest people in our communities. I don’t know if that was their intention. But we’ve got service users who are working full-time, quite well-off, has no impact on them whatsoever, but it’s our dependent drinkers that are impacted most.’ [Service Provider, interviewee #01]

6.71 Only one respondent felt they had a full understanding of MPA and its rationale.

> ‘I understand the rationale and research evidence for this initiative.’ [Service Provider, survey respondent #03]

Attitudes, feelings, and perceptions towards the policy

6.72 Almost all service providers felt that the policy did not work.

> ‘I know a little around why but not convinced it works.’ [Service Provider, survey respondent #13]

6.73 Amongst most service providers there was a frustration around the policy. There was a feeling that whether intended or not, the policy most affected those who were most vulnerable. There were distinct concerns that the policy impacted most those who were at risk of withdrawals which was a serious health concern as noted in above sections.

> ‘Because drugs and alcohol’s our field we were going “Oh my god, how is this going to impact… because if you think will people be able to access… will people be able to get alcohol? Would alcohol people be able to purchase? Are they going to end up in hospital from withdrawals?”’ [Service Provider, interviewee #11]

6.74 Many service providers felt that MPA had not achieved the desired effects and that the impact so far has not been a positive one.

‘The MPA has not had the effect expected in reducing the number of people with issues around alcohol. Our caseloads increase on a daily basis.’ [Service Provider, survey respondent #77]

‘It remains an aspirational policy which clearly identifies alcohol as a potentially harmful substance and that as a public health measure, we are against it being cheaper to buy than water, squash, etc. Has not impacted the vast majority of drinkers but has started a conversation as to why white cider and own brand vodka should not be allowed to be specifically marketed at problematic drinkers.’ [Service Provider, survey respondent #07]

6.75 Finally, one service provider noted that the solution to the *problem* of alcohol consumption was investment in health and education.

‘A bit of a naïve, myopic, blunt tool to use, to go, “Okay, we’ve got a problem. Just make it unaffordable,” rather than invest in public health, or education in schools.’ [Service Provider, interviewee #15]

Preparation for MPA implementation

6.76 A few service providers reported having received some training and/or information materials before the implementation of the policy, however, the vast majority had not. In general, the sense of service providers was that there had been little guidance offered to services on the plans for the policy and few felt they had been provided with information on how their own practice might need to change. This involved communicating upcoming changes to service users.

‘Service users were informed of changes coming in (e.g., increased prices) and the potential for withdrawal spike. Staff were prepared for this possible outcome (we did not see an increase in withdrawal issues btw).’ [Service Provider, survey respondent #03]

6.77 Although Welsh Government messaging around MPA coming into force was acknowledged as being widely shared amongst service providers, the sense was that the messaging left providers with uncertainty as to the likely long-term impacts of the policy (something which would have been welcomed by providers). A small number of providers discussed guidance that they had received, in the form of materials and training, but noted that such guidance had been provided by their own organisation, rather than coming from Welsh Government or other national/regional networks/partnerships, such as APBs.

‘We had some things through our organisation. Obviously, working in the alcohol field we had some information sent through to us. Obviously, the media, television, newspapers et cetera.’ [Service Provider, interviewee #04]

‘I don't think we had any formal training; you know.’ [Service Provider, interviewee #10]

7. Discussion and conclusions

7.1 This report has presented findings from the first of two waves of research being conducted as part of a 5-year evaluation of the impact of MPA on service users and services who work with those who experience problems with alcohol across Wales. The report focuses on data collected through two primary methods at a point two years following the introduction of MPA legislation in Wales:

(1) semi-structured interviews with a sample of 25 service users and 16 service providers; and

(2) two online questionnaire surveys that were completed by 55 service users and 90 service providers respectively.

7.2 In this concluding chapter we summarise the key messages of these interim findings from the first wave of data collection. We also highlight the main considerations for Welsh Government at this juncture, without prejudicing the main conclusions and recommendations of the full study, which will be delivered to Welsh Government in our final report (which is due at the end of 2023).

7.3 It is important to stress that this report is not concerned with the whole population of drinkers across Wales, but is narrowed down to the population of hazardous, harmful, and dependent drinkers currently and recently engaged in alcohol treatment services across Wales.

7.4 As stated at the beginning of this report, at this early stage of the evaluation process it is not possible to detail with certainty the full impact of the policy on service users and services without conflating the impact of MPA with the impact of COVID-19 and the current cost of living crisis. We are, however, able to frame early evidence around the ‘early effects’ of the policy, rather than purporting any actual impact(s) of the policy.

7.5 Overall, the key message of this interim study is that the evidence observed resonates with the existing evidence collated over the last four years by our research team in the form of three studies (see Holloway et al. 2019; Buhociu et al., 2021; Holloway et al. 2022). To avoid repetition, the core messages from these studies as well as the consistent messages from the wider, international, evidence-

base are presented in the 'Contribution Analysis' interim report which is the headline study of the evaluation portfolio commissioned by the Welsh Government[33].

7.6 The evidence more broadly resonates with the findings of the wider-range of larger-scale evaluation studies either conducted or commissioned by Public Health Scotland over the last five years[34]; especially the 'Evaluating the impact of minimum unit pricing in Scotland on people who are drinking at harmful levels' study (Holmes et al., 2022)[35] which also sought the views of service users and service providers.

7.7 The discussion below summarises the main resonating messages in relation to the main aims of this study[36] with the wider literature but also compares the views between the service users and service providers involved in this study to check for consistent findings between the two stakeholder groups.

7.8 The key message that needs to be highlighted as a result of this interim study is the observed, and widespread, misunderstanding and misinterpretation of the MPA policy amongst both service users and service providers. This misunderstanding and misinterpretation is in relation to the **intention** of the policy and demonstrates that there is more work for Welsh Government to do in educating the alcohol and drug treatment sector and workforce. The group of service users and providers who engaged in this study consistently assumed and reduced their understanding of the policy down to one of targeting the alcohol dependent population, rather than delineating between the actual intended target population (i.e. hazardous and harmful drinkers) and those that are most impacted (i.e. the lowest income dependent drinking population). Because service users and service providers interpret the policy intention as targeting dependent drinkers (and those engaged in services are usually from the most vulnerable, low income group) who they consider will continue to drink no matter what price alcohol is (because they need to), the natural conclusion is that this policy is a punitive one on an already vulnerable population. Study participants were more focused on this and spent less time

[33] The Contribution Analysis report, '24-month Review of the Introduction of Minimum Pricing for Alcohol in Wales' (Livingston et al. 2023) is due for publication on the Welsh Government website at the same time as this 'Experiences of Service Users and Service Providers' interim report.
[34] Evaluation of minimum unit pricing (MUP) - Alcohol - Health topics - Public Health Scotland
[35] Two members of our research team (Perkins and Livingston) were Co-Investigators on the Holmes et al. (2022) study and are fully cognisant in the methods and results of the study.
[36] The explicit aim of this study was to provide interim findings in relation to assessing 'both the experience and impact of MPA on service users (harmful, hazardous, and dependent drinkers) and services across Wales (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).'

focusing on any changes they have seen amongst the hazardous and harmful population of drinkers (i.e. the actual intended target population of the policy).

7.9 A concern in relation to this issue of interpretation of the policy is that our study findings reflect that there is generally less 'working out of the policy' going on amongst service users and service providers than when views and interpretations were explored in the previous (baseline) Switching Study (Holloway et al., 2019), which suggests that further education across the sector will prove more challenging the longer it is left. So, as far as service users are concerned, post-MPA alcohol prices are well known, in the main cheap ciders have disappeared from the Welsh marketplace, the cost of living has gone up and continues to, and alcohol dependency remains a habit that needs maintaining. In the main, service providers have settled upon their understanding of the policy (even though that is often through a lens of misinterpretation), reflected in the negative impacts they witness on the small but complex group of lowest income dependent drinkers. It will be important for Welsh Government not only to continue their focus on those who are the target population for MPA, but also to listen to the specific concerns of stakeholders highlighted through this report in relation to those who are most impacted by the policy. This could mean better education in terms of what measures are already in place through the wider Welsh Government alcohol policy framework that mitigate the negative consequences on those most (negatively) impacted by MPA.

7.10 In relation to changes to alcohol and/or drug use of hazardous, harmful, and dependent drinkers as a result of the introduction of MPA in Wales, there is little new to add to the existing evidence base. The findings of this study provide further confirmation to what is already known in this regard. In summary, the two key confirmatory messages in relation to the experience and impact of introducing MPA for service users and service providers are:

- a substantial reduction in the availability of cheap (below 50ppu) alcohol (particularly ciders), with some switching to cheap spirits (particularly vodkas) as a result; and
- minimal evidence to suggest that individuals who were primary drinkers (and not already using drugs) were likely to switch to start using drugs as a result of higher alcohol prices.

7.11 An additional message was that most drinkers seek to maintain affordability through the extension of existing coping mechanisms, and for most drinkers this does not include law breaking activity (e.g. shoplifting to fund higher alcohol prices) or in relation to switching to cheaper products or substances as a result of higher alcohol prices (e.g. switching to using illicit, stolen, or non-beverage alcohol, or other substances). Consistent with the Holmes et al. (2022) study, this is an important message, especially given the concerns that were raised during scrutiny prior to the implementation of MPA.

7.12 The only possible difference observed in this study, compared to existing evidence, is a potential small extension around poly-drug use (particularly the use of Street Benzodiazepines) than has been reported elsewhere. However, this finding is only based on a small sample and maybe due to the nature of the services that our sample were recruited from. This will require further testing and will be included within our second wave of interview and survey data collection in 2023. The reason for including this message here despite the above reservation of small sample size, is because it resonates with the findings of a recent 'Substance Use in Scottish Prisons' study (Perkins et al., 2022)[37] which has highlighted the changing nature of the drug markets in relation to significant increases in NPS and street benzodiazepines.

[37] Understanding Substance Use and the Wider Support Needs of Scotland's Prison Population (www.gov.scot)

8. Next steps

8.1 This report is the first of two reports detailing the results of consultations with service users (harmful, hazardous, and dependent drinkers) and services across Wales at 24 months post-MPA implementation. The focus of the report is on an assessment of both the experience and impact of MPA on service users and services (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).

8.2 The second and final report will focus on data collected 42 months post-implementation of the legislation. This follow-up report will draw upon the data presented in this report in order to assess and monitor changes in alcohol consumption patterns and related behaviours, including alcohol-purchasing patterns, over time.

8.3 In the final wave of the research, the plan is to conduct repeat interviews with our interview sample (replacing any dropouts with similar types of drinker[38]) and again to repeat the cross-sectional surveys with service users and service providers across Wales. Conducting repeat interviews with a sample of drinkers will enable us to monitor the longer-term impact of MPA on drinkers' lives. This element of the evaluation is critical for assessing the effectiveness of MPA in achieving its aims. Conducting repeat cross-sectional surveys is less useful as a tool for measuring effectiveness because each sample is a fresh one that may include new respondents. However, as Bryman (2016) notes, cross-sectional designs are nevertheless useful, particularly in their ability to chart broader changes in behaviour over time among larger samples.

8.4 It is also important to recognise that any assessment of the impact of MPA on patterns of alcohol consumption in Wales may need to consider the confounding and competing effects of drinkers' responses to the ongoing global COVID-19 pandemic as well as to other confounding factors such as the cost-of-living crisis.

8.5 The portfolio of research emerging from the assessment of MPA on service users and services is important. It will help to inform and guide the shape and scope of

[38] Any dropouts will be replaced with new interviewees who are matched as far as possible in terms of: (1) the type of drinker [hazardous, harmful, or dependent], (2) the area they live, (3) their sex, and (4) their age.

MPA and service responses in Wales and, potentially, other countries around the world.

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