



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

Executive Summary

1. Research aims and methodology

- 1.1 This report presents the interim results of a study which assesses the impact of Minimum Pricing of Alcohol [MPA] on Service Users and Service Providers across Wales at a point two year's post-implementation of the new legislation. The study is one part of a suite of four evaluation studies commissioned by Welsh Government to assess the process and impact of the introduction of a MPA in Wales, with the other three studies being: a contribution analysis, work with retailers, and an assessment of impact on the wider population of drinkers. 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.
- 1.2 This study was conducted by a consortium of researchers from Figure 8 Consultancy (Dundee), the University of South Wales, and Glyndŵr University (Wrexham).
- 1.3 The explicit aim of this component of the research is to assess both the experience and impact of MPA on service users 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). More specifically, the study had ten objectives, six focusing on people receiving support from alcohol services (i.e. service users who would be considered harmful, hazardous, or dependent drinkers), and four focusing on individuals working as providers of services to people with alcohol problems (i.e. service providers).

Service users:

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

Service providers:

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

- 1.4 A combination of interviews and online survey questionnaires were used to enable the research objectives to be met.
- 1.5 The research focused on adults aged 18 and over who were either resident in Wales or involved in the delivery of alcohol services within Wales.
- 1.6 Interviews were conducted with 25 service users and 16 service providers (including operational management and frontline staff). One service provider interview was conducted in a small group.
- 1.7 Surveys were completed by 55 service users and 90 service providers.

2. Background and context

- 2.1 The background and context for MPA have been set out in detail in three previous reports ([Holloway et al. \(2019\)](#), [Buhociu et al. \(2021\)](#), [Holloway et al. \(2022\)](#)), the most recent of which 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 Levels of alcohol-related harm and hazardous and harmful drinking remain an issue in Wales despite Welsh Government implementing a range of activities that are consistent with its current substance misuse strategy (Livingston et al, 2018). There is strong international academic evidence that increasing the price of alcohol is one of the most effective ways of controlling levels of alcohol consumption and reducing alcohol-related harm (Nelson et al, 2013b; Wagenaar, 2009). However, up until recently, pricing as a key element has been missing from the Welsh Government's approach to reducing alcohol-related harm.
- 2.4 The Public Health (Minimum Price for Alcohol) (Wales) Bill was passed through the National Assembly in Wales (now called Senedd Cymru – the Welsh Parliament) in June 2018 and received Royal Assent, becoming an Act, on 9th August 2018. It included provisions to introduce a minimum price for the sale and supply of alcohol in Wales (at 50p per unit of alcohol) and to make it an offence for alcohol to be sold or supplied below that price. The legislation took effect on 2nd March 2020.
- 2.5 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.
- 2.6 Whilst the new legislation is based on a whole population approach to tackling alcohol-related harm, the 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.**

3. Key findings

Changes to alcohol and other drug use

- 3.1 There is little new to add to the existing evidence base regarding changes to alcohol and/or drug use of hazardous, harmful, and dependent drinkers as a result of the introduction of MPA in Wales.
- 3.2 The findings of this study provide further confirmation to what is already known in this regard (i.e. 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). A number of services are reporting (anecdotally) some increases in other drug use in service users (who already use other drugs) over the period that the policy has been in place.
- 3.3 Unsurprisingly, alcohol was largely reported by service users 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.
- 3.4 Despite the pricing policy, service users usually found a way to maintain dependent drinking through the extension of existing coping mechanisms, although slightly reduced daily/weekly units consumed were noted for some.
- 3.5 Where discussed, changes to consumption patterns and quality of life were reportedly a consequence of multiple individual, and macro-level factors, including MPA.
- 3.6 Most service providers 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.

Other considerations

- 3.7 Reported experiences of poverty, housing status and criminal justice experience were noted as wider determinants, supporting understanding of significant, often unmet, health, economic, social support, and alcohol treatment needs across the sample.
- 3.8 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 the study 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 social supports.
- 3.9 Whilst engagement with health, alcohol treatment and recovery services supported a proportion of interviewees, individuals articulated a number of approaches they employed to keep themselves safe and support health and wellbeing (such as adopting an abstinence-based approach to alcohol, shielding from other problem drinkers, or participation in educational courses, volunteering, and/or meaningful employment).
- 3.10 A small number of interview participants 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.

- 3.11 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.

Effects

- 3.12 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.
- 3.13 Economic effects of MPA may be better understood relative to the many sacrifices individuals made to ensure continuity in alcohol supply. 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.
- 3.14 Importantly, multiple service users recounted experiences of poor nourishment and a general lack of self-care related to alcohol consumption rather than to a lack of funds. Going without food, heating and electricity were commonly reported across interviews. It was not always possible to disentangle these effects from the contribution to financial hardship made by MPA.
- 3.15 MPA-driven increases in shoplifting, robbery, and other forms of crime, though commonly anticipated by participants, were not reported from experience.
- 3.16 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 (such as: a perceived rise in individuals' borrowing money either formally or informally; an increase in the use of payday loans and more formal loans; impacts on family members, particularly due to increased borrowing; and a greater recognition of the relationship between mental health and alcohol use).
- 3.17 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.

The Policy

- 3.18 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 made by study participants is that this policy is a punitive one on an already vulnerable population.
- 3.19 Service providers were more focused on this and spent less time 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).
- 3.20 A concern in relation to this issue of interpretation of the policy is that the 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. \(2019\)](#)). 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.

- 3.21 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.

4. Conclusions and Next Steps

Conclusions

- 4.1 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. \(2022\)](#)).
- 4.2 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 ([Evaluation of minimum unit pricing \(MUP\) - Alcohol - Health topics - Public Health Scotland](#)).
- 4.3 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.
- 4.4 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.
- 4.5 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.
- 4.6 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).
- 4.7 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 (and this will require further testing).

Next Steps

- 4.8 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.

- 4.9 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 interim report in order to assess and monitor changes in alcohol consumption patterns and related behaviours, including alcohol-purchasing patterns, over time.
- 4.10 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) 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.
- 4.11 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.
- 4.12 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 MPA and service responses in Wales and, potentially, other countries around the world.

Full Research Report: Andy Perkins, Wulf Livingston, Beth Cairns, Josh Dumbrell, Katy Holloway, Marian Buhociu, Shannon Murray, and Iolo Madoc-Jones (2023). *Assessing the Experiences and Impact of Minimum Pricing for Alcohol on Service Users and Service Providers*. Cardiff: Welsh Government, GSR report number 64/2023.

Available at: <https://www.gov.wales/minimum-pricing-alcohol-impact-service-users-and-providers>

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

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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