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Assessing the experiences and impact of Minimum Pricing for Alcohol on service users and service providers: appendices (supporting evidence)

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Assessing the experiences and impact of Minimum Pricing for Alcohol on service users and service providers: appendices (supporting evidence)

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1. Appendix A – Methods

The core element of this study focused on a second and final wave of qualitative interviews with service users and service providers as part of a 24- and 48-month post-Minimum Price for Alcohol (MPA) implementation longitudinal design. The study also involved 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 second and final wave of surveys at 48 months post-implementation.

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

1.1 Aims and objectives

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

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

<u>Service users:</u>

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

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

Service providers:

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

1.2 Research design and strategy

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

The longitudinal study involved repeat qualitative interviews with a sample of service users and a sample of service providers, at 24-month and 48-month intervals post-implementation of MPA.

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

This report covers analysis of the second wave of interviews and surveys at 48 months post-implementation.

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

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

Consistent with Welsh Government strategies and guidance (Welsh Government, 2014), we have worked closely with participants (service users in particular) to ensure that our research plans are appropriate, that our data collection tools are user friendly, to help access relevant respondents and to guide our interpretation of the collected data.

To assist with this process, a Project Advisory Group (PAG) that included relevant stakeholders was established and met at regular intervals throughout the study period[1].

[1] Members of the PAG included representatives from: Welsh Government Substance Misuse Branch, Welsh Government Knowledge and Analytical Services, Alcohol Change Cymru, Kaleidoscope, and the North West Recovery Community.

1.3 Methods of data collection

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

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

1.4 Qualitative interviews

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

Sampling strategy

For this final round of data collection, interviews were conducted with 17 service users[2] and 15 service providers[3] (including operational management and frontline staff)[4].

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

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

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

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

[2] Of the 17 service users interviewed, four were interviewed in the previous round of data collection (longitudinal), with the remaining 13 service users being new recruits into the study.
[3] Of the 15 service providers interviewed, six were interviewed in the previous round of data collection (longitudinal), with the remaining nine service providers being new recruits into the study.
[4] Further details of the sample's characteristics can be found in **Chapter 3** of the main report.

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

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

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

Design

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

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

Procedure

All interviews were conducted in English[5]. They took place at times and locations convenient to the interviewees. Most interviews were conducted face-to-face with just a

[5] All interviews were offered in English or Welsh, but all participants chose English.

small number of interviews with service users being conducted by telephone, and a small number of interviews with providers being conducted by Microsoft Teams.

The service user interviews lasted for an average of 47 minutes and ranged from 16 minutes to 95 minutes.

The service provider interviews lasted for an average of 49 minutes and ranged from 34 minutes to 69 minutes.

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

Data analysis

The transcripts were downloaded from Transcriptum Ltd. A database of all anonymised transcripts was set up using the NVivo[7] package for qualitative data analysis, which allows for analysis of interview data involving multiple researchers and synthesis of large datasets. A thematic analysis was conducted, and a thematic framework grounded in the data was developed and reshaped (Glaser & Strauss, 1967; Braun & Clarke, 2006). The data coding and framework were quality assured by different team members checking each other's coding and/or leading on separate coding. This process helped to ensure the final extracted themes were not just the personal interpretation of one team member but borne out of the data.

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

1.5 Online survey questionnaire

Whilst qualitative interviews are extremely valuable for gathering in-depth data from people, they are limited in several respects. Interviews are often time-consuming, and it can be expensive to transcribe lengthy recordings. As a result, sample sizes are often small, which

[6] Home | Transcriptum Limited
[7] NVivo Leading Qualitative Data Analysis Software (QDAS) by Lumivero

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.

Sampling strategy

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

Design

Separate online questionnaire surveys for service providers and drinkers were developed in Online Surveys[8] (formerly Bristol Online Surveys). The survey questionnaires comprised a combination of closed questions (e.g., on current alcohol and drug use) and open-ended questions (e.g., views of the MPA policy) in order to capture more nuanced data on issues of especial interest. The surveys were available in both English and Welsh and were organised into sections that corresponded with the research objectives.

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

Procedure

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

[8] Online Surveys

Data analysis

The two sets of survey data were exported from Online Surveys directly into Statistical Package for the Social Sciences (SPSS) [9]. The survey responses were analysed using SPSS, Excel, and Word to facilitate the analysis of the extensive amount of data collected. Online Surveys' own analysis tool was also used to support the analysis and presentation of results.

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

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

[9] IBM SPSS Software

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

The study included a total of 121 service users, revealing an unequal distribution across various demographic categories. There was a notable gender identity imbalance, with 75 males compared to 42 females. The age distribution showed a skew towards middle-aged participants, with the 45-54 age group being the largest (33), followed closely by the 35-44 (29) and 25-34 (24) age groups. However, it is important to note that almost all age categories were represented, including younger (one participant aged 18-19) and older (19 aged 55-64) service users. Ethnically, there was a strong predominance of White English, Scottish, Northern Irish, or British individuals (107). Geographically, while the majority of respondents were from Cardiff (56), there was also significant representation from Powys (24) and Rhondda Cynon Taf (12). Despite these imbalances, the sample included at least one participant from each defined group type, ensuring a voice for every demographic category in the study.

2.1 Sample characteristics of drinker survey respondents

Table 2.1: Characteristics of survey respondents (drinkers)

Gender	n	%
Male	75	62
Female	42	35
Nonbinary/third gender	3	2
I prefer not to say	1	1
I prefer to self-describe my gender	0	0
Age	n	%
18-19	1	1
20-24	11	9
25-34	24	20
35-44	29	24
45-54	33	28
55-64	19	16
65-74	3	3
Prefer not to say	0	0
Ethnicity	n	%
White - English / Welsh / Scottish / Northern Irish / British	107	82
White - Irish	1	1
White - Gypsy or Irish Traveller	1	1
White – any other White background	3	2
Mixed – White and Black Caribbean	3	2
Mixed – White and Black African	2	2
Mixed - any other Mixed or Multiple background	6	5
Asian - Pakistani	1	1
Asian – any other Asian background	1	1
Black – Caribbean	1	1
Black – African background	2	2
Black - any other Black, Black British or Caribbean	1	1
Other - any other ethnic group	2	2

Note: One missing response for Age categories. Multiple responses were allowed for ethnicity.

Table 2.2: Local Authority Area of respondents who completed the drinkers' survey

Local Authority Area	n	%
Blaenau Gwent	1	1
Bridgend	6	5
Caerphilly	0	0
Cardiff	56	47
Carmarthenshire	1	1
Ceredigion	4	3
Conwy	0	0
Denbighshire	1	1
Flintshire	0	0
Gwynedd	8	7
Isle of Anglesey / Ynys Mon	2	2
Merthyr Tydfil	0	0
Monmouthshire	0	0
Neath Port Talbot	1	1
Newport	0	0
Pembrokeshire	1	1
Powys	24	20
Rhondda Cynon Taf	12	10
Swansea	0	0
Torfaen	1	1
Vale of Glamorgan	1	1
Wrexham	0	0
I don't live in Wales	0	0

Note: Two missing responses.

Table 2.3: AUDIT-C scores of 'drinker survey' participants

AUDIT-C score category	n	%
Low risk (0 to 4)	2	3
Increasing risk (5 to 7)	4	6
High risk (8 to10)	8	12
Dependence likely (11 to 12)	7	10
Possible severe dependence (13 to 15)	48	70

Note: 52 missing responses.

2.2 Sample characteristics of service provider survey respondents

A total of 90 individuals working in the substance use field in Wales completed the 'provider survey'.

Table 2.4: Characteristics of survey respondents (providers)

Type of service/organisation	n	%
Third/voluntary sector – drug/alcohol	46	51
NHS – drug/alcohol	16	18
Local Authority – drug/alcohol	9	10
Housing	8	9
Homelessness	7	8
NHS – other	4	4
Mental Health	3	3
Other	3	3
Third/voluntary sector – other	3	3
Private sector	2	2
Community Rehabilitation Company	1	1
HM Prison Service	1	1
HM Probation Service	1	1
Local Authority – other	1	1
Length of experience	n	%
Less than one year	12	13
1-3 years	13	14
4-5 years	10	11
6-9 years	8	9
10+ years	47	52
Length of time in current role	n	%
Less than one year	21	23
1-3 years	29	32
4-5 years	10	11
6-9 years	5	6
10+ years	25	28

Note: Multiple responses allowed for ‘Type of service/organisation’.

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

Area	n	%
Blaenau Gwent	1	1
Bridgend	3	3
Caerphilly	1	1
Cardiff	14	16
Carmarthenshire	7	8
Ceredigion	9	10
Conwy	4	4
Denbighshire	5	6
Flintshire	1	1
Gwynedd	8	9
Isle of Anglesey/Ynys Mon	1	1
Merthyr Tydfil	1	1
Monmouthshire	1	1
Neath Port Talbot	4	4
Newport	8	9
Pembrokeshire	6	7
Powys	3	3
Rhondda Cynon Taff	4	4
Swansea	2	2
Torfaen	3	3
Vale of Glamorgan	0	0
Wrexham	2	2
Regionally	1	1
Nationally	1	1
I don’t work in Wales	0	0

3. Appendix C – Survey data analysis

3.1 Key findings – service user survey respondents

Current drinking status

Service users were asked to report their current drinking status. The distribution noted indicates that whilst a majority of service users were still consuming alcohol, a significant proportion had achieved abstinence at the time of the study.

Table 3.1: Currently drinking status

Currently drinking?	n	%
Yes	74	62
No	46	38

Note: One missing response.

Reasons for seeking treatment and/or support

We examined the primary motivations for service users to seek treatment or support for their alcohol use. Health concerns emerged as the predominant reason, with 65% of respondents citing this as a factor in their decision to seek help. This underscores the significant impact of alcohol use on physical and mental well-being, and the recognition of these issues by service users.

Interpersonal factors also played a substantial role, with 33% of participants reporting pressures in relationships as a motivating factor. This highlights the broader social implications of problematic alcohol use.

Table 3.2: Reasons for accessing treatment and/or support

Reasons	n	%
Health reasons	72	65
Pressures in relationships	37	33
Other	31	28
Concerns about price of alcohol and pressure on your finances	24	22
Pressures in employment	18	16

Notes: 10 missing responses and multiple responses allowed.

Economic considerations were also notable:

- 22% cited concerns about the price of alcohol and its impact on their finances
- 16% mentioned pressures in employment

Main types of alcohol consumed and product size

The survey examined the types of alcoholic drinks consumed by service users, revealing a diverse range of preferences:

Table 3.3: Alcoholic drinks consumed – by type

Types of alcohol	n	%
Vodka	37	49
Wine	23	31
Normal strength beer/lager	22	29
Strong beer/lager	20	27
Strong cider	15	20
Gin	12	16
Whisky	11	15
Normal strength cider	9	12
Other spirits	7	9
Alcopops/pre- mixed alcoholic drinks	6	8
Low alcohol drinks only	2	3
Sherry or Martini	2	3
Other alcoholic drinks	1	1

Note: 46 missing responses and multiple responses allowed.

When asked about specific brands, most cited a preference for the “cheapest” options available, suggesting that price is a significant factor in drink selection.

Common product sizes mentioned included:

- 70cl or 1 litre bottles of spirits
- 440ml cans of lager

Primary location of alcohol purchase

The survey also investigated where service users typically purchased their alcohol:

Table 3.4: Alcoholic drinks purchased – by type

Where purchased	n	%
Supermarket (in person)	32	46
Convenience store or Corner Shop	18	26
Off-licence	14	21
Other	3	4
Other online delivery service	1	1
Petrol Station	1	1
Supermarket (online)	0	0

Note: 52 missing responses.

The most common locations where alcohol was reported to be purchased were supermarkets (in person) and corner shops. Interestingly, no respondents reported purchasing alcohol from online supermarkets.

Country of purchase

The majority of responding service users (82%, n=59) reported purchasing their alcohol exclusively within Wales, with the remainder (18%, n=13) reporting that they purchase alcohol in both Wales and England.

Spending patterns

The average amount of money spent each week varied significantly amongst those service users responding to the expenditure question.

Table 3.5: Average weekly alcohol expenditure

Amount spent	n	%
£0	4	5
£1 to £9	4	5
£10 to £24	9	12
£25 to £49	7	10
£50 to £74	9	12
£75 to £99	13	18
£100+	19	26
I prefer not to say	1	1
I'm not sure	7	10

Note: 48 missing responses.

Notably, nearly half of the respondents providing information on expenditure reported spending £50 or more per week on alcohol, with over a quarter spending £100 or more. This

indicates significant financial commitment to alcohol consumption amongst many of the service users in the study sample.

Frequency of drinking alcohol and typical levels of consumption in last 12 months

When asked how often they had a drink in the last 12 months containing alcohol, 45 respondents (61%) stated ‘four or more times a week’. A further 16 respondents (22%) noted drinking ‘two to three times a week’, whilst nine (12%) reported drinking ‘two to four times a month’. This suggests the majority of service users in the study sample are frequent, regular drinkers.

Table 3.6: Frequency of drinking alcohol (in last 12 months)

Frequency	n	%
Never	0	0
Monthly or less	4	5
2 to 4 times a month	9	12
2 to 3 time a week	16	22
4 or more times a week	45	61

Note: 47 missing responses.

Regarding typical alcohol consumption, service users were then asked to state how many units of alcohol they have on a typical day when drinking. Out of the 74 individuals who answered this question, 51 (69%) reported consuming 10 or more units, three (4%) stated they drink seven to nine units, seven (9%) drank five or six units, a further 11 (15%) reported three or four units, and the remaining two respondents indicated that they would drink one or two units on a typical day.

Table 3.7: Alcohol consumption on a typical drinking day (in the last 12 months)

Units of alcohol consumed	n	%
1 or 2	2	3
3 or 4	11	15
5 or 6	7	9
7 to 9	3	4
10 or more	51	69

Note: 47 missing responses.

When asked how often they had drunk six or more units (female) or eight or more units (male) on a single occasion in the last year (i.e., ‘binge’ drinking), over half of the sample (n=42; 57%) reported ‘daily or almost daily’. A further 17 individuals (23%) reported ‘weekly’,

with seven (9%) reporting ‘monthly’ and six (8%) ‘less than monthly’. The remaining two individuals (3%) reported they had not drunk at these levels within the last year.

Table 3.8: Frequency of ‘binge’ drinking – 6 or more units if female, or 8 or more units if male, on a single occasion (in the last 12 months)

Units of alcohol consumed	n	%
Never	2	3
Less than monthly	6	8
Monthly	7	9
Weekly	17	23
Daily or almost daily	42	57

Note: 47 missing responses.

Those reporting they had ceased drinking were then asked when they had stopped, with just under half (n=25; 44%) reporting stopping within the last eight months. A further seven individuals (12%) noted that they had stopped between nine and 12 months ago, with the remaining 25 individuals (44%) reporting that they had stopped more than one year ago.

Table 3.9: Cessation of drinking

Time	n	%
In the last 8 months	25	44
9-12 months ago	7	12
More than a year ago	25	44

Note: 64 missing responses.

Drinking compared to pre-March 2020

Most reported drinking about the same as before March 2020 (n=34, 29%), with a similar proportion 28% (n=33) stating they had stopped drinking altogether and a further 18% (n=21) stating they are now drinking a lot more. One in seven (n=16,14%) felt they are drinking a lot less, indicating a varied response from service users.

With regard to expenditure, the results show a mixed picture of spending habits since March 2020. While a significant proportion of respondents’ report increasing their alcohol spending, there is also a substantial group who report reducing or eliminating their alcohol expenditure as indicated in the table below.

Table 3.10: Change to alcohol expenditure – since March 2020

Changes to expenditure	n	%
I am now spending a lot more	24	23
I am now spending a little more	16	15
I am spending about the same as before March 2020	19	18
I am now spending a little less	8	8
I am now spending a lot less	12	11
I have stopped drinking altogether and therefore no longer spending any money on alcohol	26	25

Note: 16 missing responses.

Amongst the group of 46 respondents reporting to be spending less or no money on alcohol, the primary reasons offered were ‘stopping drinking entirely’ or ‘drinking less than before’.

Table 3.11: Reasons for spending LESS on alcohol since March 2020

Reasons	n	%
I have stopped drinking	21	47
I am drinking less than I was before	19	42
My income has reduced due to a change in employment (e.g., redundancy)	4	9
Other	4	9
The alcohol I usually drink has become too expensive	2	4

Note: Multiple responses allowed.

For the 40 respondents who reported spending more, price increases are the dominant factor (30 citing large increases, seven citing small increases). Additionally, increased consumption is a significant factor, while some noted switching to different products due to price changes.

Table 3.12: Reasons for spending MORE on alcohol since March 2020

Reasons	n	%
The price of the alcohol I usually drink has increased a lot since March 2020	30	75
I am drinking more (quantity of alcohol) than I used to (before March 2020)	15	38
I have switched to drinking different product(s) of alcohol due to price changes in the alcohol I usually drink	9	23
The price of the alcohol I usually drink has increased a little since March 2020	7	18

Note: Multiple responses allowed.

A wide range of strategies were reported by this group of respondents (n=50) for managing these increased costs and expenditure[10]. Many of them (40%, n=20) stated they have been able to absorb the extra costs without changing their spending patterns, whilst others are making sacrifices in other areas, including one in three (34%, n=17) who have spent less on other household expenses. Some have turned to borrowing from family, friends, or money lenders, whilst a more concerning number (32%, n=16) report having turned to offending such as stealing or shoplifting.

Table 3.13: Means for paying for increase in cost of alcohol

Means	n	%
I have enough income to be able to pay for the extra cost without changing my normal spending patterns	20	40
I have spent less on other household expenses	17	34
I have committed other criminal offences (stealing/shoplifting etc.)	16	32
I have borrowed money from family or friends	12	24
I have pawned or sold items to raise extra funds	7	14
I have used my savings to help pay for the extra cost	7	14
I have stolen from family or friends	6	12
I have borrowed money from a money lender	5	10
I've been begging	4	8
Other	2	4
I've been involved in sex work	1	2

Note: 71 missing responses and multiple responses allowed.

The results indicate that, for some, maintaining their drinking is taking priority over other household needs.

Many have reported reducing spending on clothes, food expenses, and essential bills such as gas and electricity.

[10] There are some apparent inconsistencies between some of the numbers presented in tables due to some respondents responding to some questions and then not others (i.e., where we have noted 'missing responses'). There is an example here (Table 3.13) where 50 respondents responded to the question about coping strategies for manging increased costs, however, in Table 3.10 only 40 individuals noted spending more on alcohol since March 2020. This helps to explain other apparent inconsistencies between numbers presented to different questions.

Table 3.14: Spent less on household items to fund costs of alcohol since March 2020

Household items	n	%
Clothing	48	75
Food	45	70
Utility bills (gas, electricity)	37	58
Entertainment	36	56
Cosmetics	11	17
Travel costs	9	14
Other	3	5

Note: 57 missing responses and multiple responses allowed.

Service users were also asked a series of questions specifically relating to the minimum price for alcohol [MPA] policy in Wales. When asked if they had heard about MPA previously, only one individual didn't answer this question, and out of the 120 who did, just over half (n=63; 53%) reported they had not heard or been made aware of the policy. A further 42 individuals (35%) stated that they had some awareness, with the remaining 15 (13%) reporting that they were 'not sure'.

Asked whether they noticed any changes in the price of alcohol since March 2020, three in four (n=86; 75%) of those who responded reported that they had, reinforcing the data above on expenditure on alcohol. This suggests that price increases have been significant enough for most consumers to notice.

When asked about awareness of specific alcohol products no longer being available since March 2020, two in five (n=50; 41%) reported they had not observed any changes, with almost one in three (n=39; 32%) stating they had noted some change. The remaining 32 individuals (27%) indicated that they were 'not sure'.

Of the 39 respondents reporting they had observed changes, just over half (n=20; 51%) believed the change to be largely permanent. However, the even split with those who reported the change to be temporary (n=19; 49%) suggests that whilst some availability issues were resolved, others resulted in permanent changes to the alcohol market.

Changes in alcohol pricing and availability appear widespread, with many of those respondents reporting a change noticing it in most or all shops/retailers, suggesting the impact was not limited to specific retailers but rather a market-wide phenomenon.

Table 3.15: Changes noted in shops and retailers regarding alcohol pricing and availability

Changes in shops and retailers	n	%
Most shops/retailers	13	33
All shops/retailers	12	31
Some shops/retailers	10	26
Only my usual shop/retailer	4	10

Note: 82 missing responses.

Changes – since March 2020

Respondents were asked whether any of the following five matters had changed for them since March 2020: (1) the quantity of alcohol they have drunk; (2) how often they drink alcohol; (3) where they buy their alcohol from; (4) their use of prescription and/or over-the-counter drugs; and (5) their use of illegal drugs.

When responding 'yes' to each of the above, respondents were then asked a follow-up question as to the extent to which either pricing or other factors were contributing factors in any of the noted changes. The allowed responses were: (1) a major factor, (2) a minor factor, or (3) not a factor at all. The results are presented in the series of tables below.

Table 3.16: The contribution of price and other factors to changes noted since March 2020 – regarding the quantity of alcohol drunk by respondents

A. Changes in the quantity of alcohol drunk by respondents since March 2020	**n**	**%**
Yes	75	66
No	39	34
B. For those who responded 'yes', what contribution has the price of alcohol played in the change(s)?	**n**	**%**
A major factor	22	30
A minor factor	23	31
Not a factor at all	29	39
C. For those who responded 'yes, what contribution has factors (other than price) played in the change(s)?	**n**	**%**
A major factor	27	55
A minor factor	10	20
Not a factor at all	12	24

Note: 7 missing responses for A; 1 missing response for B; and 26 missing responses for C.

Table 3.17: The contribution of price and other factors to changes noted since March 2020 – regarding the frequency of drinking by respondents

A. Changes in the frequency of drinking by respondents since March 2020	**n**	**%**
Yes	72	66
No	42	34
B. For those who responded 'yes', what contribution has the price of alcohol played in the change(s)?	**n**	**%**
A major factor	20	28
A minor factor	23	32
Not a factor at all	28	39
C. For those who responded 'yes, what contribution has factors (other than price) played in the change(s)?	**n**	**%**
A major factor	26	54
A minor factor	10	21
Not a factor at all	12	25

Note: 7 missing responses for A; 1 missing response for B; and 24 missing responses for C.

Table 3.18: The contribution of price and other factors to changes noted since March 2020 – regarding where (location) alcohol is purchased by respondents

A. Changes in where respondents purchase their alcohol from since March 2020	**n**	**%**
Yes	42	37
No	71	63
B. For those who responded 'yes', what contribution has the price of alcohol played in the change(s)?	**n**	**%**
A major factor	16	38
A minor factor	11	26
Not a factor at all	15	36
C. For those who responded 'yes, what contribution has factors (other than price) played in the change(s)?	**n**	**%**
A major factor	10	32
A minor factor	12	39
Not a factor at all	9	29

Note: 8 missing responses for A; and 11 missing responses for C.

Table 3.19: The contribution of price and other factors to changes noted since March 2020 – regarding the respondents' use of prescription and/or over-the-counter drugs

A. Changes in the use of prescription and/or over-the-counter drugs by respondents since March 2020	**n**	**%**
Yes	31	27
No	84	73
B. For those who responded 'yes', what contribution has the price of alcohol played in the change(s)?	**n**	**%**
A major factor	9	31
A minor factor	6	21
Not a factor at all	14	48
C. For those who responded 'yes, what contribution has factors (other than price) played in the change(s)?	**n**	**%**
A major factor	7	33
A minor factor	7	33
Not a factor at all	7	33

Note: 6 missing responses for A; 2 missing responses for B; and 10 missing responses for C.

Table 3.20: The contribution of price and other factors to changes noted since March 2020 – regarding the respondents' use of illegal drugs

A. Changes in the use of illegal drugs by respondents since March 2020	**n**	**%**
Yes	26	23
No	86	77
B. For those who responded 'yes', what contribution has the price of alcohol played in the change(s)?	**n**	**%**
A major factor	10	38
A minor factor	6	23
Not a factor at all	10	38
C. For those who responded 'yes, what contribution has factors (other than price) played in the change(s)?	**n**	**%**
A major factor	9	60
A minor factor	2	13
Not a factor at all	4	27

Note: 9 missing responses for A; and 11 missing responses for C.

Views on MPA policy

Importantly, service users were asked if they believed MPA had been effective in reducing alcohol-related harm and whether it should be continued. The overall sentiment amongst

this group was clear, with some three in five (n=70; 59%) disagreeing with the statement that MPA had been effective in reducing alcohol-related harm.

Table 3.21: To what extent do you agree or disagree with the statement: "Minimum pricing for alcohol has been effective in reducing alcohol-related harm in Wales"

Level of agreement/disagreement	n	%
Strongly agree	7	6
Moderately agree	15	13
Neither agree nor disagree	26	22
Moderately disagree	14	12
Strongly disagree	56	47

Note: 3 missing responses.

This suggests a disconnect between the policy's intended outcomes and perception of its impact amongst those using services.

There is also strong opposition in this group to continuing MPA in Wales, mirroring the sentiment about its effectiveness.

Table 3.22: Opinions on whether MPA should be continued in Wales

Opinion	n	%
Strongly in favour	8	7
Somewhat in favour	13	11
Neither for nor against	21	18
Somewhat against	15	13
Strongly against	54	46
I don't know	7	6

Note: 3 missing responses.

When asked about future options on the level at which the minimum price per unit is set, around one in 10 (n=12; 11%) suggested it should be higher than the current 50p per unit level, with one in six (n=18; 16%) suggesting it should be reduced, and one in four (n=26; 23%) that it should be kept at its current level. Consistent with the findings above, half (n=58; 51%) of respondents suggesting removing MPA.

Table 3.23: Opinions on changing the MUP from the current level of 50p per unit

Opinion	n	%
Make it higher	12	11
Make it lower	18	16
Keep it at 50p	26	23
Remove MPA and have no minimum unit price	58	51

Note: 7 missing responses.

3.2 Key findings – service provider survey respondents

General nature of presentations at services

The responses for this first section of questions are presented depending upon whether staff have been in post three years or less (n=25; 28%), or more than, three years (n=65; 72%).

Respondents were asked to identify the alcohol products they currently perceive as most problematic or commonly used amongst their service users. Specifically, they were asked to pinpoint drinks that are particularly associated with harmful consumption patterns.

Respondents were asked to rank the top three most prevalent types of alcohol products that their service users report as problematic. The results were as follows:

Table 3.24: Most prevalent types of alcohol products amongst service users

Noted by staff with LESS than 3 years' experience	Noted by staff with MORE than 3 years' experience
1. Most problematic/common: • Vodka (58%) • Strong Cider (57%) • Wine (53%)	1. Most problematic/common: • Vodka (55%) • Strong lager (52%)
2. Second most problematic/common: • Gin (56%) • Strong larger (50%) • Cider (42%)	2. Second most problematic/common: • Lager (45%)
3. Third most problematic/common: • Other beers (89%) • Whiskey (50%) • Other spirits (50%)	3. Third most problematic/common: • Other beers (43%) • Gin (42%)

Note: Multiple responses allowed. These percentages represent the proportion of participants who ranked each drink in the respective category.

Participants were asked to categorise the predominant type of drinkers on their caseload, distinguishing between those who exclusively experience alcohol-related problems and those who face issues with both alcohol and drugs. Additionally, they were requested to rank the top four types of drinkers they encounter. The results showed that dependent drinkers were most common, cited by 60% and 61% respectively of respondents as their primary category. Excessive drinkers were ranked second at 44% and 37% respectively, followed by binge drinkers at 28% and 34%, respectively. Interestingly, occasional drinkers were ranked fourth but with the highest percentages at 72% and 78% respectively, suggesting that whilst they may not be the most problematic category, they represent a significant portion of the caseload for many providers.

Table 3.25: Predominant categories and types of drinkers on caseloads

Noted by staff with LESS than 3 years' experience			**Noted by staff with MORE than 3 years' experience**		
Category of drinker	n	%	**Category of drinker**	n	%
Those who only experience problems with alcohol	7	28	Those who only experience problems with alcohol	23	35
Those who experience problems with alcohol and drugs	18	72	Those who experience problems with alcohol and drugs	42	65
Types of drinkers	n	%	**Types of drinkers**	n	%
Dependent	15	60	Dependent	39	61
Excessive	11	44	Excessive	23	37
Binge	7	28	Binge	21	34
Occasional	18	72	Occasional	45	78

Note: Multiple responses allowed for drinker type.

Respondents were asked to report on changes in other dominant presentations within their service, focusing on issues often associated with problematic alcohol use. They were specifically prompted to consider trends in homelessness, housing insecurity (distinct from outright homelessness), mental health concerns, physical health problems, and food bank usage. For each of these categories, respondents were asked to indicate whether they had observed an increase, decrease, or no change in prevalence among their service users. The table below presents the proportions reporting an increase for each type of presentation.

Table 3.26: Changes in other dominant presentations amongst service users

Noted by staff with LESS than 3 years' experience	Noted by staff with MORE than 3 years' experience
Homelessness • Increase in frequency of presentations over last one to three years (77%)	**Homelessness** • Increase in frequency of presentations over last one to three years (82%)
Housing insecurity • Increase in frequency of presentations over last one to three years (82%)	**Housing insecurity** • Increase in frequency of presentations over last one to three years (77%)
Mental health • Increase in frequency of presentations over last one to three years (88%)	**Mental health** • Increase in frequency of presentations over last one to three years (97%)
Physical health • Increase in frequency of presentations over last one to three years (50%)	**Physical health** • Increase in frequency of presentations over last one to three years (77%)
Food banks • Increase in frequency of presentations over last one to three years (86%)	**Food banks** • Increase in frequency of presentations over last one to three years (89%)

Notes: Multiple responses allowed.

Given this study focuses primarily on alcohol pricing, service providers were asked about perceptions of alcohol affordability for their service users, with a particular interest in how these perceptions may have shifted over the past one to three years.

To explore this, participants were asked to reflect on several key aspects:

1. Frequency of conversations about alcohol pricing with their clients.
2. Observations on the affordability of alcohol for service users.
3. Changes in affordability.

The results are presented in the three tables below.

The vast majority of service providers (n=87; 97%) report having discussions about alcohol pricing with their service users, although the frequency of such conversations varies considerably from 14 out of 90 (16%) saying that they always have such conversations, through to 12 out of 90 (13%) who report that they 'rarely' have such conversations.

Table 3.27: Frequency of conversation about alcohol pricing with service users

Frequency	n	%
All of the time	14	16
Most of the time	25	28
Sometimes	36	40
Rarely	12	13
Never	3	3

When asked about the affordability of alcohol for their clients, seven out of every 10 providers (n=63, 70%) report it being 'difficult' (to varying extents) for clients to afford.

Table 3.28: Observations on the affordability of alcohol for service users

Level of observed affordability of alcohol	n	%
Highly unaffordable	8	9
Difficult to afford	35	39
Slightly unaffordable	20	22
Manageable	16	18
Affordability not a concern	11	12
Not sure or don’t know	0	0

Looking at trends over the past one to three years, almost two thirds (n=55; 62%) of service providers reported that alcohol has become less affordable for their clients.

Table 3.29: Observations on the changing nature of affordability of alcohol for service users over the last 1-3 years

Observed changes to affordability of alcohol	n	%
More affordable	2	2
Slightly more affordable	1	1
Neither more affordable nor unaffordable	19	21
Slightly less affordable	14	16
Less affordable	41	46
Not sure or don’t know	13	14

Service providers were also asked to identify and rank (from one to five) the top five factors (with one being the most significant factor) that they believe contribute to or exacerbate problematic drinking amongst their service users. They were presented with the following range of options: cost of living; experience of the COVID-19 pandemic; housing situation; isolation/loneliness; mental health; MPA; other drug use; pain management; physical health;

relationships; social/peer pressure; and trauma. The results revealed a complex interplay of factors. All 90 respondents responded to this question. The following percentages represent how many of the respondents cited each factor within their top five factors.

1. Mental health issues emerged as the most significant factor, cited by 63% of respondents, closely followed by trauma at 57%.
2. Social or peer pressure were ranked as the next most important factor by 35% of respondents.
3. Other drug use was then identified by 32% of respondents.
4. MPA was identified by 29% of respondents.
5. Pain management and cost of living were the next most important factors, selected by 21% of respondents.

Specific questions about MPA

Some two in five (n=39; 44%) out of 89 service providers reported receiving information about MPA. but one in three (n=31; 35%) were unsure if they had received any information, with the remainder (n=19; 21%) reporting that their service hadn't received any information about MPA. The majority of those who had received information (n=39) did so either immediately after MPA was introduced (n=18; 46%) or pre-MPA implementation (n=13; 33%).

Formal Welsh Government guidance was the most common source of information, reported by one in three of all 90 respondents (n=29; 32%), with a similar proportion (n=28; 31%) not recalling the source, indicating potential issues with the impact of the information provided. News and media also played a significant role, reported by one in four (n=24; 27%), suggesting informal channels were important in disseminating information, while one in four (n=22; 24%) conducted their own research, indicating a proactive approach by some service providers. Formal Area Planning Board (APB) guidance was the least common source noted, by one in five (n=16; 18%) respondents.

Around half of service providers (n=46; 51%) expressed a need for more information about MPA, whilst one in three (n=30; 33%) reported being unsure.

When asked about changes in the number of harmful drinkers in services that service providers directly related to MPA, 41% (n=37) reported no change, 40% (n=36) were unsure and the remaining 19% (n=17) felt there had been more presentations of harmful drinkers than usual. In terms of the type or profile of harmful drinkers, 42% (n=38) had noticed changes whilst a similar proportion (n=39; 43%) were not sure.

A slight majority (n=48; 53%) of service providers reported evidence of changes in drinker behaviour due to MPA, whilst 47% (n=42) did not. Of those who observed changes, ‘stealing alcohol’ was noted by 76% (n=68) of respondents. Seven in 10 (69%,n=62) noted ‘redirecting finances’ to pay for alcohol, with just over two-thirds (n=60; 67%) reporting ‘shoplifting’. Three in five (59%;n=53) noted ‘switching types of drink’, with half the respondents (n=45; 50%) reporting ‘finding alternative sources of money’. Just under half of respondents reported ‘switching to other drugs’ (n=43; 48%).

The survey results suggest a lack of consensus on MPA’s effectiveness in reducing alcohol-related harm. Some 34% (n=31) of service providers felt it was not effective, with the same proportion 34% (n=31) neither agreeing nor disagreeing with whether it has been effective, and slightly fewer (32%; n=28) agreeing it was effective.

Opinions on whether MPA should continue are diverse, with close to one in three of the 89 respondents who answered this question (n=28; 31%) reporting to be neutral (neither for nor against). Just over one in four respondents (27%) were either somewhat in favour of the policy continuing (n=21; 24%) or strongly in favour (n=3; 3%), whilst about one third (32%) were either strongly against the policy continuing (n=18; 20%) or somewhat against the policy (n=11; 12%). The remaining eight respondents (9%) did not know whether the policy should continue.

Regarding the future of MPA pricing, 33 out of the 86 respondents to this question (38%) suggest it should be kept at 50p, with 32 respondents (37%) being in favour of the removal of MPA, and a further 18 respondents (21%) feeling that it should be increased. Just three respondents (3%) suggested that the MUP should be lowered.

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

4.1 Sample characteristics of interview respondents

Table 4.1: Characteristics of interview respondents (drinkers)

Gender	n	%
Male	10	59
Female	7	41
Total	17	100
Age	n	%
18-19	0	0
20-24	3	18
25-34	2	12
35-44	6	35
45-54	3	18
55-64	3	18
65-74	0	0
Prefer not to say	0	0
Total	17	100
APB area	n	%
Cardiff and Vale	6	35
North Wales	4	24
Gwent	3	18
Powys	2	12
Dyfed	1	6
Western Bay	1	6
Cwm Taf	0	0
Total	17	100
Current or recent drinker	n	%
Current drinker	10	59
Recent drinker	7	41
Total	17	100
Primary choice of alcohol	n	%
Normal strength beer/lager/cider	7	41
Spirits or liquors	7	41
Wine	2	12
Strong beer/lager/cider	1	6
Sherry or martini	0	0
Totals	17	100

Table 4.2: Characteristics of interview respondents (service providers)

Gender	n	%
Male	8	53
Female	7	47
Total	15	100
APB area	n	%
Cardiff and Vale	3	20
Cwm Taf	2	13
Dyfed	2	13
Gwent	2	13
North Wales	2	13
Powys	2	13
Western Bay	2	13
Total	15	100
Type of service	n	%
Voluntary sector (specialist)	15	100
Statutory sector (specialist	0	0
Total	15	100
Type of role	n	%
Keyworker / caseholder	7	47
Team leader / senior practitioner	3	20
Other – paid Third Sector	1	7
Outreach worker	1	7
Peer mentor	1	7
Service manager	1	7
Support worker	1	7
Totals	15	100
Length of time working with this population	n	%
Less than 5 years	5	33
More than 5 years	10	67
Total	15	100

5. Appendix E – Qualitative Themes and Examples

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

Service User interviews

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

Macro theme	Micro theme	Qualitative examples
Changes to alcohol and drug use	Types of alcohol and patterns of consumption	'I don't think my amount I was drinking was increasing. I think I was pretty plateaued (...) I think it was more like that [the pricing policy] was the straw that broke the camel's back…I didn't drink anything that was non-alcoholic. Every drink I had was alcoholic.' [Service User, interviewee #14] **'**Over the past 12 months, I was drinking quite heavily insofar as I was waking up in the morning and having a drink, having a can of beer. I was basically using alcohol as a crux really. It's funny because I wasn't drinking to get drunk because I didn't actually get drunk. I was just drinking to function, to get things done during the day…I probably would drink rather than not drink, but there have been times when I've had no money and just bought cigarettes and not drunk.' [Service User, interviewee #16] **'**With the lower thingy [ABV], they know they're drinking lower, they're going to drink more. So, they're going to buy more. That's the only thing with me. I know if I'm drinking just a couple of cans it's not really going to do anything because I'm used to drinking spirits as well as back when I was drinking like cider and everything and snakebites and - and you're not meant to mix drinks and stuff and - because you buy the cheap cider and it doesn't do anything, you'll buy - I know I'm just going to go straight for spirits because I know that's going to do me.' [Service User, interviewee #08] **'**I mean I started off drinking spirits and I would just go and buy the cheapest spirits I could find. Then it's kind of changed to just beer. I had my first detox after the spirits and I went to beer

	afterwards and I haven't really touched spirits since (...) I think that was when I was at my worst really.' [Service User, interviewee #04]
Availability of (cheap) alcohol	'That's what I started on [brand name vodka] from [named supermarket], but once it was the same price everywhere I might as well get the [brand name vodka].' [Service User, interviewee #14] **'**I used to drink [brand name beer] and considering I used to get it from [named supermarket] it was very cheap. It was cheap to get hold of, so you could buy - excuse me - you could buy four cans for under a fiver. So, it was dead easy to go in there and buy a load of cans and it was quite cheap.' [Service User, interviewee #16] 'To a garage because they're the only places that sell [brand name cheap lager]' [Service User, interviewee #08] **'**I've noticed now even like the four cans are going. They're having the boxes, the big boxes. They're trying to get rid from - and they're 11 quid really, 12 quid a box.' [Service User, interviewee #11] 'Some shops don't even sell it [3 litre bottles of cider] anymore because of how expensive the bottles of cider were.' [Service User, interviewee #12] **'**It's just too easily accessible. Way too easy. My [named food delivery] depot is literally on the end of my street, so it gets here within a few minutes. So, it's that convenient, it's hard. The temptation is too real. It's too much. If I had to wait half an hour, 40 minutes for it, I probably would just go without because by that point I've probably sobered up a little bit and don't want to carry on and probably want to go to sleep.' [Service User, interviewee #13] 'Drink is easy to get. If it was drugs, then if you can't get it, you can't get it. But drink, you can get everywhere.' [Service User, interviewee #17] **'**It is attractive, yeah, and especially now with all these different alcopops. And I'll tell you one thing that was actually dangerous. I worked at a [named retail outlet] and there was a shelf full of energy drinks and I remember one of the girls that actually was in recovery that went to grab hold of this can. She thought it was a [named energy drink] or whatever and I recognised the can, and

	it was called [named strong alcoholic drink] or something, at something volume {ABV] a can and they'd put it in the middle of the energy drinks.' [Service User, interviewee #07]
Affordability prioritisation of alcohol (decision making)	'No, to be honest, it wasn't affordable [even before MPA]. The shops that we knew would tick us. He would lend us it, and it got to a point where I owed him £100, because I would go every morning. He'd give me a litre of vodka and a bottle of coke and then I'd pay him when I got paid. So, £100.' [Service User, interviewee #09] **'**I remember the other - like a few years ago I used to be able to buy the - the [named strong lager], they used to be £1.10. Now they're £1.90 or £1.80 or £1.70 for one. So, like when you used to be able to buy three or four, now you're buying two for the same price you would have bought (…) it is a lot more expensive now but that's why I choose to usually go for spirits.' [Service User, interviewee #08] 'My big concern is making sure I've got enough alcohol for the evening, to get through the evening, so I can sleep (...) I have a massive fear of not being able to sleep.' [Service User, interviewee #11] **'**You've got to buy the strongest you can for the cheapest that you can, because there's no point you going and spending £2 on a [named lager]. It's not going to do anything for you. It's not enough units in that. So, yeah, the strongest for the least price.' [Service User, interviewee #09] **'**It is all to do with money. Everything (...) And there's never enough.' [Service User, interviewee #09] 'I'd get a bottle of wine for £3.90, £4, but even that would go up to £5, £6. The deals that kept everything cheap, that went up. They stopped doing them. Even the lower-percentage spirits like the fun... You know, like the mixed... The [named mixer drink] and stuff like that, you know what I mean? The fruity, lower-percentage alcohols. They went up, so fruit-flavoured ciders and things like that. They'd be going up to £8. It kind of made me go, "Okay, I'll just get more, a higher-percentage alcohol, because I'm paying the same price."' [Service User, interviewee #14] 'It [price increase] did [have an impact] because I could find myself shorter… not being able to buy as much food and stuff like that. I had to cut back on other stuff...I would go and get it

	[alcohol], but obviously say for instance…I'd buy cheaper food so I had the money for the alcohol ...I didn't buy clothes. I would go to charity shops and stuff.' [Service User, interviewee #10] **'**Most of my money goes on [alcohol]. And I'm not eating properly because of the price of alcohol.' [Service User, interviewee #11] **'**Food definitely, clothes. Just general things. I can't remember having a holiday. I don't even think about having a holiday or anything like that, no. Loads of things. Just normal - what normal people do. I see people walking down the street and they go into the café, have something to - a little meal, a cup of coffee and I can't afford that, not at all. If I didn't drink I could. So, I do sacrifice a lot but particularly food.' [Service User, interviewee #12] **'**The withdrawals, the sweats, it's hard because obviously if I'm running low on money, I have got to obviously prioritise the kids, so I have got to gaze to the idea, right you're not going to be able to have it now for a few days or longer even sometimes, but I don't consider them as sober days because they're not a choice. It's not a choice. I've just got to suffer until I can get hold of it again.' [Service User, interviewee #13] 'The alcohol content of my living costs take up a lot where I would go without things, nutritional things or like can't put the heating on, can't afford gas and electric, things which are real eye-openers for me and my wife where we've never experienced that before.' [Service User, interviewee #05] **'**I have the £3, now I could go and buy food, which I need, but I'm not going to do that and I will only get two cans and I'll go without food. So, it is…it has a big impact, yeah, so the price is affecting everything. If I had £6, I could have two cans and food. But you can't do it if you haven't got it.' [Service User, interviewee #09] '[MPA had a] big contribution to that [spending less on other things to buy alcohol]. If prices go up you need to up your spending to keep on top of it.' [Service User, interviewee #02]
Geographical variations in cross-border purchasing	'If it was closer I would [purchase alcohol from England].' [Service User, interviewee #11]

		‘Being in the Midlands on a regular basis, so I basically - and it was just me travelling, so I would fill the car with beers and ciders from the supermarkets in England and bring them home and then drink them over the next - I'd buy a couple of months' worth.’ [Service User, interviewee #06]
	Drug trends and poly-use	‘A lot of that is impacted by the drugs that I take...You have to make a choice.’ [Service User, interviewee #09] ‘It has because of the crack use. So, I put that first and I have £3 in my account which I really should buy some butter and a loaf of bread but I won’t. I know I won’t. There’s no point me saying I’m going to when I should, and I know I should, but I’m not at that point yet.’ [Service User, interviewee #09] **‘**I was doing a lot of ketamine and cocaine, but I stopped that and then I was hoping that would be like - stopping those would make me sober, but it doesn't make you sober. It just means you go to the next thing.’ [Service User, interviewee #12]
Awareness, understanding and interpretation of MPA, and support for implementation	Policy awareness, understanding and (mis)interpretations	‘I’d make the assumption it’s just [another tax], to be honest.’ [Service User, interviewee #14] ‘No, I didn't actually [notice when minimum pricing came in] … I remember, yeah, the minimum price did come. It's so much per percentage, is it?’ [Service User, interviewee #16] **‘**Taxes, as far as I know. It's why everything goes up.’ [Service User, interviewee #08] **‘**I remember it from the news.’ [Service User, interviewee #11] **‘**I knew the prices went up, but I’m not sure about what it’s called or when it came about.’ [Service User, interviewee #04] **‘**I don't know what it's called, but I do know that they put the price of alcohol to 50 pence a unit...I think I heard initially - I think Scotland brought it in first.’ [Service User, interviewee #05]
	Initial reaction and awareness campaigns	**‘**I did read about that, yeah. I did read...On [named search engine] ... I know it was coming in from 2018, was it? No, I can’t remember much, but I remember seeing about 50p per unit, yeah.’ [Service User, interviewee #10] **‘**I know a lot of people at the time when it was talked about was worried about how they were going to cope with the increases in price, because we had leaflets and it was like this is going to

	cost this much and everyone was like, we're not going to be able to afford that.' [Service User, interviewee #09] **'**I would have picked it up on the news as it was being developed as a policy. I would have had mates joke about it because I was working in England at the time. I would have had mates joke about it because I've got a house in - I now live in the house in Wales and they would joke and ridicule it because they're English and they're not subject to it. And to be quite honest now, it's major - my major perception of it is just knowing how expensive it is to buy a beer in Wales relative to other places.' [Service User, interviewee #06] 'I think on the media. It was on the television they were going to bring it in.' [Service User, interviewee #02]
Diminished discussion and ongoing awareness	**'**I did at the time [see adverts about minimum pricing] that it was happening but I haven't for a while.' [Service User, interviewee #03] 'I notice now, with the price increase the amount I've got to top up the electric all the time. I've got to be honest with you, I didn't recognise all that when I was in the madness. It was just as long as I had my alcohol.' [Service User, interviewee #07]
Support and criticism	**'**I think it's quite good actually.' [Service User, interviewee #10] 'I think maybe if people weren't in addiction with it, for the average person, making that drink a little bit more expensive might make people have a second thought before, "Do I really need to have a drink tonight?" I think it's more of a tax on the poor than it is a tax on the alcohol itself, because what you're doing is saying, "If you don't have enough money, you're not allowed to have a nice life." For a lot of people alcohol is just part of a nice evening ... I think the damage it does is just so bad for those that are already in a pretty rubbish situation that there's not many benefits to it.' [Service User, interviewee #14] **'**R2: It's rubbish. R3: I think it's daft. R2: Yeah it just - it doesn't do what they wanted to do which was… R3: Just making people more miserable.

		R2: …reduce people's alcohol consumption and take pressure off the NHS.' [Service User, interviewee #12 and #13] 'I just don't understand it. I don't understand why they feel they need to make things more difficult for people who are already struggling [financially].' [Service User, interviewee #09] **'**I don't believe there's anything positive that's going to come from it because if you're not an alcoholic, well then you'll just continue drinking sociably, take it or leave it. It's a social event, it's a special event. It's an occasional event. But somebody that requires it maybe just to get through day to day, then it becomes - instead of it being a pleasurable activity, it becomes a necessary activity and then - so there's nothing positive comes out of that alcoholism or drug abuse that kills people and families and the government then are just raping the people financially at their most vulnerable time.' [Service User, interviewee #05] **'**I just don't understand it. I don't understand why they feel they need to make things more difficult for people who are already struggling [financially].' [Service User, interviewee #09] **'**No. Not at all. I don't know who's making them up, I don't know where it's coming from but it's making things difficult, it's making things harder for people who are already struggling, instead of helping. They are hindering.' [Service User, interviewee #09] **'**I'm not supportive of the policy and don't think it's a good approach.' [Service User, interviewee #06] **'**In my experience and perception, it [MPA] encourages negative behaviour more than the positive behaviour that it's targeted at.' [Service User, interviewee #06] 'I haven't seen any good, I must admit, no.' [Service User, interviewee #03] 'It's not done anything. If anything, it's sort of made people who are social drinkers have less - do less social drinking.' [Service User, interviewee #03]
Impact of MPA	Shifts in alcohol availability and purchasing patterns	**'**I remember buying smaller bottles just because I couldn't afford the bigger ones anymore [post-MPA]' [Service User, interviewee #04] **'**No, I wouldn't [buy alcohol in corner shops], because it was too expensive.' [Service User, interviewee #10]

'If they were selling say multi-packs - you can get ten in multi-packs and they were cheaper, I'd get those. Or even if they sold the four-packs, you'd get what were…? The two for one. I'd get those as well because they were cheaper [even since the minimum pricing].' [Service User, interviewee #16]

'I notice sometimes like my wife will say, "Why do you buy it at a local shop? There's better deals elsewhere," but when you want a drink, I tend to go to the easiest place for me to get it. So, I'm made aware sometimes you can buy alcohol at a cheaper rate, but when you want a drink, you don't care. You just go and get it, the quickest, easiest way, which tends to be a local shop where you're paying more.' [Service User, interviewee #05]

'In some shops, we have a discount because you're regular. I can go into this shop and they'll give you this price. Go into another shop and the price is £2.15, but he'll charge me £2. So, it's only a little bit, but it's a regular thing. It's to do with how often you shop there.' [Service User, interviewee #09]

'I don't shop at the local off-licence anymore. There's no point. It's just too expensive.' [Service User, interviewee #11]

'Although it's [alcohol] more expensive, I feel like I have been using like [named food delivery service] more to get it just because of how convenient…But I feel so much worse about getting it on there because you see the bank balance and it's like damn, that was a waste of money.' [Service User, interviewee #12]

'Mine is either the supermarket or the local shop. The local shop has an offer on, two for £9 and the supermarket has it for about £4 a bottle...I try and like switch shops. Like there's a [named supermarket] right next to me and then they have like the vodka behind them and then - though what I've been trying to do is like switch between shops and there's quite a few shops around, just so I don't look like an alcoholic to the people in the shops. But then also you can get it [named food delivery service]. You can get like [named food delivery service] or whatever to your house but then it's like marked up at like this insane price.' [Service User, interviewee #13]

	‘I started drinking wine over lager because of the price hike. A couple of lagers used to get me merry enough, but when the price went up, it was easier to buy wine and then obviously my tolerances were going up, so then I was buying more wine which - a hell of a lot more than the amount of cans it used to take me to get drunk. So, I'm buying more units, but it's still cheaper.’ [Service User, interviewee #12] **‘**I think I would be what you would classify as a tight bastard. I'm very aware of what I pay for virtually everything. I don't buy cheap things because they're cheap. I buy the things I want at the best possible price.’ [Service User, interviewee #06] **‘**Most recent use is a can of cider. Place I bought from, the [named supermarket]. I have it delivered most days. Other than that, red wine which I usually buy from the [named supermarket]. I have that delivered, or at the moment I’m waiting for cider which is being delivered by [named online retailer]...It’s from Bristol where they don’t have the 50p rule.’ [Service User, interviewee #02] **‘**It’s cheaper off [named online retailer]. It’s not cheap cider. It’s [brand name cider brand]. The most popular selling one on [named online retailer]. I think it used to be about £1.27 a bottle, and it’s 8.2 per cent and 500ml at one point, but now it’s gone up to £20 for 12 bottles, which is still cheaper than England where it’s about £2.50 a bottle. Cheaper than Wales, where it’s £2.50 a bottle. Not white cider. I’ve managed to avoid doing that.’ [Service User, interviewee #02] **‘**In a day I probably spend between £15 and possibly about £18, a day… Or I’d have to go with the [named financial service] if I order something.’ [Service User, interviewee #02]
Effects on drinking patterns and patterns and behaviour	**‘**I wouldn't say my pattern of drinking has changed as a consequence of living in Wales. The pattern of drinking has changed because of my - me no longer having a job, being in work.’ [Service User, interviewee #06] ‘Once the pricing came in it was like, "Well, I’ve got this bottle of vodka anyway." With me, once I start, I can’t stop anyway. With the four cans I could go, "Okay, I’ve only got four cans, so once they’re gone, they’re gone," but with the bottle, because it was the cheapest way to buy it, I’d just keep drinking more and more…I stopped going out, but I think that was also because I was

drinking vodka more so I couldn’t hide it, because I was drinking too much to be able to hide it.’ [Service User, interviewee #14]

‘Well, the shops I go to, there was a village shop in - there's a little village about three miles away. I'd walk there … I'd go to the village shop or when I was coming back from work, I would stop in the garage. There were like three garages that sold alcohol, like a garage [named retail premise] and stuff like that. Or just pick it up in like supermarkets and stuff...I didn't want my wife finding out that it had got to that stage. So, I was like a secret drinker really.’ [Service User, interviewee #15]

‘When I was buying it and I didn't want my missus to know, if I was buying it from [named supermarket] I wouldn't use my [named supermarket] card because ... she'd know. So, it was always full price, so it was about £21 or £20 something for a litre [for brand name vodka].’ [Service User, interviewee #15]

‘At the minute I can't afford to go out drinking, so I drink at home ... I went out for one night when I first moved up here. I ended up blowing my whole Universal Credit on drink in a night.’ [Service User, interviewee #08]

‘I don’t think it’s ever really affected me because I stuck to the same drink, [brand name lager] and yeah, it’s gone up more now, than before, but the other alcohol has never really bothered me.’ [Service User, interviewee #17]

‘I mean the pricing used to have an effect on me - I’d try and drink less in a day and then just drink all the alcohol I could afford at night, just so that it all hits me a bit harder.’ [Service User, interviewee #04]

‘I would say three years ago, I wouldn't have really thought about the cost of alcohol, but the past - certainly 18 months, it's just devastating my addiction has on my financial status, my ability to live comfortably - not comfortably, just to live sometimes, to eat.’ [Service User, interviewee #05]

‘Has my alcohol changed over the last three years? Only the type of alcohol. That's just because of pricing. Seriously I'd have never have usually drank wine. A strong lager like [brand name] but now it's ridiculous price, there's no point buying it, simple as that. So, yeah, apart from beer

	which I would have drank before, yeah it's just made me change what I drink rather than the drink in itself.' [Service User, interviewee #11] 'There's much more drinking at home, which is always the worst thing for me, drinking in my house…I never drink as much when I'm in a pub.' [Service User, interviewee #02] **'**I paid £22 for a litre of vodka, then say a bottle of [named soft drink brand] while I was drinking, £2, ice, a pound. Right okay, so just work it out. £25. Then I thought then a double vodka in the pub and a splash of [named soft drink brand] or whatever would cost you about £5. So, there's only four drinks you could get in the pub, but you can have a litre for £22 at home.' [Service User, interviewee #07]
Economic and social consequences of rising prices, including the contribution of MPA	**'**Prices, not really. I've noticed a lot of them [other residents in temporary accommodation] are having trouble. They're either having to choose whether it's food or alcohol. And then if they can't get that, they go out stealing and then they'll sell the stuff to buy alcohol or they steal the alcohol.' [Service User, interviewee #08] 'Just bare necessities like a loaf of bread and tins of beans, and not eating a lot of the time. Not showering. Not doing anything to really take care of myself. Wasn't brushing my teeth or anything like that, just because there wasn't the money there.' [Service User, interviewee #14] 'I sold myself for a bit. I stole money off my family, borrowed money that I still haven't paid back, put myself into massive debt. Sold stuff, would steal from my friends, my family. Alcohol and stuff. I did shifts in pubs so that I could nick alcohol and drink alcohol.' [Service User, interviewee #14] **'**The bottom line, you can only afford what you can afford, and a lot of people get themselves in to trouble and do things they don't want to do.' [Service User, interviewee #09] **'**I know a lot of lads here like say they used to steal because they didn't have the money, but I would never steal anything.' [Service User, interviewee #15] **'**I don't speak to my mum still because of it [drinking].' [Service User, interviewee #10] **'**I think it wasn't very affordable for me when I was drinking every day. I struggled to find money for it, but it's started getting more affordable for me now but that's just because I don't drink as

	much out of my money...I'd find ways of getting money...I would nick money off my parents, yeah. All not very nice stuff.' [Service User, interviewee #04] **'**Sometimes you've got - I don't have money where I've – it could be that I've got no money to have a drink, then when I can't have a drink, then you become ill and other people then sort of like see the situation you're in and they beg, borrow and steal and lie about why they need money to support my addiction.' [Service User, interviewee #05] 'Arguments over money which I'd never experienced before. There's no money there to attend maybe a social event or a family event or a holiday or - yeah, it's - the impact resonates through the family in many ways.' [Service User, interviewee #05] **'**I never really thought about it because it didn't directly affect me. But I'm aware of it and think about it now because it directly affects me and I see the people it directly affects because of the association I have with my recovery hub. So, I see the effect that this minimum price of alcohol has on - and how it devastates people and their families and their financial status.' [Service User, interviewee #05] **'**I haven't been able to afford it...I was at least borrowing £50 a month before. It's only since December when I've stopped now, I've got money left over.' [Service User, interviewee #10] 'Shoplifting increasing to cope with minimum pricing, and to cope obviously with drug use as well, which is not to do with minimum pricing.' [Service User, interviewee #02] 'There's a lot more shoplifting going on in Cardiff and people are - I see it regularly where I am - this week alone I've seen three people sprinting out of a supermarket carrying alcohol being chased by security guards.' [Service User, interviewee #03] 'I was getting really pee'd off if I could only afford like one bottle of [named supermarket] red wine that was £4 something because I knew that wasn't enough. So, I knew I had to lie to my parents saying a direct debit has gone out.' [Service User, interviewee #07]
Impact on health and social services	**'**The only support I had was I had like the mental health team. I was part of the mental health because I had depression and PTSD and all that down in [name of town]. I didn't really have help for the drinking.' [Service User, interviewee #08]

Confounding factors	Economic factors	‘Yeah, that [cost of living] had an impact. Everything just got more expensive, especially when gas and electric went up, because yeah, we got these energy vouchers, but I didn’t get the energy vouchers until way later until everyone else, so I was definitely not putting electric or gas on my meters because it was just so expensive. The cost of food was going up. Shampoo. Just hand soap and shower gel and deodorant. You used to be able to get cheap stuff from [named supermarket], but [named supermarket] was the same price as [named supermarket] and [named supermarket] by the end.’ [Service User, interviewee #14] ‘We eventually got the cost-of-living payments, but...by that point I was already in too deep with my addiction.’ [Service User, interviewee #14] **‘**More people are [stealing and choosing between food and alcohol], but it is an issue because of the price of it. And obviously you've got everything adds up. It's like if you're in your own place, you've got the gas and the electric that keeps going up. And water rates, everything like that keeps going up and even rent goes up.’ [Service User, interviewee #08] **‘**Prices, cost of living, all of it, everything. Because even just all the living expenses have gone up, so that obviously has got to come first...So, yeah, a lot of stuff has contributed.’ [Service User, interviewee #11] **‘**We've done a lot of things privately, sold things that mean something to us to gain money for my addiction and obviously the general cost of living as well.’ [Service User, interviewee #05] ‘Generally, food prices, well yeah, they've gone through the roof. Shopping is a lot more expensive now than - well even more now than when I spoke to you about two years ago. Yeah, you go into the supermarket and the price of all items has increased.’ [Service User, interviewee #03]
	Pandemic effects	‘As COVID was shutting down there were more options and more places that if I’d been drinking that level [four to six cans daily], I probably would have been able to access instead of getting so sick that I had no options. I couldn’t go to groups. I couldn’t go to meetings because I was too ill. I don’t think I would have stopped on my own. I don’t think I would have maintained that level, but I

		think I would have had a longer time to find a recovery pathway without getting as sick as I got.' [Service User, interviewee #14] **'**My drinking switched to being more at home obviously through COVID because you couldn't go into the pubs. As soon as you could go back to the pubs, I did, but actually it wasn't about the alcohol, it was about the social aspect.' [Service User, interviewee #06] 'I was probably carrying more cans at home than I would normally carry, one, because I couldn't go to the pub, two, because I didn't want to be affected by the Welsh pricing.' [Service User, interviewee #06] **'**During the pandemic, I had no choice but to drink in the house.' [Service User, interviewee #02] 'COVID was very bad for - it was bad for me and it was bad for a lot of people with addiction problems.' [Service User, interviewee #03]
	Geographic disparities in treatment access	**'**I went to a few meetings but because I'd got to the stage that I was drinking so much and I live in the middle of nowhere. My wife's working.' [Service User, interviewee #15] 'Moving out to [district] and then losing all support. I was supposed to have a year's support and didn't get it because [service] went down the pan… It's the switchover to [service]. When that took over [service] lost its funding, so suddenly the support I was expecting just didn't materialise. I got spoken to three times, and I was supposed to have a year's support.' [Service User, interviewee #02]
	Influence of other substances	**'**It's just cheaper to buy alcohol honestly than other drugs.' [Service User, interviewee #12] **'**I just couldn't afford to keep it going. That has been one of the bigger factors of me stopping [drinking alcohol and using drugs] in the past (...) from the cocaine as well, I kind of dug myself in a financial hole.' [Service User, interviewee #04] **'**With the crack cocaine, there's no substitute for that, but I think lately with mixing and whatever they're putting in it, it's not just making it psychologically addictive, I think it's making it physically addictive, which is getting a problem, because it's very expensive. It is very expensive. But it never used to be. It used to be a psychological addiction, but if I have cocaine, I don't drink

	alcohol. I'll have a can at the end, and that will help me to sleep, or I'll have a spliff at the end and that will help me to sleep.' [Service User, interviewee #09] **'**I think the affordability of other substances has become much more prevalent. I'm not sure whether this is naivety or exposure, but I certainly don't feel that illicit drugs were as available in England as they are here in Pembrokeshire.' [Service User, interviewee #06] **'**It was a mixture of money, I was in debt, because I jumped straight from cocaine and replaced it with alcohol. Then I don't know, I just didn't sort my money out in-between, so, couldn't afford it and it was having negative effects on my mental health as well.' [Service User, interviewee #04] **'**I do think that the pricing of illicit drugs is probably linked to the unit cost of alcohol...I think it's a cheap substitute for people who want to get high. You tend to put the two together.' [Service User, interviewee #06] **'**I've noticed a lot of people now are borrowing money here, there, and everywhere trying to get the money together to buy alcohol and obviously other things as well. The crack and the heroin. Spice.' [Service User, interviewee #02]
Impact of social stigma and service accessibility	'The services were underfunded, and that with the best will in the world I was still going to be on long waiting lists to get places and stuff.' [Service User, interviewee #14] **'**There's always like an 18-month wait (for treatment) or there's a waiting list and…It's just crazy.' [Service User, interviewee #08] 'There's a 111 plus 2 now and I think that has been helping people, but then a lot of the time when I try and call them, it takes - I don't even get through. By the time they ring you back, you don't need them anymore because you've gone through the crisis.' [Service User, interviewee #13] 'I don't like going to the doctors and when I do, I have a list and I just don't feel listened to. I'm not getting what I need.' [Service User, interviewee #09] 'It was about £9000 to actually book in [service] to get yourself detoxed. I can't remember the name of the place now, but I did try. So, I phoned there a few times and they said, "No, sorry." I

		said I can pay it. They said, "It's not a question of paying it, it's a question of beds." [Service User, interviewee #16] ‘The GP said don't stop [drinking alcohol]. Don't just stop. I did have some tablets. I can't remember the names, but obviously the vodka was just too much of a pull.’ [Service User, interviewee #15] ‘Easier access to detox ... it would be nice to have a rehab system somewhere that’s more separated from the hostels.’ [Service User, interviewee #02] ‘I wanted to stop for my family, but myself I just wanted it. But yeah, it was hard...People just come and say, "Oh, how did it go? Did you get wasted last weekend? Did you have a drink? Did you go home and just have a drink?" It's just socially acceptable.’ [Service User, interviewee #15]
Next steps for the policy	Maintaining and possibly increasing MUP	**‘**If you lower it [the price of alcohol], it will be helping the people that are dependent on it, but then in the long term it won’t be helping them because they’ll keep on drinking.’ [Service User, interviewee #04] ‘I can see the impact of the cost of my alcoholism now where not being in a financial position not to - where I'm totally aware of the cost of it, but it doesn't - even if it was double the price now, it doesn't take away the need of alcohol. How can I explain? If it doubled in price, I'd still be an alcoholic.’ [Service User, interviewee #05] ‘In my view, I think it should be scrapped. I don't think it's a good thing. For me personally, it has no effect. I'm not bothered on a personal basis.’ [Service User, interviewee #06] ‘I probably wouldn’t continue it, to be honest. I don’t know. It’s one of those difficult things. It’s helping some people. Other people, I think it makes it more difficult for them.’ [Service User, interviewee #02]
	Public health and support services	‘Instead of doing things like pushing the pricing up and just telling people not to drink, funding programmes like places like [service] community-based abstinence programmes and recovery programmes that actually get people the help that they need.’ [Service User, interviewee #14]

	Socioeconomic and public health considerations	‘At the end of the day as long as alcohol is still legal there are going to be people that drink it and people who don’t drink it, and there’s going to be addicts and people who can have a normal relationship with alcohol. Changing pricing is only going to hurt people that are already really vulnerable. It’s always the poorest in society that seem to be the most negatively affected by these policies, and we need to change that. These policies should be there to help addicts, not just make their situation even worse than it is.’ [Service User, interviewee #14] ‘I think fundamentally, if it’s to stop people drinking as much it’s not having the desired effect on the group of people that are most negatively affected by drinking because the true addicts - the ones that are in hospital - are getting very sick from it. I think, in my opinion, they’re ending up drinking stronger, harder stuff because they can’t just stop drinking.’ [Service User, interviewee #14]
	Licensing and regulation	‘I suppose what they should encourage is cheaper prices on these 0% alcohol drinks. I'm not going to drink them anyway because I might get the taste for it, but if they did cheap - because they're just as expensive as proper…Sometimes more, and if they reduced them a lot, that would encourage - especially the younger generation to stay clear.’ [Service User, interviewee #15] **‘**Switching and using…The availability of stuff like cocaine, I've never been exposed to it until I've come to Wales. So, I think that they've generated a number of artificial markets which are substituting for that cheap alcohol market...I believe people getting access to alcohol without the premium - theft, drinking other things, they're brewing their own.’ [Service User, interviewee #06]

Service Provider interviews

Table 5.2: Service Provider interviews – qualitative themes and examples

Macro theme	Micro theme	Qualitative examples
Changes to alcohol and drug use	Affordability	‘It’s not affordable, they’re surviving...When they’ve suddenly got a dependency and need that, because potentially they could die from this if they don’t drink, then they’ll go out pinching.’ [Service Provider, interviewee #09] ‘Not so much when they’re dependently drinking, but when I’ve put reduction plans in place, and say a couple of months down the line when they’ve reduced back, they’ll turn around and say, “oh, I’ve noticed a difference in my wallet”.’ [Service Provider, interviewee #03]
	Financing	‘People are probably borrowing more money, perhaps from family members, or perhaps not paying council tax or any bills that they've got so they can purchase alcohol.’ [Service Provider, interviewee #04] ‘Someone, for example, who is in a shared temporary accommodation who probably is not eating as well as he should be, so perhaps other things are being sacrificed to be able to sustain the habit. For this person as well, and the person who was talking about the bills going up, they are both waiting on having their detox from alcohol.’ [Service Provider, interviewee #10]
	Availability	‘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]
	Purchasing	‘We have home drinkers but we have people that rotate between houses. So, because people get paid on different days, they tend to be a group of people where they stretch out their pay days between them. So, one person will buy a bulk amount on one day and then the next person gets paid another day and they buy the bulk then, so they rotate around whenever everyone is getting paid.’ [Service Provider, interviewee #01]
	Consumption and drinking patterns	‘I’ve got other people who perhaps were drinking things like vodka or those higher percentage lagers and ciders, and they’ve just switched now to something else. So, they will drink your

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

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

	‘I think being a city which has then the kind of more populated areas which have more accessibility to local convenience stores, larger shops, the nightlife…what’s the word for nightlife?’ [Service Provider, interviewee #11] ‘In this rural area, every little village shop had started doing their home delivery service, which was brilliant because you stood less chance of catching COVID-19 on your doorstep et cetera, et cetera, but also your booze, say for example somebody would make a trip to [location name] from the outer edges of our area once a week and stock up on their massive supply of alcohol to last them for at least what they needed, and then they go home, relatively cheaply from [Supermarket]. That wasn’t happening, so they were paying more for their alcohol because they were ringing up [Convenience store] or [alternative Convenience store] and saying, “Could you deliver it?” Access, so access in that respect was affected, but it was overcome by people just having to pay more.’ [Service Provider, interviewee #15]
Geography – cross-border purchasing	‘There’s two guys locally who sell booze from the back of a van, and you don’t know whether… These guys used to go and do a booze run over to Europe and back. I’m not sure they do that now, but they are guys you ring up and meet up in x car park and buy your booze from. I think there’s a slight indication that people are going to be using those two gentlemen more but not hugely.’ [Service Provider, interviewee #15]
COVID-19	‘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] ‘I think what skews it is the pandemic because like a lot of people who have come into services and have come in with their partners or with loved ones is because they’ve literally spent two years alongside or living with someone or supporting someone for two years and they’ve watched them drink and continue to drink and they’ve seen a change, they’ve seen a physical change.’ [Service Provider, interviewee #11]
Cost of living crisis	‘I think with the timing with when the change came in and going into lockdown and everything else, people weren’t able to get drink to start off with in any shape or form, because it wasn’t

		necessary. And then if they were getting drink, they were just taking whatever they could and paying whatever price they had to pay for it, and now that we're back open again, they don't really see a difference other than knowing that it's gone up, but everything has gone up.' [Service Provider, interviewee #06] 'You know, people will say in the early days, "Oh, there's the cost of it as well." I think lockdown had an effect.' [Service Provider, interviewee #01] 'The dialogue is there pretty much, at some level, at every session, every meet with them really. It's difficult isn't it? I would say if we weren't in the, excuse my French, economic shitstorm that we're in this minute…' [Service Provider, interviewee #14]
	Stigma	'Yeah, especially if they live in rural areas they'll know the shopkeeper usually if they've been in there a couple of times. Because I've got a lady in [location] at the minute which is a little seaside town out here and she'll walk into [location] to get her alcohol every day in various places so that the shopkeeper doesn't become aware.' [Service Provider, interviewee #8]
Effects	Economic	'With the money that he was spending on alcohol, they put into a separate account and they're saving it towards holidays. Yeah, so cost generally, "Oh, it's got so expensive because of the minimum pricing," I don't know if people are making that connection at all.' [Service Provider, interviewee #01]
	Social	'I've spoken to a few people over the last few weeks who have said this time of year is extremely triggering because of the amount of people they see drinking alcohol. So, it's people down the beach they see drinking alcohol, people on campsites if they're passing, just having a glass. They find it very triggering. They just see it's everywhere. And I don't hear that from the other substance users, because things like heroin, it's not seen. It's underneath the radar, but with alcohol users, I think they struggle because…and especially this area because it's so tourism… so it's everywhere.' [Service Provider, interviewee #03] 'There's a lot of…a big culture, I mean quite a lot of the pubs, I've heard my clients say there's a big culture of alcohol and cocaine and you not being able to move in the pubs for the amount of

		cocaine that's going on there which can help you drink a lot more basically.' [Service Provider, interviewee #05] 'Sometimes when my clients are saying, "I'm so ashamed" and I say "Look, I've got people on my caseload who are police officers, fire fighters, doctors. This is not something that is exclusive to any group of people".' [Service Provider, interviewee #02]
	Legality	'I guess post-increase in prices; I have noticed that, particularly with my client group, they are buying illegal alcohol. Similar type of alcohol, so high strength, having a very immediate effect, the most ABV for your money really. They are buying illegal alcohol; they are buying a lot of alcohol that is stolen.' [Service Provider, interviewee #15]
	Safety and wellbeing	'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]
	Health	'We're getting a lot more jaundiced, aren't we? We're getting a lot more alcohol seizures. We're getting a lot more cirrhosis, ascites. We've had people on kind of end of life, which we normally wouldn't take but the unit has had to adapt.' [Service Provider, interviewee #14]
The Policy	Awareness of MPA	'The actual impact I haven't seen to be quite honest, other than drinking other things and using other stuff. Did I think it would have a massive impact? Do you know, I didn't think it would? I didn't think it would with our clients, but I thought it would with clients that are not with us, so, homeless or whatever it is.' [Service Provider, interviewee #12] 'My idea of it, when I read it in the newspapers, I was first aware of it that it was perhaps aimed at children and perhaps stop them getting somebody to buy alcohol for them, making it outside of their pocket money. I thought it affected the alcohol pops and things like that.' [Service Provider, interviewee #13]
	Attitudes, feelings, and perceptions towards MPA	'I haven't asked this question too much, but I have on occasions said, and more recently knowing that this was coming up, I've said, "well you know, what did the increase in alcohol cost

		mean to you?" And they've said, "well it didn't really matter, I'm always going to have it."' [Service Provider, interviewee #16] 'I reckon now if someone was getting into it, price would play more of a thing but if someone has had a long history of drinking then it's just sort of…If someone's been on vodka then they're going to carry on drinking vodka regardless of the price because it's that, means to an end but I think maybe if it's someone that's starting out now, maybe that would play…Because it's generally the older clients that I've got that are on the vodka, I mean if have some young ones that are polydrug users and just looking for anything. So, yes, I think it does, I think…I'm trying to think about, yeah there are times when someone will say, "yeah I can't afford that and..."' [Service Provider, interviewee #05]
	Preparation for implementation of MPA	'We were made aware it was happening and I think we were given some literature and some posters but that was kind of it really.' [Service Provider, interviewee #01] 'We had guidance. We had the policy to be fair. We had the information. But I think COVID came in and that was the end of that really.' [Service Provider, interviewee #08]

6. Appendix F – Topics included within Survey Questionnaires and Interview Schedules

Survey questionnaire topics – drinkers

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

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

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

Survey questionnaire topics – providers

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

1. Current job (Location, organisation type, and length of experience)
2. General nature of presentations at services (prevalence of primary alcohol type, changes in presentations, primary types of drinkers on caseloads, and income categories of presentations)
3. Affordability of alcohol and coping strategies (regularity of price and affordability conversations, changes in affordability)
4. Factors shaping drinking choices/experiences (key factors shaping drinking choices, changes in drinking experiences in last three years)
5. Minimum Price for Alcohol (Knowledge and understanding, availability of information and support)

6. Impact of MPA on services (Observed changes in numbers presenting into treatment; type and profile of presentations; direct or indirect change to service delivery)
7. Impact of MPA on drinkers (Observed changes to behaviour of drinkers, awareness of reported consequences of MPA for drinkers)
8. Effectiveness and future of MPA

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

Evaluation of Minimum Price for Alcohol – Qualitative work with Services and Service Users

Semi-Structured Interview – Drinkers (Final follow-up)

Preamble

a) Thank you for giving up your time and agreeing to participate.

b) Conversation about the incentive and when/how it will be issued.

c) Confirmation of: purpose of the interview (exploration of: drinking patterns/behaviour, both consumption and purchasing; affordability of alcohol, and changes to all of these over the last 2-3 years and what explanations you have for any changes); about the research team and funding, explore the participation information sheet, voluntary nature and explicit use of data (confidentiality), Privacy Notice.

d) Recording.

e) Signing of consent form.

f) Outline structure of interview:

   a. A number of open-ended questions about yourself, your drink and any other drug use and any changes over the last 2-3 years. Please answer as fully as possible. (I may offer some additional prompts, where appropriate).

   b. A number of closed questions will be used to capture some answers.

   c. A number of questions where you will be asked to confirm some information or clarify one or two specific points.

Themes, questions, and topics

Theme	Potential opening questions	Things to listen for – further prompts
Self	FOR THOSE WHO **HAVE** PREVIOUSLY BEEN INTERVIEWED FOR THE STUDY: • To begin, can I just ask how things are today? • How are you feeling? Where are you right now? At home or elsewhere? Is there anyone else with you? • Are your personal circumstances the same as the last time we spoke (accommodation, employment, relationships, etc.)? • Are there any significant life events that have happened for you since the last time we spoke?	• Age category (ask how old they are) • Local Authority Area • Employment (e.g., type of job, hours worked) • Marital status • Housing status • Qualifications • Children aged 17 and under living at home • Benefits • Income category
Personal finances	Because we are conducting a study about the pricing of alcohol we are interested to know who well people are managing financially at the moment? • What would you say?	Offer the following options: • Very well • Quite well • Neither managing nor not managing • Not well • Not at all well
Current alcohol and substance use	I would now like to ask you three questions about your use of alcohol over the last 12 months. Each question has a set of possible answers and for each I would like you to indicate the answer option that is the closest for you: • Over the last 12 months, how often have you had a drink containing alcohol? The answer options are: Never / Monthly or less / 2-4 times a month / 2-3 times a week / 4 or more times a week?	

	• How many units of alcohol do you drink on a typical day when you are drinking? The answer options are: 0-2 / 3-4 / 5-6 / 7-9 / 10 or more • Over the last 12 months, how often have you had 6 or more units if female, or 8 or more if male, on a single occasion?	• If participant is unsure what a unit of alcohol is – 1 unit is usually about half a pint of regular beer, lager, or cider; 1 small glass of wine; 1 single measure of spirits.
Previous use and treatment history	I would now like to check/confirm (depending on whether the individual has been interviewed previously or not) your use of alcohol and other drugs, and any treatment/support that you've received, across the course of your life. • What about your previous use of alcohol/drugs? How has your use changed over time? • Can you tell me about the nature/type of treatment and/or support you are currently receiving regarding your alcohol and/or other drug use? • Would you mind telling me a little bit about the reasons behind why you sought out support and/or treatment for your alcohol use? Please can you tell me about any previous support or treatment that you may have had for alcohol or other drug use.	• Patterns of use of different types of substance, engagement in drug and alcohol services in the community and within the CJS. • Check for: community/inpatient detox; prescribed medications; support via GP; residential rehab; peer alcohol/drug support groups. • Number of episodes, type of treatment, type of agency, community or CJS.
Changes to alcohol consumption and purchasing	I would now like to look at whether there have been any changes to your level of drinking alcohol since we last spoke [or over the last 2-3 years], and what explanations you might have for any changes. • So, to begin with, can you tell if whether, since we last spoke [or over the last 2-3 years], the **amount** of alcohol that you drink has changed?	• Are you drinking less/more or roughly the same since we last spoke [or across the last 2-3 years]? Has it fluctuated?

	• Has the **frequency** (i.e., the number of days per week in which you drink alcohol) changed over the same period?
	• Have you changed **where** or **with whom** you drink (home, with friends, pub, etc.) at all?
	• Over the same period, has the **amount you've spent** on alcohol changed and/or the way that you fund your alcohol purchases?
	• Similarly, have you changed any of the following purchasing patterns over the same period
	  ○ The **type(s)** of alcohol you drink
	  ○ The **brand(s)** of alcohol you drink
	  ○ **Where you purchase** your alcohol from?
	Have you chosen to drink any **low/zero** alcoholic drinks at all?
		• Less/more/no change. If less or more, how much of a change? Can the individuals quantify (e.g., used to drink every day, but now only drinking maybe two days per week).
		• Prompt to see if the individual can estimate how much they spend on alcohol on a typical week, and also how much their total weekly income is?

Changes to any other drug use (consumption and purchasing)	**If the individual has noted previously any other drug use, ask the following question:** • Since we last spoke [or over the last 2-3 years] has your use of other drugs changed in relation to **amount**, **frequency**, **type**, **amount spent/financing of**, etc.? • If so, is there any connection, for you, to any of the changes in you've noted to your drinking?	• This question is prompting whether there has been any substance switching (e.g., when short of money, or in different contexts), substances switched from/to, motives, explanations.
Affordability of alcohol	• Since we last spoke [or over the last 2-3 years] how **affordable** has alcohol been for you?	• Prompt to see whether there has been any noticeable change (either more or less affordable and to what extent) or whether the individual hasn't noticed any change in affordability.

	• How do you manage if/when you can't afford to drink? What effect do you think this has on people around you?	• Explore responses as they arise e.g., go without, change what/how much drink, use other substances, find more money.
Explanations of changes to consumption, purchasing and affordability considerations	**If changes have been noted in the above two sections.** • So, when considering the conversation that we've just had regarding changes to your drinking over the last couple of years and the affordability of alcohol for you, how would you account for these changes? What factors have played a part?	• **<u>Avoid</u>** prompting about any particular explanations to give the individual the freedom to explore this question for themself. There will be more specific questions later to check whether there are any considerations around: MPA, Covid, Cost of Living Crisis, Change in income/employment, Health (Physical/Mental) etc. • **Do, however, use the 'what else?' prompt several times.**
Impacts of changes to alcohol prices/products (on self and others) over the last two-three years	• Since we last spoke [or over the last 2-3 years] have you noticed any **changes to alcohol prices or products**? If so, what changes? Are the changes in relation to what you drink or to other alcohol products that you don't normally purchase or which other people you know drink? • Since we last spoke [or over the last 2-3 years], **what impacts, if any, have price increases had on you** – on what you drink/how much you	**LISTEN TO, AND CLARIFY, THE EXTENT TO WHICH EXAMPLES ARE ACTUAL/DIRECT EXPERIENCE RATHER THAN PERCEPTIONS/ASSUMPTIONS/HYPOTHESES.** • Probe for details of price changes – e.g., do they recall one price change or multiple price changes over the last 2-3 years, and were the price changes small/medium/large in nature? • Prompt for details – e.g., (a) products you used to be able to buy, but which are no longer in stock, or big bottles of cider (3lts) changing to smaller sizes (1ltr, 1.5ltr) etc., or (b) any products returning to the shelves that had been missing previously. • Probe for changes in spending habits and drinking behaviour. Has the change in prices led to you: reducing your drinking (on each day or on fewer days); drinking cheaper

	drink/when you drink? Or do you drink the same as you have always done?	alcohol/different brands or products; stealing alcohol; drinking illicit (black market alcohol); drinking non-beverage alcohol (e.g., hand gels, meths).
	• Have you changed the amount you spend on **other things** in order to continue buying your usual alcohol? • Have you needed to seek any **support or treatment** to help cope with any price increases?	• Food, types of food, clothing, heating, accommodation, entertainment etc. Prompt for any increased use of food banks etc.
	• What about the **impacts on your family and friends**? • What about **other areas** of your life?	• Consideration of the potential impact on family and friends (e.g., less money to spend on food, clothing, accommodation) e.g., crime, seeking treatment, employment, accommodation, health, wellbeing, managing your daily life, finances, use of treatment and other services.
	• How about **other drinkers**? What impacts have you seen for them? • Has the change in alcohol prices had any other consequences for you that we have not yet discussed?	
Other factors	• Has there been anything other than the price of alcohol which has had a major effect on your drinking? • Has there been anything other than the price of alcohol which has affected your affordability of alcohol?	• This could be anything, but might include: changes in your own life (e.g., to relationships, to your income/benefits or your housing or to your health); significant life events (e.g., bereavement); the influence of people around you (e.g., attitudes to heavy drinking); changes affecting your local community, this region, or even the whole country. • Also check for responses to Covid/lockdown, cost of living crisis, benefit changes (e.g., Universal Credit).

Awareness and impact of minimum pricing for alcohol	In March 2020, the Welsh Government brought in a new policy that has increased the price of some cheaper alcohol products.
	• Do you know much/anything about this policy? Do you know what it's called? (If so, ask when they first heard about it – and from where, e.g. TV, online, treatment services, leaflet).
	• Can you remember anything that happened when the policy came into effect in 2020?
	• Thinking back to when the policy came into effect (which was just before the first Covid lockdown), were you drinking at that time?
	
	• How does the price you currently pay for alcohol compare to the price you would have paid before the policy was introduced?
	• We talked earlier about how affordable alcohol is to you just now. Can you recall how affordable alcohol was for you before March 2020, and how does that compare to now?
	• Since March 2020, have you:
	  ○ Given up drinking?
	  ○ Drunk less alcohol on each day?
	  ○ Drunk alcohol on fewer days?
	  ○ Drunk about the same amount of alcohol as before?
	  ○ Drunk cheaper alcohol?
	  ○ Stolen alcohol?
	  ○ Drunk illicit (black-market) alcohol?
	  ○ Drunk non-beverage alcohol (e.g., alcohol-based hand gels, aftershave, methylated spirits)?
		• See if spontaneously name policy – if not, tell person we are talking about MPA/MUP and provide a brief explanation. See if they recall hearing/discussing anything about it when the policy was implemented in March 2020.
		
		• Probe for details of drinking patterns at the time of MPA implementation. People might find it easier to recall what they were drinking just before the first Covid lockdown.
		• Probe for detail if the individual can remember of actual prices paid. If not, probe for a sense of the scale of any price changes.
		• Explore any changes in affordability since the introduction of MPA.

	• If yes to any of the above, in your view, how much did the change in alcohol prices in March 2020 contribute to this? Answer options: (a) a major reason, (b) a minor reason, (c) not a reason at all.
	• Since March 2020, have you:
	  ○ Needed to get more money to buy alcohol?
	  ○ Changed to / increased substance use (including tobacco)?
	  ○ Spent less on other things in order to buy alcohol?
	  ○ Sought treatment?
	• If yes to any of the above, in your view, how much did the change in alcohol prices in March 2020 contribute to this? Answer options: (a) a major reason, (b) a minor reason, (c) not a reason at all.	

Impact on others	• So far, we have asked you about your own personal experiences. Would you like to comment more generally about changes in drinking patterns and related behaviours among other people that you know? Do you think that other people are doing anything differently because of minimum pricing? It would be helpful if you could provide examples of things you have noticed, please.	• Probe for evidence and examples rather than perceptions and assumptions. Ask why they think the changes occurred and probe for the impact of MPA or other factors. • Explore any coping strategies adopted by others.

Attitudes and feelings towards minimum pricing	• What do you think about the policy? What are the good or bad things about this? For you? For other people who drink heavily? For other people around you? (e.g., family) • Has your view changed over time? • Do you think that the policy should be continued? • It has been suggested that increasing the value of the minimum unit price could potentially increase the positive impact on alcohol consumption and related harms. If there was an option to change the MUP from 50p, what would you recommend that Welsh Government do? • What should the priorities of Welsh government be to reduce alcohol-related harms across Wales?	• Probe for what they think are the positives and negatives – both for themselves and others. • Check whether their view/attitudes/feelings were already formed before this interview or whether discussing it today has changed their view etc. • Why do you feel this way? How strongly do you feel about this? • Higher, lower, same, remove? What price would you recommend? Why do you feel this way?
Anything else	• Thank you for what you have told me today about the price of alcohol and the impact of this on how you and other people drink. Before we finish, is there anything else you want to say?	• Respondents given the option to provide any further information that they think might be relevant.

- Thank you
- Offer Voucher – sign for

Interview topic guide – providers

Evaluation of Minimum Price for Alcohol – Qualitative work with Services and Service Users

Semi-Structured Interview – Providers (Final follow-up)

Preamble

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

Themes, questions, and topics

Broad topic area	Potential opening question	Things to listen for – further prompts
Self	• Can you please just outline a little bit about yourself, so age, gender, nationality etc.?	• Age, gender, nationality, ethnicity.
Experience	• What is the nature of your current role? • Can you please tell me something about how long you have been working with drinkers and drug users?	• Current role, length of time in current role, nature of role. • Depth of experience in this area of practice.
Type of organisation	• What type of service(s) does your organisation offer? • What is the nature of the client population?	• e.g., alcohol only, other drugs, work with family/carers, number of clients.
Perspective on typical alcohol use among people who use the service	• What types of alcohol are commonly consumed by users of your service? Does it vary or are there common products? Which ones? • Where are these products purchased/consumed? • Are you aware of black market and illicit alcohol purchasing? • Are there any local factors relevant to these patterns of consumption and purchasing? • What do you think influences the drink choices made by people who come into this service? • How affordable is alcohol to the people who use this service? • What strategies do people use when they can't afford to drink?	• Probe for details of popular types of alcohol and popular brands if known. • Probe for purchasing patterns e.g., on sales at pubs/restaurants and/or off sales (shops); bought via online/app/delivery service. • Probe for consumption patterns e.g., at home, public places, pubs/restaurants, drinking dens, etc. • If so, where/how do you think this is obtained? • e.g., deprivation, traditions, culture, rurality etc. • i.e., aside from possible dependence, what other factors are key? (e.g., convenience, price, taste, effect)

	• What effects do these have on people around them?	• Check whether these are known responses (i.e., clients have discussed using them), or whether they are assumed/perceived. • Explore responses as they arise e.g., go without, change what/how much drink, use other substances, find more money. • Check whether these are reported/witnessed effects or whether they are assumed/perceived. • e.g., managing daily life, family/parenting/other relationships.
Awareness of MPA legislation	• What do you know / understand about the Public Health (Minimum Price for Alcohol) (Wales) Act 2018? • How has your understanding/knowledge of MPA changed over time? • When did you first hear about MPA in Wales and when did you first notice it had been implemented? • Have you received any guidance, support, or training with regards to the introduction of MPA?	• Awareness and understanding of MPA. Where has their information come from?
Impacts Pricing and products	• What have been the consequences of this policy for the people who use your service – that you have seen or heard? • What, if anything, have those people who are drinking harmfully done differently because of minimum pricing? • Have you noticed any change to the affordability of alcohol for those drinkers you work with since the introduction of MPA? • What do you think have been the other consequences of MPA for:	• Finances, health, wellbeing, accommodation, clothing, food. • Detox • Probe change in consumption, substitution, black market, treatment seeking, ways of obtaining alcohol/money. • Probe for intended and unintended consequences. • Check whether these are known consequences (i.e., clients have discussed

	• The people around the people who use this service (e.g., Family)? • People who are not yet accessing services but who might need them? • This service (e.g., do you anticipate / have you seen changes in demand)? • This sector (i.e., health and welfare)? • Other sectors (e.g., criminal justice)?	them), or whether they are assumed/perceived.
	• Have there been any changes in presentations to the service over the last two years? • Have there been any changes in demand for detox since the introduction of MPA (or incidents of acute withdrawal)? • Is there anything about this area/region which means MUP has had different effects here to elsewhere? Can you tell me more about this? • How does any of this (answers to above questions) compare with what you expected to happen when MPA was introduced/implemented? • (if not covered/introduced above) • Do you have any views on the level of minimum pricing that was implemented? • What have you noticed/observed/heard about changes to the prices of alcohol products over the last two years? Do you attribute these changes to MPA (as compared to just inflationary price rises etc.)? • What have you noticed/observed/heard about changes to alcohol products being sold over the last two years?	• Probe what they think has caused any changes (e.g., change in price, Covid). • If 'yes', explore what the evidence is for this, including any evidence that it is attributable to introduction of MPA. • Explore any evidence for it being different. • Were they aware of any consultation regarding the setting of the MUP level? • Probe for any/all actual changes in price to particular products as well as overall trends in alcohol pricing. • Check whether any changes noted are from their own observations or from what they've heard from those drinkers they are working with. • e.g., change in product sizes, removal of products from shelves. • Check whether any changes noted are from their own observations or from what they've heard from those drinkers they are working with.

Switching	(if not covered/introduced above) • More specifically, have drinker's behaviour changed, regarding changes in type of alcohol or other drugs being used as a consequence of minimum pricing?	• Are there particular types of drinkers who are switching as a result of MPA? • What does switching look like (i.e., within alcohol or to other substances), what substances, why, how?
Attitudes and feelings towards minimum pricing	• Given all that you have seen, what are your views on minimum pricing and the MPA policy? • Has your view changed over time?	
Anything else	• Knowing we were going to have a conversation about minimum pricing for alcohol, is there anything else you thought about or think we should hear on the subject?	• Respondents given the option to provide any further information that they think might be relevant.

Thank you.

7. Appendix G – References

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