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Assessing the experiences and impact of Minimum Pricing for Alcohol on service users and service providers: final report

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Glossary

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

1. Introduction

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

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

1.3 The explicit aim of this component of the research is to assess both the experience and impact of MPA on service users (harmful, hazardous, and dependent drinkers) and services across Wales (including exploring the extent to which switching between substances may have been a consequence of the legislation and the impacts of minimum pricing on household budgets).

1.4 The original plan was to assess the impact of MPA at 18 months and 42 months post-implementation. As a result of the impact of the COVID-19 pandemic, these timelines were postponed by six months, with the interim findings containing the results of the new 24-month follow-up being published in June 2023 (Perkins et al., 2023).

1.5 The interim findings provided an important assessment of the experience and early effects of MPA on those drinkers who are: (1) directly targeted by the legislation (i.e., harmful and hazardous drinkers); and (2) the most vulnerable population group that are directly impacted, but not directly targeted, by the legislation (i.e. low-income dependent drinkers).

1.6 This final evaluation report presents findings from the set of data collected approximately four-years post-implementation of the legislation, and builds upon the interim findings released in 2022, especially in relation to a sub-set of longitudinal interviews that were conducted with service users and service providers.

1.7 The research has gathered the views and opinions of both service users and service providers, using a combination of qualitative interviews and online survey

questionnaires (see **sections 1.11 to 1.13** 'Language' and **Chapter 2** for further detail on the use of these labels/descriptors).

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

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

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

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

Structure of the report

1.10 The report is divided into three key parts:

- The first (**Chapters 2 to 3**) provides an overview of the research methods, as well as the characteristics of the interview and survey samples.
- The second (**Chapters 4 to 5**) presents the results of the study and is structured into two core chapters which present the analysed views of the two key stakeholder groups (service users and service providers).
- The third (**Chapters 6 to 7**) provides a comparative discussion of the views of service users and service providers, and includes a set of recommendations for consideration by the Welsh Government.

Language (labels and descriptors)

1.11 For clarity, the research team have chosen to adopt the following labels/descriptors: 'service users' or 'individuals' (to denote drinkers) and 'service providers'. Detailed characteristics of these groups, for both survey and interview samples, are provided in **Chapter 3**.

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

1.13 In relation to the cohort of drinkers included in the study, the report acknowledges that survey and interviewing sampling was focused on those individuals whose level of drinking is categorised as either hazardous, harmful, or dependent. Consistent with other researchers, in this report the terms 'hazardous', 'harmful', and 'dependent' drinking are defined on the basis of scores obtained through the Alcohol Use Disorder and Identification Test [AUDIT] – see Office for Health Improvement and Disparities (2017). The underlying assumption made was that any individual who is currently engaged with a service due to their problematic alcohol use would fit the criteria for being categorised as such.

Background and context

1.14 The background and context for MPA have been set out in detail in three previous reports (Holloway et al., 2019; Buhociu et al., 2021; Holloway et al., 2022), the most recent of which (Holloway et al., 2022) provides an updated literature review that builds upon the reviews completed in the two earlier reports. Further updates covering the most recent literature are provided in the Contribution Analysis final report (Livingston et al., 2025) and the 'Assessing the Impact of MPA on the wider population of drinkers' final report (Holloway et al., 2025) and is where we would direct readers to look for up-to-date references.

1.15 The earlier of the three previous reports (Holloway, et al., 2019) is considered to be the baseline report for this study as it considered the potential for substance switching following the introduction of MPA based on the views of the same targeted stakeholder groups (i.e., service users and service providers), and therefore contains relevant background content. The interim findings report for this study (Perkins et al., 2023) also need to be considered alongside this final report to

fully appreciate the journey of experiences that service users and service providers have had in the four years since MPA was implemented.

1.16 Rather than repeating the full background and context for MPA in Wales, we would signpost readers to **Chapter 2** of the Interim Findings report, as well as to the detailed interim (Livingston et al., 2023) and final (Livingston et al., 2025) Contribution Analysis reports produced as part of the same evaluation programme.

2. Methods

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

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

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

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

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

Aims and objectives

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

2.7 More specifically the full study (of which this report provides the final set of findings), has ten objectives (outlined in **sections 1.8 and 1.9** of **Chapter 1**); with six focusing on people receiving support from providers of services to people with alcohol problems (i.e., service users) and four focusing on individuals working as providers of such services (i.e., service providers).

Study methods

2.8 The core element of this study focused on a second wave of qualitative interviews with service users and service providers as part of a 24 and 48 month post-MPA implementation longitudinal design. Due to some attrition, given the two year gap between the two waves of data collection, additional new interviewees were recruited (both service users and service providers) to ensure the target numbers were achieved as closely as possible.

2.9 The study also involves the use of repeat cross-sectional surveys with samples of service users and service providers at the same intervals as the longitudinal qualitative study, with this report covering the second wave of surveys at 48 months post-implementation.

Qualitative interviews – service users and service providers

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

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

2.12 The interview schedules were designed for a semi-structured interview based on themes to be covered and interviewer prompts to assist in guiding the conversation. The interviews were ‘flexible but controlled’ (Burgess, 1984) and based on an open rather than rigid structure, which can often regulate, subdue and structure

interviewees' responses (Bryman, 2016). Separate schedules were developed for service providers and service users although common issues were explored in both. An iterative approach was adopted, whereby the results of early interviews guided the structure and content of later ones.

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

2.14 All interviews were conducted in English. All interviews were offered in English or Welsh, but all participants chose English. They took place at times and locations convenient to the interviewees. The majority of service user interviews were conducted face-to-face with just a small number being conducted by telephone. Conversely, the majority of service provider interviews were conducted by Microsoft Teams, with just a small number of interviews being conducted face-to-face.

Cross-sectional surveys – service users and service providers

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

2.16 Separate online questionnaire surveys for service providers and drinkers were developed in '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.

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

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

- demographics;
- personal finances;
- current alcohol and substance use;

- previous alcohol and substance use;
- treatment/support history (including current);
- changes to alcohol consumption and purchasing over last 2 to 3 years;
- changes to other drug use (consumption and purchasing) over last 2 to 3 years;
- affordability of alcohol;
- explanations of changes to consumption, purchasing and affordability considerations;
- impacts of changes to alcohol prices/products (on self and others) over last 2 to 3 years;
- other factors;
- awareness and impact of MPA;
- impact on others; and
- attitudes and feelings towards MPA.

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

- demographics;
- current role and previous experience of working with those who drink at harmful levels;
- perspective on typical alcohol use amongst people who use the service;
- respondents' own knowledge and understanding of MPA;
- information and support regarding the introduction of MPA and also ongoing information and support;
- impact of MPA on services;
- impact of MPA on drinkers;
- explanations of changes to consumption, purchasing and affordability considerations for service users;
- impacts of changes to alcohol prices/products over last 2 to 3 years;
- changes in type of alcohol or other drugs being used as a consequence of minimum pricing ('switching');
- attitudes and feelings towards MPA policy; and
- views about next steps for MPA policy.

Summary of study methods

2.20 A summary of study methods, recruitment, sampling, and activity completed is presented in the table below. Fieldwork activities took place between 13th November 2023 and 9th July 2024.

Table 2.1: Summary of study methods, recruitment, sampling, and activity completed

Method	Description	Number
Semi-Structured Interviews (Service Users)	• Interviewees from the first wave were contacted to see if they were still agreeable to be re-interviewed for the second wave. • Convenience sampling was used to recruit additional participants from alcohol services operating across Wales, to fill the gaps from the longitudinal sample attrition. • The convenience approach was augmented with some purposeful sampling to ensure we captured diversity of: sex, age range, geographical location (including areas close to the England-Wales border) and drinking types. • Interviews were spread across six of the seven APB areas of Wales. Cardiff and the Vale had the most (six out of the 17 interviewees), North Wales (four interviewees), Gwent (three interviewees), Powys (two interviewees), Dyfed and Western Bay (one interviewee each). Rhondda Cynon Taf was the area that provided no interviewees.	**17** • [15 interviews were conducted with 17 respondents in total[1]] • [4 longitudinal interviewees and 13 new interviewees]
Semi-Structured Interviews (Service Providers)	• Interviewees from the first wave were contacted to see if they were still agreeable to be re-interviewed for the second wave. • Convenience sampling was used to recruit additional staff working in alcohol services operating across Wales, to fill the gaps from the longitudinal sample attrition. • The convenience approach was augmented with some purposeful sampling to ensure we captured diversity of: sex, age range, geographical location (including areas close to the England-Wales border).	**15** • [13 interviews were conducted with 15 respondents in total[2]] • [6 longitudinal interviewees and 9 new interviewees]

[1] One small group interview was completed with three service users.
[2] One small group interview was completed with three staff members.

	• Interviews were evenly spread geographically and covered all seven of the APB areas of Wales. Cardiff and the Vale had the most (three out of the 15 interviewees), with all the remaining six APB areas contributing two interviewees each.	
Online survey (Service Users)	• A link to the online service users' survey was distributed via APBs and Third Sector alcohol support services for cascading to service users. • The survey was mostly completed online by service users. Some service users were supported to complete the online survey by peer workers who had received training in supporting individuals to complete the survey. • A Welsh version of the survey was provided and distributed alongside the English version; however, no responses were received for the Welsh version. • Respondents were resident in 14 of the 22 Local Authority areas in Wales. Responses received were disproportionately spread across Wales with almost half (n=56; 47%) of the total responses coming from residents of Cardiff. The next largest proportions of respondents were from individuals living in Powys (n= 24; 20%) and Rhondda Cynon Taf (n=12; 10%). The remaining areas contributed between one and eight respondents each. No responses were received from: Caerphilly, Conwy, Flintshire, Merthyr Tydfil, Monmouthshire, Newport, Swansea, or Wrexham.	**121**
Online survey (Service Providers)	• A link to the online service providers survey was distributed via APBs and Third Sector alcohol support services for cascading to staff. • A Welsh version of the survey was provided and distributed alongside the English version; however, no responses were received for the Welsh version. • 21 out of 22 Local Authority areas were represented in the survey responses. Cardiff was the area with the most respondents (n=14;	**90**

	16%) with all other areas contributing between one and nine respondents each. No responses were received from the Vale of Glamorgan.

Ethics

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

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

2.23 Due to the allocated study timescales and resources, it was decided from the outset not to pursue a National Health Service [NHS] ethics application.

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

3. Sample characteristics

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

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

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

Survey respondents – service users

3.3 In total, 121 people completed the 'service users' online survey.

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

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

3.6 Almost two thirds of the sample were male (n=75; 62 per cent) and just over one third were female (n=42; 35 per cent). This represents similar proportions to the male/female gender balance in treatment services. Three individuals identified as non-binary/third gender, and one individual preferred not to disclose their gender.

3.7 The majority of service users (n=107; 96 per cent) indicated they were 'White-English/Welsh/Scottish/Northern Irish/British'.

3.8 Just over half of the service user survey respondents were aged between 18 and 44 (n=65; 54 per cent) whilst the remainder were aged between 45 and 74 (n=55; 46 per cent).

3.9 Respondents were resident in 14 of the 22 Local Authority areas in Wales at the time of completing the survey – see **Table 2.2**, **Appendix B** in the separate **Appendices (Supporting Evidence)** report. Nearly half (47%) of the responses came from Cardiff residents, followed by Powys (20%) and Rhondda Cynon Taf (10%). The remaining areas each contributed between one and eight responses. No responses were received from: Caerphilly, Conwy, Flintshire, Merthyr Tydfil, Monmouthshire, Newport, Swansea, or Wrexham.

3.10 Almost half of respondents who provided an answer (n=45; 47%) reported Universal Credit to be their main source of income, with over a quarter (n=27; 28%) reporting it to be their wage or salary. Other responses included: 'benefits – other' (n=13; 14%), 'criminal activity' (n=4; 4%), 'family' (n=2; 2%), 'other' (n=2; 2%), and 'pension' (n=1; 1%). The remaining one respondent answered, 'I prefer not to say'.

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

3.12 The World Health Organisation created the AUDIT-C [Alcohol Use Disorder Identification Test] which quantifies harmful alcohol use, based on three questions posed to individuals about their consumption habits. The AUDIT-C was adapted from the longer AUDIT questionnaire (ten questions), which is mainly used in primary care settings. From the responses received it was only possible to calculate the AUDIT-C scores for 69 out of the 121 service user survey respondents, due to missing or incomplete responses.

As seen in Table 3.1, the majority of those who responded had scores within the 'possible severe dependence' (n=48; 70%), 'dependence likely' (n=7; 10%) or in the 'high risk' (n=8; 12%) categories.

Table 3.1: AUDIT-C scores – service users

AUDIT-C score category	Number	Percentage
Low risk (0 to 4)	2[3]	3
Increasing risk (5 to 7)	4	6
High risk (8 to 10)	8	12
Dependence likely (11 to 12)	7	10
Possible severe dependence	48	70
Note: Some missing cases.		

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

Survey respondents – service providers

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

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

3.16 A majority of service providers were from third/voluntary sector- based drug/alcohol services (n=46; 52%), whilst other substantive categories noted were those who work for either an NHS-based drug/alcohol service (n=16; 18%), a local authority-based drug/alcohol service (n=9; 10%), a housing service (n=8; 9%), or a homelessness service (n=7; 8%).

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

3.17 21 out of 22 Local Authority areas were represented in the survey responses. Cardiff was the area with the most respondents (n=14; 16%) with all other areas contributing between one and nine respondents each. No responses were received from the Vale of Glamorgan. (see **Table 2.5** in **Appendix B** in the separate **Appendices (Supporting Evidence)** report).

3.18 The survey captured a range of experience levels amongst respondents. The largest group (32%) had been in their current roles for 1 to 3 years, whilst 28% reported more than a decade of service in the sector. Notably, over half of the respondents (52%) possessed more than 10 years of experience working with or volunteering for services that support individuals who drink at harmful levels. The sample could, therefore, be considered a credible one with substantial experience of working in the substance use field.

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

Interviewees – Service users

3.20 Fifteen interviews were conducted with 17 respondents in total[4].

3.21 Four interviewees were individuals who had taken part in the first wave interviews in 2022 (longitudinal), with a further 13 new interviewees recruited to fill the gap by the first wave interviewees who were either not contactable anymore (n=12) or who chose not to be re-interviewed (n=1).

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

3.23 More than half of the interviewees were male (n=10; 59%), with just under a half being female (n=7; 41%). This is fairly representative of a treatment population. Just over a third of interviewees were in the 35 to 44 age category with other interviews being spread fairly evenly across the 20 to 24, 25 to 34, 45 to 54 and 55 to 64 age group categories.

[4] One small group interview was completed with three service users.

3.24 All those interviewed had experienced problems with their alcohol use both pre-and post-implementation of MPA and were therefore either current drinkers (n=10; 59%) or recent drinkers (n=7; 41%), consistent with a treatment profile.

3.25 A majority of interviewees (n=12; 71%) reported that they did not use any other substance (excluding tobacco) apart from alcohol.

3.26 'Spirits or liqueurs' and 'normal strength beer/lager/cider' were the most commonly reported 'main drink types' among the sample (n=7; 41% each), followed by 'wine' (n=2; 12%), and 'strong beer/lager/cider' (n=1; 6%).

3.27 Interviews were spread across all seven of the APB areas of Wales. Cardiff and the Vale had the most (n=6; 35%), followed by North Wales (n=4; 24%), Gwent (n=3; 18%), Powys (n=2; 12%), and Dyfed and Western Bay (n=1; 6% each).

3.28 A mixture of urban and rural locations were covered across the interview set, with two of the interviewees also living in close proximity to the English border.

Interviewees – Providers

3.29 Thirteen interviews were conducted with 15 respondents[5] involved in the provision of drug and alcohol services across Wales.

3.30 Six interviewees were individuals who had taken part in the first wave interviews in 2022 (longitudinal), with a further nine new interviewees recruited to fill the gap by the first wave interviewees who were either not contactable anymore (n=6) or who chose not to be re-interviewed (n=3).

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

3.32 A relatively even mixture of female and male (n=7 and n=8 respectively) participants were interviewed and three quarters had over five years' experience of working in the drug and alcohol field (n=11; 75%).

3.33 Several of those interviewed disclosed their own lived experience of problematic alcohol and/or drug use (which, in all cases, was a primary reason for now working

[5] One small group interview was completed with three staff members.

in substance use services) or disclosed personal experience of problematic alcohol and/or drug use within their family.

3.34 Interviews were conducted across all seven APB areas of Wales.

4. Views of individuals who access services (drinkers)

Key messages

- **Drinking patterns:** MPA is considered by most service user respondents to have particularly pushed dependent drinkers toward stronger alcoholic beverages, especially vodkas. Some have continued to maintain or even to increase their consumption despite the policy, which was intended to reduce consumption.
- **Impact on vulnerable individuals:** The financial strain caused by MPA, compounded by the cost-of-living crisis, disproportionately affects low-income, dependent drinkers, leading them to prioritise alcohol over essential living expenses.
- **Cross-border purchases:** A small sub-set of respondents travel across the English border to buy alcohol at lower prices, although this is generally for those with the means (income) and method (transport) for being in easy reach of the border. There is no evidence from the study sample of cross-border purchasing being something more widespread.
- **Limited awareness:** Awareness and understanding of MPA amongst respondents is limited. Many are unaware of the policy's purpose or benefits, with some believing that the money goes directly to the government. However, and within this context, there is some support for the policy to continue given perceived benefits for future generations.
- **Negative consequences:** The policy has exacerbated financial hardship for a small number of the study sample, leading to increased debt, some low-level criminal activities, and a greater reliance upon food banks and other forms of support.
- **Health and service access:** Many respondents feel that MPA has not influenced their decision to seek help for alcohol issues. Health, social, and economic factors are considered to be more significant motivators.

Introduction

4.1 To help address the core aim of this study (in relation to the views of individuals who access services)[6], the following chapter contains thematic analysis of:

- the qualitative data from the 17 individuals interviewed for the study who are currently engaged with alcohol treatment services across Wales, and who all have histories of drinking at harmful levels both pre- and post-implementation of MPA; and
- the qualitative responses contained within the 121 individuals who access services survey returns.

4.2 A selection of illustrative qualitative examples is included under each sub-heading, with a fuller sample of examples provided in **Appendix E** in the separate **Appendices (Supporting Evidence)** report[7].

Changes to Alcohol and Drug Use

4.3 The introduction of Minimum Pricing for Alcohol (MPA) has influenced the drinking patterns of many individuals by pushing them towards more affordable, readily available, and stronger alcoholic beverages. To save money, some people discussed shopping around for cost-effective options or, for some with close proximity to England, purchasing alcohol across the border to avoid higher prices in Wales. Although alcohol remains widely available, some products were noted as having been reduced in strength or having changed in packaging, reducing the variety of bottle sizes. Additionally, individuals reported a notable lack of non-alcoholic drink options, limiting choice for these alternatives.

4.4 Participants described their often, long-term drinking habits, emphasising the availability of cheap alcohol before MPA was introduced in Wales and how the policy has impacted their consumption. Contrary to the policy's goal of reducing drinking amongst hazardous and harmful drinkers, many respondents reported no change or even an increase in their intake, as stronger drinks are often the most economical. Financial difficulties, exacerbated by MPA, the cost-of-living crisis, and

[6] The explicit aim of this element of the evaluation is to assess both the experience and impact of MPA on **individuals (harmful, hazardous, and dependent drinkers)** and services across Wales (including exploring the extent to which switching between substances may have been a consequence of the legislation and the impacts of minimum pricing on household budgets).

[7] Identifiers (anonymous) are provided throughout the report in brackets after each quotation.

inadequate benefits, reportedly do not discourage problematic drinking but instead, in some instances, create challenging circumstances for vulnerable individuals, particularly dependent drinkers, who strive to maintain their alcohol consumption.

Types of alcohol and patterns of consumption

4.5 Since the implementation of MPA in March 2020, some individuals reported that they have maintained their alcohol intake, whilst others have increased consumption by 'switching from cider, because cider was the cheapest thing you could buy, to litres of vodka.' [Service User, interviewee #14]. To maximise their alcohol intake for the least amount of money, many individuals reportedly buy the strongest and cheapest alcohol options available. Whilst some have preferences based on taste, price, strength or effect, the cost often forces them to choose cheaper options.

> 'Because the unit price has made weak beer too expensive. So I switched to harder stuff for more bang for my buck.' [Service User, Survey Response #104]

> 'The only effect that minimum pricing has had is to make my drinking worse. You look at and you think, I can't have my [white cider brand name], which fills you up dead quick and makes you too bloated to drink anymore. You have to end up switching to wine, which is all stronger. Then you think, "Whisky's the same price", and you end up with a bottle of whisky. Then once you start on the whisky you have a bottle a day, then you're on two bottles a day.' [Service User, interviewee #02]

Availability of (cheap) alcohol

4.6 Respondents described how MPA has affected the availability of a wider range of cheap alcohol. Pre-MPA, it was noted that purchasing alcohol 'was a lot more affordable, a lot easier' [Service User, interviewee #02]. Where previously stockists 'had a wider choice', [Service User, interviewee #02] of inexpensive alcohol, it has since been noted that certain alcohol companies 'don't do the three litres [of white cider]' [Service User, interviewee #08] any longer.

4.7 Some individuals described how they would buy their alcohol from specific shops as they are the only retailers that stock particular or inexpensive products. Yet, pre-MPA, people reported to be less aware of their alcohol expenditure, with one individual suggesting they continued to pay little attention to cost despite the price increase. However, the price increase has made some more vigilant.

‘You didn't really have to think about the price because the prices were reasonable (...) After the policy, obviously you had to put more of a think into it because you don't know how much they are going to cost, especially at first.’ [Service User, interviewee #11]

4.8 Conversely, another individual found alcohol unaffordable even before MPA was implemented but continued to acquire it through credit from certain shops. One individual advised that alcohol remains overly available, posing a challenge for those trying to reduce or quit drinking.

‘The fact is it is so easy to get. That's what makes me want to drink vodka. I don't like the taste of it. I don't like anything about it, but it's just there. It's always there.’ [Service User, interviewee #13]

4.9 General observations throughout the study data indicate a lack of availability of typically cheaper products post-MPA.

Affordability prioritisation of alcohol (decision making)

4.10 For some, when it comes to purchasing alcohol ‘it’s just about the price’ [Service User, interviewee #09]. Price is a significant factor influencing individuals' decisions when purchasing alcohol, often leading them to prioritise alcohol over other necessities. Many describe alcohol as their main priority, as ‘price does play a big part’ [Service User, interviewee #08] in their budget allocation. For some, this results in sacrifices of essential living expenses such as food, clothing, utilities, and rent.

‘No food. Nothing [no other bills, including rent] (…) My meter would always go off, and if I had a fiver in my pocket, I had to get booze. Simple as. I had to get drink.’ [Service User, interviewee #14]

‘I’d not buy any new clothes or I don’t know, food for myself or anything. I’d just buy alcohol.’ [Service User, interviewee #04]

Geographical variations in cross-border purchasing

4.11 Some individuals discussed that in England, drinkers can ‘still get cheap cider for £1.75 a litre’ [Service User, interviewee #12], whereas Welsh prices can be significantly higher. This has led some individuals to purchase their alcohol ‘almost exclusively outside Wales’ [Service User, interviewee #06]. Travelling across the border in a bid to save money is a purchasing pattern that some attributed to MPA.

It is only due to individuals' circumstances that they were able to buy alcohol from England, as one person said: 'if it was closer I would' [Service User, interviewee #13]. Another individual discussed how they frequently travel to England and are therefore able to 'stock up' [Service User, interviewee #06], and they referred to buying alcohol in Wales as buying it at 'maximum price' [Service User, interviewee #06].

Drug use trends and polysubstance use

4.12 For a few individuals, certain illicit substances became a cheaper alternative to drinking alcohol as they appeared to 'become more readily available due to the increase in price [of alcohol]' [Service User, Survey Response #68]. These individuals also discussed their experiences of reaching their desired level of intoxication for less cost, as the drugs they were purchasing were costing 'less than it does for a couple of pints' [Service User, interviewee #06]. One individual commented that this resulted in an additional dependency for them.

> 'I think my drug use went up as well [post-MPA], because it was to that point where drinking wasn't the cheapest way of getting out...So, I wasn't drinking as much alcohol because alcohol was expensive, but then I became dependent on drugs. I was doing more drugs, but that was just a spiral of addiction with drugs I think as well.' [Service User, interviewee #14]

4.13 Others, however, report no longer being able to afford illicit drugs, leading to an increase in alcohol intake. One individual reported cessation of cocaine because they 'couldn't afford it' [Service User, interviewee #04], and another says that for them, it is 'cheaper to buy alcohol honestly than other drugs' [Service User, interviewee #11]. Affordability appears to depend upon the cost of the preferred drug or preferred alcohol product as individuals often stretch their finances to achieve the desired level of intoxication. Another individual reported stopping drinking altogether if they did not have the money, opting for another, more affordable substance.

> 'If money's been tight, I didn't drink. I didn't drink and I always smoked a bit if I could afford it.' [Service User, interviewee #16]

Awareness, understanding, and interpretation of MPA, and support for implementation

4.14 Individual awareness and understanding of the policy was limited amongst the study cohort, and although many were conscious of the price increases, fewer understood its purpose, projected benefits and who profits. Despite some being provided with information leaflets on MPA, the specifics of the policy were, ‘not understandable’ [Service User, interviewee #09] and ‘didn’t make any sense.’ [Service User, interviewee #09]. This led to more negative attitudes towards MPA, and some suggestions the policy should be scrapped entirely. Should the policy remain in place, however, individuals considered how it may help those most vulnerable. In part, this view for some individuals was based on a misconception that MPA is a tax. These individuals assumed that the additional money raised through MPA goes straight to the Welsh Government and could then be used to fund treatment programmes and promote non-alcoholic alternatives.

<u>Policy awareness, understanding and (misinterpretations)</u>

4.15 People’s understanding of the policy was mixed. A number of individuals had basic knowledge of the price per unit, but limited understanding around where the extra money goes and for whom the policy is intended. Some individuals ‘assume it’s just the same as taxing on cigarettes,’ [Service User, interviewee #14], with the extra money going to the government. Others ‘don’t really know anything about it’ [Service User, interviewee #08] and are unclear of the policy’s purpose.

> ‘I don't know too much about it. I know that there is a minimum price on a unit of alcohol, I'm aware of that, but it's not changed - it's not increased or decreased the numbers of people who are drinking...I don't know what the purpose of it was.’ [Service User, interviewee #03]

4.16 However, it was acknowledged that the policy ‘was bought in to help prevent the sale of super high strength alcohol for very low prices.’ [Service User, Survey Response #14]. Another survey respondent was able to demonstrate knowledge of the previous implementation of MPA in Scotland, suggesting a wider contextual awareness of the policy.

> ‘Modelled on policy introduced by the Scottish Government several years before, introducing a minimum price per unit for alcohol.’ [Service User, Survey Response #68]

Initial reaction and awareness campaigns

4.17 Initial reactions regarding the policy were also mixed, with some individuals remembering when MPA was implemented, and others only noticing its impact after some time.

> ‘I remember when minimum pricing came in, because I was deep in addiction at that point, and I was very skint.’ [Service User, interviewee #14]

4.18 Individuals reported they had heard about MPA on various platforms such as ‘Google’ [Service User, interviewee #10], ‘the news’ [Service User, interviewee #06], ‘social media’ [Service User, interviewee #13], ‘leaflets’ [Service User, interviewee #09] distributed in a treatment service, ‘the media...television’ [Service User, interviewee #02] and word-of-mouth. Another ‘was made aware of it by [their] social worker shortly before it was introduced and realised that it has been designed to increase the price of alcohol per unit measure’ [Service User, Survey Response #11]. Perceptions of the policy have changed over time for people after experiencing its effects, as initially some had thought it was a good idea.

> ‘I’m more anti now. To be honest, when minimum pricing was coming along, I was still in the thought process that I wasn’t an addict, and I thought, “Oh great, this will be a great chance for me to stop drinking altogether because it’ll be too expensive.” I was really pro-minimum pricing. I thought that would work...I would have voted for it, but I would have assumed the money was going to support funding for people in addiction. After experiencing it I’ve gone completely the other way, and now that I know the government aren’t even making money off it, I just don’t get it.’ [Service User, interviewee #14]

4.19 One individual recalls their initial reaction, and how it is reflective of potential aftereffects of the policy’s implementation.

> ‘As soon as I saw a news article saying that they were going to put…a minimum pricing on units of alcohol, I thought at the time all that is going to do is lead to more shoplifting by people who are alcoholics, and that's exactly what I've seen.’ [Service User, interviewee #03]

Diminished discussion and ongoing awareness

4.20 Despite outlets distributing information about MPA, most individuals do not have a full understanding of what the policy is, who it is for, and how it is implemented. One suggestion to improve this is to 'advertise and explain this [MPA] better in [an] advertising campaign.' [Service User, Survey Response #27]. Another reflection is on the lack of ongoing awareness of the policy:

> 'Most people in Wales seem to have forgotten it exists, I've noticed.' [Service User, interviewee #06]

Support and criticism

4.21 Attitudes towards MPA are mixed, with some believing the policy will create positive change for those not dependent upon alcohol, yet others highlighting concerns that it has not 'stopped anyone drinking' [Service User, interviewee #11]. In terms of dependent drinkers, the policy was seen to make 'people unhealthier because they can't buy food, clothing, everything' [Service User, interviewee #12], and their usual consumption patterns become more costly. The 'negative impact' [Service User, interviewee #11] on this cohort led to some individuals to criticise the policy. Similarly, it was suggested the 'policy has impacted on the most vulnerable in society and rewarded the alcohol companies' profit' [Service User, Survey Response #78]. Individuals' support for, or criticism of, MPA was often shrouded in confusion around who benefits financially from the policy.

> 'I don't know why they think it's a good idea, the only time I would recommend an MPA was if the government wanted more money. In my opinion the price of alcohol is barely relevant to people's alcohol consumption. The majority of alcohol is bought by a small amount of the population, they are gonna drink regardless.' [Service User, Survey Response #14]

4.22 There is some positive feeling within the data, however, as one individual suggests that price increases 'might save lives' [Service User, interviewee #10] 'because people won't drink as much and do the damage' [Service User, interviewee #10]. Although they believe it would be 'awkward' [Service User, interviewee #10] for them as they will 'struggle' [Service User, interviewee #10] with the price increase, 'maybe it will push them to get the help and support that they need' [Service User, interviewee #10]. This is echoed as it is suggested 'the benefit [of MPA] is that people who have a normal relationship with alcohol might think twice about having

that extra bottle, so it might improve their health' [Service User, interviewee #14]. An advantage of alcohol becoming more expensive may be one of prevention as it becomes less affordable for younger people, who may be less likely to become dependent or problematic drinkers as a result of MPA.

> 'I fully support all efforts made to prevent people from turning to alcohol as a means of coping with all difficulties but especially mental health issues, and if higher pricing serves to act as a deterrent at least to some from developing alcohol dependency I believe that this can only be a good thing. It also makes it more expensive to buy for young people in their teens and twenties (who are usually on lower incomes), and whereas many of them may not be seeking to use alcohol as a coping strategy for life issues or mental health difficulties, they run a greater risk of developing physical damage from alcohol abuse if this is perpetuated.' [Service User, Survey Response #11]

Impact of MPA

4.23 As previously mentioned, the data suggests that MPA has the most detrimental effect on the most vulnerable drinkers, namely those who are dependent upon alcohol. A recurring theme is that individuals are prioritising alcohol over living expenses, leading to health, economic and social consequences. Some are forced to pay higher prices for alcohol or find alternate means to acquire it, increasing their financial burden and/or involvement in criminal activities.

<u>Shifts in alcohol availability and purchasing patterns</u>

4.24 Individuals described various purchasing patterns and reportedly 'shop around' [Service User, interviewee #13] for the best deals. Convenience influences some decisions, with many opting for local shops or delivery services despite higher costs, in a bid to avoid driving under the influence and also to conceal their alcohol consumption from family members.

> 'It's just not practical or safe or legal for me to get in the car drunk to go and get something cheaper somewhere else.' [Service User, interviewee #05]

4.25 This is not the same for everyone, as a few individuals reported avoiding their local shop due to the higher prices, although some shops were noted as offering discounts to regular customers. It was observed that 'competitive pricing is non-

existent' [Service User, interviewee #14], prompting some drinkers to choose higher strength, premium brands due to minimal price differences. Certain products were noted as not being available in some shops, with prices sometimes differing.

> ‘The litre bottles [of vodka] gone from like 17 or 18 quid up to 21. Some of them do 25. It depends on the shop. Some shops will only do the [name of premium brand vodka]. They won't do the [name of cheap brand vodka].’ [Service User, interviewee #08]

4.26 Purchasing patterns across the study cohort reflected the common desire to drink ‘whatever’s cheapest’ [Service User, interviewee #13] with the highest amount of alcohol, highlighting the changing availability of cheap alcohol products.

Effects on drinking patterns and behaviour

4.27 Some individuals reported consistent and high levels of alcohol consumption, often drinking daily over the past year. Whilst some experience fluctuating patterns, they also frequently returned to high levels of consumption.

> ‘A few years ago I used to be able to buy the - the [name of strong lager brand], 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]

4.28 Responses varied regarding the effects of the MUP on drinking patterns; for some, ‘the price per unit has no impact’ [Service User, interviewee #06]. Others raised concerns that dependent drinkers will acquire alcohol ‘at any cost’ [Service User, interviewee #15] and that ‘people are still gonna drink regardless of price’ [Service User, Survey Response #25]. Further concerns were reported that the policy would ‘do more harm than good if you increase the prices anymore’ [Service User, Survey Response #58], particularly for those with dependency. Others attributed MPA to an increase in their alcohol intake.

> ‘[MPA has] not made me drink less at all. If anything, [MPA has] made me drink more.’ [Service User, interviewee #02]

4.29 An effect that was commented upon by some is that MPA has ‘definitely made the more casual drinker drink less’ [Service User, interviewee #12], with another individual saying that they are ‘less inclined to buy alcohol’ [Service User,

interviewee #04] and that some people ‘might be buying less wine’ [Service User, interviewee #04] since the policy was implemented. One individual observed ‘the impact of being more expensive is you’re probably going to drink less’ [Service User, interviewee #02]. In contrast to other findings, one individual said, ‘I have noticed that people who are major problem drinkers seem to drink less’ [Service User, interviewee #02], indicating that not all dependent drinkers are negatively affected by the policy. It is generally agreed, however, that ‘it's only really the people that are really financially struggling that it's really having much [negative] impact on and...it's stimulating behaviours that aren't ideal’ [Service User, interviewee #06], whilst another interviewee remarked, ‘you've just lessened the issue for people who didn't have an issue.’ [Service User, interviewee #12].

4.30 It was noted by some that an effect of MPA has seen some brands ‘lower the percentage [ABV]’ [Service User, interviewee #11] of alcohol content of certain products. Some individuals reported consuming ‘stronger drinks like wines and spirits,’ [Service User, interviewee #02], as the cheaper, weaker products became more costly. Some described how the stronger drinks actually became more cost effective for them compared to the historically cheaper products like white cider, causing many to switch their usual product. The majority of the study cohort described how strength and quality of alcohol is favoured over taste and brand.

> ‘I’m only drinking to get drunk. I’m not there for the taste. So, the units’ matter – I don’t really know about the units. I just know what makes you the most drunk, what has the most percentage of alcohol in it.’ [Service User, interviewee #13]

<u>Economic and social consequences of MPA</u>

4.31 Many individuals described experiencing financial hardship as a result of their drinking, with MPA emphasising and exacerbating their existing difficulties. Price increases were described as making things ‘harder’ [Service User, interviewee #17] for low-income drinkers. One individual explained they have ‘managed it but it’s been more scrimp and save’ [Service User, interviewee #17], whilst another mentioned being ‘a few hundred pounds in overdraft.’ [Service User, interviewee #15] Some described sacrificing necessities such as food, bills, utilities and clothes whilst others reported borrowing irresponsibly, contributing to increased debt, and a few others reported engaging in some low-level criminal activity.

‘I was nicking it sometimes at the end of the month, and I’m not someone that ever committed crimes but if I’m shaking, and I’m going to have a seizure and end up in hospital, and I’ve got nothing to my name.’ [Service User, interviewee #14]

4.32 Other individuals reported having ‘to borrow’ [Service User, interviewee #10] money from friends and family, which put their loved ones ‘in financial difficulties’ [Service User, interviewee #05] causing a strain on relationships. Others reported using ‘payday loans’ [Service User, interviewee #04] and/or engagement in sex work. The general sense of financial pressures from the study data is summed up by the following individual:

‘I had less money coming in at the time, but I think it’s just because I was drinking so much. I just couldn’t afford it on top of other things.’ [Service User, interviewee #04]

4.33 Some have needed support from specialist organisations due to escalating debt and financial instability caused by prioritising alcohol over paying bills.

‘You tend not to pay certain bills, where really now it's put me in a position where I'm being supported by Citizens Advice with a potential debt relief order because of financial hardship and not having the regular income to pay my way. It's just - it's all sort of escalated fairly quickly to be quite frank. Yeah, so, yeah we do skip things, skip food, skip paying bills.’ [Service User, interviewee #05]

4.34 A few individuals reported increased use of foodbanks, and one individual explained in particular how food support within their temporary accommodation has not always been accessible. Other financial aid noted by the study cohort includes support with household bills, as some have received ‘small helps with...electric and gas’ [Service User, interviewee #05]. One individual offered the following analogy:

‘The analogy I would use for it is that cocaine is £40 a bag, and people that are addicted to cocaine will find up to £120 a day and do it and be on the same income, so changing the price of alcohol for an addict is not going to stop an addict getting their alcohol. It’s just going to change how they get it.’ [Service User, interviewee #14]

4.35 A few individuals discussed the economic impact on retailers, as smaller retailers were described as facing struggles due to price increases and less opportunity for

competitive pricing, ‘with minimum pricing the competitive pricing is non-existent' [Service User, interviewee #14]

> ‘What you're actually doing is creating an artificial environment of profitability which is not sustainable … Now the big retailers will ride out the storm very easily, it's the little retailers that will be devastated.’ [Service User, interviewee #06]

4.36 This individual also suggests that MPA ‘supports [pubs] to a certain extent’ [Service User, interviewee #06], whilst another individual predicted a move to more pub drinking leading to positive outcomes for businesses.

> ‘One of the benefits I think should be of minimum pricing is putting the price of alcohol up in supermarkets, which might help the pubs because it’ll move more people away from supermarkets into the pubs where it’s more expensive, and the impact of being more expensive is you’re probably going to drink less.’ [Service User, interviewee #02]

4.37 However, it is difficult to ascertain the overall impact of MPA on pubs from the study data as much of the sample reported increased home drinking since 2020.

Impact on health and social services

4.38 Negative health consequences that required medical attention were reported, with many individuals describing their struggles to afford their usual alcohol intake after MPA was implemented, leading to withdrawal. One individual highlighted the severity of this situation, stating that ‘alcohol withdrawal is one of the only types of withdrawal that caused risk to life’. [Service User, Survey Response #70]. Another individual raised the concern that these situations ‘put more pressure on the NHS.’ [Service User, interviewee #11]

> ‘I’d shake. I’d withdraw. I’d get what I could, you know what I mean, to just stop... I’d get hospitalised a lot of times at the end of the month because I’d just be so ill. I’ve been to ICU twice. I’ve been in hospital about 12 times this year just because I’ve not had money, and I can’t get it, and my detoxes get so bad that I have seizures and shakes and vomiting and all those fun things.’ [Service User, interviewee #14]

4.39 Most individuals in the study agreed that alcohol 'cost hasn't had an impact’ [Service User, interviewee #05]. on their seeking support and that accessing services ‘was

nothing to do with minimum pricing' [Service User, interviewee #02]. Instead, individuals explained that the biggest motivators for seeking treatment include: declining physical and mental health; aspirations for a more fulfilling life; and the detrimental aftereffects of unemployment and housing insecurity.

> 'The price was not - it had nothing to do with it – it was because alcohol had ruined my life. It was nothing financial.' [Service User, interviewee #03]
>
> 'Poor health, poor life choices, mental health issues, ended up addicted and alcohol dependent, it took over my life.' [Service User, Survey Response #59]
>
> 'My life was being destroyed. Health, employment, homelessness....everything.' [Service User, Survey Response #74]

4.40 'Concern...for family' [Service User, interviewee #06] and a desire to enact a lifestyle change is cited as another reason to seek treatment, with one respondent 'trying to fight to get [my child] back' [Service User, interviewee #06]. In general, responses reflected individual priorities and motivations for seeking treatment, with alcohol pricing being insignificant for many.

Confounding factors

4.41 It is difficult to determine the full impact of MPA on drinkers, particularly those with low incomes, due to the effects of wider societal factors such as the rising cost of living, COVID-19, and individual experiences of lesser income and housing instability. The increase in living costs more generally, paired with inadequate benefit allocation, has made alcohol less affordable leading some to make difficult choices between food and alcohol. Due to MPA's implementation just three weeks before the first COVID-19 public health protective measures were introduced, it is challenging to understand which had a larger impact on individual alcohol consumption and drinking behaviours, as many were left without their usual daily routines and were required to do their drinking at home, often in isolation. A recurring theme is that MPA is just another added concern to the already challenging economic environment experienced by the most vulnerable drinkers.

<u>Economic factors</u>

4.42 The rising cost of living is described in the study data as severely affecting the lives of many of those who were interviewed, leaving 'less money to feed...[their] addictions' [Service User, interviewee #13]. Many recounted daily struggles with the

increasing costs of household bills, as although they received financial support in the form of cost-of-living payments, they were described as being ‘too little too late’ [Service User, interviewee #14]. It was suggested by many that MPA only worsens the impact of the cost-of-living crisis, adding to the financial burden of dependent drinkers as they will continue to fund their usual intake by any means necessary.

> ‘All that this is doing is making cost of living crisis worse because if you have a problem, you will not stop drinking and people who do not drink very often will just have to budget differently, not having other things.’ [Service User, Survey Response #107]

4.43 The majority of individuals within the study cohort were in receipt of benefits around the time of interview and it was generally agreed that ‘every month you only just make it to the next payment’ [Service User, interviewee #12], as others report they are ‘struggling’ [Service User, interviewee #14] financially. Not being able to work meant some were ‘forced...to go on benefits’ [Service User, interviewee #05], which highlighted the financial burden of their ‘alcoholism’ [Service User, interviewee #05]. Difficulties with getting extra benefits such as PIP [Personal Independence Payments] were described by some, with one individual asking, ‘why am I not allowed to have PIP [despite having] health problems?' [Service User, interviewee #09]. It was widely discussed by study participants that benefits, particularly Universal Credit, are inadequate to fund general living costs on top of increasing alcohol prices, causing negative impacts on a broader scale.

4.44 Some individuals reported having experienced housing instability, expressing anxieties around finding fixed tenancies as the transition from having fewer financial responsibilities to managing a home with added costs is a big leap.

> ‘If I go from there to a flat of my own, that’s going to be difficult to get back into the routine of keeping a home, your electric, your food, your TV, everything is going to change. It’s going to be difficult for people to go from that to that.’ [Service User, interviewee #09]

4.45 There is also concern that going back to work will mean losing any support from the government, leading one individual to comment, ‘until I get permanent housing, there's no point my trying to go back to work’ [Service User, interviewee #08].

Effects of Covid-19

4.46 For some, the COVID-19 pandemic had a detrimental effect on drinking patterns as boredom during the ensuing protective measures that were in place was reported to have led to higher consumption levels.

> ‘I was blowing through the money like during COVID because it was lockdown and you couldn't do anything other than drink. Especially when you've gone from like working and that and you can't work, so…and you get bored so like you started drinking more so then the price went up.’ [Service User, interviewee #08]

4.47 Pub closures resulting from the protective measures being in place forced people to consume alcohol at home, with some missing the social interaction. It was noted by some individuals this resulted in those trying to recover as they missed out on ‘diversionary activities’ [Service User, interviewee #03].

> ‘Lots of people relapsed and lots of people went back to drinking very heavily because they had nothing else to do except drink and I was one of them. I went back to drinking very, very hard during lockdown.’ [Service User, interviewee #03]

4.48 During the periods where protective measures were in place, some were able to purchase their alcohol online, and maintain their intake. One respondent waited until the breaks in protective measures to drive to England and ‘stock up’ [Service User, interviewee #06], avoiding the higher prices in Wales.

Geographic disparities in treatment access

4.49 Not all services have been easily accessible for some individuals who do not have their own transport, particularly if they live in a remote area.

> ‘It was a job to get there. So, it was - yeah…It's eight miles to the one town, eight miles to the city.’ [Service User, interviewee #15]

4.50 Living remotely was also reported by some to have had negative effects on mental health. As one individual states ‘there’s nowhere to go’ [Service User, interviewee #02], heightening feelings of loneliness and contributing to increased alcohol intake.

Influence of other substances

4.51 Polysubstance use is a common theme throughout the study data, with some individuals reporting to favour one substance over the other which effects their decision making.

‘Crack cocaine has been my first thoughts and lately, it’s all crap. I’m wondering why I’m doing it. I’d rather go and get a beer; I get a better buzz. If I’ve got something going on, I’ll go and have two pints, but then I always feel like I need more then, which is, you know – and that’s the problem. Once you’ve had one, you’ve got to have another one.’ [Service User, interviewee #09]

4.52 The price increase of alcohol was reported by some to have had an effect on the level of individuals’ drug taking, as those who sell drugs may capitalise on the idea that their substance has become the more economical option for some.

‘Use of illegal drugs have increased due to reducing alcohol use due to price, noticed this with other people as well. Drugs have become more readably available due to the increase in price [of alcohol].’ [Service User, Survey Response #96]

Impact of social stigma and service accessibility

4.53 Accessibility of services was deemed to be inadequate by many individuals in the study cohort, with ‘long waiting list(s)’ [Service User, interviewee #14] being cited as the main issue. Some services were described as being underfunded and oversubscribed, with individuals noting that they can be ‘so full, they’re so rushed off their feet...that they can’t help everyone’ [Service User, interviewee #11]. Commonly, a lack of joined-up working was noted as a barrier to treatment, with many detailing how they were unable to access necessary support due to their substance use.

‘The mental health services want me to be completely clean of alcohol before they will evaluate me.’ [Service User, interviewee #11]

‘You just get frowned upon [by your doctor/GP] because you're a drug addict or an alcoholic.’ [Service User, interviewee #08]

Next steps for the MPA policy

4.54 Individuals in the study expressed mixed views on the MPA policy, with some supporting maintaining or increasing MUP, believing that higher prices might help those dependent upon alcohol in the long-term. However, many felt the policy was ineffective or even damaging, suggesting that resources would have been better spent on improving treatment services, promoting alcohol-free products, and

improving public awareness about the dangers of excessive drinking. They criticised the policy for exacerbating financial struggles, particularly amongst low-income dependent drinkers who often prioritise alcohol over essential expenses. The increase in alcohol prices was also viewed by a few as pushing individuals toward unlicensed or illegal products. Overall, the data reflects a general scepticism amongst respondents for the policy.

Maintaining and possibly increasing the MUP

4.55 Some individuals, however, were in favour of maintaining or increasing the MUP as they believe raising the price per unit may help those dependent upon alcohol over the long-term. One individual discussed how the policy will help to support their recovery: 'I'm hoping [the price] just either probably stays the same or goes up, because I'm hoping to get off it' [Service User, interviewee #17], even suggesting the Welsh government 'ban [alcohol] everywhere' [Service User, interviewee #17]. In favour of raising the price, one individual suggested the MUP should be raised to '… 75p a unit, because I still feel that there's people out there that are alcohol dependent, which that's quite scary. If they need the alcohol and they can't get it, it can be a horrible situation' [Service User, interviewee #10].

4.56 Many individuals, however, believe alcohol prices should be put 'back to normal' [Service User, interviewee #11], with views overall pointing to a feeling of misdirected priorities by the Welsh Government. One individual discussed how by keeping it 'at 50p, it's going to affect a couple of people but not everyone' [Service User, interviewee #08], whilst others view MPA as either damaging or ineffective. The general consensus amongst the study sample was that the Welsh Government should focus more on improving and expanding service provision, the promotion of alcohol-free products, more policing around alcohol sales and information dissemination.

> 'There should be more money ploughed into addiction services rather than increasing the price of alcohol. That's my view. That would do a lot more good than increasing the unit price from 50 pence to a pound.' [Service User, interviewee #03]

> 'Vastly better mental health care provision, most particularly in the Valleys where it is very poor; more promotion of alcohol-free beers, lagers & wines as an alternative in social drinking situations, especially in situations where consumers

will be driving afterwards; a ban on the sale of alcohol to people who have been convicted of violent alcohol-related offences, be these domestic or public, as well as automatic non-prosecution of individuals who are forced to defend themselves against violent drunken behaviour.' [Service User, Survey Response #11]

Public education and awareness

4.57 Only a few individuals commented on public awareness of MPA, with a small number of suggestions put forward, including:

'They should really educate children...there should be grassroots education. There should be dangers of drugs and alcohol in the community and schooling at the grassroots level. It should be stigmatised these poisons that - which are out there, and yeah, that's what they should be prioritising. And if they do need to increase the price of alcohol, invest that money that - the extra money that they're making at grassroots, so that the next generation don't suffer what maybe I'm going through or some of my colleagues are going through.' [Service User, interviewee #05]

'Widespread public awareness campaigns of the many dangers posed by excessive alcohol consumption.' [Service User, Survey Response #11]

Public health and support services

4.58 Many responses from study participants reflect a lack of awareness as to who profits from MPA with suggestions that the extra money paid by drinkers could fund 'better treatment programmes' [Service User, interviewee #14] and 'services that actually work' [Service User, interviewee #14].

'Spend more on alcohol / drug services, to give them a wider reach to support people, as not everyone wants to quit completely but reducing use should have a bigger campaign and support from the Government.' [Service User, Survey Response #01]

4.59 Many individuals emphasised the need for more support for those who are unable to afford their usual alcohol intake if MPA is to be viewed as successful.

'I understand why the government policy maybe wanted to put up the price of alcohol but for somebody who's suffering alcohol or drug abuse, they should be able to be supported in some way because they're profiteering off a drug that the government are legally supplying in a shop.' [Service User, interviewee #05]

4.60 A number of individuals commented on how they consider that MPA is not a useful strategy in tackling hazardous and/or harmful drinking, as it might 'force people to do something they didn't want to do or wasn't ready to do' [Service User, interviewee #12].

> 'Maybe the government should tackle an issue before it becomes an addiction in somebody's life. They can't price out the product to deal with an addiction, they can't do that. They're just profiteering on somebody's unfortunate series of events in their life.' [Service User, interviewee #05]

> 'I think that to me is the sort of thing that the Welsh Government ought to be focused on is actually encouraging the positive behaviours rather than discouraging what they believe are negative behaviours.' [Service User, interviewee #06]

<u>Socioeconomic and public health considerations</u>

4.61 Many individuals discussed how alcohol price increases have an overall negative impact on the health and finances of the alcohol treatment population, whilst failing to have any or little effect on their alcohol consumption.

> 'If price was higher then [it] would push more alcoholics to drug use more leading to more deaths etc.' [Service User, Survey Response #03]

> 'Making it higher will result in people with alcohol-related issues simply spending more money on alcohol rather than discouraging them (us).' [Service User, Survey Response #10]

4.62 The socioeconomic status of drinkers is considered by the majority of the study cohort to be affected by MPA as, particularly dependent drinkers, will purchase alcohol whether they can afford it or not.

> 'Personally, I don't think minimum pricing is going to make any difference insofar as people will always find money for drink if they need it. So, I don't think that it's going to make much of a difference. Even if you boost it up to God knows how much, you're just going to make people poorer through drinking.' [Service User, interviewee #16]

4.63 Societal drinking cultures were discussed by some as creating difficulties for those trying to curtail their alcohol consumption. Despite wanting to stop, one individual noted that alcohol is '… everywhere. It's in garages. It's in any shop you go to. It's

on the telly even. It's just everywhere and everyone accepts it' [Service User, interviewee #15].

4.64 Some individuals described their varying experiences of education and employment, reflecting upon how their alcohol consumption has affected them professionally. One individual had to drop out of university due to their drinking, and another quit their job as they felt 'unsafe to be in work' [Service User, interviewee #05]. One individual acknowledged how they would be financially better off not working as the cost of rent is so high.

> 'If I was working, the rent's £800 a month, so it's not viable for me to work because I'm a builder by trade.' [Service User, interviewee #08]

4.65 Unemployment meant for some that their 'alcoholism got worse and worse' [Service User, interviewee #05], which in turn caused an inability to go back to work. Working in a voluntary role helped one individual as they found their purpose in 'supporting other people with alcohol addiction and drug addiction' [Service User, interviewee #10], which included activities such as breakfast clubs, drop-ins and support groups, highlighting the benefits of a structured routine.

<u>Licensing and regulation</u>

4.66 Only a few individuals commented on the licensing and regulation of alcohol. One individual suggested that price increases are likely to encourage 'people to get unlicenced or duty-free products, illegal products or encourages people to obtain money to - unethical ways to feed their addiction. So, increasing the price will create more of a social instability' [Service User, interviewee #05], as shop bought alcohol becomes unaffordable.

Other considerations

4.67 In response to MPA, one individual claimed that there are resources available to help individuals find the cheapest alcohol across Wales.

> 'I've seen quite a few forums for people that are in addiction about where you can get the cheapest alcohol in Wales and what the cheapest way of doing it is. It's even included when people are giving advice on weaning yourself off alcohol and stuff, they talk about what's the cheapest and highest-percentage alcohol to get.' [Service User, interviewee #14]

4.68 Another observation is from an individual who describes themself as being ‘pretty young’ [Service User, interviewee #12], explaining how they have never ‘had an experience of alcohol being cheap’ [Service User, interviewee #13], so for them the impact of MPA will be difficult to understand as they have never known any different.

5. Views of service providers

Key messages

- **Demographic shifts:** MPA was described by service providers as taking place within a general trend of changing alcohol presentations to services, with only a small element of contribution being attributed to MPA rather than other, more significant, factors such as the COVID-19 pandemic and the cost-of-living crisis. Respondents noted that a wider range of people have been seeking alcohol treatment in recent years, including older individuals, employed people, and younger users. Some respondents discussed increases in female referrals, although not all providers observed significant changes in this regard.
- **Changes in drinking habits:** Over the last four years, service providers have noted a shift for many treatment drinkers from cheap cider to stronger spirits like vodka, due to perceived better value for money.
- **Impact of COVID-19:** The pandemic led to more home drinking and a rise in online alcohol purchases, especially amongst older people. Some of these trends have continued post-pandemic, with referrals for alcohol problems increasing.
- **Unintended consequences:** Some providers reported increased low-level criminal behaviours amongst service users, such as shoplifting, to obtain alcohol.
- **Awareness of MPA:** There is a greater understanding of the policy amongst service providers than service users. However, there is still some misinterpretation regarding the primary target group for the policy. Initial awareness campaigns faded over time, and discussions about MPA are now infrequent.
- **Polysubstance use:** Many individuals seeking treatment for alcohol problems also use drugs. Some service providers reported an increase in drug use, especially crack cocaine, ketamine, and illicit benzodiazepines – primarily amongst those with existing drug use alongside their alcohol use. This was accounted for by service providers as a potential MPA effect as well as a wider service presentation trend.
- **Financial and social strain:** Despite the price increases under MPA, service users often find ways to continue drinking, sacrificing other expenses. This has led to a growing reliance on food banks and crisis services.
- **Criticism of MPA:** Some providers feel the policy disproportionately impacts poorer individuals and lacks sufficient accompanying support services for those

with alcohol dependence. There is concern that MPA alone is not enough to address harmful drinking without additional public health and alcohol treatment measures.

- **The future of MPA:** Despite the above perceived limitations of the policy, most service providers are supportive of the policy continuing, mainly from the perspective that they would not want to see the return of very cheap (per unit) alcohol to the market. They also want the needs of this population met through other policy measures that are delivered with appropriate and sufficient resources.

Introduction

5.1 To help address the core aim of this study (in relation to the views of service providers)[8], the following chapter contains thematic analysis of:

- the qualitative data from the 15 individuals interviewed for the study between April and June 2024 who are currently working within alcohol treatment services across Wales, seven of whom were previously interviewed in August 2022 as part of the interim findings for this study; and
- the qualitative responses contained within the 90 service provider survey returns.

5.2 A selection of illustrative qualitative examples is included under each sub-heading, with a fuller sample of examples provided in **Appendix E** in the separate **Appendices (Supporting Evidence)** report.

Changes to Alcohol and Drug Use

5.3 Service providers discussed how a more diverse demographic of individuals with problem alcohol use have been presenting at alcohol treatment services over the last four years. This is reported to have included a higher proportion of employed persons, such as the '50 plus worker' [Service Provider, interviewee #10], an 'ageing clientele' [Service Provider, interviewee #10] of individuals with mobility issues, and younger people 'noticing that their alcohol use and cocaine use has

[8] The explicit aim of this research is to assess both the experience and impact of MPA on **individuals (harmful, hazardous, and dependent drinkers) and services** across Wales (including exploring the extent to which switching between substances may have been a consequence of the legislation and the impacts of minimum pricing on household budgets).

become a problem' [Service Provider, interviewee #03]. Some service providers noted increases in the ratio of women amongst new referrals. One service provider observed 'much more female presentation than we ever had' [Service Provider, interviewee #05]. Service provider survey data indicates a similarly mixed picture regarding demographic shifts in referral rates. Some service providers suggested they 'haven't noticed any changes' [Service Provider, Survey Response #88], whilst others noted a recent trend of heavier drinking and increasing numbers of referrals for primary alcohol problems.

> 'There seems to have been a general trend towards heavier drinking becoming more common at the moment, especially in clients who do not have access to housing that properly supports their needs and/or are homeless. There has also been an increase in referrals that include or are solely for alcohol treatment, with the increase starting about midway through last year.' [Service Provider, Survey Response #82]

5.4 The COVID-19 protective measures were reported by service providers to have led to the emergence of a new demographic of home drinkers, with a noticeable shift towards the consumption of spirits and wine. Many 'people that lost their jobs or businesses during Covid [and] started drinking more often at home as opposed to going out to socialise' [Survey Response, Service Provider #21]. Service providers reported that for those individuals who turned to drinking at home as a form of coping with the pandemic, alcohol use became more normalised during this period, in which individuals 'drank to make it slightly better' [Service Provider, interviewee #11]. Services subsequently experienced 'a significant increase in referrals for alcohol' [Service Provider, Survey Response #21]. Some services reported a continuation of these trends in the aftermath of the pandemic, observing, for example, that people who are 'still coming into service that are using wine to excess from lockdown.' [Service Provider, interviewee #11]

> 'Typically service users young and old began drinking alcohol daily during lock down and have found themselves unable to reduce or stop without support.' [Service Provider, Survey Response #27]

5.5 An increase in online alcohol purchases has also been observed by service providers, particularly amongst older individuals with mobility issues. This trend was thought to be driven by the convenience of having alcohol delivered, especially for those who found it difficult to leave their homes.

‘Recently I’ve seen that more with people who are the older generation who perhaps can’t get out so much. They’ve twigged on to the fact that they can buy alcohol online and we hear of that quite regularly.’ [Service Provider, interviewee #02]

Types of alcohol and patterns of consumption

5.6 A shift from formerly cheap strong (white) ciders to spirits, particularly vodka, has been universally observed amongst service providers post-MPA implementation, whilst transitions from ciders (particularly white ciders) and lagers to wines has also been commonly noted. These shifts were considered by the study cohort to be a consequence of market forces constrained by MPA and drinkers’ perceived value for money. Service providers described drinkers as buying litre bottles of spirits ‘as it’s working out cheaper.’ [Service Provider, interviewee #11] and also noted that drinker purchasing patterns tended to reflect the lesser impact of MPA on the price of spirits. In some areas, service providers noted how spirits tend to be preferred for their relative ease of concealment by shoplifters, as ‘it is easier to walk out with a bottle of vodka than it is even with, say, four cans of beer.’ [Service Provider, interviewee #04]

5.7 Further demographic distinctions in drinking patterns and behaviours were also identified by some service providers, with ‘middle-aged men, who are probably old school drinkers…still drinking pints’ [Service Provider, interviewee #02], a mixed demographic preferring spirits, and ‘women drinking the wines, [and] gins’ [Service Provider, interviewee #13]. ‘Front loading' (drinking before going out) [Service Provider, interviewee #03] was said to be common amongst some groups to moderate the costs associated with pub drinking and the nighttime economy.

Availability of (cheap) alcohol

5.8 The general unavailability of cheap alcohol was reported by service providers to have constrained drinking patterns amongst those experiencing problem alcohol use. Service providers across multiple sites have observed a rise in the prevalence of pop-up shops, including those of foreign origin, such as Polish outlets. These shops were noted by some as offering alcohol at lower prices. Several reports indicated that individuals have been purchasing such alcohol, particularly cheaper Polish vodka, as a more affordable option. However, reports of these ‘under-the-

counter' [Service Provider, interviewee #14] transactions appeared to be highly localised and uncommon across the dataset as a whole.

5.9 More universally, service providers frequently reported those they support obtaining alcohol on credit when they lack immediate funds. They were described as securing alcohol 'on tick and when they get their benefit money, they will pay off that debt and start again' [Service Provider, interviewee #10], creating a cycle of debt and continued alcohol consumption.

5.10 Additionally impacting availability, one service provider noted 'quite a lot of effort' [Service Provider, interviewee #13] by major retailers to make alcohol theft more difficult. These retailers were reported as having added greater security on bottles, likely in response to what was described by multiple service providers as 'a marked increase in the theft of alcohol from retail premises' [Service Provider, Survey Response #56].

5.11 One implication of reduced alcohol availability appears to be a reported increase by some service providers in demand for specialist services to help manage a rising frequency of withdrawal cases:

> 'As a service we are now having to deal with a higher rate of individuals withdrawing from alcohol because they cannot afford to purchase it.' [Service Provider, Survey Response #69]

<u>Affordability prioritisation of alcohol (decision making)</u>

5.12 The reflections by service providers on the affordability of alcohol for those they support indicates a complex situation influenced by individual, economic, and social factors and with a range of consequences. Affordability was rarely seen by service providers as a barrier to consuming alcohol amongst those who access specialist services. Despite financial, social, and legal challenges, most individuals were reported as being able to sustain their drinking. Financial constraints were not considered as preventing alcohol acquisition, and support conversations seldom focus on cost barriers. Instead, service providers reported drinkers' perspectives as typically converging around the idea that: 'I'm unhappy about the price of it, but I'll pay for it because it's my little escape' [Service Provider, interviewee #14]. The general consensus amongst service providers is that physical dependence drives individuals to pay whatever is necessary, though typically avoiding criminal

activities. Even significant price increases to ‘a pound a unit’ [Service Provider, interviewee #10], are not expected to substantially alter drinking behaviours.

> ‘People from the most deprived backgrounds will put themselves into any sort of poverty to buy alcohol often at the cost of buying food, paying bills which then adds to their stress in cost of living.’ [Service Provider, Survey Response #39]

5.13 Service providers frequently observed those accessing services, regardless of their employment status or financial situation, always found a way to afford alcohol. They regularly reported that drinkers would often sacrifice other expenses or miss bill payments to ensure they can buy alcohol, reflecting the prioritisation of their drinking habits over other financial obligations. It was reported that even when individuals stop drinking, they still lack money, asking ‘how have I afforded this drink?’ [Service Provider, interviewee #11]. The dominant prioritisation by drinkers of alcohol over other needs was widely reported by service providers across all sites.

5.14 Despite price increases, drinkers were reported by service providers as continuing to find ways to afford alcohol through methods like buying in bulk, ‘shoplifting, sex working, stealing from family members and taking out loans,’ [Service Provider, Survey Response #21], as well as cost-sharing amongst friends or begging. Such trade-offs were noted by service providers as individuals having to prioritise alcohol over essential needs such as food and bills. This de-prioritisation of essential items and bill payments was believed to have increased since the implementation of MPA, with many becoming reliant on food banks and vouchers.

> ‘I’ve seen an increase of people that are choosing alcohol, they’re prioritising alcohol above food... I think to a greater extent, and I think people who weren’t doing that before are doing it now.’ [Service Provider, interviewee #01]

<u>Geographical variations in cross-border purchasing</u>

5.15 Discussions of cross-border alcohol purchasing were limited amongst service providers and typically linked to socioeconomic and alcohol use severity factors. More common, however, were reports of this practice not happening amongst the treatment population. Such cross-border purchasing appeared to be geographically dependent (along the Wales-England border), and less common amongst individuals with limited transport options. One service provider said of people on their caseload, ‘most of them haven’t got means of transport and there’s not a lot of

buses in this area' [Service Provider, interviewee #12]. Alongside logistical transport challenges, cross-border alcohol purchasing was also noted as being potentially cost prohibitive, and such travel at odds with the value for money desired by most people who access specialist services.

Drug use trends and polysubstance use

5.16 According to the majority of service providers in the study, polysubstance use remains notably prevalent amongst individuals who access services, with alcohol often consumed alongside other substances. Additionally, the use of crack cocaine, ketamine, and other substances like pregabalin and gabapentin was discussed as having risen noticeably[9]. This trend was reported to be particularly evident amongst younger individuals and those with higher levels of alcohol dependence. Some service providers noted younger people primarily used substances such as ketamine and cannabis alongside alcohol, with some instances of cocaine use. Service providers also noted significant increases in individuals presenting with the use of internet-sourced, illicit benzodiazepines. Whilst there were occasional reports of individuals switching between alcohol and drugs, the overall trend in presentations noted by service providers indicates a mixed balance between alcohol and drug use.

> 'In the [name of area]...the clientele tend to use drugs and alcohol together... they're using their valium and their alcohol. More so when they can't get hold of their drugs...alcohol... it's more readily available for them than some of the drugs.' [Service Provider, interviewee #06]

5.17 Some of the study data points to a decrease in alcohol consumption in favour of increased drug use, whilst other service providers suggested alcohol consumption has overtaken drug presentations, and that alcohol treatment remains under-funded and thus under-treated. Still, some other service providers suggested that local prevalence and harms indicates polysubstance use as posing a greater issue.

> 'Alcohol consumption has remained constant. Drugs and the combination of drugs are a greater issue.' [Survey Response, Service Provider #42]

[9] Crack cocaine is a potent, smokable form of cocaine that produces an intense and immediate effect. Ketamine is a dissociative anesthetic commonly used in veterinary medicine, which is diverted for its hallucinogenic and sedative effects. Pregabalin and gabapentin are prescription medications originally developed to treat epilepsy and neuropathic pain, but they are also used for their sedative and euphoric effects.

5.18 Buvidal[10] was reported by a number of service providers to have helped some individuals reduce their heroin use, but it is also considered to have led to increased alcohol and crack use amongst others.

> 'The majority of them who've been using Buvidal, they are crack users now instead, and obviously alcohol.' [Service Provider, interviewee #06]

Awareness, understanding, and interpretation of MPA, and support for implementation

5.19 The implementation of MPA has sparked varied reactions amongst service providers. This section explores the awareness, understanding, and interpretation of the MPA policy amongst service providers, revealing a mixture of accurate perceptions and significant misconceptions. Whilst some service providers grasped the policy's intent to target harmful and hazardous drinkers and reduce broader societal impacts, others misunderstood it as primarily targeting dependent drinkers. Moreover, the awareness and discussion of the policy have diminished over time, with initial proactive measures giving way to a more sporadic and superficial engagement. Despite a general support for the policy's objectives, concerns about its unintended consequences, particularly its financial impact on dependent drinkers and the lack of accompanying support services, have led to some critical reflections from service providers on its overall efficacy and fairness.

<u>Policy awareness, understanding and (misinterpretations)</u>

5.20 Some service providers understood that MPA is 'targeted at harmful and hazardous drinkers and not those considered dependent drinkers' [Service Provider, Survey Response #13], and was designed to reduce the broader societal impacts of alcohol use, such as alleviating the strain on the NHS, police, and other statutory services:

> 'My understanding is that they raised the minimum price of alcohol to 50p per unit. This was in order to eradicate cheap alcohol and discourage people from drinking large amounts.' [Service Provider, Survey Response #21]

5.21 However, this understanding was not universal. There was a common misconception that the policy primarily was designed to target dependent drinkers,

[10] Buprenorphine prolonged-release injection (Buvidal) is an opioid partial agonist/ antagonist. It is administered as a weekly or monthly subcutaneous injection and must be given by a healthcare professional.

reflecting a misinterpretation of its intended focus. Additionally, many perceived price increases as part of a general economic trend or a financial burden imposed by supermarkets and the government, aimed at 'pricing problematic dependent drinkers out' [Service Provider, interviewee #04], rather than recognising MPA as part of a public health strategy.

> 'Well, in my eyes, I feel like it's just so we [the general public] pay more money. I don't really know what the reason is, but I think it's probably more to the point that the supermarkets want…I know there's the tax in Wales on alcohol but no, I don't really know the reason.' [Service Provider, interviewee #04]

5.22 There was a notable lack of awareness and understanding of the MPA policy amongst service providers, with some respondents admitting they were not well-informed about the policy details or its current status. Awareness and understanding of the MPA policy and its direct impact on drinking patterns were likewise limited amongst individuals. One service provider identified a gap in communication about the policy's potential impacts for both service users and staff.

> 'We're not reminded within the service about the policy...There's no posters or information reminding people about the units going up.' [Service Provider, interviewee #06]

5.23 Service providers noted conversations about alcohol pricing and government policy typically arose only during specific times, such as Christmas (when cross-border purchasing was noted as becoming more relevant for some), indicating a periodic rather than a constant concern for MPA implications. Limited awareness and confusion about MPA amongst service providers were sometimes attributed to the confounding effect of inflation.

> 'I think in general, because of the cost of living, everybody has justified the price rise of anything as the cost of living. And it's not just alcohol, is it?' [Service Provider, interviewee #04]

<u>Initial reaction and awareness campaigns</u>

5.24 Initial responses to the introduction of MPA reported by service providers included widespread concern and proactive measures amongst support services. These efforts involved extensive awareness-raising campaigns, information sessions for people accessing services, and strategic support plans aimed at reducing or altering alcohol consumption. During this period, services actively engaged with service

users to inform them about the upcoming changes, distributing leaflets and planning for potential impacts on their alcohol use. This proactive stance created an environment of heightened awareness and preparation.

> ‘In the beginning, it was very much like that. We had leaflets sent to us; we knew exactly what it was. We was to give this information out to clients and then, nothing.’ [Service Provider, interviewee #10]

Diminished discussion and ongoing awareness

5.25 Over time, the intensity and frequency of discussions surrounding MPA is reported by service providers to have waned significantly. Initially, ‘it was a massive panic stations’ [Service Provider, interviewee #01], during which time the topic was at the forefront of conversations between staff and service users, with service providers diligently educating those they support about the new pricing and its implications. However, this emphasis has since faded, and MPA is now rarely mentioned in routine consultations. More categorically, one service provider suggested ‘no-one talks about the minimum price of alcohol’ [Service Provider, interviewee #02]. New staff members and service users, who were not present during the initial implementation phase, were said to exhibit limited awareness of MPA. Conversations about the policy are reported by service providers to have become infrequent amongst staff, and generally superficial, surfacing only during specific prompts or discussions.

> ‘I’d like to be able to possibly ask a new member of staff to come in and say, can you tell me a little bit about minimum unit pricing, and I would put my ten pence in that they wouldn’t be able to tell you.’ [Service Provider, interviewee #03]

Support and criticism

5.26 Service providers, in the main, were supportive of the MPA policy and the implementation of an MUP as a tool to help reduce harmful alcohol use amongst the general population, but it is seen as insufficient on its own. Support for the policy stems from its potential to mitigate the broader societal impacts of alcohol use, such as reducing the strain on healthcare services and law enforcement. However, there some concerns remain about the potential ‘criminalisation’ [Service Provider, interviewee #14] of individuals with problem alcohol use and resistance to an approach which makes alcohol less affordable ‘without having other strategies in place’ [Service Provider, interviewee #10].

‘There’s no money to support problematic or hazardous drinkers... There’s no funding, no beds, no places for hospital detoxes.’ [Service Provider, interviewee #15]

5.27 Whilst maintaining that the policy intentions were good, some service providers continue to view MPA as creating a financial burden imposed by supermarkets and the government, with few tangible benefits for the treatment population, rather than a focused public health strategy.

‘The intentions are good, but the application could have been better...It's been a burden for people with very little money, without providing any real benefits.’ [Service Provider, interviewee #15]

5.28 Significantly more often, service providers expressed the belief that, regardless of intent, MPA disproportionately impacts poorer individuals and those dependent upon alcohol, for whom drinking is a necessity rather than just a choice. They argued that the policy overlooks the lack of access to adequate detoxification and rehabilitation services. Service providers also observed that increased revenues from MPA are not used to treat those with alcohol problems, something they feel is fundamentally not right about the policy.

‘It is aimed at the poorer end of society. It does not take into account that if someone is alcohol dependent then whether to drink daily or not is not a choice. Detox and Rehab availability in Wales is poor and the involvement of the NHS in addiction in [name of area] is impacting this further as they are not fit for purpose. I see no evidence of this increased revenue being used to treat people with alcohol problems.’ [Service Provider, Survey Response #76]

5.29 Despite these criticisms, there was some acknowledgment of MPA's potential longer-term benefits, particularly in deterring future generations from using alcohol as a coping mechanism. Again, however, service providers stressed the need for more immediate support for current dependent drinkers, including better funding for third-sector organisations and NHS services.

‘It is needed to reduce the likelihood of future generations reaching for alcohol as a coping strategy. However, in the short-term, more support needs to be in place for the current active service users who are already dependent and are being put at risk of death due to not knowing the danger of alcohol withdrawal and not being able to afford it. This means funding more third sector resources who

mainly support our clients…and for NHS drug and alcohol services.' [Service Provider, Survey Response #29]

5.30 There was a consensus amongst service providers that MPA alone is insufficient to tackle harmful drinking effectively. Many noted that a variety of factors, such as 'mental health concerns or trauma...compounded by experiencing isolation' [Service Provider, Survey Response #82] drive alcohol dependence, and simply increasing prices does not address these root causes.

5.31 Whilst the policy was recognised by service providers for its capacity to support reductions in alcohol harms at the population level, its effectiveness in changing behaviour significantly was questioned, and its impact debated. Some suggested the policy felt more like political posturing, or a 'publicity stunt' [Service Provider, interviewee #02] aimed at demonstrating government action against binge and hazardous drinking, rather than a comprehensive solution. The scepticism extended to concerns that alcohol would still be sold to, and consumed by, those with dependence, regardless of price increases, whilst its potential for punishing responsible 'hardworking people' [Service Provider, interviewee #12] was also criticised.

'I think in one respect, it's beneficial, but I suppose there's always that part of me that - alcohol's still getting sold, there's still a high dependence, so people are still going to pay it.' [Service Provider, interviewee #14]

Impact of MPA

5.32 The implementation of MPA is reported by service providers to have led to some significant shifts in both alcohol availability and consumption patterns. This section outlines service providers' views regarding the consequences of MPA on market behaviours, drinking habits, and the broader socio-economic environment. Service providers have observed changes in the types of alcohol being consumed, with a notable decline in cheap, high-alcohol-content beverages and a corresponding increase in the consumption of stronger spirits. The policy's effect on drinking behaviours, particularly amongst dependent drinkers, is reported to have been mixed, with some service providers reporting little to no impact whilst others have observed reductions in consumption. Additionally, MPA is thought to have had

broader economic and social consequences, influenced criminal activities, and altered the demand for health and social care services.

Shifts in alcohol availability and purchasing patterns

5.33 Most service providers discussed how the MPA policy has influenced the availability and variety of alcoholic products in the market. Supermarkets and stores are noted as having adapted by stocking different types of alcohol and varying packaging sizes, which service providers feel has impacted some consumer behaviour. Service providers feel that this adaptation reflects the market's response to regulatory changes, aimed at maintaining consumer interest and sales volume despite the new constraints.

5.34 Accordingly, most service providers noted a decrease in the visibility and consumption of cheap, high-alcohol-content beverages, such as strong ciders that have ‘all these harmful chemicals’ [Service Provider, interviewee #14]. Notably, cheap ‘white’ ciders have been observed as being substituted for more expensive, higher alcohol content drinks like vodka and wines:

> ‘There feels to be more wines, there appears to be more spirits...There are no 2.5 litre flagons on the shop shelves anymore.’ [Service Provider, interviewee #03]

5.35 This trend was attributed to the price increases making bulk purchasing of higher-strength alcohol more economical. These shifts, noted across data collection sites, were frequently highlighted as a strategic adaptation by consumers to maximise the value of their purchases within the constraints that have been delivered by the policy.

> ‘They see a lot more value in a bottle of vodka.’ [Service Provider, interviewee #06]

5.36 ‘Street drinkers’ in some locations were said to have maintained a preference for super strength lagers and wine, less affected by MPA due to their already high relative costs. Individuals reported pursuit of value for money, which has led some with means and geographical access to purchase alcohol in bulk from across the border in England. Such reports were rare when considered proportionally amongst the treatment population represented in the sample.

Effects on drinking patterns and behaviour

5.37 The MPA policy's effectiveness on reducing drinking was viewed as mixed amongst service providers. Some reported MPA had 'had absolutely no effect at all' [Service Provider, interviewee #15] on drinking behaviour amongst individuals, particularly those with alcohol dependency. It was argued that potentially vulnerable individuals, remain 'as marginalised as the day this began until present' [Service Provider, interviewee #15]. Contrastingly, a small handful of service providers reported outcomes consistent with the policy's intention – that MPA was 'helping with their alcohol consumption' [Service Provider, interviewee #11]. Moreover, reductions in street drinking were also noted by a few and attributed, at least in part, to MPA, though such accounts were rare:

> 'Personally, when it first came out, I thought it was targeting street drinkers... But now, I see different service users congregating outside the office, and they're not drinking as much.' [Service Provider, interviewee #05]

5.38 Moreover, the high price of alcohol was said by a good number of service providers to have supported or reinforced decisions to stop drinking. Practitioners highlighted the cost-saving benefits of alcohol reduction, enjoyed by some individuals reducing their intake or in active abstinence-based recovery. In one instance, financial factors were positioned as 'the biggest factor for them stopping drinking' [Service Provider, interviewee #01].

5.39 More often, however, MPA was said to have had minimal effects on reducing harmful and hazardous drinking, with one service provider citing evidence from the stable prevalence of alcohol referrals received since the policy's enactment.

> 'I have not seen any reductions in the prevalence of alcohol referrals in my caseload since I began this role, if anything they appear to have remained the same.' [Service Provider, Survey Response #82]

5.40 Perhaps helping to explain continuing, and in some cases increasing, alcohol-related referrals to specialist services across Wales, some service providers acknowledged one effect of the pricing policy might have been to influence motivation to make changes, and/or engage with services, at an earlier stage.

> 'It will impact them, but not intentionally in a negative way... It may encourage them to engage with services and consider changes around their alcohol use.' [Service Provider, interviewee #06]

5.41 Several service providers directly attributed the demographic shifts amongst referrals (i.e., younger people and individuals with better socioeconomic circumstances) to MPA, rather than as part of a confluence of economic and psychological factors.

> ‘People who could previously afford to drink and would not see their drinking as an issue have now come into service due to the financial burden of MPA.’ [Service Provider, Survey Response #11]

5.42 For others, the observed shift towards spirits risked potentially triggering dependency amongst harmful drinkers due to the higher alcohol content. This shift to spirits for economic reasons is considered by some to have (potentially) inadvertently heightened alcohol-related harm and addiction severity in the longer-term.

> ‘So, if they were trying to target harmful or hazardous drinkers, then those harmful and hazardous drinkers turn to spirits, do they not become the dependent drinkers then, because their units are going up quite considerably?’ [Service Provider, interviewee #02]

<u>Economic and social consequences of MPA</u>

5.43 The impact of the MPA policy on alcohol consumption is viewed by service providers as having led to varied economic and social consequences, affecting different socioeconomic groups in diverse ways. Many service providers associated higher alcohol prices with increased criminal activities, such as shoplifting, peer exploitation, and aggressive begging, as people experiencing dependence resort to more desperate measures to sustain their habits.

> ‘People are going directly to steal the alcohol...It’s got a lot more desperate out there. And underneath all that, people's drinking is going up.’ [Service Provider, interviewee #15]

> ‘The policy has increased the minimum price for a unit to 50p. The policy is targeted at problem drinkers. It was supposed to lessen the harm. It's actually done the opposite. People who are dependent upon alcohol are going to get alcohol regardless of price, even if they have to shoplift.’ [Service Provider, Survey Response #61]

5.44 Multiple survey respondents stated directly that MPA has led to a rise in criminal behaviours associated with obtaining alcohol. The pricing policy, alongside other economic challenges, was viewed as having increased the exploitation of the most vulnerable individuals by their peers.

> ‘MPA has caused a significant increase in criminal behaviours around alcohol attainment, this has led to a clear split between those who are vulnerable to exploitation and those who are abusive/anti-social offenders. especially for young people on benefits as their income is so low and they often don't have the knowledge or skills to manage their situations, leaving them vulnerable to harm from peers in their drinking groups and wider community.’ [Service Provider, Survey Response #56]

5.45 In addition to shoplifting and exploitation, service providers also linked to MPA upticks in sex work, borrowing or stealing from family members, and the acquiring of loans to facilitate continued drinking.

> ‘I have seen an increase in patients reporting shoplifting, sex working, stealing from family members and taking out loans.’ [Service Provider, Survey Response #21]

> ‘Service users have been arrested for stealing alcohol when they "needed it" to prevent a seizure. Service users have spoken about having to get people to buy alcohol for them as they have run out of money and need a drink - cycles of borrowing money/alcohol from friends becomes problematic with budgeting and relationships.’ [Service Provider, Survey Response #47]

5.46 This financial strain was suggested by some to have also driven a rise in the use of food banks and social support services as individuals were notedly ‘accessing the system more’ [Service Provider, interviewee #06] to cope. Service providers reported ‘a massive increase in food parcels’ [Service Provider, interviewee #01] which many service users are ‘having to reply on’ [Service Provider, interviewee #01] to meet their basic needs, as their limited funds are directed towards sustaining their alcohol consumption. The use of crisis support services was also said to be occurring amongst groups for whom such service use was novel. However, service providers noted that individuals with more resources and better support networks could adapt more easily, whilst the most vulnerable populations continued to struggle significantly. Individuals with families or greater responsibilities

(i.e., paying rent/mortgage) were observed as being more likely to attempt to change their drinking behaviours, whereas other dependent drinkers remained largely unaffected by the price changes, often substituting alcohol with other substances or engaging in illegal activities to maintain their consumption.

> 'Even with alcohol being an expense that is difficult for clients to afford, they will tend towards spending on this due to the nature of addiction being extremely hard to overcome, and the fact that cost of living/housing inaccessibility means that they are unable to spend their money in other more helpful places anyway.' [Service Provider, Survey Response #82]

Impact on health and social services

5.47 The MPA policy, alongside other economic and COVID-19 related factors, was recognised by the majority of service providers as having had a profound impact on health and social services, both in terms of service demands and service user behaviours. There were suggested increases in people presenting with alcohol withdrawals at acute care services, as many experiencing alcohol dependences 'simply can't afford it' [Service Provider, interviewee #02] due to the price hikes. One service provider linked increases in withdrawal experiences amongst younger people directly to the policy.

> 'Discussions about younger people, alcohol withdrawal a concern as more people being admitted to hospital – directly related to price increases as a consequence of MPA.' [Service Provider, Survey Response #11]

5.48 Though also associated with the pandemic, increased withdrawal experiences were noted as particularly prevalent amongst new referrals 'who have never heard of alcohol withdrawals, let alone that going "cold turkey" when you are dependant, can kill you' [Service Provider, Survey Response #29].

5.49 Approximately half of all survey respondents indicated there had been an increase in primary alcohol referral rates to specialist alcohol and drug recovery services. Regular reports from service providers indicate that some individuals have been financially unable to sustain their drinking habits, and therefore seeking help to reduce or quit their alcohol consumption. Some service providers highlighted that 'most people that come into service say that finance is the reason they want to make the change.' [Service Provider, interviewee #01]. For many service providers, an indirect impact of MPA has, therefore, been a significant increase in new

referrals to services amongst those previously able to subsidise their drinking. Though potentially offering early intervention for hazardous and harmful drinkers, and therefore saving later costs for healthcare services, this effect was noted by some as having significant cost and capacity implications for specialist services.

> ‘People are referring themselves because they cannot afford to buy the amount of alcohol they need to meet their tolerance. It has almost forced people to come into services now that the budget, strong ciders and lagers are not affordable.’ [Service Provider, Survey Response #21]

Confounding factors

5.50 Overall, service providers consider the implementation of MPA has been influenced by a complex range of confounding factors that extend beyond the policy itself. In examining the views and experiences of service providers, several key elements have emerged that complicate the assessment of MPA's effectiveness and impact. These factors include the broader challenges posed by the economic downturn and cost-of-living crisis, the far-reaching effects of the COVID-19 pandemic, geographic disparities in access to treatment, the influence of other substances, and the pervasive issue of social stigma. The following sections outline the views of service providers in this regard, highlighting the multi-faceted nature of alcohol consumption behaviours and the nuanced challenges faced by those implementing and affected by MPA.

<u>Economic factors</u>

5.51 The economic downturn, loss of jobs, and the cost-of-living crisis were all acknowledged amongst service providers to have significantly influenced drinking behaviours of those individuals they support. Service providers consistently reported that those individuals who are faced with financial hardship typically prioritise their limited resources towards alcohol and forego other necessities. This de-prioritisation of essential items was particularly the case amongst ‘people that are on low benefits’ [Service Provider, interviewee #13]. The precise contribution of MPA on individual drinking patterns was difficult for service providers to disentangle from wider economic factors. It was likewise noted by some that individuals’ understanding of the economics of drinking patterns were similarly opaque.

‘They're tied up in a conversation of everything being expensive, the cost-of-living crisis, the austerity that we're in.’ [Service Provider, interviewee #14]

‘As a service we are now having to deal with a higher rate of individuals withdrawing from alcohol because they cannot afford to purchase it. Again this is alongside the current cost of living crisis; I have also noted increased reliance on food banks, bus passes etc., and having to support individuals with debt management.’ [Service Provider, Survey Response #69]

Effects of COVID-19

5.52 From the service providers' perspectives, the COVID-19 pandemic has had a profound impact on mental health and alcohol consumption patterns. Since 2020, there has been a perceived increase by many in alcohol referrals, with numerous reports of increased home drinking rather than going out, which is considered to have led to higher consumption levels. The pandemic's social isolation is viewed by the majority of service providers as exacerbating alcohol use, particularly amongst those experiencing domestic abuse, where alcohol is often used as a coping mechanism. Service providers have noted that the dual pressures of the pandemic and the introduction of MPA may have increased stress, particularly for those facing job losses and housing instability. The difficulty in accessing alcohol for dependent individuals during this period has been highlighted as a critical issue, prompting calls amongst service providers for more comprehensive government support. Many individuals reportedly continue to struggle with alcohol dependence post-pandemic, further complicated by lengthy waiting lists for detoxification services. Service providers generally believe the pandemic's lasting effects on drinking habits have led to a rise in alcohol dependency, with some people finding it difficult to reduce their intake even as a sense of normality has returned post-pandemic.

‘Pre-pandemic, I would say they would go home, have a glass of wine after work...So, when you’re sitting in front of your computer, you’ve got a cup of tea, what looks like a cup of tea, but a couple of people said they were actually drinking during the day as well.’ [Service Provider, interviewee #05]

‘Since lockdown, we’ve had a lot of people still coming into service that are using wine to excess.’ [Service Provider, interviewee #11]

‘I am constantly shocked by how many newly alcohol dependent people we are seeing who have never heard of alcohol withdrawals, let alone that going “cold

turkey" when you are dependant, can kill you.' [Service Provider, Survey Response #29]

Geographic disparities in treatment access

5.53 Geographic factors were also discussed by many service providers as influencing drinking behaviours due to the varying challenges faced by populations in different locations and the differing availability of services. Areas with higher rates of homelessness, for example, or those lacking adequate social housing were reported as seeing increased alcohol consumption amongst vulnerable populations. The disparity in service availability and outreach efforts between different regions are considered to further complicate efforts to assess the impact of MPA, relative to other influences. Additionally, some service providers noted service delivery varying significantly across regions, with some areas having more robust outreach and support systems in place than others. This was noted as impacting presentations, thus, influencing the demographics, experiences, and needs of the treatment population about which service providers were asked to comment.

'In the [name of area] we do the same outreach walk, but we don't necessarily come across the same clientele hanging around shops, or the shoplifting that's going on at the moment in certain shops for alcohol in [name of town]'. [Service Provider, interviewee #06]

Influence of other substances

5.54 Service provider considerations of other substances and their influence on drinking patterns and related consumer behaviours add complexity to assessing the impact of MPA. The accessibility and availability of drugs such as crack cocaine and the 'worrying trend' [Service Provider, interviewee #01] of internet-sourced benzodiazepines and 'pre-gabs' (pregabalin) are reported to have provided alternatives for those struggling with alcohol dependency. The presence of these substances is viewed by many service providers to have complicated the landscape of substance use and treatment, as individuals they support were often described as switching between alcohol and drugs based on availability and cost. Despite these frequent reports, the extent to which present data reflect a departure from existing polysubstance use trends remains unclear. Notably, service providers across two sites reported a related trend, observed amongst those receiving depot buprenorphine (Buvidal). Whilst this novel opioid substitution formulation had helped

many individuals move away from heroin use or other substitute formulations like methadone, it was reportedly also associated with increased alcohol consumption and crack use.

> ‘A lot of them say, “Oh, we’re not using heroin anymore. We’re doing really well on the Buvidal”, and then when you actually explore with them then, “Well, you’re drinking. Your drinking has increased.” That’s where we are. That’s what I feel I’ve witnessed of late’. [Service Provider, interviewee #06]

Impact of social stigma and service accessibility

5.55 Stigma and service inaccessibility was discussed by some service providers as leading to worsening health conditions and underreporting or misunderstanding of MPA's impact on drinking behaviour. Social stigma is viewed as continuing to be a significant barrier to those seeking help for alcohol dependency. Fear of judgment and negative perceptions were described as preventing individuals from accessing services, exacerbating their conditions. This stigma was reported as being particularly pronounced amongst certain demographics, such as those with drug use experience, older adults and individuals with long-term dependencies.

> ‘They see that an alcohol problem is not as bad as a drug problem, but of course, it’s still an addiction, isn’t it?’ [Service Provider, interviewee #10]

Next steps for the MPA policy

5.56 Regular reviews and adjustments of the MPA policy were identified as necessary to ensuring its effectiveness. Service providers suggested the policy should be continuously monitored and evaluated, based on current data and emerging trends. Service providers think this would help identify gaps and areas for improvement, ensuring the policy remains relevant and effective in reducing alcohol-related harms.

> ‘Now is a perfect time to say, we need to get services together, we need to discuss this and what the next steps are and also, re-educate, revisit and look at it.’ [Service Provider, interviewee #03]

Maintaining and possibly increasing the MUP

5.57 Maintaining the current level of MUP was seen as beneficial, but some service providers suggested that a gradual increase, in line with inflation, could be

considered if supportive measures are in place for vulnerable populations. Near-universal was the opinion that the pricing policy should not be abolished, one argued, ‘I think for it to go that low would be dangerous’ [Service Provider, interviewee #12], with most others noting MPA’s role in reducing the availability of cheap, high-strength alcohol. Whilst the pricing policy was largely understood as having this ‘element of safeguard’ [Service Provider, interviewee #14], participants were also united in the need for a more comprehensive policy which would ‘put other things in place, to help the dependent drinkers’ [Service Provider, interviewee #01].

Public education and awareness

5.58 Increasing public awareness and education about the harms of alcohol was highlighted as crucial by many service providers. One respondent argued, ‘I think we’ve got a big job to do to change people’s outlook of the impacts that alcohol is having on them or individuals’ [Service Provider, interviewee #06]. Discussions of education and awareness included addressing the glamorisation of alcohol in advertising. Another respondent noted, ‘you can barely buy a birthday card for somebody … especially a female, without it mentioning prosecco’ [Service Provider, interviewee #13]. By addressing such promotion and improving education and awareness, the policy’s effects were anticipated to be magnified and have the capacity to change public perceptions and behaviours related to alcohol consumption.

> ‘You don't get a liver with cirrhosis or fatty deposits on an alcohol bottle. There's no deterrent there, is there?’ [Service Provider, interviewee #14]

Public health and support services

5.59 As identified immediately above, public awareness and support for MPA and other approaches for reducing alcohol harms was seen as crucial by service providers. Some supported significant investment in public health campaigns and support services for individuals with problematic alcohol use. Some suggested the need at a policy level, for making support services more accessible and reducing the stigma associated with seeking help. Common within the dataset were suggestions that health and specialist services would benefit from leaflets and newsletters and a ‘simple guideline about MPA and what we as professionals can do to promote it’ [Service Provider, Survey Response #21]. Enhanced public health initiatives, such

as those implemented internationally, were perceived as important, both to mitigate the population-level effects of alcohol consumption and provide better support for those struggling with dependency.

> ‘There needs to be more focus on alcohol at a national level, suggesting learning from other countries that have successfully implemented broad cultural and community programmes to tackle alcohol misuse.’ [Service Provider, interviewee #04]

Socioeconomic and public health considerations

5.60 Many service providers proposed that any planning for the next steps of alcohol policy in Wales must consider socioeconomic factors and enhance public health initiatives, especially amidst the cost-of-living crisis. Some advocated for policies to be sensitive to the economic realities faced by different populations and avoid disproportionately impacting those already struggling financially. One service provider warned:

> ‘I think that’s a risky game and...until they established how they can support those vulnerable people, I don’t think an increase will do any good to anybody.’ [Service Provider, interviewee #01]

5.61 A majority of service providers advocated for a balanced approach that addresses both economic challenges and robust public health measures to support those affected by alcohol dependency.

Licensing and regulation

5.62 Stricter licensing laws and regulations on alcohol sales were suggested to prevent the sale of high-strength alcohol to vulnerable populations. Suggestions included better enforcement of existing laws and potentially introducing new regulations to limit the availability of particularly harmful alcoholic beverages.

> ‘It was always about licensing enforcement. It could have done a better job of actually taking those strong alcohols clean out of the game…Local Authorities need to start thinking less about revenue and going after the people, the drug dealers that are actually purveying strong drinks.’ [Service Provider, interviewee #15]

6. Discussion and conclusions

6.1 This report has presented findings from the second, and final, wave of research being conducted as part of a five-year evaluation of the impact of MPA on service users and services who work with this group experiencing problems with alcohol across Wales. The report focuses on data collected through two primary methods at a point four years following the introduction of MPA legislation in Wales:

- semi-structured interviews with a sample of 17 service users and 15 service providers; and
- two online questionnaire surveys that were completed by 121 service users and 90 service providers.

6.2 In this penultimate chapter we summarise the key messages of the findings from the final wave of data collection and also take cognisance of the full findings of this research study over the last five years.

6.3 It is important to stress that this report is not concerned with the whole population of drinkers across Wales. It predominantly draws upon the views of dependent drinkers taken from a specific sample of hazardous, harmful, and dependent drinkers currently, and recently, engaged in alcohol treatment services across Wales.

6.4 Overall, the key message of this five-year study is that the evidence observed continues to resonate with the existing evidence collated by our research team in the form of three studies (see Holloway et al. 2019; Buhociu et al., 2021; Holloway et al. 2022). To avoid repetition, the core messages from these studies, as well as the consistent messages from the wider, and ever-increasing international evidence-base, are presented in the 'Contribution Analysis' interim and final reports which are the headline study of the evaluation portfolio commissioned by the Welsh Government (Livingston et al., 2023; Livingston et al., 2025).

6.5 The evidence more broadly resonates with the findings of the wider range of larger-scale evaluation studies either conducted, or commissioned by, Public Health Scotland over the last five years, especially the 'Evaluating the impact of minimum

unit pricing in Scotland on people who are drinking at harmful levels' study (Holmes et al., 2022)[11] which also sought the views of service users and service providers.

6.6 The discussion below summarises the key resonating messages in relation to the main aims of this study (see 2.6) with the wider literature but also compares the views between the service users and service providers involved in this study to check for consistent findings between the two stakeholder groups.

6.7 Another key message that needs to be highlighted as a result of this study is the observed, and continuing, misunderstanding and misinterpretation of the MPA policy amongst both service users and service providers. We therefore need to repeat the key message from the interim report (Perkins et al., 2023), see below, that this misunderstanding and misinterpretation is in relation to the **intention** of the policy and demonstrates that there is still more work for Welsh Government to do in educating the alcohol and drug treatment sector and workforce. This is also emphasised by a reported, and significant, decline in discussions and awareness about MPA over time in services and with service users (see section 6.9 below).

> 'The group of service users and providers who engaged in this study consistently assumed and reduced their understanding of the policy down to one of targeting the alcohol dependent population, rather than delineating between the actual intended target population (i.e. hazardous and harmful drinkers) and those that are most impacted (i.e. the lowest income dependent drinking population). Because service users and service providers interpret the policy intention as targeting dependent drinkers (and those engaged in services are usually from the most vulnerable, low income group) who they consider will continue to drink no matter what price alcohol is (because they need to), the natural conclusion is that this policy is a punitive one on an already vulnerable population. Study participants were more focused on this and spent less time focusing on any changes they have seen amongst the hazardous and harmful population of drinkers (i.e. the actual intended target population of the policy).'

6.8 The exploration of MPA with these drinker and provider populations has highlighted that through the purposeful removal of cheap alcohol products (below 50p per unit), the financial pressure on those seeking to maintain dependency has significantly

[11] Two members of our research team (Perkins and Livingston) were Co-Investigators on the Holmes et al. (2022) study and are fully cognisant in the methods and results of the study.

increased. The consequence of this is a policy often misunderstood as targeting such low-income vulnerable drinkers rather than viewing them as an adversely effected group resulting from a wider overall population measure. This has led to negativity towards MPA amongst service providers and service users, and a perception of a policy that fails to support dependent drinkers, even though the polices that are aimed at supporting dependent drinkers sit elsewhere (i.e., within the suite of Welsh Government 'guidance to provide effective services for substance misuse treatment'). There is a common concern that MPA actively worsens financial and health-related issues for the most vulnerable, low-income dependent drinkers, which again is a view that has been evidenced throughout the five years of this research study.

6.9 Initial reactions to MPA included widespread concern amongst service providers, who engaged in awareness campaigns to prepare service users for the price changes related to implementation of the policy. However, they have also noted that they have had no/little information from Welsh Government or their local APB since the implementation of MPA. Service users' reactions ranged from initial optimism about the potential benefits of reducing alcohol consumption to later disappointment as the policy's financial impacts became clearer. The initial outreach efforts were noted but have since diminished, leading to a gap in continuous engagement and education on the policy's objectives and impacts.

6.10 Service users and service providers reported a notable decline in discussions about MPA. Service providers mentioned that MPA is no longer a regular topic of conversation amongst staff or with service users, which could reduce its long-term impact and effectiveness. Service users similarly noted a lack of ongoing awareness and understanding, with many seemingly forgetting about the policy's existence. This suggests MPA has not been fully integrated into the broader public discourse on alcohol consumption and public health with these groups.

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

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

6.12 Through the course of this study, both service providers and service users have noted a broader demographic shift in those presenting with alcohol-related issues following the implementation of MPA. Over the last four years there has been an observed increase in older adults, employed individuals, and younger people recognising the impact of their alcohol and drug use. Notably, there was a reported rise in females seeking help, reflecting changes in drinking patterns across different particular people groups.

6.13 Service providers and service users have observed some shifts towards purchasing stronger, alcoholic beverages, such as spirits and wine, due to the pricing constraints imposed by MPA. This shift is seen as a way for service users to maximise their alcohol intake despite higher prices. Some service users reported "shopping around" for the best deals or even purchasing alcohol across the border in England to circumvent the higher prices in Wales. These behaviours highlight the adaptability of some consumers and the potential unintended consequences of MPA, such as increased consumption of higher-strength alcohol.

6.14 Since the implementation of MPA there has been a lot of conflation about difficulties in maintaining affordability between MPA, COVID-19, benefit system changes, and the cost of living crisis. There is a shared understanding amongst service providers and service users that financial hardship almost always leads individuals to prioritise alcohol over essential living expenses. For most drinkers this does not include law breaking activity (e.g., shoplifting to fund higher alcohol prices) or in relation to switching to cheaper products or substances as a result of higher alcohol prices (e.g., switching to using illicit, stolen, or non-beverage alcohol, or other substances). This continual extension of exiting coping strategies is particularly evident amongst dependent drinkers, who consistently continue to purchase alcohol at the expense of food, housing, and utilities. This message is not new and has been a continuous and consistent message throughout a range of evaluation studies conducted across both Wales and Scotland since 2018.

6.15 The economic strain has been further exacerbated by the recent cost-of-living crisis, with many service users reporting reliance upon food banks and other social services to meet basic needs. This highlights the ongoing need for comprehensive support systems alongside pricing policies.

6.16 Both groups noted some drinkers resorted to cross-border purchasing to obtain cheaper alcohol, though this practice was limited by logistical and economic barriers. Those with the means and proximity to England could bypass the MPA-related price increases, highlighting regional disparities in alcohol pricing and accessibility. This behaviour highlights the additional challenges that are caused by disparity between UK government policy and Welsh Government devolved policy.

6.17 There have been some reports of increases in poly-drug use noted by both service providers and service users, with some individuals increasing their use of drugs like crack cocaine and illicit benzodiazepines, as either a cheaper alternative or as a complement to alcohol. This trend complicates the assessment of MPA's effectiveness, as the interplay between alcohol and other drug use may have intensified over time, as price differentials between alcohol and other drugs fluctuate significantly.

6.18 Social stigma and limited accessibility to services were significant barriers highlighted by both groups. Service users often felt judged or stigmatised when seeking help, which was compounded by a scarcity of accessible service provision, particularly in remote areas. This stigma and lack of access prevented many from receiving necessary support, exacerbating their alcohol-related issues. Both groups stressed the need for a more inclusive approach to supporting those who experience problems with alcohol, addressing not only alcohol dependency but also the associated social and economic challenges.

6.19 Despite the wide range of negative attitudes and feelings expressed towards the policy, it is important to note that the majority of individuals interviewed for the study ultimately considered that the MPA legislation should be retained. The main reason for this is a desire not to return to pre-MPA days where significantly cheap alcohol (especially strong white ciders) were readily available and consumed by those who experience problems with alcohol. The proviso expressed by many was that if MPA is retained then priority needs to be given to providing additional treatment and support options to mitigate the harmful impact being experienced by low income dependent drinkers.

7. Recommendations

7.1 This is the final report detailing the results of consultations with service users (harmful, hazardous, and dependent drinkers) and services across Wales over a four-year period post-MPA implementation. The focus of the report is on an assessment of both the experience and impact of MPA on service users and services (including exploring the extent to which switching between substances may have been a consequence of the legislation and the impacts of minimum pricing on household budgets).

7.2 The portfolio of research emerging from this assessment of MPA on service users and services is important. It will help to inform and guide the shape and scope of MPA and service responses in Wales and, potentially, other countries around the world.

7.3 We believe the findings of this research study lead to the following small set of distinct recommendations for the Welsh Government.

Recommendation 1: There is a clear need to enhance treatment responses across Wales for dependent drinkers to ensure there is the right sort of treatment available that is both sufficient and accessible in its availability across the country. We would especially highlight the need for increased inpatient detoxification provision, along with a focus on quicker pathways into such detoxification programmes. This needs to go hand-in-hand with post-detoxification support particularly for those living alone. We would also recommend special attention is given to the needs of low-income dependent drinkers, and that other mitigating actions are required beyond the provision of inpatient detoxification programmes, such as through the development of managed alcohol programmes.

Recommendation 2: A dedicated programme of support should be provided to treatment agencies to focus their attention and expertise in actively engaging individuals around managing their finances and alleviating poverty whilst in treatment. The priority should be for treatment agencies to be proactive in engaging with conversations about finances rather than just signposting to Citizens Advice Bureau, food banks, etc.

Recommendation 3: If MPA is renewed then a campaign of promotion across providers through to drinkers needs to be revisited. This should include explicit

messaging about (1) the target audience for MPA, and (2) the impact on dependent, low-income drinkers.

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