Dadansoddi ar gyfer Polisi

YMCHWIL GYMDEITHASOL Y LLYWODRAETH

GSR

GOVERNMENT SOCIAL RESEARCH

Analysis for Policy

Llywodraeth Cymru
Welsh Government

SOCIAL RESEARCH NUMBER:
06/2025
PUBLICATION DATE:
15/01/2025

Assessing the impact of Minimum Pricing for Alcohol on the wider population of drinkers: Final Report

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

 Digital ISBN 978-1-83625-870-4

Assessing the impact of Minimum Pricing for Alcohol on the wider population of drinkers: Final Report

Authors: Katy Holloway[1], Marian Buhociu[1], Shannon Murray[1], Wulf Livingston[2], Andy Perkins[3]

[1] University of South Wales
[2] Wrexham University
[3] Figure 8 Consultancy Services Ltd (Dundee)

Full Research Report: Holloway, Buhociu, Murray, Livingston, and Perkins (2025). Assessing the impact of Minimum Pricing for Alcohol on the wider population of drinkers: Final Report. Cardiff: Welsh Government, GSR report number 06/2025. Available at: https://www.gov.wales/assessing-impact-minimum-pricing-alcohol-wider-population-drinkers-final-report

For further information please contact:
Social Research and Information Division
Welsh Government
Cathays Park
Cardiff
CF10 3NQ
Email: research.healthandsocialservices@gov.wales

Table of contents

Acknowledgements 5
Glossary 6
1. Introduction 7
Aims and objectives 7
Report structure 8
Language (labels and descriptors) 9
2. Background and context 11
Minimum pricing for alcohol policies 11
The UK context of minimum pricing for alcohol 11
Timeline of key events in the evolution of MPA in Wales 12
Evaluation of Minimum Pricing for Alcohol in Wales 12
Implementing MPA 13
3. Literature review 14
Overview of the previous reviews 14
Overview of studies 17
Overview of the most recent research 20
4. Methods 22
Aims and objectives 22
Research design and strategy 22
Longitudinal interview study methods 23
Interview schedule 23
Sampling strategy 23
Procedure 25
Data analysis 26
Sample characteristics 26
Cross-sectional survey methods 26
Sampling strategy 27
Design 27
Procedure 28
Data analysis 29
Sample characteristics 29
Summary 30
5. Awareness of MPA and its implementation 31
Awareness of MPA 31
Understanding of MPA 32
Sources of information about MPA 33
Changes in the price of alcohol 35
Inflation and the cost-of-living crisis 37
No awareness in price changes 38
Changes in the availability of alcohol products 39
Lacking awareness of products no longer available 40
Lacking awareness of products returning 41
Summary 41
6. Changes in alcohol consumption and related behaviours 43
Changes in quantity and frequency of alcohol use 43
No or little change in alcohol consumption 43

Decrease in alcohol consumption 44
Stopped drinking 46
Increase in alcohol consumption 47
Changes in drinking-related behaviours 48
Changes in the type of alcohol 49
Changes in brand 50
Change in where you drink and who you drink with 50
Change in consumption of low/zero beers 51
Reasons for making changes in drinking patterns 52
Summary 52
7. Changes in household expenditure and purchasing patterns 54
Changes in purchasing patterns 54
Increases in expenditure 55
Decreases in expenditure 57
Change in where they purchase alcohol: 58
Changes in funding 59
Summary 60
8. Changes in the use of other substances 61
Changes in the use of other substances 61
Changes in the use of 'illegal drugs' 61
Use of other substances 62
Summary 64
9. Changes in other drinkers 65
Changes in drinking patterns 65
Summary 67
10. Views on the effectiveness and future of MPA 68
The effectiveness of MPA 68
Perceptions of MPA being effective in reducing alcohol-related harm 68
Perception of MPA being neither effective nor ineffective 69
Perceptions of MPA being ineffective in reducing alcohol-related harm 71
Should MPA be continued? 73
Views in favour of MPA continuing in Wales 74
Views neither for, nor against, the continuation of MPA 77
Views opposed to the continuation of MPA in Wales 78
Changing the minimum unit price 80
Views in favour of decreasing the minimum unit price 80
Views in favour of keeping the minimum unit price at 50p 81
Views in favour of increasing the minimum unit price 83
Uncertain views on the future minimum unit price 85
Summary 85
11. Reducing alcohol-related harm 88
Improving the effectiveness of MPA 88
Raising awareness of alcohol related harms 90
Increasing support for people with alcohol use problems 91
Restricting the availability of alcohol 95
Providing alternatives to alcohol-related activities 96
Wider enforcement-related activities 97
Leaving it up to the individual 98
Summary 99
12. Discussion 100

Strengths and limitations 100
Quantitative measures of change 101
Awareness and understanding of MPA 102
Changes in drinking patterns 103
Changes in household expenditure and purchasing patterns 103
Changes in the use of other substances 104
The impact of MPA on other drinkers 104
Views on the effectiveness of MPA 105
Improving the effectiveness of MPA 106
Other methods for reducing alcohol-related harm 106
Concluding comments 107
Tentative recommendations 107
References 110

List of tables

Table 3.1 Characteristics of included studies 15
Table 4.1 Longitudinal study sample sources..... 24
Table 4.2 Number of interviews completed by the longitudinal sample 25

Acknowledgements

There are many people that we would like to thank for their help with this project. Without their support we would not have been able to gather so much valuable data. Most importantly, we would like to thank those people who signed up to our longitudinal interview study and agreed to be interviewed on more than one occasion. Their participation has been so important to this research as it has enabled us to monitor the impact of MPA on drinkers over a lengthy period of time. We are also very grateful to those people who completed the online surveys. We realise that the questionnaires were lengthy, and we are extremely appreciative of the effort they took to answer, often in considerable detail, the questions. We would also like to express our gratitude to Chris Roberts and Janine Hale for managing the project so carefully and professionally, and to our Project Advisory Group for their comments on drafts of our data collection tools and reports, as well as for their continued support with the research.

Glossary

Acronym/keyword	Definition
APB	Area Planning Boards
APOSM	Advisory Panel on Substance Misuse
AUDIT	Alcohol Use Disorders Identification Test
HMPPS	His Majesty's Prisons and Probation Service
MHH	Moderate, Hazardous, Harmful drinkers
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
NPS	Novel/New Psychoactive Substances (see also Spice)
PAG	Project Advisory Group
OTC	Over-the-counter medication
REA	Rapid Evidence Assessment
RTD	Spirit-based 'ready-to-drink' beverages
SARG	Sheffield Addictions Research Group (formerly known as the Sheffield Alcohol Research Group)[1]
Spice	Common name for particular type/s of NPS (i.e., synthetic cannabinoids).

There are several acronyms that are used within single paragraphs/passages – but nowhere else in the report. They have a specificity to the point made and are not general to the whole report. These are not listed here but are each given a full title at the first time of use.

[1] SARG name change, University of Sheffield.

1. Introduction

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.

Three of the contracts (Lots 1, 3 and 4) were awarded to a consortium of researchers based at the University of South Wales, Wrexham University and Figure 8 Consultancy[2]. Lot 2 was awarded to the National Centre for Social Research. This report focuses on the assessment of impact on the wider population of drinkers and presents findings from research conducted nearly four years post-implementation of the legislation. The findings provide a final assessment of the longer-term impact of MPA on the wider population of drinkers in Wales.

This report is based on data gathered from drinkers across Wales using an online questionnaire survey and through in-depth qualitative interviews.

Aims and objectives

The primary aim of this component of the evaluation is to assess the impact of the minimum price for alcohol legislation on the wider population of moderate, hazardous, and harmful drinkers[3] (henceforth MHH drinkers) over a five-year period. The study is longitudinal in design, with four key reporting points: baseline/pre-implementation; nine months post-implementation; two years post-implementation; and 42 months post-implementation.

The primary objectives of the study are to:

1. Assess the attitudes of MHH drinkers towards the legislation.
2. Assess the changes that MHH drinkers make in response to the legislation (e.g., changes in their use of alcohol and other drugs, changes in purchasing patterns, changes in their lifestyles).
3. Assess the impact of the legislation on the lives of MHH drinkers (e.g., employment, financial circumstances, health, relationships).
4. To undertake an analysis of household expenditure patterns, to assess the potential displacement of spending.

In the original specification for the research, the plan was to commission research that would assess the impact of MPA at 18 months[4] and 42 months post-implementation of the legislation. However, given the confounding effects of the COVID-19 pandemic and public health protective measures, which ensued only weeks after MPA was implemented in Wales, funding was provided by the Welsh

[2] Lot 1 is led by Wrexham University, Lot 3 is led by Figure 8 Consultancy, and Lot 4 is led by University of South Wales.
[3] Definitions of these terms are presented later in this chapter.
[4] The original specification suggested a first follow-up of 18 months after implementation, but this was subsequently changed to two years in light of the COVID-19 pandemic.

Government for an additional wave of interviews with the longitudinal study sample nine months post-implementation of the legislation. A fifth objective was therefore added to the study:

5. To assess the relative impact of MPA and COVID-19 on drinking patterns and purchasing behaviours in the nine-month period following implementation of the legislation.

It should be made clear that the purpose of the additional wave of data collection was primarily to undertake a detailed qualitative study of the impact of COVID-19 on the drinking behaviour of the longitudinal sample to provide context for future interpretation of data. In addition, as outlined in the report, feedback on the impact of the early stages of implementation was gathered, although it was not intended that the study would provide any conclusive findings on the impact of MPA at that stage (Holloway et al., 2022). Any assessment of the impact of MPA on the general population of drinkers was only ever intended to begin at least 18 months post-implementation of the legislation, once there had been time for it to bed in and take effect. The interim report, based on data collected two years post implementation, began the process of assessing the impact of MPA on drinkers in Wales (Buhociu et al., 2023). This fourth and final report brings the project to a close and examines the longer-term impact of MPA over the four-year period since its introduction in March 2020.

Report structure

The report is divided into three key parts. The first provides contextual information as well as a brief review of the most recently published literature on the effectiveness of minimum pricing policies and an overview of the methods used to conduct the research. The second presents the results of the primary research and is structured around seven key themes. The third summarises the results, discusses the findings in light of the literature reviewed in Chapter 3, and makes some recommendations regarding the future of MPA in Wales.

The content of the individual chapters is summarised as follows:

Chapter 2 provides some background information about minimum pricing policies. It puts the research in context and provides a brief timeline of events to show how the policy evolved.

Chapter 3 presents the results of a rapid review of the most recently published literature on the impact of minimum pricing policies. The review updates four more comprehensive reviews (Holloway et al., 2019; Buhociu et al., 2021; Holloway et al., 2022; Buhociu et al., 2023) and focuses on the impact of MPA on the wider population of drinkers.

Chapter 4 describes and justifies the methods used to gather the primary data and includes an overview of the procedures undertaken to gather the data. It also provides information about the characteristics of the people who took part in the online survey and qualitative interviews.

Chapters 5 to 11 present findings from the primary research undertaken by the evaluation team. Chapter 5 focuses on awareness of MPA and its implementation in Wales. Chapter 6 moves on to consider any changes in drinking patterns in the period since MPA was implemented, while Chapter 7 examines changes in household expenditure and purchasing patterns. Chapter 8 explores changes in the use of other substances including illegal drugs, prescription drugs, and over-the-counter medication. Chapter 9 reflects on the impact of MPA on other people. Chapter 10 considers drinkers' views on the effectiveness of MPA and examines their thoughts about the future of MPA in Wales. Chapter 11 considers what other methods of reducing alcohol-related harm might be effectively utilised in Wales.

Chapter 12 summarises the findings and reflects on them, considering the literature reviewed in Chapter 3 and in previous reports. The report ends with some concluding comments followed by a series of tentative recommendations for the future of MPA in Wales.

Language (labels and descriptors)

Throughout this report, the term 'drinkers' is used to denote anyone who has consumed alcohol in the period since MPA was introduced, no matter the quantity consumed.

The language around alcohol harms can be confusing as it is not always clear what the terms mean (Alcohol Change UK, no date). Labels such as 'problem drinking', 'alcoholic', 'dependent drinker', and 'harmful drinker' are commonly used within the literature, yet they are not always used consistently.

There are also different ways of measuring the levels of risk associated with drinking (Alcohol Change UK, no date). Some measures of risk are based wholly on the number of units that drinkers consume each week while other measures (e.g., the Alcohol Use Disorder Identification Test – AUDIT) assess consumption patterns and feelings about drinking too. Confusion arises when the different methods of measuring risk use similar language, even though they are measuring different things.

The AUDIT measures a drinker's risk of alcohol-related harm based on their answers to 10 questions[5]. The AUDIT uses the terms lower risk (0-7), increasing risk (8-15) and higher risk (16+) to categorise drinkers on the basis of their scores. A score of 20+ on the AUDIT is sometimes categorised separately as 'possible dependence'[6].

Consistent with other researchers, in this report the terms moderate, hazardous and harmful drinking are defined on the basis of AUDIT scores[7]. A moderate drinker is therefore someone scoring 0-7 on the AUDIT and considered to be at a lower risk of alcohol-related harm. Moderate drinkers include people who drink within the

[5] Each question is allocated a score of 0 to 4. The maximum possible score is 40.
[6] See Office for Health Improvement and Disparities (2017).
[7] AUDIT scores were calculated for all research participants including survey respondents and interviewees.

recommended daily guidelines of no more than 14 units[8] of alcohol per week. A hazardous drinker includes people scoring between 8 and 15 on the AUDIT and deemed to be at increasing risk of harm. Hazardous drinkers include those who are regularly consuming more than 14 units of alcohol per week. Harmful drinkers include people scoring 16 or more and assessed to be at a high risk of alcohol-related harm. Harmful drinkers are those people who engage in more frequent, heaving drinking sessions (e.g., six or more units per session).

[8] One unit of alcohol is defined as 10ml (or 8g) of pure alcohol. Units of alcohol can be calculated by multiplying the strength (ABV %) by the volume of drink (ml) and dividing by 1,000. One unit is the equivalent of half a pint of regular strength beer, lager, or cider (ABV 3.6%), a single shot (25 ml) of spirits (ABV 40%). A small glass (125 ml) of wine (ABV 12%) contains 1.6 units.

2. Background and context

The background and context for minimum pricing for alcohol (MPA) have been set out in detail in three previous reports (Holloway et al., 2019; Buhociu et al., 2021; Holloway et al., 2022). This chapter summarises that information to set the context for the report. It briefly considers the definition of MPA and examines where in the world minimum pricing policies operate[9]. The chapter maps out the evolution of minimum pricing for alcohol policy and legislation in Wales and outlines the legal and policy context of the evaluation. It also considers the process of implementing MPA.

Minimum pricing for alcohol policies

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

The UK context of minimum pricing for alcohol

In Scotland, many aspects of alcohol policy including licensing and minimum pricing are a devolved matter. Minimum unit pricing (MUP) came into force on 1 May 2018 as part of The Alcohol (Minimum Pricing) Scotland Act 2012. MUP (at the level of 50p per unit) has been operating in Scotland for nearly six years and an extensive evaluation of its effectiveness has been undertaken. In February 2024, the Scottish Government announced plans to renew the legislation and revise the minimum unit price from 50p to 65p in a refreshed plan to tackle alcohol-related deaths and hospital admissions. This plan was approved by the Scottish Parliament in April 2024 and will take effect on 30 September 2024 (Scottish Government, 2024).

In Northern Ireland, the Executive launched a public consultation on the introduction of MPA in February 2022. Following a number of requests, the consultation was extended until 27 May 2022 (Department of Health, 2022). The consultation report has not yet been published and it is unclear if, or when, a minimum price for alcohol will be introduced across the country.

In Wales, the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 enabled the introduction of minimum pricing for alcohol on public health grounds, an area within the (then) National Assembly[10] for Wales' legislative competence (Woodhouse, 2020).

[9] More comprehensive contextual information about Minimum Pricing for Alcohol, including the international context, are presented in Holloway et al. (2019) Research into the Potential for Substance Switching Following the Introduction of Minimum Pricing for Alcohol.
[10] On 6 May 2020, the National Assembly for Wales changed its name to Senedd Cymru – the Welsh Parliament.

In England, there continues to be no plan for the introduction of MPA. However, in August 2023, the UK government (which controls alcohol policy for England) implemented changes to the alcohol duty system, which aligned duty rates more closely with the strength of alcohol. These changes might help to reduce alcohol-related harm (which is the primary goal of MPA) by encouraging the production and consumption of lower-strength beverages that have a lower rate of duty.

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

Timeline of key events in the evolution of MPA in Wales

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 (henceforth, 'the Act') came into force on 2nd March 2020. The ultimate aim of the Act is to tackle alcohol-related harm, including alcohol-related hospital admissions and alcohol-related deaths.

While the introduction of MPA signifies a 'firm commitment to further improving and protecting the health of the population of Wales' as a whole, its primary aim is to protect 'the health of harmful and hazardous drinkers who tend to consume larger amounts of low-cost and high-alcohol products' (Welsh Government, 2017).

Evaluation of Minimum Pricing for Alcohol in Wales

The Act places a duty on the Welsh Ministers to lay before the Senedd and then publish a report on the operation and effect of the legislation as soon as practicable after the end of a five-year review period (2nd March 2025) following implementation. The results of that report will play an important role in determining whether regulations are made to provide for the continuation of MPA beyond its current six-year lifespan.

To inform the report on the operation and effect, Welsh Government commissioned an evaluation of the legislation over a five-year period. This report forms part of that evaluation and is based on data collected nearly four years post-implementation of MPA.

Implementing MPA

In November 2019, in preparation for the implementation of MPA in Wales, the Welsh Government published a range of resources for retailers on its website. In January 2020, a guidance document was published targeting retailers and Local Authorities. In addition to the posters, leaflets and guidance documents, Welsh Government also issued an 'MUP Calculator App'.

Two weeks before implementation, on 17th February 2020, a broader publicity campaign targeting the general population was launched[11]. The campaign included advertisements on social media, national and local radio and online, but not on television.

The Welsh Government also funded a series of seven awareness-raising workshops designed to help services prepare for the introduction of MPA following concerns over the possible unintended consequences of the legislation (Holloway et al., 2019).

Other than to publish interim evaluation reports (from Lots 1, 2, 3 and 4), a report on attitudes towards MPA, and to issue a formal ministerial written statement at the two-year review point, no further formal publicity has been issued about MPA from the Welsh Government.

[11] BBC News article

3. Literature review

Since the publication of our last report, which assessed the interim impact of MPA on the general population of drinkers two-years post-implementation, several important reports and papers have been published that shed further light on the effectiveness of MPA. In this chapter the methods used to identify these new papers are described, and a brief overview of their findings provided. The aim of the chapter is to update the earlier reviews to show the current state of knowledge on the topic. The chapter begins with a brief overview of the four previous literature reviews and then moves on to present the results of the updated one.

Overview of the previous reviews

The findings from the first three reviews were broadly positive in terms of the impact of pricing policies on drinking and related behaviours. In the first review, limited evidence was found to suggest switching to more harmful substances would occur as a result of introducing a minimum pricing for alcohol policy (Holloway et al., 2019).

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

The research included in the third review added further positive findings to the evidence base (Holloway et al., 2022). Of note was research from Scotland which demonstrated MUP was having a successful early impact in terms of increasing prices and reducing sales, consumption and alcohol-related harms, including deaths (Robinson, et. al. 2021; Ferguson et al., 2021; Alcohol Focus Scotland, 2021). Nevertheless, while the conclusions of the review were largely positive in finding that alcohol pricing policies were helping to reduce alcohol-related harm, there was evidence to suggest other policies would be needed to sustain its positive impact.

Unlike the first three reviews, the fourth review outlined mixed evidence (Buhociu et al. 2023). While most evaluation studies emanating from Scotland reported positive findings, a small number reported that MUP was having little impact on alcohol consumption among harmful drinkers (including homeless and street drinkers), and that some were switching drinks (i.e., from cider to spirits) and experiencing financial hardship. However, other studies found that many of the anticipated negative consequences had not materialised to any significant extent, with only limited evidence of substance switching and cross-border shopping. This mixed pattern of results suggested further evidence and evaluation was needed to fully understand the long-term consequences of minimum pricing measures.

Search strategy and selected studies

A full overview of the original methodological approaches used for the previous literature reviews can be found in the earlier reports. The review conducted for the purposes of this report focused on: (1) the final report presenting findings from the evaluation of MUP in Scotland[12]; (2) recently published grey literature provided to us by members of our Project Advisory Group (PAG); and (3) recent research examining the impact of alcohol pricing policies on drinking and related behaviours in other countries that had been published in the period since our last review (i.e., between July 2022 and February 2024).

To identify recently published research on the impact of alcohol pricing policy, we conducted a search using the FiNDit[13] search engine using the following search term:

TI: alcohol AND pric* AND (impact OR eval* OR effect) NOT Scot*

These searches identified seven new studies that matched our eligibility criteria (i.e., they assessed the impact of alcohol pricing policy on drinking and related behaviours in the period since our last review in July 2022). The characteristics of these studies along with the 'final report' from the Scottish evaluation and the three pieces of grey literature are summarised in Table 3.1.

Table 3.1 Characteristics of included studies

Author(s)	Country	Research Methods	Focus
1. Public Health Scotland (2023)	Scotland	Evidence synthesis	Impact of MUP on alcohol-related health and social harms
2. Alcohol Change UK (2024)	Wales	Observations of prices on sale in Lidl, Morrisons, Sainsbury's, Tesco, and Spar in March 2024	Review of cheapest alcohol products on sale in Wales in terms of their price relative to their alcohol content
3. Alcohol Change UK (2023)	Wales	Price comparison across ASDA, Sainsbury's, Morrisons and Tesco between 2020 and 2023	Review of alcohol supermarket prices in England and Wales comparing the price per unit of big-brand products

[12] Given that the final report summarises findings from across the portfolio of evaluation research studies in Scotland, the decision was taken to review the summary report rather than each study individually.
[13] FiNDit is a simple one-stop search for books, e-books, articles, DVDs, etc. It is a search engine that performs a single search across a library's subscription databases.

4. Westons (2024)	UK	Review of off trade and on trade sales of cider across England, Scotland, and Wales	Annual overview from Westons Cider Makers looking back but also looking forward to the year ahead
5. Brennan et al. (2023)	England	Modelling	Predicting the impact of an MUP of 50p for Local Authorities in England
6. Matthews et al. (2024)	England and Wales	Emergency department data on violence-related injuries	The link between the price of alcohol and violence-related injury
7. Taylor et al. (2023)	Australia	Telephone survey	Estimating the impact of price on expenditure
8. Maharaj (2022)	Ireland	Interviews with patients attending the Emergency Department	Measuring the immediate impact of MUP on ED attendance
9. Maharaj et al. (2023)	Worldwide	Systematic review	Impact of minimum unit pricing (MUP) on alcohol-related hospitalisation, length of stay, hospital mortality and alcohol-related liver disease in hospital.
10. Chaaban et al. (2022)	Lebanon	Alcohol purchase data from a survey of 512 students	Impact of MUP on youth's off-premises alcohol consumption
11. Gibbs et al. (2023)	South Africa	Extended cost-effectiveness analysis (ECEA) methods and an epidemiological policy appraisal model of MUP for South Africa to simulate the equity impact of a ZAR 10 MUP over a 20-year time horizon.	The equity impact of MUP on household health and finances in rich and poor drinkers in South Africa.

Overview of studies

Public Health Scotland (2023)

The Scottish evaluation of MUP comprised a portfolio of quantitative and qualitative studies, the findings of which have been published on the Public Health Scotland (PHS) website. In producing a final overview report on the impact of MUP, PHS conducted a comprehensive evidence synthesis which pulled together the findings of the PHS evaluation as well as research conducted by others independently of the evaluation. Following a quality appraisal process, 40 research publications were identified and rated as of sufficient quality for inclusion in the evidence synthesis.

In relation to the goal of reducing alcohol-related harm, the following conclusions were drawn:

- There is strong evidence MUP has reduced deaths directly caused by alcohol consumption (wholly attributable) in Scotland compared to what would have happened in the absence of MUP.
- There is strong evidence MUP reduced wholly attributable hospital admissions due to chronic causes.
- There is no consistent evidence MUP impacted on other alcohol-related health outcomes such as ambulance callouts, emergency department attendances, and prescribing of medication for alcohol dependence.
- There is no consistent evidence of either positive or negative impacts on social outcomes, such as alcohol-related crime or illicit drug use, at a population level.
- There is some qualitative evidence of negative health and social consequences at an individual level, particularly for those with alcohol dependence who are financially vulnerable.

In relation to the comparative impact of MUP on different people and businesses, the following conclusions were drawn:

- The observed reductions in wholly attributable deaths and hospital admissions were greatest among men and those living in the most deprived areas of Scotland.
- There is strong and consistent evidence of a reduction in alcohol consumption following MUP implementation. Total alcohol sales reduced by 3%, driven entirely by a reduction in sales through the off-trade (supermarkets and other shops). Those households that purchased the most alcohol prior to MUP also reduced their purchasing the most after implementation.
- MUP impacted on the price of some products more than others, particularly some ciders and spirits. This was reflected in alcohol sales, with the greatest reductions in sales observed among these products.
- Retailers found that loss in sales was generally offset by an increase in price; the impact on profits overall is not clear.
- Overall, there is no consistent evidence that MUP impacted either positively or negatively on the alcoholic drinks industry as a whole.

The overall conclusion drawn is that MUP has had a positive impact on health outcomes, particularly among men and those living in the most deprived areas. Furthermore, there is no clear evidence of substantial negative impacts on the alcoholic drinks industry, or of social harms at the population level.

Alcohol Change UK (2024)

In March 2024, Alcohol Change UK conducted a review of the cheapest alcoholic products on sale in Wales. The survey was conducted over a two-day period in Cardiff branches of Lidl, Morrisons, Sainsbury's, Tesco, and Spar. The review concluded the biggest impact of minimum unit pricing was in the cider category, particularly the strong (7.5%) white ciders. Prior to the introduction of MPA, these ciders were available for as little as 21p per unit. However, shortly after the MPA was launched in March 2020, the large containers were difficult to find and by the time of this review in 2024, no 7.5% ABV ciders were found on sale in any sized container, large nor small. The review concluded "MUP at 50p per unit is an effective measure for reducing the sale (and presumably, therefore, the consumption) of superstrength ciders" (p.1).

Alcohol Change UK (2023)

In a review of supermarket prices conducted between December 2020 and 2023, Alcohol Change UK compared prices of popular alcoholic products across four UK supermarkets (ASDA, Morrisons, Sainsbury's, and Tesco). The review concluded minimum unit pricing was an effective way of raising the prices of cheap alcoholic products. However, the difference in prices between England (where there is no minimum unit pricing policy) and Wales was found to have "eroded" over time. The review also noted that multi-buy deals, which had been absent in Wales for several years, were now making a return to the shelves.

Westons Cider Maker (2024)

The annual Westons Cider Report provides an overview of off-trade and on-trade cider sales across England, Scotland, and Wales (which the report refers to as the 'UK'). In total, across 2023, the 'UK' purchased just over 695 million litres of cider, representing a decrease of nearly 3% compared with 2022. The report makes only one reference to minimum pricing policy, and this is in relation to value amber cider, which accounts for less than 10% of the cider market share. Interestingly, "very little difference" in the price per litre between value and promoted mainstream products was noted. The implication of this is that the role of value cider as an entry level has become "diluted", particularly in areas where minimum unit pricing operates.

Brennan et al. (2022)

Drawing on an evidence synthesis and using computer modelling, Brennan and colleagues estimated that implementing a local £0.50 MUP for alcohol in northern English regions could lead to greater reductions in alcohol-related harms compared to the national average. Effectiveness was predicted to vary among the 50 local authorities included in the analysis, depending on levels of alcohol consumption and rates of alcohol harm. The authors concluded a local MUP policy was likely to be most effective in regions with higher-than-average levels of alcohol consumption and higher rates of alcohol harm.

Matthews et al. (2024)

To examine the link between the price of alcohol and violence-related injuries, Matthews and colleagues examined records at emergency departments across England and Wales over the period 2005 to 2014. The study found that when the price of alcohol went up, the incidence of violence-related injuries tended to go down, especially during April when alcohol prices usually increase due to taxes. The authors concluded that raising taxes could help to reduce violence and the costs associated with treating violence-related injuries.

Taylor et al. (2023)

To investigate claims that MUP penalised all drinkers, including those not targeted by the policy (i.e., alcohol drinkers who do not drink cask wine), Taylor and colleagues conducted a telephone survey of 766 drinkers. MUP was found to be associated with only limited change in consumer alcohol expenditure, even among heavy consumers who did not drink cask wine. Furthermore, MUP was found to have no substantial impact on moderate drinkers and there was no indication that poorer people were unduly affected by the policy. Overall, it was concluded that while implementation of MUP is universal, the impact is targeted.

Marharaj et al. (2022)

To measure the extent of alcohol-related hospital burden and the immediate impact of MUP in Ireland, Marharaj and colleagues conducted interviews with patients over seven consecutive nights (between 22:00 and 04:00) before and after the introduction of MUP. The study found no immediate difference in hospital attendances and no difference in alcohol-related admissions in the period since MUP had been introduced. However, acute alcohol-related admissions “signalled a 40% reduction” following MUP (s.234). It was tentatively concluded (acknowledging the small sample size) that interventions like a €1.00 MUP could promptly reduce admissions for acute alcohol-related conditions.

Marharaj et al. (2023)

To assess the impact of MUP on alcohol-related hospital admissions, length of stay, hospital mortality and alcohol-related liver disease in hospital, Maharaj and colleagues conducted a systematic review of the literature published between January 2011 and November 2022. The review searched across multiple databases

and identified 22 studies that evaluated the impact of minimum pricing policies. The studies included six natural experiments and 16 modelling studies from across eight countries. The modelling studies indicated that MUP could reduce alcohol-related admissions by 3-10% annually, while real-world studies showed immediate reductions of 2-9% in acute admissions, and delayed decreases of 4-9% in chronic admissions over two to three years. Overall, both natural experiments and modelling studies support MUP's effectiveness in reducing alcohol-related hospitalisations and health inequalities.

Chaaban et al. (2022)

To assess the impact of MUP on off-premises alcohol consumption among young people in Lebanon, Chaaban and colleagues conducted a survey of 1024 university students. The study found that targeting beverages with high ethanol concentration through a selective MUP led to a reduction in ethanol intake of approximately 28%. A flat MUP, applied across all alcoholic beverages at the average price students are willing to pay, resulted in nearly half the reduction achieved by the targeted MUP. The authors concluded that MUP, combined with taxation, is effective in significantly reducing alcohol consumption and generating positive welfare benefits.

Gibbs et al. (2022)

Using extended cost-effectiveness analysis methods and an epidemiological policy appraisal model, Gibbs and colleagues simulated the equity impact of minimum unit pricing in South Africa over a 20-year period. The results predicted that MUP would reduce consumption more among the poorest than richest drinkers, that 22,600 deaths would be averted and that there would be substantial healthcare cost savings. Overall, the authors concluded that implementing a MUP policy in South Africa could mitigate harm and health inequality.

Overview of the most recent research

The findings from the studies included in this brief review shed further light on the impacts of minimum pricing policies on alcohol consumption, related harms, and socioeconomic factors across different regions.

In Scotland, the implementation of MUP has led to significant reported reductions in alcohol-related deaths and hospital admissions, particularly among men and individuals living in deprived areas. Conversely, there is limited evidence of negative social impacts. Similarly, in Wales, minimum pricing has effectively raised alcohol prices, though over time, the price differences with England have gradually diminished, due in part to the change in alcohol duty in 2023.

Notably, minimum pricing has had a substantial impact on the availability of cheap ciders and spirits in certain regions, prompting discussions about potentially adjusting minimum pricing thresholds to address market dynamics. Studies in Ireland and Australia suggest MUP could lead to reductions in acute alcohol-related admissions and limited changes in consumer expenditure, particularly among heavy drinkers.

From the studies in Lebanon and South Africa, MUP was associated with significant reductions in alcohol consumption, particularly among young people and individuals in lower socioeconomic groups. Selective targeting of high ethanol beverages has proved particularly effective in curbing alcohol intake.

Simulations in South Africa have highlighted the potential of MUP to mitigate alcohol-related harm and reduce health inequalities, with a greater impact anticipated among the poorest groups of society.

In summary, this final review adds to the previous reviews and suggests minimum pricing can effectively reduce alcohol-related harms and consumption, especially among vulnerable populations, while also influencing market dynamics and social behaviours.

4. Methods

This chapter provides an overview of the methods used to gather the primary data upon which this report is based. In the first part of the chapter, the aims and objectives of this final wave of data collection are outlined. Following this, the research design and strategy that underpin the project as a whole are presented. The chapter moves on to provide an overview of the processes through which the data in this wave of the research were collected and analysed. The chapter ends with a brief section in which the characteristics of the follow-up samples are described. More detailed information about the study samples can be found in the Annex Report.

Aims and objectives

The main aim of this component of the evaluation is to explore the impact of the minimum price for alcohol legislation on the wider population of drinkers in Wales. The more specific aims and objectives are outlined above in the Introduction.

Research design and strategy

Details of the research design and strategy underpinning this project are presented in the baseline report (Buhociu et al., 2021), in our assessment of the early impact of MPA (Holloway et al., 2022) and in our interim report (Buhociu et al., 2023). In summary, the evaluation included a combination of research designs and a mixed strategy approach. In terms of design, the evaluation included repeat cross-sectional online surveys and a longitudinal interview study.

As noted above, the original plan was for three data collection points (baseline, 18 months, and 42 months post-implementation) for both the cross-sectional survey and longitudinal interview study. However, an additional wave was added to the longitudinal interview study[14] in response to the COVID-19 pandemic. As a result of the ongoing pandemic, the 18-month follow-up was postponed for six months to allow for a return to pre-pandemic living, which would provide a better sense of the impact of MPA (rather than COVID-19) on drinking patterns.

Consistent with Welsh Government strategies and guidance (Welsh Government, 2014), the research involves close engagement with participants (service users in particular) to ensure our research plans are appropriate, to check our data collection tools are user-friendly, to help access relevant respondents and to guide our interpretation of the collected data. To assist with this process, we worked closely with the Project Advisory Group (PAG) that was created to support our work investigating the possible unintended consequences of introducing a minimum price for alcohol in Wales (Holloway et al., 2019). The PAG includes relevant stakeholders, including service users, and met (and/or communicated) at regular intervals to discuss MPA research-related issues (e.g., draft data collection tools, recruitment, and emerging findings).

[14] An additional wave of the cross-sectional survey study was not included due to time and resource constraints.

This final report is based on data collected 42 months post-implementation of MPA using two research methods with two different samples: (1) qualitative interviews with a cohort of adult drinkers living in Wales (the longitudinal interview study); and (2) a cross-sectional, anonymous, online questionnaire survey of adult drinkers living in Wales (the cross-sectional survey). In the sections below further details are provided about how each of these methods was used.

Longitudinal interview study methods

Interview schedule

The interview schedule was designed for a semi-structured interview based on key themes and interviewer prompts to assist in guiding the conversation (see Annex Report). The interviews covered a broad range of issues, including awareness of MPA, changes in drinking patterns and related behaviours over the period since MPA was implemented, and views on other ways of reducing alcohol-related harm in Wales. Of particular importance for this final wave of data collection were questions exploring attitudes towards MPA, views on its effectiveness, and thoughts about its future in Wales.

Sampling strategy

The sampling strategy for the longitudinal interview study is described in detail in (Buhociu et al., 2021). In summary, the original cohort of 41 interviewees was recruited using four methods: (1) through the National Survey for Wales (NSW) (n=21); (2) through third sector organisations providing housing support in the South Wales area (n=10); (3) advertisements within two Welsh universities (n=6); and (4) the online questionnaire survey (n=4).

The original cohort had all agreed to be re-contacted for the purposes of the MPA evaluation and were therefore sent an invitation email asking them to participate in an additional wave of interviews. Participation was rewarded with a £10 Argos voucher (Boys et al., 2003)[15].

One of the main challenges of conducting a longitudinal cohort study is maintaining contact with the sample over long study periods. Despite the use of incentives to encourage participation, at the point of first follow-up (nine-months post-implementation) we were unable to interview 10 of the original sample (see Table 4.1). In total, we interviewed 32 drinkers at the first follow-up point.

At the second follow-up (two years post-implementation), attrition continued, and a further 10 members of the longitudinal study sample dropped out or were ‘lost’. The second wave of data collection, therefore, included just over half (22/41) of the original sample (see Table 4.1).

At the third follow-up (42 months post-implementation) we were able to reinterview 16 members of the original sample. We were not able to re-interview:

[15] Argos was chosen as alcohol cannot be purchased from this retailer.

(a) Any of the 10 interviewees who had been recruited originally through third sector organisations (including two who had died and eight who had moved away).

(b) Nine of the interviewees who had been recruited through the National Survey for Wales (including five who did not respond to our emails or phone calls, two who withdrew from the study for health reasons, one who had moved to England, and one who felt they had nothing more to say about MPA).

(c) Six of the interviewees who had been originally recruited through our online questionnaire survey but did not respond to our emails or phone calls in relation to participating in the 42-month follow-up.

Fortunately, with help from a third sector organisation, it was possible to replace the 'lost' hostel sample members with nine new interviewees with similar characteristics. We were also able to replace six members of the survey sample, although it was not possible to match the lost 'survey' interviewees with similar types of drinker given we had no information on which to match[16].

Over the course of the evaluation, 75 unique individuals were interviewed (see Table 4.1). At the two-year follow-up point (henceforth follow-up 2), half of the original sample remained involved in the longitudinal study and at the final follow-up point (henceforth follow-up 3), 16 of the original sample (39%) had remained involved.

Table 4.1 Longitudinal study sample sources

Wave	NSW	Third sector	Survey	TOTAL
Baseline	**21**	**10**	**10**	**41**
Original	21	10	10	41
Replacements	0	0	0	0
Follow-up 1	**18**	**4**	**10**	**32**
Original	18	3	10	31
Replacements	0	1	0	1
Follow-up 2	**20**	**14**	**10**	**44**
Original	14	2	6	22
Replacements	6	12	4	22
Follow-up 3	**15**	**9**	**10**	**34**
Original	12	0	4	16
Replacements	3	9	6	18
TOTAL unique	**27**	**33**	**16**	**75**

[16] It was not possible to link those expressing an interest in taking part in the longitudinal study with their survey responses due to the anonymous nature of the survey.

Note 'Original' refers to those who were interviewed at baseline and included in each wave of data collection. 'Replacements' refers to those who were recruited to replace members of the 'original' sample. Replacements at Follow-up 3 includes replacement interviewees recruited at the two year follow-up.

The data in Table 4.2 shows the number of interviews completed by the sample of unique interviewees. Forty interviewees took part in more than one interview, with 15 taking part in all four waves of data collection.

Table 4.2 Number of interviews completed by the longitudinal sample

Number of interviews completed	Total interviewed	Cumulative total
4	15	15
3	7	22
2	18	40
1	35	75
Total unique interviewees	**75**	**75**

Procedure

The interviews were conducted 42-months post-implementation of MPA in the period November 2023 to January 2024. The interviews were conducted in English (no one opted to be interviewed in Welsh), and the majority (n=24) were conducted over the telephone. The remaining ten were conducted face-to-face in the premises of one third sector organisation that offers support and accommodation for people who are homeless or sleeping rough in the South Wales area.

The interviews were flexible, yet controlled, conversational in style, and led by an open-ended structure based on questions and 'themes' generated by the evaluation team (Burgess, 1984). The benefit of this approach is that it provides a more insightful account of the interviewee's perceptions and experiences, and allows for unexpected, often 'unusual' data, to emerge that may not have appeared through more structured, quantitative techniques (Bryman, 2016).

All interviews were digitally recorded with the interviewees' permission and transcribed expertly and securely by Transcriptum Limited. On average, the interviews lasted for 32 minutes, ranging from 18 to 53 minutes. The interviews were a little longer than the baseline interviews (average of 29 minutes), the first follow-up interviews (average of 26 minutes) and the second follow-up interviews (average of 25 minutes). This was largely because the follow-up interviews included some additional questions about the future of MPA in Wales and thoughts on other ways of reducing alcohol-related harm.

Data analysis

The anonymised interview transcripts were uploaded into an NVivo[17] database that allows for analysis of qualitative data involving multiple researchers. A thematic analysis was conducted, and a thematic framework grounded in the data was developed (Corbin and Strauss, 1990).

The data coding and framework were quality assured by two different team members checking each other's coding and/or leading on separate coding. This process helped to ensure the final extracted themes were not just the personal interpretation of one team member but borne out of the data.

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

Sample characteristics

At the final follow-up point, the longitudinal study sample included 34 people living in 11 different Local Authority areas across Wales. In demographic terms, the sample was more heavily represented by people who were: male (n=20; 59%); aged 45+ (n=19; 56%); White British (n=31, 91%); in a relationship (n=22; 65%); managing quite well/very well financially (n=24; 78%); highly satisfied with their lives (n=22, 79%); living with high levels of happiness (n=25; 89%) and low levels of anxiety (n=21; 75%); and living in Cardiff (n=15; 44%)[18].

In terms of AUDIT scores and risk classification, the final sample was fairly evenly split in terms of people who were classified as lower risk (n=18; 53%) and those who were classified as increasing (n=6; 18%) or higher risk (n=10; 29%). Further details of the longitudinal study sample's characteristics can be found in the Annex Report.

Cross-sectional survey methods

Qualitative interviews are a useful method for gathering detailed information from participants. However, they are often time-consuming, and it can be expensive to transcribe lengthy recordings. This sometimes means that samples are small, which can limit the generalisability of research findings. To help address these limitations, an online[19] questionnaire survey was also included in the project. The survey was repeated at three points in time (i.e., baseline/pre-implementation, and 18 months and 42 months post-implementation).

[17] NVivo is a qualitative analysis software package that allows researchers to import, organise, explore, connect, and collaborate on their data.
[18] Some percentages are based on n<34 as not all sample members provided answers to every question.
[19] The questionnaire was conducted online due to budgetary constraints and the high costs involved in conducting questionnaires by post, telephone or face-to-face.

While online surveys are a cheap and convenient way of gathering data from large samples of respondents, they are not without their limitations. In any online, internet community there are "undoubtedly some individuals who are more likely than others to complete an online survey" (Wright, 2005). Self-selection bias and the recruitment of an unrepresentative sample threatens the external validity of findings by making it difficult to generalise the study findings to the wider population. This is less of a concern for those conducting non-probability research and who are not seeking to estimate population parameters (Wright, 2005).

Sampling strategy

Drinkers were recruited using a convenience sampling strategy. In practice, this involved advertising the survey online as widely as possible using our networks of contacts (see below for further details). The goal was to recruit different kinds of drinker (moderate, hazardous, and harmful), aged 18 or over who were not currently receiving professional support for alcohol problems[20].

Design

The online questionnaire survey was developed in Online Surveys and was made available in English and Welsh. The questionnaire comprised a combination of closed questions (e.g., on current alcohol and drug use) and open-ended questions (e.g., experiences of MPA and views on its future in Wales) to capture more nuanced data on issues of particular interest. The survey questionnaire was organised into sections that corresponded with the research objectives[21]. It included sections on: demographics; alcohol use; drug use; awareness of MPA; attitudes to MPA; preparation for MPA; anticipated consequences; and impact of MPA on their lives (e.g., on their drug and alcohol use, health, relationships, and household expenditure) and the lives of those around them[22].

Participation in the surveys was voluntary and the surveys were anonymous (no identifying information was requested and no IP addresses were recorded). The survey questionnaires were designed so that respondents were able to skip questions they did not wish to answer, and to exit the survey at any point if they no longer wished to participate. Respondents were provided with detailed information about the project at the start of the survey and advised that submitting their responses would be taken as evidence they had consented to take part. They were also advised that after clicking 'finish' at the end of the survey, their responses would be submitted and withdrawal from the study would no longer be possible.

After clicking 'finish' at the end of the survey, participants were redirected to an entirely new and independent survey where they were given the opportunity to express an interest in taking part in a qualitative interview and/or enter the prize draw by providing us with their contact details (i.e., an email address). Participants were

[20] Drinkers engaged with services were targeted separately in Lot 3 of the evaluation of MPA.
[21] See Annex Report for a copy of the questionnaire survey.
[22] The pre-implementation and post-implementation surveys will be broadly the same in terms of topic areas covered. The latter, however, will differ in that they will explore changes (and motivations for any changes) in drinking and related behaviours post-implementation of MPA.

advised there would be no way of linking their MPA survey responses to their contact details.

Procedure

A link to the questionnaire survey was distributed widely through our networks of contacts[23], on our university web pages, and through the evaluation team's own social media pages and accounts (i.e., Facebook and Twitter). To encourage completion of the surveys and maximise the response rate, participants were offered the opportunity to enter a free prize draw to win Argos shopping vouchers. The survey went live on 8 December 2023 and by the time the survey closed on 31 January 2024, a total of 425 responses had been submitted.

To boost the response rate, a link to the survey was shared on the Welsh Government's Health and Social Care channel on X and subsequently on the Chief Medical Officer for Wales' channel. These posts resulted in a surge of responses that trebled the sample size from 92 on 22 January 2024 to 287 within two days, and to 425 within just over a week.

During the data cleaning process, it became clear that some responses submitted following the social media posts were duplicate responses (i.e., they were submitted within seconds of one another and contained strings of identical text in response to the free text open-ended questions). To maintain the integrity of the survey data, all duplicate survey entries were removed from the dataset. In practice this was done systematically and independently (to ensure consistency) by two members of the evaluation team using a set of exclusion rules:

1. All responses (n=212) where the time of submission was identical or within five seconds of another response. On the basis that prior to 23 January there were no submissions within seconds or even minutes of another one.
2. All cases (n=21) where any of the free text responses (i.e. Q26, Q27, Q28, Q36, Q37, Q38[24]) had identical responses of more than four words (on the basis that shorter phrases are less distinct and could be duplicated by chance).
3. All cases (n=0) where there were duplicate responses of fewer than four words across three or more of the free text variables (on the basis that identical shorter phrases across multiple free text questions are unlikely to be by chance).

A further six cases were excluded because they were empty (i.e., no data had been entered) and another five were excluded on the grounds that the respondent indicated they did not live in Wales. This left a final sample of 181 respondents, similar to that achieved at the two-year follow-up (n=186)[25].

It is important to note the survey questionnaire included numerous (n=38) questions, many of which sought detailed, qualitative information about what, for some, might be sensitive issues. On that basis, a sample of this size is considered satisfactory

[23] For example, Alcohol Change Cymru tweeted links to the survey on our behalf.
[24] See Annex Report for a copy of the questionnaire survey.
[25] The cross-sectional survey was not used in the first follow-up wave of data collection.

and a useful one with which to examine changes in drinking and related behaviours over time.

Data analysis

The baseline survey data were exported from Online Surveys directly into SPSS (IBM). The dataset was carefully reviewed, and ineligible respondents were removed (i.e. respondents living outside of Wales). The survey responses were analysed using SPSS, Excel, and Word to facilitate the analysis of the extensive amount of data collected. Online Surveys' own analysis tool was also used to support the analysis and presentation of results.

Closed questions that generated quantitative data were analysed using SPSS and Excel. These results are presented numerically using percentages and frequencies. Qualitative data generated from the open-ended questions were analysed using more traditional qualitative techniques (e.g., identifying key themes and searching for quotations to illustrate them) using the search functions within SPSS, Excel, and Word. As with the qualitative interview data, quantifying the qualitative survey results has been avoided except in a few cases where it was deemed important to do so (Neale et al, 2015).

Sample characteristics

The final cross-sectional survey sample included 181 people living in 21 of the 22 Local Authority areas in Wales. The largest proportions were resident in Cardiff (16%), Rhondda Cynon Taf (RCT) (13%), and Wrexham (12%). While not all Local Authority areas were represented, all seven of the Health Board areas were covered by the study.

More men than women completed the final cross-sectional survey (52% compared with 45%), and the majority of respondents (90%) defined themselves as White – English, Scottish, Welsh, Northern Irish, British. The survey sample was diverse in terms of age with nearly two-fifths (38%) of respondents aged 45 or older, just over one-quarter (28%) aged 35 to 44, just under one-quarter (23%) aged 25 to 34, and 9% aged between 18 and 24.

More than three-quarters of the sample (78%) were in a relationship at the time of completing the final follow-up survey, while 14% were single. The survey sample included people with a mixture of different types of educational attainment ranging from Entry level or Level 1 qualifications (9%) through to people with post-graduate qualifications (29%).

Most respondents were homeowners (72%), and the majority were in either full-time (62%) or part-time (12%) employment. Most respondents said they were managing quite well (38%) or very well in financial terms (24%). However, small proportions were receiving benefits (17%) and not managing well financially (13%).

On the basis of their AUDIT scores, two-fifths of the sample (40%) fell into the 'lower risk' category and could be considered 'moderate' drinkers. One-third (33%) were measured to be at 'increasing risk' or as 'hazardous' drinkers, and the remainder (23%) were in the 'higher risk' category and considered 'harmful' drinkers. This

distribution of risk scores corresponds closely to the risk classification of adult drinkers across Wales. Of the 1,000 respondents who completed the Wales Omnibus Survey in June 2022, 41 per cent were categorised as ‘lower risk’ and 45% as increasing or higher risk (Cartwright, 2023).

Summary

The key points to take away from this chapter are that the study was cross-sectional in design, mixed in strategy, and involved the collection of quantitative and qualitative data using semi-structured interviews and an online questionnaire survey. The interviewees and survey respondents were recruited from across Wales and varied in terms of their socio-demographic characteristics and drinking patterns. It is important to note, however, that some demographic groups were more heavily represented than others.

In the chapters that follow, there is a focus on the qualitative data provided by both samples (i.e., interviews and survey), although some quantitative survey data are presented where relevant. Inevitably, the interviews yielded more detailed data, but the results chapters draw on both sources wherever possible.

5. Awareness of MPA and its implementation

In this chapter, the interview and survey data are drawn upon to examine drinkers' awareness of the implementation of MPA in Wales. While these important issues have already been investigated among drinkers in Wales in our previous reports, the material presented in this report differs in that it draws on information collected 42-months post-implementation of the legislation. This report therefore documents levels of awareness over a far longer period than has been documented previously.

In this chapter (and all subsequent results chapters), each quotation (of 10 words or more) has been labelled to help readers understand where the evidence came from (i.e., interview or survey) and the type of person who provided the information. We have also recorded their unique ID code[26] along with their sex and risk level based on their AUDIT scores. Including this kind of information is good practice within the field of qualitative research as it helps to create a link between the evidence and the source (Mack et al., 2011).

Awareness of MPA

Interviewees and survey respondents were asked whether they had heard about MPA prior to taking part in the study and most (62%) indicated they had. However, among the survey respondents, nearly one-quarter (24%) reported they had not heard of it before and a further 14% were unsure (see Annex Report, Table 5.1). Awareness of MPA was significantly more likely among lower risk drinkers (78%) compared with increasing and higher risk drinkers (60% and 40%, respectively)[27].

A significant proportion of interviewees also reported having no awareness or knowledge about the minimum pricing legislation in Wales. Many interviewees gave unequivocal responses such as 'No', 'None at all', 'Nothing at all' and 'I can't recall seeing anything', when asked if they had seen any publicity or were aware of MPA.

Some did note that despite regularly watching the news on TV, listening to the radio, or reading papers/online sources, they could not recall seeing or hearing anything about minimum pricing:

> 'I do watch the news every day, listen to Radio 4…I hadn't heard about it being introduced then in Wales.' (Interviewee 402, male, possible dependence)

A few interviewees expressed surprise at their own lack of awareness, suggesting they expected to have encountered some publicity:

> '…that still does surprise me, it really does surprise me.' (Interviewee 19, male, lower risk)

[26] The unique interview ID codes do not run consecutively from 1 to 75 (the total number of interviewees who took part in the study). This is because each code was allocated at the point of interview. Given that we had more than one person conducting the interviews, we did not always know what ID numbers had already been allocated. We therefore opted to use clearly distinct numbers to ensure that there was no overlap.

[27] Chi-squared test (20.511, 4 df, p<.001)

> ‘Definitely nothing; it surprised me a bit.’ (Interviewee 129, male, increasing risk)

Understanding of MPA

Those who had heard about MPA prior to completing the survey were asked to explain what they knew about the policy. Some respondents had only a vague awareness of the policy (e.g., ‘only that it had happened’, ‘just knew that it was coming’, ‘the news gave a vague awareness’).

A small number of respondents knew more and were able to provide significant detail about the aim of the policy with some demonstrating awareness of possible unintended consequences:

> ‘The policy sets a minimum price for alcohol in Wales, aimed at reducing the consumption of cheap, high-strength alcohol. It means that retailers are no longer able to sell alcohol below a certain price per unit. The introduction of MPA was a significant policy development and has been covered widely in news outlets and among experts in the field of public health and alcohol policy.’ (Survey respondent 185, male, high risk)

> ‘Price reductions, promotions and vouchers not valid if it takes the price below the minimum unit price.’ (Survey respondent 207, female, low risk)

> ‘I was aware that Government legislation was being introduced in an effort to aid tackling consumption of alcohol amongst some groups of people.
> It had been trialled first in Scotland, I think. The concern was that it would affect businesses like pubs by out-pricing customers rather than tackle social issues of public disorder and homelessness. There was also a concern that it would lead to more petty crime such as theft and vandalism if alcohol is less affordable/readily available.’ (Survey respondent 16, female, low risk)

Interviewees also commented on the impact of MPA on deals and promotions for cheap alcohol. One interviewee gave the example of ‘four cans for £2’ no longer being available, estimating the price had more than ‘doubled’ after minimum pricing took effect (Interviewee 401, male, possible dependence). Another noted seeing advertisements, especially around Christmas for alcohol offers, that stated ‘non-applicable in Wales’ and recalled these being more prominent on television (Interviewee 20, female, lower risk).

Some survey respondents were mistaken in their beliefs about MPA, including references to it as a tax and relating only to specific types of alcohol:

> ‘I know that tax had been added to alcohol to make it more expensive, I’m also aware you can’t buy alcohol after a certain time in Wales, I think it’s 10pm? Not sure if it’s under the same policy.’ (Survey respondent 49, female, increasing risk)

> ‘It would be like a tax to increase the price of alcohol in Wales to discourage people from drinking it and making it less accessible. The alcohol percentage has to be a certain amount.’ (Survey respondent 15, female, non-drinker)

> ‘Vaguely knew it was something about reducing discounts for lagers.’ (Survey respondent 14, female, low risk)

A few survey respondents described the purpose of the policy in terms of its perceived negative impact on drinkers:

> ‘It was driven by the nanny state and doesn't address why we have a problem.’ (Survey respondent 193, female, low risk)

> ‘Welsh Government wants to price everything out of reach of residents.’ (Survey respondent 91, male, increasing risk)

Sources of information about MPA

A few survey respondents provided details about where they had first heard about MPA. The sources of information included their jobs or studies, the news, social media and through word of mouth.

Some respondents described both where they had first heard about the policy, as well as their attitudes towards its introduction:

> ‘From newspaper /media outlets. Another case of Wales treating and classing everyone as complete idiots.’ (Survey respondent 286, male, low risk)

> ‘I worked as a liver specialist, so I advocated for the policy for many years before its introduction.’ (Survey respondent 160, female, low risk)

Like the survey respondents, interviewees were also asked to explain how they became aware of MPA. Several interviewees recalled seeing information or publicity about MPA on television or hearing about it on the radio:

> ‘It was on the telly because we were looking at it together. Probably on the news I would guess.’ (Interviewee 144, male, increasing risk).

> ‘I’d seen it on the news at one point.’ (Interviewee 401, male, possible dependence).

> ‘I heard something on the radio briefly…I think in connection with Scotland. They’ve got it there, haven’t they?’ (Interviewee 116, male, lower risk)

One interviewee recalled reading about it online, though they could not provide specific details: ‘Wales Online sometimes chat about it.’ (Interviewee 04, female, increasing risk)

Like some of the survey respondents, a small number of interviewees also reported that their awareness (albeit fairly limited awareness in this case) had come through their job:

> ‘I do reading around substance use and addiction for my job, so I do remember reading something more recently from Welsh Government, but I couldn’t tell you exactly what it was.’ (Interviewee 146, male, increasing risk)

While many cited some form of awareness of MPA, some could not recall the specific source:

> ‘I either read about it or it was on the news.’ (Interviewee 404, male, lower risk)

> ‘If I’d seen anything about it, it would likely be on the news that I’d watched.’ (Interviewee 405, female, lower risk).

Interestingly, this last interviewee went on to explain they may not have taken in the information because they did not view it as relevant to them:

> ‘So, I’ve probably come across it and read it and I do try and keep up to date with the news, but I probably just didn’t see it as significant to me. So, kind of forgot about it.’ (Interviewee 405, female, lower risk)

Others commented on how they had forgotten:

> ‘I can’t remember when and what it was…I can’t remember the details I’ve read so much.’ (Interviewee 146, male, increasing risk)

To some extent uncertainty or inability to recall where they had learned about MPA is understandable given MPA was introduced in Wales only weeks before the first COVID-19 protective measures were introduced in March 2020. This was a time of enormous stress and significant change, which is likely to have overshadowed news and discourse about MPA. Furthermore, four years have now passed since the policy was introduced, and aside from the awareness-raising campaign launched shortly prior to implementation in early 2020, there have been no specific activities designed to publicise MPA to the general population (Buhociu et al., 2023).

The discussions noted here confirm those presented in our last report, which noted that while many drinkers had heard of MPA, a sizeable minority had not (Buhociu et al., 2023). This may be in part due to the confounding effect of the COVID-19 pandemic which overshadowed discourse about MPA or because people have become immune to any publicity materials advertising its existence. However, an alternative inference is that MPA has not been publicised as extensively as it might have been over the four-year period since it was introduced.

Changes in the price of alcohol

When asked if they had noticed a change in the price of alcohol since March 2020, the majority of survey respondents (68%) said that they had (see Annex Report, Table 5.2). Again, low and increasing risk drinkers were more likely than higher risk drinkers to say they had noticed the price change (79% and 71%, compared with 49%)[28].

Among those survey respondents who provided further details about what they had noticed, the majority commented generally on how the price of alcohol had increased (e.g., 'more expensive', 'rise in price', 'prices have gone up', 'price increase'). Some respondents commented on an observed price differential between Wales and England (e.g., 'higher priced in Wales', 'more expensive in Wales than England', 'price much higher than English counterparts') and some reported they, or people they know, go to England to buy alcohol (e.g., 'It's fine I go to England or order on line to get by WG diktats', 'higher prices, go to England for a much better offer', 'cheaper in England').

A small number of survey respondents referred to specific types of alcohol including wine (e.g., 'wine has gone up in price'), beer (e.g., 'price of a pint of beer increased'), spirits (e.g., 'cannot buy spirits under £20') and cider (e.g., 'it's the cheaper booze options like vodka and ciders … that have increased').

Interviewees also described noticing changes in the price of specific types of alcohol:

> 'I did see the price of a bottle of cider went up stupid, I mean ridiculous.' (Interviewee 407, male, possible dependence)

> 'Obviously, before, I used to drink the white cider, but it used to be about £3.50, or £3.80 for a big flagon, didn't it? That's like £10 now.' (Interviewee 409, male, possible dependence)

> 'I've noticed it has got more expensive. You used to be able to get a bottle of wine for £3.50.' (Interviewee 402, male, possible dependence)

A few survey respondents described variations:

> 'It varies. A local corner shop has had far noticeable, bigger increases for all alcohol even the lower %. Spirits have increased in supermarkets with budget lines now nearly matching the big brands.' (Survey respondent 84, male, increasing risk)

> 'Increased but not on all brands.' (Survey respondent 202, male, lower risk)

Others reflected on the lack of offers now available on alcohol in Wales:

> 'The offers that were once available are no longer available
> Increased, fewer offers.' (Survey respondent 1, female, increasing risk)

[28] Chi-squared test (12.192, 2 df, p<.002).

One survey respondent commented on changes in the alcohol content of some beers:

> ‘Wine increase and some beers reduced alcohol content.’ (Survey respondent 200, male, increasing risk)

One interviewee clearly explained that since they were last interviewed (in June 2022) they had noticed a significant increase in alcohol prices in Wales compared to England, which they attributed directly to MPA:

> ‘Because of the minimum price of the alcohol in Wales. Obviously, it’s more expensive due to the fact that obviously we have this minimum price…’ (Interviewee 01, male, lower risk)

Having family living just an hour away over the border allowed this interviewee to observe the ‘significant increase on the price in comparison to what it is in England.’ (Interviewee 01, male, lower risk)

The price differential between Wales and England was also noted by other interviewees. One noted a family member from England being ‘horrified’ by the higher alcohol prices when buying products like cider in Wales:

> ‘Yeah, my family are back in Plymouth, so England, so I notice that when my mum comes to stay, she likes [cider brand name] and when she buys [cider brand name] Strongbow here, she's horrified by the price difference. So yeah, noticed a difference in supermarkets.’ (Interviewee 04, female, increasing risk)

One interviewee explained that staff running his local social club asked him and other members to bring back cheaper bottles of spirits from England when they were working there:

> ‘From the club's point of view, we've got a number of people who go in the club who work in England, so when we are low on certain drinks, they ask us to collect it from England, to buy it from England. But that is only on spirits. I don't drink anything like that…I work in England two or three times a week and a couple of other boys do the same and if they're low they just say, "Who's in England next?" and whoever we are, they just get the booze. They buy the booze from [named] supermarket etc. because it's a lot cheaper.’ (Interviewee 26, male, increasing risk)

Some interviewees cited specific product examples where they had observed a price difference between England and Wales:

> ‘I think beer and cider, like the multipacks. You go into [named supermarket], and you buy… I tend to drink cider, so I’d buy a twelve pack of [cider brand name] perhaps in Cardiff for £11 and then when you go England, you can buy it for £9.’ (Interviewee 129, male, increasing risk)

> ‘Well, cans used to be £4.50, have gone up to £6.50 I think, something like that, £7. I haven’t seen any cans at £7… [cider brand name] but actually, [strong cider brand name], that’s gone up to like £8 a bottle. That used to be £2 when I was in [named supermarket] when they were open when I was 16 to 18…it used to be £3.50 for the smaller ones for [cider brand name], and they’ve gone up to £5.80 something, I think it is now.’ (Interviewee 401, male, possible dependence)

Inflation and the cost-of-living crisis

Many interviewees attributed the increases in alcohol prices they had observed to broader inflationary pressures impacting on all products (e.g., groceries, petrol, taxes) and the cost-of-living crisis, rather than to MPA:

> ‘I suppose what hasn't. I'd say everything's gone up in price, hasn't it? So, there's some things more noticeable than others. When it's just buying a bag of crisps or a pack of biscuits, I think gosh, they used to be 86p or something, now they're £1 or £2 or £3 or whatever it is.’ (Interviewee 03, female, increasing risk)

> ‘I’ve noticed changes in the price of everything since we spoke last and I think alcohol has not been any different significantly, from my perspective. No. it’s gone up, but everything has gone up.’ (Interviewee 27, male, lower risk)

Some recognised the competing influences of MPA and inflation on prices:

> ‘It seems more expensive now, but it's hard to say whether is that because of that piece of legislation or is it because of the cost of living?...I'd say it's probably more to do with the cost of living.’ (Interviewee 107, female, lower risk)

One interviewee described paying far less attention to the price of alcohol when drinking out than when purchasing alcohol in shops:

> ‘When I go out, I don’t really think about how much stuff costs, I don’t question it. When I’m doing my shopping and I’m buying a bottle of wine each week, I’m obviously making sure that you know how much everything comes up to. So, I’ve noticed it more there, just because I’m more aware when I’m shopping.’ (Interviewee 411, female, higher risk)

This interviewee went on to explain that her views on the reason for the price increase had changed through participating in the interview and learning about MPA:

> ‘I’ve just put it down to inflation to be honest. It was only when I did the questionnaire that I realised it was linked to the minimum pricing.’ (Interviewee 411, female, higher risk)

Another interviewee felt the price increase was the result of market forces and ‘demand’ remaining steady, despite a rise in price:

Respondent (R): ‘Yes. It's like the [lager brand name], when it first sort of came out or whatever, they were £1.25, then they went up to £1.50, then they went up to £1.70 and I'm just talking about one shop here. Then they went up to like £1.80, then £2.00. Now they've stopped selling them and you can go to other shops now and there's one down here that's £2.50 now and there's one shop in Ely where they're £3.00.’
Interviewer (I): ‘So, there are no consistent prices?’
R: ‘No, as long you keep buying them, they'll keep putting the prices up. That's why they kept putting them up in the first shop I was on about. We were letting them know what we would pay.’ (Interviewee 407, male, possible dependence)

Some interviewees reported observing significant changes in the price of alcohol in pubs and bars. The consistent mention of the escalated pub and bar pricing of alcohol suggests this is one area where price increases have been particularly noticeable. However, given that on-licenced premises were typically charging more than 50p per unit long before March 2020, the increase is more likely to be linked to inflation than to MPA.

‘Well yeah, I would say yes like pub-wise. I just feel like it used to be…and maybe because I was a student, but it would be about £3.50 a pint and nowadays if it's less than a fiver I'm happy.’ (Interviewee 04, female, increasing risk)

‘Oh yeah, it’s going up all the time in the pubs, all the time. That’s the same as everything in life.’ (Interviewee 13, male, higher risk)

‘Yes, I guess that when we talked, I didn’t really go out much, but for the last year, I’ve been out a few times more than the year we talked, and yeah, buying drinks in a pub or restaurant, it’s just increased a lot.’ (Interviewee 132, female, lower risk)

<u>No awareness in price changes</u>

Unlike the survey respondents, most interviewees had not noticed significant changes in alcohol prices since the last interview. Straightforward responses like ‘No’, ‘Not really, no’, ‘I can't say I have, no’ were common.

A few mentioned their low alcohol consumption levels as a potential reason for not noticing price fluctuations. Others suggested they do not scrutinise or focus on alcohol prices when making purchases. However, a few did cite particular types of alcohol where they had not observed an increase such as lager or wine.

‘Because I don't drink an enormous amount, if I want something I will have it, so it doesn't really matter to me. It sounds awful, but I just don't really look at the cost of it. So say literally I was going to buy a bottle of vodka, let's just say, I wouldn't look for the cheapest one, I'd look for the one that I think is a good quality and is going to have some quality of taste, but that's probably because I'm not thinking about getting - I'm not thinking how much am I going to need to drink to get drunk.’ (Interviewee 405, female, lower risk)

> ‘I don't really buy...I buy even less now if I'm honest. I can't really say that I've noticed anything.’ (Interviewee 08, female, lower risk)

> ‘No, I've not, but again that could be because I don't buy it a great deal.’ (Interviewee 36, female, lower risk)

One interviewee described the challenges of recalling changes in alcohol prices, particularly among people dependent on alcohol who do not care about the specific price:

> ‘Trouble is, if you’re an alcoholic, you don’t think about the price. You just go and buy it. It doesn’t matter if it costs £100 a bottle. You get it…You don’t even think about it. If you’ve got money in your bank account, you just look and go yeah, £120. You go yeah, there’s a bottle of vodka then. Sorted, thanks.’ (Interviewee 401, male, possible dependence)

Changes in the availability of alcohol products

When asked if they had noticed any changes in the availability of any alcohol products since March 2020, only a small proportion (15%) of survey respondents said they had (see Annex Report, Table 5.3). Interestingly, for this question, it was high-risk drinkers who were significantly more likely than increasing and lower risk drinkers to say that they had noticed that some alcohol products were no longer available (35%, compared with 9% increasing and 7% lower risk drinkers)[29].

Of the few survey respondents who had noticed some products were missing from the shelves, some commented on specific drinks (e.g., [cider brand name], ‘bitter’, ‘pre-made cans of [cocktail brand name]. I miss them’, ‘[Brand name] white wine (could be a thing of the past) or perhaps because I only buy it for Christmas’)). One commented that there were ‘numerous’ products missing while another mentioned that ‘cheaper own brand products were no longer available’. Finally, one respondent commented on the absence of ‘deals in supermarkets.’

Interviewees were also asked to consider whether they had observed any specific products missing from the shops. Some of those who had noticed changes in availability were unsure if this was the result of MPA or other factors such as supply issues or changes in fashion:

> I see less sherry around…But I think that’s probably fashion more than anything. People have possibly just gone off sherry. (Interviewee 21, male, non-drinker)

Some interviewees directly attributed changes in the availability of some alcoholic products to MPA. One recognised that extremely inexpensive wines were likely discontinued to comply with minimum pricing requirements:

[29] Chi-squared test (21.010, 2 df, p<.001).

> '… they probably don't sell the cheaper wines that they used to because they won't fall under the £4.13 price bracket. So, yes, that's probably knocked them off the shelf so to speak.' (Interviewee 402, male, possible dependence)

Another interviewee suggested MPA had made cheap, large cider volumes unattainable for those with alcohol dependency, expressing they feel MPA targets 'the underground people' with serious consequences:

> 'My mate died. I had to squeeze alcohol wipes and that's how he died because he had no alcohol…Like cider and that. I've gone through a tenner. So yeah, where you could buy a three-litre before for like £5, it's now like £10, so I feel like they're tackling the underground people rather than people who are well off, which is bringing a lot more deaths.' (Interviewee 406, female, possible dependence)

Some other interviewees had also witnessed changes in the availability of cheap, white cider including changes to the size of the bottles now available:

> 'I've not seen the likes of the [brand name strong] cider anymore, or the [strong cider brand name]. Can I say, the lower-value ciders in particular I haven't seen.' (Interviewee 19, male, lower risk)

> 'I think the ones you do notice are the cheaper ciders, the bigger volume bottles of cider. They generally tend to be the branded, well-known, much smaller sizes really, not the larger bottles that you used to get, the litre or two litre bottles of cider-type thing. So, yeah, you don't notice them at all. It generally tends to be a lot smaller container size really.' (Interviewee 33, male, lower risk)

One interviewee explained that in the absence of cheap white cider they were drinking strong Polish lager or Schnapps before 'easing in' to vodka:

> 'Yeah, you don't see so much of the white cider anymore. Sometimes I'll drink a can of the Polish beers and stuff like that, the stronger stuff typically.' (Interviewee 409, male, possible dependence)

Another interviewee commented on the lack of availability of a strong 8.5% Dutch lager):

> 'There's [brand name] just stopped selling in some places.' (Interviewee 407, male, possible dependence)

<u>Lacking awareness of products no longer available</u>

Some interviewees had not noticed any products being discontinued or changes in availability. The reasons were mixed and included the fact they did not drink very much, a lack of attention to detail, and not going to places where they would have noticed anything:

> ‘Specifically, alcohol? No. No, everything seems the same in my eyes.’ (Interviewee 107, female, lower risk)

> ‘In the shops, no. I'm a very simple man. I have a couple of glasses of red wine every now and again and I'm a lager drinker and that's it. My wife drinks [cocktail brand name] and we couldn't find [cocktail brand name] before Christmas and she was getting quite irate, but then we realised it's because everyone's buying it for gin [cocktail brand name] mixers. So, she wasn't happy about that.’ (Interviewee 26, male, increasing risk)

> ‘I haven’t because I probably tend not to go to the places where that would have been noticeable.’ (Interviewee 27, male, lower risk)

Lacking awareness of products returning

The majority of interviewees stated they did not find any products returning to the shelves after a period of absence. The only observed change was an increase in the availability of non-alcoholic beer/wine options rather than previously discontinued items returning to shops:

> ‘Nothing returning to the shelves. You notice more alcohol-free products are becoming more available. There are certainly a lot of adverts on telly for [zero/low alcohol] [stout brand name] or lagers, what have you, that are a lot more noticeable now, and branding is very similar but obviously slightly different to alcohol. But certainly, more in those terms.’ (Interviewee 33, male, lower risk)

Summary

This chapter has drawn upon the interview and survey data to examine drinkers’ awareness of the implementation of MPA in Wales. In line with the findings of our previous report, the majority of survey respondents were aware of MPA, but a substantial minority were not. This tends to suggest that either publicity about MPA has not been as extensive as it could have been or that some people had simply not noticed it. However, the lack of awareness is to some extent understandable given MPA was introduced at the height of the COVID-19 pandemic at a time of enormous stress and significant change.

Awareness was more likely among lower and increasing risk drinkers than higher risk drinkers. Those who were aware of MPA varied in terms of their level of understanding of the policy with some having only a vague understanding, while others had more comprehensive knowledge.

Participants described learning about MPA through a variety of sources including their jobs or studies, the television or radio (on the news), social media and through word of mouth. Given the amount of time that has passed since MPA was introduced (including a time of significant upheaval during the COVID-19 pandemic), it was not surprising to find some participants could not remember how they had first heard about it.

Most people had noticed an increase in the price of alcohol since the introduction of MPA. Those who had not noticed anything indicated this was because their drink of choice was not affected by MPA, or because they did not purchase alcohol often enough to notice any changes. When changes were noticed this was often in relation to the price of strong ciders, although some changes were also noted in the price of strong lagers, spirits, and wine. The change in price was attributed by some to MPA, but also to inflation and the cost-of-living crisis, which was causing an increase in the price of everything.

Some drinkers noted cheaper prices and better value offers and discounts on alcohol in England than Wales, attributing the difference to MPA. Few participants noted any change in the availability of alcohol products, although some had spotted changes in the size and strength of various products, particularly cider.

6. Changes in alcohol consumption and related behaviours

In this chapter, we draw on the survey and interview data to explore changes in alcohol consumption and related behaviours over the period since MPA was introduced in March 2020. The chapter is important given a key aim of MPA is to reduce alcohol-related harm by reducing alcohol consumption, particularly of cheap high-strength products. Assessing changes in drinking habits is, therefore, a key element of determining whether MPA is achieving its broad aim.

Survey respondents and interviewees were asked if they had changed their drinking patterns (including quantity consumed, frequency of consumption, type of alcohol including low/zero drinks, brand of alcohol, and the social circumstances of drinking events) and to describe any changes made. The survey respondents were subsequently asked to give the three top reasons for changes in their drinking patterns while the interviewees were asked to explain why they had made any changes and specifically, whether MPA or other factors had played a role.

The first part of the chapter focuses on what the survey respondents and interviewees said had happened to the quantity and frequency of their alcohol consumption. The second part explores the finer details of their drinking patterns and the reasons for any shifts in type, brand, and the social situation in which alcohol is consumed.

Changes in quantity and frequency of alcohol use

At the time of completing the final survey, nearly half of respondents (47%) said they were drinking the same amount and at the same frequency as they had prior to March 2020 (see Annex Report, Table 6.1). Interestingly, when change was reported, this was more likely to be a decrease than an increase in both the amount consumed (34% compared with 19%) and the frequency of consumption (39% compared with 14%). In our interim report, we reported a more even split in terms of the proportions reporting increases and decreases (Buhociu et al., 2023). In the final wave, drinker types varied significantly in terms of the direction of change reported. Higher risk drinkers were more likely than increasing and low risk drinkers to have increased both the quantity (40% compared with 20% and 4%) and frequency (29% compared with 17% and 3%) of their alcohol consumption[30].

<u>No or little change in alcohol consumption</u>

Interviewees were asked about changes to their drinking in the period since the last time they had been interviewed for this study (i.e., since June 2022). Most said they had made little to no change to their drinking patterns:

> ‘I don’t think it changed. I’m not a big drinker. Like I say, I just don’t see the benefit of it, so I don’t really look for it, plus I am trying to be good and not have extra calories of the drink. I’d rather have chocolate to satisfy myself, to make me happy, and I can be happy without drink. No, it didn’t change.’ (Interviewee 132, female, lower risk)

[30] Chi-squared test (24.483, 4 df, p<.001); Chi-squared test (16.712, 4 df, p<.002).

> ‘Since we spoke last time? I would say it feels about the same… would never be more than one bottle between us on a night and never more than two bottles over the three days. So, the unofficial rule is always set.’ (Interviewee 112, male, lower risk)

> ‘Not really, no… It's about the same generally, although I'm trying to be good at the moment. But it's about the same.’ (Interviewee 129, male, increasing risk)

Decrease in alcohol consumption

Some interviewees reported decreases in their consumption of alcohol. For a small number, the decrease was motivated by cost:

> R: ‘Go back maybe three years, I was drinking every night. I’d have a bottle of wine every night. It’s only once I came here, and ended up on Universal Credit that my drinking has reduced because my budget has reduced, but I would have a bottle of wine every night.’
> I: ‘Okay, so is that because the price of alcohol had changed, or the amount of income had?’
> R: ‘It’s due to the amount of income that I have, which is probably a good thing.’
> I: ‘And why did your income change?’
> R: ‘Because I got made redundant. I put myself in the hostel system.’
> (Interviewee 402, male, possible dependence)

It was more common for interviewees to cite reasons other than cost for their reduction in drinking. One described how a recent lifestyle change, involving a relocation to a new village, had diminished the accessibility and convenience of alcohol:

> ‘So, I think whilst it's nice in a way, I do miss a little bit from where I used to live, having a shop that was just at the end of the road that I could just nip to whenever I wanted, if you ran out of bread or whatever you need. But what I would also quite often do is, oh I'll just go and grab a bottle of wine, or I'll just go and get beers or something. Whereas now I can't walk to a shop. I would have to go to the effort of getting in the car, going up the track, driving to the shop and I think most times I can't be bothered. And that has actually helped me because it takes away some of that temptation.’ (Interviewee 03, female, increasing risk)

Another interviewee attributed a significant reduction in their drinking to a transition from a student-oriented lifestyle to a more mature phase of life. The acknowledgement of ‘growing up’ and leaving behind the ‘student life’ suggests a conscious shift in priorities and behaviours, resulting in a marked decrease in alcohol consumption and a preference for soft drinks:

> ‘It's a lot less now. I'm growing up and not living the student life anymore, so no I don't drink very much now…I just feel like I don't really depend, or I don't

> go to have a drink now, especially with a meal.' (Interviewee 04, female, increasing risk)

Age-related explanations were also mentioned by other interviewees. One interviewee, almost 80 years old at the time of the final interview, attributed his reduced alcohol consumption to the wisdom that often accompanies advancing age:

> 'Well, I think the older you get, the wiser you get really…I'll be 80 this year, and I don't think people start becoming alcoholics when they're this old, do they? It usually starts a bit earlier. I was in the army for 30 years, and you know, people really surprised me, heavy drinkers from when they were young soldiers and then they'd get promoted, sometimes be commissioned and other times maybe they'd stop drinking altogether. I know plenty like that. I'm the exception really because I carried on. Anyway, there we are. You get more sensible the older you get.' (Interviewee 116, male, lower risk)

Age was also a factor cited by another interviewee who had reduced their alcohol consumption. For this interviewee, the decrease was triggered by a fear of dying early:

> 'Decreased. Yeah I've had to. I'm of the age now where if I don't, I'm going to be in a box.' (Interviewee 408, male, possible dependence)

Another interviewee commented on how their increasing age had affected their ability to tolerate alcohol, which had led them to drink less:

> 'I'm less tolerant. I think it's because of my age. Might be something to do with approaching 50 rapidly, and that's about it, really…Well, instead of having about probably 12 units I'm only having about seven now, maybe, on the one occasion. It was rare before, but it's even less now, really.' (Interviewee 08, female, lower risk)

For some, it was difficult to pinpoint one specific static reason for their decreased use of alcohol. Indeed, one interviewee listed a wide range of factors including ageing, social pressure, and cost. Interestingly, this interviewee flagged up that it was not specifically the price of alcohol, but rather the cost of everything else including gas, electricity, and food that was a motivating factor:

> 'Well, I'm getting older. I know that sounds stupid, you should be able to drink more, but you can't. You can't drink as much and still feel the same. I've got a girlfriend now who doesn't drink, so it's a bit awkward if I'm with her, I get the looks. If it wasn't that, it would be something else, but it's that at the moment. My daughter is a doctor, she's advised me against it, and the price. Not that it's the price because it's gone up, but because other things have gone up, more important, like gas and electric and all the food. Everything has gone up.' (Interviewee 13, male, higher risk)

One interviewee explained that their reduction in alcohol use was linked to a dietary change. Once he had stopped making curries with his daughter, he stopped drinking beer:

> ‘I just think a little bit less, because I think when we last spoke, I was drinking… I think I would have one bottle of beer a week, and the wine. So, the beer has just kind of dropped off and it’s just the wine...I think it’s probably from dietary changes because I used to make a curry at home with my daughter. I’d have the beer with the curry. But we don’t have the curry as much now so it’s kind of tapered off. I think wine just seems…I find it more of a relaxing drink with food as well.’ (Interviewee 18, male, lower risk)

Social factors were also cited by another interviewee who was now drinking on fewer (and different) days each week than previously. In this case, the motivating factor was enjoying a quiet drink with her husband while her teenage son was at work:

> ‘I think either the same or slightly less than we used to. We used to not drink on a Wednesday or Friday, I think. I don't know if that was when I last spoke to you or the time before, because my husband's Orthodox and it's the fasting days, the church fasting days. We've kind of switched it, because the other thing now, my son has started working on a Friday and Saturday. He'll go off to work, and it's nice to have a drink together, sort of thing.’ (Interviewee 30, female, lower risk)

<u>Stopped drinking</u>

A small number of survey respondents and interviewees said they had stopped drinking altogether in the past few years. One interviewee reported experiencing a range of positive outcomes as a result, which included increased energy levels, effortless weight loss, and an overall enhanced quality of life. Further to this, the substantial price increase of their preferred wine reinforced their decision to remain abstinent:

> ‘I’m largely feeling so much better and having so much more energy and losing weight as well. I lost about a stone and a half quite quickly, over about 18 months or so and I’ve maintained that without any effort at all…It’s about quality of life largely, but it’s reinforced by the fact that the wine I used to drink has gone up about £2 a bottle in two years which is about a 30% mark-up, and I look at that and it absolutely reinforces it. Not that it needs reinforcing, but it makes me feel smug.’ (Interviewee 21, male, non-drinker)

Another interviewee described the upheaval and transition associated with various life events, including relocating, changes in employment status, and the establishment of new business ventures. These life circumstances resulted in fewer social outings and, consequently, a decrease in alcohol-related expenditure:

> ‘…because we were in the process of buying and selling a house and then moving house and then losing jobs, gaining jobs, starting businesses, then we have cut back on how often we go out. So, there's been a lot less spent I would say on going out drinking because we just don't do it any more really. And I don't miss that to be honest.’ (Interviewee 03, female, increasing risk)

Similarly, another interviewee described how the financial constraints associated with the cost-of-living crisis had led them to prioritise spending on essential needs over alcohol consumption:

> ‘We'll go the cost-of-living crisis. Not as much disposable income now and rent increases and yeah, I've just got different priorities when I've got leftover money now and it's not drinking.’ (Interviewee 04, female, increasing risk)

Increase in alcohol consumption

While most interviewees had either maintained or decreased their use of alcohol, some described an increase in their use. The reasons given for this were varied. One interviewee linked their increase in use to the easing of COVID-19 protective measures and the subsequent resumption of social gatherings, celebrations, and work-related events. For this interviewee, the post-pandemic environment facilitated a return to a more active social life, which coincided with an uptick in drinking as they did not typically drink at home:

> ‘It has a little bit and the reason for that is obviously during the COVID period, which we were coming out of last time we spoke, things are becoming more social again, people are going out, things like Christmas parties, work activities, are socialising more than they were the last time we spoke, so things have changed, yes…That’s the main thing really, it is more because I don’t drink at home.’ (Interviewee 19, male, lower risk)

Another interviewee explained their drinking had “gotten worse” over the last few years and attributed this to her life being hard. This interviewee went on to explain that in the last few weeks she had experienced a raft of traumatic events including the death of her father:

> ‘Lately I've gone through my father dying…So, it's just been hard and even though some days I think I'm not going to drink today, my body's hurting, I'm aching, shaking and it's hard.’ (Interviewee 406, female, possible dependence)

This interviewee described being so desperate for alcohol, which she could not afford to buy, that she had started “foraging” for leftover drinks in pubs:

> ‘Anything. Sometimes I'm grabbing it from…Lately what I've been doing is just grabbing it from the table. When people who drink in pubs just leave it, I just go and grab it because I think it's better than going to steal it, that I take something that's just been left so I'm foraging for alcohol.’ (Interviewee 406, female, possible dependence)

A key reason that she was unable to afford alcohol was because she was sending money home to family living abroad:

> ‘Even though I do get my benefit, I have to help my family back in [named country] which I have extended cousins. My brothers and sisters went back there. They're married, so I've got nieces and nephews. So, I'm not a selfish

alcoholic. I do take money to my Mum's house, and I send it to Africa which leaves me a bit short.' (Interviewee 406, female, possible dependence)

For one interviewee, their pattern of drinking had fluctuated over the past few years (including periods of abstinence) but had culminated in a recent increase where things had 'spiralled out of control':

'About the same really. I mean it varies. I wasn't drinking as much when I first come down here and I was still working and things, so I'd have my day in work and then I'd have a couple of cans in the evening after work, or a couple of pints. Then it just sort of spiralled out of control a little bit.' (Interviewee 409, male, possible dependence)

This interviewee attributed their current pattern of frequent drinking to their unstable living environment, a lack of alternative activities, and 'boredom':

'I'd say it varies. Sometimes I've quit altogether but this environment is not a very stable place to do anything. There's not much else to do either. Obviously, I haven't been back in work. My phone got stolen, so I can't do anything else with that…So I just find myself bored, drinking all the time.' (Interviewee 409, male, possible dependence)

The challenges of an unstable living environment and associated stress were also reported by another interviewee as an explanation for an increase in their alcohol use. The fact they were dependent on alcohol made things even more difficult:

Probably the stress. I don't know, stress, just life. My life at the moment. Also, I'm addicted, so it doesn't make it any easier.' (Interviewee 410, female, higher risk[31])

Changes in drinking-related behaviours

When asked about changes in other drinking-related behaviours in the period since March 2020, the majority of survey respondents indicated that little had changed (see Annex Report, Table 6.2). More than three-quarters of respondents reported no change in either the type of alcohol they consumed or the social circumstances in which they tended to drink. In addition, most indicated their use of low/zero alcohol drinks had not changed. Nevertheless, approximately one-fifth of respondents said that there had been changes in these behaviours, and changes were more common among high-risk drinkers than other drinkers[32].

[31] This interviewee's drinking was mixed and there was not enough information to calculate an AUDIT score. But recent patterns were indicative of high-risk behaviours.

[32] The differences in the proportions reporting changes were significant across, high-risk, increasing-risk and low-risk drinkers for: who you drink alcohol with ($p<.001$) (55%, 23%, 3%), where you drink alcohol ($p<.05$) (35%, 21%, 13%), the type of alcohol ($p<.001$) (48%, 19%, 9%), and how you fund your alcohol use ($p<.001$) (54%, 4%, 0%).

Changes in the type of alcohol

Those survey respondents reporting changes to the type of alcohol consumed in the period since March 2020 were asked to explain what they were. Responses were mixed, with no clear pattern emerging. For example, one respondent described a shift away from wine ('from rosé wine to rosé cider'), while others reported a shift towards wine (e.g., 'wine', 'more wine', 'change from spirits to wine').

Similarly, some respondents described a shift towards spirits (e.g., 'prefer spirits with non kcal mixers', 'different spirits'), while others described a shift away from them (e.g., 'change from spirits to wine'):

Some respondents elaborated and provided reasons for their shift. It is noteworthy the explanations were not linked to a change in price or cost (e.g., 'gives me bad stomach', 'due to becoming older', 'more conscious of liquid calories').

The interviewees also revealed shifts in their consumption of specific drinks. Some reported transitions from one type of alcohol to another, while others highlighted the incorporation of new types of drinks into their consumption patterns. These changes in the types of alcohol were often noted to be influenced by factors such as personal tastes, health considerations, and evolving life circumstances. Indeed, one interviewee noted a distinct shift in their drinking, moving away from ciders and spirits and gravitating towards beer:

> 'Yeah, so changing from…I don't drink any spirits, and it was ciders but now it's beers.' (Interviewee 04, female, increasing risk)

Another noted a recent preference for rum-based drinks, typically mixed with other ingredients. Importantly, price was not identified as a factor in motivating the change:

> 'So, I'm drinking rum these days, with mixers, so I purchase from a supermarket usually, probably [two named supermarkets]…No, I wouldn't have said… when I was thinking about it over the weekend, I was like, I don't feel that things are…not that I'm specifically aware of, that has influenced the drinks that I buy, no. No, I wouldn't say the price has affected it at all.' (Interviewee 146, male, increasing risk)

One interviewee described shifting from drinking canned lagers and ciders to vodka. This change was motivated in part by the desire to avoid hangovers, for a speedier effect, and boredom after being laid off from his job as a labourer:

> 'Yeah, vodka. I used to stick to cans, but if I have anything over five cans of lager or cider, I feel hungover… I never used to drink spirits. I don't know why. Then the big bosses came in on handover and they said, I'm sorry, we don't need any more labourers, so I was sat there bored out of my brains with a whack of cash in my account and then couldn't find any other work, hence the drinking.' (Interviewee 401, male, possible dependence)

However, the exchange below suggests the increase in the price of white cider also made vodka a 'tidier' option and the interviewee had no brand loyalty, always choosing the cheapest brand available:

> I: 'So, would any of these changes and decisions have anything to do with the price of alcohol?'
> R: 'No, I'm alright, because like I said, when I've got plenty of money, I go and buy vodka from anywhere, and I budget myself for that. So, when I've run out of the money then, I've got the £1.50 bottles to go on. But then after that, obviously nothing.'
> I: 'Are there any particular brands or anything that you would go for?'
> R: 'No, I just go for…I get the [vodka named brand] or whatever is cheap to be honest. Obviously, before, I used to drink the white cider, but it used to be about £3.50, or £3.80 for a big flagon, didn't it? That's like £10 now.'
> I: 'Yes, that's what I was going to ask you.'
> R: 'That's really why…obviously the white cider is not very good for you. It leaves you pretty messed up. It's not worth it. By the time you've paid for a bottle of that, you might as well buy a bottle of vodka, it's tidier.' (Interviewee 409, male, possible dependence)

Changes in brand

Survey respondents were also asked to comment on any changes in the brand of alcohol they had bought since March 2020. Like the interviewee cited above, several respondents commented on price-related issues and how they were now buying the cheapest available (e.g., 'I buy what's on offer', 'opt for cheaper alternatives').

Some respondents indicated they had changed brand for reasons linked to an improved quality of product (e.g., 'prefer better quality alcohol', 'more likely to drink a higher label rum, for better taste').

Change in where you drink and who you drink with

Survey respondents were also asked to comment on changes in the social circumstances of their drinking. Changes in the location where they drink were commonly described in terms of a change from drinking out, to drinking at home. Where respondents were specific in their reasoning they cited the pandemic (e.g., 'Yes, since COVID I drink at home much more'), health and safety reasons ('more in home than out, safety'[33]) and cost ('don't go to pub so much as so expensive').

Given the shift to more home drinking, changes regarding drinking company were most often linked to a shift away from friends to either drinking alone or with family members. A small number mentioned a shift to socialising more with colleagues, with the remainder drinking with friends and family or a combination of the two.

[33] This respondent elaborated in response to another question that they felt the streets were not a safe place to be when intoxicated any more.

Change in consumption of low/zero beers

Among those who reported a change in their use of low alcohol or zero alcohol beverages, most described how the change was due to improvements in the taste of these products and/or their availability, rather than due to an increase in the price of alcoholic drinks:

> ‘These are getting better, and more variety is available. For me, the taste of beer trumps quantity. Like to try different types generally. So happy to try low / no alcohol.’ (Survey respondent 33, female, increased risk)

> ‘I am finding that there are more and more 0 alcohol drinks that I like, and I am using these more.’ (Survey respondent 70, male, increased risk)

> ‘There is more choice available in pubs and restaurants. I may choose low/zero alcohol beers or spirit style drinks instead of soft drinks when I don't wish to drink alcohol.’ (Survey respondent 1, female lower risk

Some commented on how they had started drinking more low-alcohol drinks for health reasons:

> ‘Trying to introduce them, as getting more conscious about health.’ (Survey respondent 38, female, lower risk)

> ‘Drink more - this is for health reasons and not related to price.’ (Survey respondent 76, male, low risk)

Interestingly, one respondent commented on how the price of low-alcohol drinks had also increased in recent years:

> ‘More brands are making low/zero alcohol drinks, so I can buy the beer I like in a low version now. I bought a lot of these in 2021 and 2022, but the price of these has gone up so I buy less of these now.’ (Survey respondent 31, female, low risk)

Interviewees also discussed the increase in the availability of low-alcohol drinks. Some integrated them more fully into their regular routines, while others used them more situationally or during a specific period of abstinence. One interviewee highlighted the expanding variety of non-alcoholic drinks available, especially in the last 18 months:

> ‘What has helped is the huge increase in the last 18 months in the variety and quality of non-alcoholic drinks, a huge number of non-alcoholic wines, which are not great, but they’re alright. But beers, particularly, the beers are exceptionally good. Very difficult to tell the difference.’ (Interviewee 21, male, non-drinker)

Another confirmed they switched to non-alcoholic drinks when at home, stating that they ‘always have it’ and intentionally stock up on zero-alcohol ciders:

> ‘I have, when I’m at home, I always have it. I do still stock up on those, and I have those at home, because I do enjoy it with my meals, but they are all zero ones, zero ciders.’ (Interviewee 19, male, lower risk)

During one interviewee’s year of abstinence, they turned to alcohol free versions so they could still enjoy ‘grown-up drinks’:

> ‘Yeah, a couple of years ago, I decided that I needed a year of abstinence but just so that I could still enjoy grown up drinks, I used 0%, and if I’m going out and I’m driving, I’ll use 0% but it’s not often.’ (Interviewee 411, female, higher risk)

Reasons for making changes in drinking patterns

As noted above, survey respondents were asked to comment on the nature of any changes they had made to their drinking patterns and were given the opportunity to describe the changes separately for each drinking-related behaviour (e.g., for type of alcohol, brand, who they drink with etc.). A different approach was taken in relation to the reasons for any change. Rather than ask respondents to laboriously explain each behaviour change, they were asked to state the top three reasons for such changes.

As might be expected, the primary reasons given were varied. However, the most common were cost and the price of alcohol (e.g. ‘prices of alcohol has made me cut down on buying it’), followed by health (physical and mental) (e.g., ‘I am getting older and I need to look after myself’), family-related factors (e.g., ‘pregnancy’) and taste/preference (e.g., ‘started to enjoy red wine’).

The second and third reasons given for change included many of the same issues highlighted above, but also some additional issues relating to work were particularly common (e.g., ’Career changes have an impact on personal drinking habits’). Other reasons included emotional factors (e.g.’ ’lonely heart’, ’emotion’) along with a range of lifestyle factors such as a wish to support local businesses, having caring responsibilities, and having access to a better choice of zero alcohol options in bars.

Summary

In this chapter, changes in drinking patterns over the four-year period following implementation of MPA were examined. This is an important topic for the evaluation given the main aim of MPA is to reduce alcohol-related harm through a reduction in consumption, particularly of high-strength products. Roughly half of survey respondents reported drinking at the same frequency and quantity as they had before MPA had been implemented. When changes were noted, these were more commonly decreases than increases.

Interviewees explained that decreases in consumption were the result of a range of factors among which cost was a primary consideration. Other factors included lifestyle changes, physical and mental health issues, maturity and ageing, dietary needs, and social factors. Increases in consumption were also linked to a variety of factors including increases in socialising (e.g., following the easing of COVID-19

protective measures), traumatic life events, boredom, and the stress of living in an unstable environment.

While most drinkers had made no changes to the type, brand, or social circumstances in which they consumed alcohol, a small proportion had done so, and these were more common among higher-risk drinkers than other drinkers. When changes were reported, the nature of the changes were mixed and included shifts towards wine and away from spirits among some drinkers and a shift away from cider towards spirits, among others. Some also reported an increase in the use of zero/low alcohol products, which were noted to be more available and better in quality than in the past. Price was just one factor among many that triggered changes in behaviours. Importantly, price was a clear driver in causing a shift from cider to spirits among higher risk drinkers.

7. Changes in household expenditure and purchasing patterns

In our interim report we noted few drinkers had changed their spending on alcohol in the two years following the introduction of MPA (Buhociu et al., 2023). We also noted when changes were reported these were more commonly decreases than increases linked to factors other than MPA. In this chapter we draw on the interview and survey data to examine patterns of purchasing over the four years since March 2020. The goal is to examine if, and how, drinkers have responded to the price increase over the longer term and to consider whether the predictions made in earlier reports of a need to shift household budgets around to free up money to pay for alcohol have materialised.

The chapter begins with a summary of the quantitative survey data relating to changes in purchasing patterns. It then moves on to focus on the qualitative data from both the survey and interviews to explore the nature and reasons for any changes. Given the close link between purchasing patterns and consumption, we have presented fewer examples of reasons in this chapter to avoid unnecessary duplication.

Changes in purchasing patterns

Survey respondents were asked to indicate whether alcohol had become more, or less, affordable in the period since March 2020 when MPA was introduced. Around half of respondents (53%) said there had been no difference, with a small proportion (15%) reporting it had become more affordable for them (see Annex Report, Table 7.1). However, roughly one-third (32%) reported that alcohol had become less affordable, including 10 (6% of all respondents) for whom alcohol had become ‘much less’ affordable.

Affordability was found to vary by drinker type. Low and increasing risk drinkers were more likely than higher risk drinkers to say alcohol had become less affordable for them (32% and 38%, compared with 22% of high-risk drinkers)[34]. This may help to explain why the lower risk drinkers were statistically significantly more likely to have reduced the quantity and frequency of their alcohol consumption in the period since MPA had taken effect.

In addition to exploring changes in affordability, survey respondents were asked a series of questions relating to their purchasing of alcohol. In line with the finding that most people had not changed their alcohol consumption, around two-thirds (64%) reported not changing how much they were spending on alcohol (see Annex Report, Table 7.2). Given MPA in Wales applies to all types of alcohol, this suggests those drinking the same quantity and at the same frequency while spending the same amount were either consuming alcoholic drinks that had not been affected by MPA (i.e., that cost more than 50p per unit prior to the introduction of MPA) or purchasing alcoholic drinks at a price below 50p per unit (e.g., in England).

[34] Chi-squared test (36.306, 4 df, p<.001).

When asked about where they had purchased alcohol in the period since March 2020, around three-quarters (71%) indicated there had been no change, and the vast majority (84%) reported they had not altered how they funded their alcohol use. Higher-risk drinkers were statistically significantly[35] more likely than increasing- and low-risk drinkers to have made changes to how they funded their alcohol use (46%, compared with 4% and 0%), although few provided details of the nature of this change. These issues are explored further below.

Increases in expenditure

Those indicating they had changed how much they were spending on alcohol were asked to explain what the change had involved. In most cases, the change was an increase in spending, which might be expected after the introduction of a minimum unit price for all types of alcohol (e.g., 'spending more').

In a few cases, more detailed information was provided about the change. For some, the increase in expenditure was because their drink of choice had increased in price, and in other cases it was because they were drinking more (e.g., 'Pay extra to have the same products', 'drinking more results in spending more').

A few respondents explained they were spending more because they were choosing more expensive, better-quality products (e.g., 'I need to spend more to have quality', 'I'm drinking nicer alcohol so there is a price increase). One respondent explained they were now buying 'organic/fairtrade' from local producers, resulting in them spending more.

In a few cases, however, respondents explained they were paying more but drinking less (e.g., 'I spend more on a bottle, but drink less', 'I probably spend more on less quantity'). One respondent explained they were consuming less as they grew older, not going out so often. However, when they did go out, they were tending to 'spend more' than they did previously.

Interviewees were also asked about changes in their expenditure on alcohol, with some also reporting spending more than previously. One interviewee cited spending around £60 at their local pub's champagne/oyster bar, acknowledging this was higher than two years ago. The increase was attributed to a combination of factors:

> I: 'And would you say that as you're spending more, would you feel that is as a direct result of minimum pricing?'
> R: 'Not as a direct result, but combination, isn't it? That and inflation I think and COVID and whatever, the pub trade, most prices are up anyway. So, I'm assuming it is as a direct result but then it's like anything. They take an opportunity to put money on it anyway, any business. So, I don't know the answer to be honest, to that. Sort of, but not definitely.' (Interviewee 129, male, increasing risk)

Another interviewee described their current alcohol expenditure as 'astronomical' and 'a lot more' than in June 2022. However, they did not want to stop drinking and

[35] Chi-squared test (71.461, 2 df, <.001).

had absorbed the additional costs into their household budget without cutting back elsewhere. Interestingly, this interviewee had previously brewed their own beer, but had not done so recently because of the increased cost of heating:

> R: 'I've always had enough money. I was always in a good job, so it didn't affect me when the price went up. I moaned about it, but it didn't stop me drinking what I was drinking. I think a lot of people think, compared to other people I think sod it, why should I stop drinking, because you think I should? I have that attitude.'
> I: 'So, you were able to absorb all this extra money that you're spending in your current income. You didn't have to spend less on clothes or…?'
> R: 'No, but like I said, I have brewed my own which works out a lot cheaper. I haven't brewed any this winter because the cost of heating is so much. It doesn't ferment very well at minus two. Like I said, you get used to the price of a can. It's gone up from…what has the price of a can gone up from? It's gone up from 50p to a pound. It's gone up in price, but beans have gone up more than that, baked beans.' (Interviewee 13, male, higher risk)

A few interviewees described weekly spending increases as a result of switching from wine to spirits and out/drinking more often:

> 'I'd say maybe it's gone up with spirits, I'm not sure. In my head, yeah, it probably has gone up…Yeah, probably because I've switched to spirits, different drinks, and mixers…Switching to spirits, it's probably easier to drink more, though I do use a measure.' (Interviewee 146, male, increasing risk)

> 'It's a little bit more because I weren't drinking at all really, very few occasions. So, because I'm going out more, I think I've gone from spending nothing to a whole grand amount of £10 a month.' (Interviewee 19, male, lower risk)

Some drinkers were clearly able to afford price increases and did not seem to notice how much they were spending:

> 'Well, I would imagine prices have gone up a bit, but it doesn't seem any different to me. I'm not struggling so I don't know. I'd have to look up how much in 2022 three bottles of wine cost then, I don't know.' (Interviewee 17, female, higher risk)

However, some struggled to afford the rising prices. One higher risk drinker described how they relied on benefits, while another described falling into debt and relying on family to help cover costs:

> I: 'So, how do you afford it then if it's gone up so much?'
> R: 'Well, you don't do you? Some people go I'm not paying that but when you're an alcoholic you go…'
> I: 'So, where do you get the money from?'
> R: 'It can be from my benefits. Then when I'm working, it's my wages obviously.' (Interviewee 401, male, possible dependence)

I: ‘How are you funding the price - because the drink has increased, are you funding it any differently or are your benefits covering it?’
R: ‘My benefits don't cover it. I'm always just in debt. My sister has been helping me out with money if I run out. It doesn't last me a fortnight.’ (Interviewee 407, male, possible dependence)

For those with alcohol dependency, the higher price did not result in a reduced level of drinking. Rather, it just made drinking a more ‘expensive habit’ that strained their finances further:

R: ‘Roughly, a week? About £300, maybe more.’
I: ‘Just on drink, yeah?’
R: ‘Yeah.’
I: ‘And how would that compare to before then? How much of a difference is it?’
R: ‘Well, obviously since the price increase, like I said, I used to drink three or four three-litre bottles of white cider. It’s £3.50 each, it wasn’t so bad. I don’t know, it’s like I said, it’s varied on and off. I’ve been on Antabuse[36] and things in the past, so that’s obviously slowed me down a bit, but yeah, it just varies… Obviously, it’s been more of an expensive habit now than it used to be. I wouldn’t say it’s made me drink any less, it’s just more costly.’ (Interviewee 409, male, possible dependence)

Decreases in expenditure

While most survey respondents described an increase in expenditure on alcohol, some described a decrease in spending which was linked to a decrease in consumption (e.g., ‘drink a lot less so spend a lot less’). One respondent commented on how they were spending less money in Wales and more in England:

‘In Wales, as little as possible, in England 50 to 70 pounds a month.’ (Survey respondent, 243, male, increasing risk)

Several interviewees described spending less on alcohol and they attributed this to having less disposable income:

‘Less because I don't have as much money anymore, so I have to ration myself for treats and stuff - a nice of bottle of wine would be a treat. So, I try to find a cheaper bottle of wine that I like as much but it would be a lot less. I'd probably treat myself a lot more previously to perhaps a cheaper bottle of champagne or something on a slightly special occasion, whereas now I'd just be like no, a £5 cava is fine.’ (Interviewee 03, female, increasing risk)

Some interviewees linked their decrease in expenditure on alcohol to health-related or lifestyle factors rather than to financial problems:

[36] Antabuse (a brand of Disulfiram) is a treatment option that acts as a deterrent from drinking alcohol. Disulfiram blocks the enzyme that breaks down acetaldehyde, which leads to an increased level of acetaldehyde in the blood causing unpleasant physical reactions.

R: ‘I think just because we're drinking slightly less. Just the pattern of our drinking's changed. You're always supposed to try and drink a little bit less, aren't you? I think I suppose more health things.’
I: ‘Okay. So not minimum pricing for alcohol?’
R: ‘No.’
I: ‘More health-focused than pricing-focused?’
R: ‘Yeah’. (Interviewee 30, female, lower risk)

Change in where they purchase alcohol:

When asked to comment on changes in where alcohol is purchased, more than half of respondents providing information (20 out of 36) said they were now buying alcohol in England where MPA had not been implemented and hence where the price of alcohol was cheaper:

> ‘I go over the border to England for the cheaper prices.’ (Survey respondent 145, female, high risk)

> ‘Go over the border to England. Same alcohol, same supermarkets different prices. Wales more expensive, versus England cheaper for same brands.’ (Survey respondent 286, male, low risk)

Some respondents described how travelling to England to buy alcohol was linked to the fact they lived close to the border, or because they were travelling to England for other reasons and used the opportunity to buy cheaper alcohol:

> ‘Living on the border I now purchase alcohol in England.’ (Survey respondent 197, male, increased risk)

> ‘Usually buy alcohol for home use in England when visiting friends and family.’ (Survey respondent 13, male, low risk)

One respondent believed cross-border shopping had a negative impact on the Welsh economy, a point also made by one of the interviewees:

> ‘It is better to either look out for what is on offer in the supermarket, or to purchase alcohol in England, although the latter sadly has an adverse effect on the Welsh economy.’ (Survey respondent 83, female, low risk)

> ‘I do think, especially people living so close to borders, which in Wales you have got quite a large border that is close to England, I think all you're doing is making people go across the border to do their shopping, which again is not a good thing for Wales. They're spending their money in England rather than in Wales and I think people will be encouraged more so to do it.’ (Interviewee 01, male, lower risk)

Several other interviewees also described purchasing more in England because of the price differential created by MPA:

> ‘Like I say, I've done it and I'm just one person doing it…and I know for a fact a colleague of mine who is probably a high drinker, certainly far more than me, and he's told me on numerous occasions he's been to the supermarket over across the border and there's been a significant difference and it offsets the use of petrol or diesel tenfold.’ (Interviewee 01, male, lower risk)

Among those continuing to purchase alcohol in Wales, some survey respondents described switching from one of the ‘big four’ to a value supermarket, and away from convenience stores. A few survey respondents commented on a switch to online shopping and home deliveries, possibly for convenience, or perhaps as a legacy of the COVID-19 pandemic and the protective measures in place.

Some survey respondents indicated they were choosing to drink at home more than out in pubs and restaurants and buying less from on-licenced premises and more from shops. Some interviewees also described buying less from pubs/restaurants and more from supermarkets than they had done previously.

One individual noted going to the pub more often as the price differential narrowed following MPA. The warmth of the pub was a further contributory factor as being out of their house meant they did not need to pay the price of heating their home:

> ‘I tend to go to the pub more like I said, because it’s not much different in price now. It is a difference, but it’s a better atmosphere and you’re in the warmth. You don’t have to worry about heating your house. You’ve got to factor all these things in, haven’t you? If I stay in, I’ve got to spend £4 on gas to keep my house warm. If I go out, the pub is warm, so there’s £4. I know it’s stupid, but they are all related.’ (Interviewee 13, male, higher risk)

Another interviewee described spending slightly more on alcohol due to a change in their circumstances and going out for a drink more than before. However, their preference was still for drinking wine at home:

> ‘I think from when we talked, we buy more alcohol, a little bit more, because like I said, we had a restaurant so we would have drinks from there if we wanted to. It would make sense. We still had to buy it, but it was different. So, I think we buy now more, but I go out more to have a drink as well than before. That’s changed, that I go out more to have a drink than before, but only like one or two, but I still prefer staying in the home, having a wine in the house.’ (Interviewee 132, female, lower risk)

<u>Changes in funding</u>

Of those who had made changes in how they funded their alcohol use, a small number of survey respondents provided details about the nature of those changes. Most explained they used the income from their jobs or income that had been saved in the past.

The interviewees with higher incomes stated that alcohol price increases did not significantly affect their ability to continue purchasing and consuming at the same desired levels:

> ‘I’ve always had enough money. I was always in a good job, so it didn’t affect me when the price went up. I moaned about it, but it didn’t stop me drinking what I was drinking.’ (Interviewee 13, male, higher risk)

However, several interviewees on benefits/low incomes reported struggling to afford alcohol, going into debt, relying on financial support, or having benefits insufficient to cover their alcohol spending. Some also detailed their victimisation and alluded to the need to commit crime to obtain alcohol:

> I: ‘And are your benefits covering…?’
> R: ‘No, no way. Last month, they sanctioned me on the 17th. They lifted it because I sorted it three days later, because it lands on a Sunday, so it affected my claim for 90 days. They give me £29. The month before, I had an epileptic fit, my friend robbed me. I’ve had £29 in eight weeks.’
> I: ‘So, what have you been doing to try and make it up?’
> R: ‘You don’t want to know.’ (Interviewee 410, female, higher risk)

This last interviewee went on to explain that she had served several long prison sentences in the past and predicted that she would be ‘back in there very soon’ as a result of her current lifestyle.

Summary

In this chapter, changes in the affordability of, and expenditure on, alcohol were examined. Roughly half of survey respondents had experienced no change in the affordability of alcohol since March 2020. Those who had experienced a change were more likely to say it had become less affordable, which might be expected following the introduction of a minimum price and increases in the cost of living. In line with the finding most people had not changed their alcohol consumption, most respondents reported not changing how much they were spending on alcohol. Interestingly, lower-risk drinkers were more likely to say that alcohol had become less affordable. This may help to explain why they were more likely to have reduced the quantity and frequency of their use in the period since MPA had been introduced.

When changes in expenditure were reported, these were more commonly increases than decreases and were mostly attributed to the increased price of alcohol. Some were able to afford the price increase, absorbing the increase in their household budgets. Others, particularly higher-risk drinkers, struggled but nevertheless continued drinking. When decreases in expenditure were reported these were often attributed to decreases in household income, although health-related factors were also mentioned.

When changes in where participants purchase alcohol were reported, this was most commonly a switch to buying alcohol in England, where it was cheaper due to the absence of MPA. The perceived negative impact of this on the Welsh economy and environment (due to pollution from driving) was highlighted by a small number of interviewees and respondents. Other changes in purchasing included a shift away from the ‘big four’ supermarkets to value shops, and away from drinking out in pubs and restaurants to drinking more at home.

8. Changes in the use of other substances

In this chapter the interview and survey data are drawn upon to examine whether drinkers have changed their use of other substances since the implementation of MPA in March 2020. The chapter considers both the nature of any changes and the reasons for those changes. It was noted in previous reports that switching from alcohol to other substances was unlikely among most drinkers, and it was predicted that if switching did occur, this would only be among people with a history of using those substances (Holloway et al., 2019; Buhociu et al., 2021). Our subsequent reports confirmed these findings, drawing respectively on data collected in the nine-month and two-year periods following the implementation of MPA (Holloway et al., 2022; Buhociu et al., 2023). Four years post-implementation, these issues were re-examined through questions in both the survey and interviews. The results are presented below.

Changes in the use of other substances

The survey asked respondents if their use of various substances[37] had changed in the period since March 2020. Respondents were asked to indicate if their use had increased, decreased, stayed the same, or stayed at zero (see Annex Report, Table 8.1). If a change was reported, respondents were asked to elaborate on the reason(s) for any changes.

Changes in the use of 'illegal drugs'

Around three in four (77%) survey respondents reported not using 'illegal drugs' (i.e., drugs controlled under the Misuse of Drugs Act 1971) in the past four years. Those with histories of illegal drug use varied in terms of their ongoing patterns of use. A small number said their use had increased, but it was more common for respondents to report no change or that their use of illegal drugs had decreased. Only one respondent provided an explanation for the change, and this was in relation to a decrease in use attributed to employment-related issues:

> 'This is a difficult one to answer because it's been a roller coaster. So, I no longer use 'party drugs' at all. However, I have struggled with cannabis use since my teen years and that rapidly increased due to lock downs etc. but now I've quit this habit also for the sake of my career and to achieve my personal goals.' (Survey respondent 57, female, increased risk)

Interviewees were also asked about their use of illegal drugs, with few reporting changes since the last interview. On the few occasions where changes were reported, these were all financially motivated and occurred among those reporting previous use of illegal drugs. One interviewee reported they had restarted using heroin and started using 'crack' cocaine in an attempt to cope with the alcohol price increase:

[37] Food was included as part of this analysis given the prediction that some people would adjust their diets (e.g. buy less or cheaper food) to free up money to fund their continued use of alcohol (see Holloway et al., 2019).

I: ‘So, you mentioned about heroin and crack and things like that. Is that a new thing or is this something that…?’
R: ‘Heroin's a new thing yeah. I've had the odd patch before, but I don't like the smell of it. I don't like how many friends I've lost through it, but I don't like how many friends I've lost through alcohol neither as well…’
I:’And what about then the change from maybe alcohol to heroin and things like that, have you seen an increase in drug use?’
R: ‘Yes, I have because obviously I've been doing it because if you can't afford one thing [i.e., alcohol], then you can afford the other. Maybe somebody might give you a crack pipe for a pounds or… so yeah, it's called cross-addiction. I've done rehab so I know my shit… My crack habit has hit the roof. Only last night I realised I've got a problem with this as well, but it is what it is.’ (Interviewee 406, female, possible dependence)

Another interviewee explained that sometimes they were using more cannabis to make up for the increase in the price of alcohol. He suggested others might use Valium for the same reasons, something he used to do in the past:

R: ‘You could save that £15 for the day. You calculate how much you spend but then you might have a frenzy with a load of weed and you only had two cans then, and that’s all you needed… I may use less alcohol and more weed.’
I:’What I’m trying to figure out is whether or not the price of alcohol is causing that?’
R: ‘It could. There is more to it than that as well. Some people they go and buy Valium off other people. If someone did offer me Valium, I’d take a Valium and that would save me…I’d only need a can.’
I:’Have you done that?’
R: ‘I’ve done it in the past. ‘I haven’t done it for ages. They were talking about it the other day, they were talking about Valium, but none turned up.’ (Interviewee 403, male, possible dependence)

Finally, one interviewee said they replaced ‘crack’ cocaine and heroin with alcohol, which unlike the other interviewees, they found to be cheaper:

R: ‘To be fair, that’s when I started drinking again, like properly drinking. So, I just drank myself to bits till I was off the substances. ‘It wasn’t really a good exchange but…’
I:‘Well, that’s still positive that you’re off crack and heroin.’
R: ‘Yeah, it’s cheaper to drink anyway, but still it’s…’
I:‘So, you just substituted then basically to alcohol instead?’
R: ‘Yeah.’ (Interviewee 409, male, possible dependence)

<u>Use of other substances</u>

A similar pattern was also reported in relation to the use of other substances, with few survey respondents reporting increases, and more than half reporting their use had stayed at zero. The only exceptions were for ‘drugs prescribed to you’ and ‘over the counter medication’, where respondents were more likely to report their use had stayed the same. In relation to prescription drugs, respondents who reported

increases described changes linked to the onset of asthma (including one who attributed this to long COVID), to problems with migraines, acne, menopause, and mental health problems. One respondent elaborated further:

> ‘I’m using real medication such as antidepressants and beta blockers to manage my mental health these days instead of self-medicating.’ (Survey respondent 57, female, increased risk)

Few explanations were given for decreases in prescription drugs, although one person explained they ‘came off anti-depressants’ and another that they were ‘terrible at taking’ their prescription, which would tend to suggest they were not intentionally reducing their use.

For over-the-counter medication, only a small number of respondents elaborated and provided an explanation for their change in use. Increases were linked to hay fever, coughs, bugs brought home by children from nursery, and headaches. Decreases were linked to improvements in their immune system, and general good health.

Interestingly, no interviewees reported any changes in their use of other substances, which included prescription drugs obtained legally or illegally, and non-beverage alcohol, such as mouthwash or hand sanitiser.

Interviewees were also questioned about changes in their food consumption patterns. While most did not report any significant changes, a small number reported changes motivated by health-related reasons, such as intolerance to gluten and stomach problems.

Furthermore, a couple of interviewees reported having made changes in terms of their food consumption and purchasing patterns because of the continued cost-of-living crisis and/or a reduction in their income. This involved buying less food and/or making sure the food they were buying would last longer than previously:

> ‘I think I probably buy less…responding to cost of living, probably do try and make things go a little bit further, but other than that, nothing that I’m particularly conscious of.’ (Interviewee 146, male, increasing risk)

> ‘Food, in terms of food, it has changed. Again, that’s due to my income…And so now, I will cook a big stew for instance in the saucepan, I’ll eat one and save three portions and so I batch cook if you like.’ (Interviewee 402, male, possible dependence)

Lastly, one interviewee explained she started eating chocolate again after quitting drinking alcohol:

> R: ‘Well, linked only to my giving up [of alcohol] I guess. I have a reawakened interest in sweet things, particularly chocolate.’
> I: ‘So, you’re eating more chocolate now than you used to?’
> R: ‘Oh yes.’
> I: ‘Do you think that is replacing alcohol with chocolate?’

R: ‘Partly, yes, but because most of the alcohol I drank was quite dry, I suppose, I developed that dry taste and went off sweet things altogether. I would never eat a dessert at the end of a meal. I’d always go for something like cheese, but now I really look forward to desserts and chocolate particularly.’ (Interviewee 21, male, non-drinker)

Summary

This chapter examined changes in drinkers’ use of other substances in the period since MPA was implemented. As predicted, and described in previous reports, few drinkers reported any changes in their use of a range other substances including food.

Most had not used illegal drugs prior to the introduction of MPA in Wales and had not started to do so in the period since March 2020. On the few occasions when changes were reported these were among those with histories of use and included increases in heroin, crack, and cannabis use, which were understood to offer better value for money than alcohol. However, one interviewee described the opposite situation, shifting from illegal drugs to alcohol as a perceived cheaper alternative.

A small number of drinkers reported changes in their use of prescription drugs and over-the-counter medication, which included increases (due to physical and mental health problems) and decreases (due to improved health). Contrary to predictions, there was no clear evidence of drinkers substituting food for alcohol. However, there was some evidence of the increased cost-of-living impacting on people’s food choices.

9. Changes in other drinkers

In this brief chapter we shift away from the research participants' personal experiences of MPA to examine its impact on the lives of their family, friends, and acquaintances. A similar exercise was undertaken in the two previous waves of data collection (nine months and two years post implementation) and while most interviewees felt MPA had made little difference to the lives of those around them, a small number noticed changes that were broadly in line with the predictions made in previous research (Holloway et al., 2019; Buhociu et al., 2021). This included witnessing drinkers switching from alcohol to illegal drugs, switching from one type of alcohol to another, shopping across the border in England where MPA has not been implemented, and shifting household budgets to free up money to fund continued use of alcohol.

These issues are revisited to examine the observed long-term impact of MPA on others, focusing wholly on the interview data, given questions on this were not included in the survey. To ensure the chapter is based on real life events rather than generalised perceptions of the impact of MPA, only events personally witnessed by interviewees are reported.

Changes in drinking patterns

Most interviewees across all types of drinkers reported they had not noticed any changes in other people's drinking patterns, either among their family, friends, or the wider community.

> 'I haven't noticed any changes. Most of my friends don't drink. The ones I meet very regularly. And the ones that drink, they still drink the same.' (Interviewee 132, female, lower risk)

> 'There doesn't seem to be much change in the street scene. If I go into town, there seems to be the same people, the same faces sleeping rough or drinking.' (Interviewee 129, male, increasing risk)

Among those who had noticed changes in other people's drinking-related behaviour, a small number linked this to price. This included one interviewee who had witnessed his peers drinking more strong lagers instead of the cheap, strong ciders, and another who had witnessed people switching to a cheaper type of lager:

> 'But you look around here, they're all drinking the 9.5% cans…Yeah, the [strong lager brand name]. There's probably only one or two guys…two guys who are very early 60s who will drink [lager brand name] and the rest of them…you don't really see like back in our day, the cider drinkers. It's all the strong lagers now…Mostly cans, yes…From what I can see, the big impact seems to have been on cider…' (Interviewee 404, male, lower risk)

> 'Yeah, I've seen people buying [lager brand name] because it's a little bit cheaper. That's it.' (Interviewee 407, male, possible dependence)

Others who had witnessed changes among other drinkers suggested the increased cost of living was the main cause. Examples of such changes included fewer people going out to drink and people spending less when going out:

> ‘Well, what I’ve noticed is that since probably lockdown, a lot more people drink at home. The pubs in the town I live are very, very…they’re not as busy as they used to be and they’re not open every day…I think it could be pricing. Even though the minimum pricing is in place, it’s still a lot cheaper than drinking out and also, people can’t get the staff, so they have to pay more for staff. So, going out is much more expensive now, obviously eating out is, everything is.’ (Interviewee 17, female, higher risk)

> ‘And what I’ve tended to notice as well, is people, when they’re in there [i.e., pubs], are not drinking to excess. They are usually being sensible, keeping in their limits. We’re not getting a lot of the rowdiness that we had before with large groups drinking. But I think that’s probably to do more with the current financial situation of a lot of people. I think for a lot of people, inflation et cetera, has probably curbed their day-to-day activities.’ (Interviewee 19, male, lower risk)

A couple of interviewees explained that some people in their group of friends were drinking less since the last interview, attributing this to a combination of factors, including maturing, a change in their lifestyle (i.e., getting a job, moving to a more rural area), and trying to avoid the hangover after a heavy drinking session:

> ‘‘Well first of all growing up, I think and us not wanting late nights any more, but I suppose also because…this might not be helpful, but the friends that I've got they live in more rural areas, so the pubs are more accessible as to when we were all living in Cardiff and you've got Queen Street and St Mary's Street a stone's throw away.’ (Interviewee 04, female, increasing risk)

> ‘I feel like my friends are drinking less, but then they're drinking more casually. I think beforehand it was more we'd drink to get drunk and go out and things like that. Now it's more maybe...Yeah, it's just a lot more laid-back and a lot less consumed, I'd say. I'm noticing more and more someone will say, "Oh, I don't want to drink tonight, I'm going to drive." There doesn't seem to be much of an alcohol culture amongst my friends anymore…I think it's the age. Weekends are so short, and people don't want to lose out on a day and feel awful the next day.’ (Interviewee 107, female, lower risk)

Finally, one participant witnessed a reduction in her family members’ alcohol consumption that she linked to health-related concerns:

> R: ‘But other people I think are managing to drink…well, I suppose some people are drinking less for health reasons I think, slightly less. I’ve never had anybody saying they feel it’s becoming too expensive.’
> I:‘Okay, so among the people you know, there’s no big changes in terms of price that are being influenced by price. But some being influenced by wanting to be a little bit more healthy?’

R: ‘I think so, yes, particularly family members.’ (Interviewee 21, male, non-drinker)

Summary

In this chapter, attention shifted away from the personal experiences of the interviewees to those they witnessed among other drinkers. Few noticed any impact of MPA on the lives of drinkers they knew. On the few occasions when change was noted, it was often understood to be the result of the general increase in the cost of living. This meant fewer people going out to drink, and people drinking less when they did go out. However, a small number reported witnessing drinkers switching from strong ciders to lager due to the cheaper price. Others noted their friends were drinking less than they used to, attributing this to a combination of factors including maturing, a change in lifestyle, and for health reasons.

10. Views on the effectiveness and future of MPA

This chapter is the first (in our reports published to date) to reflect on what drinkers think about the effectiveness of MPA and their views on its future. Given the policy has a sunset clause that requires Ministers to lay regulations for the continuation of MPA, the chapter is a significant one. Public opinion is an important consideration for Welsh Government in their deliberations over the future of MPA in Wales. The chapter is divided into two parts drawing on both the survey and interview data, presenting views on the effectiveness of MPA and thoughts about the future of MPA in Wales, including any changes to the specific minimum price per unit.

When reviewing the findings in this chapter it is important to recognise MPA is not a stand-alone policy, but part of a broader suite of policies and interventions aimed at reducing alcohol-related harm in Wales. These include public health campaigns, education programmes, stricter licencing laws and the provision of treatment and support services for those affected by alcohol problems. A fuller discussion on the wider context in which MPA operates can be found in our 24-month review of the introduction of MPA in Wales (Livingston et al., 2023).

The effectiveness of MPA

Survey respondents were asked how strongly they agreed with the view that MPA had been effective in reducing alcohol-related harm in Wales (see Annex Report, Table 10.1). Roughly one-quarter agreed with the statement (7% strongly and 19% moderately) while one-third (33%) expressed a neutral view in which they neither agreed nor disagreed. More than two-fifths (42%) indicated they disagreed with the statement (23% strongly and 19% moderately). Higher risk drinkers were significantly more likely than lower and increasing risk drinkers to agree (moderately or strongly) with the statement (63%, compared with 11% and 14% respectively)[38].

Interviewees were also asked to reflect on the effectiveness of MPA in Wales and like the survey respondents, they provided a mixed set of responses.

Perceptions of MPA being effective in reducing alcohol-related harm

Among those interviewees who perceived that MPA was working, most believed this was because the policy had increased the price of alcohol, thus making it less affordable:

> ‘I think that’s a good thing because buying lots and having it there, some people have difficulty inhibiting that desire to drink, so yes, something positive.’ (Interviewee 146, male, increasing risk)

> ‘I think it’s a good thing, coming from an alcoholic, yeah, course it is, because if it is helping even 10% of the people in Britain not have that drink or can’t afford it and just think of other ways where they can change their life.’ (Interviewee 401, male, possible dependence)

[38] Chi-squared test (47.246, 4 df, p<.001).

> ‘Probably if alcohol was cheaper, more accessible, then maybe I would have more, so yes, there’s more harm.’ (Interviewee 132, female, lower risk)

Similarly, one interviewee perceived that MPA was effective because it made alcohol more difficult to purchase. At the same time though, they expressed a concern about the impact this might have had on people with less income:

> ‘I think it's worked. I think it has not really helped the lower end of the wage… the lower end, let's say, the people who are earning less. I think they have obviously probably stopped drinking altogether because they can't afford it and they have to pay more important bills, let's put it. So, yeah, I think overall it's been a good thing, but not necessarily for the lower end of people, let's put it.’ (Interviewee 01, male, lower risk)

Another interviewee speculated MPA was working because the price increase generated by the policy must have made alcohol less affordable, and therefore reduced its use among people living in Wales:

> ‘It’s bound to have had an effect. I haven’t noticed an immediate effect in the people around me, but I’m sure because I noticed the price increase, other people must have noticed. I suspect that if there has been any downturn in the amount of alcohol consumed or purchased in Wales generally, minimum pricing must have something to do with it, because it is an expensive item, and you do notice, even cutting back, you notice how much you are actually saving.’ (Interviewee 21, male, non-drinker)

Finally, one interviewee thought MPA had led to an increase in the availability of non-alcoholic drinks, as well as a reduction in the volume of alcohol in some alcoholic drinks:

> ‘The way I understood it, I may be wrong, but [the extra income generated by MPA was] going back to the companies, so whether that was incentive enough to reduce the volume of alcohol in certain brands. I think I definitely noticed an increase in non-alcohol beverages, the spirits and beers and things. I think that’s definitely a positive thing, whether that…obviously Wales is going to be part of that as well. I think certainly over the last year or so, definitely more brands, they’re more visible and more available in different places, not just big supermarkets. You see them advertising on national TV…that potentially it is a good thing.’ (Interviewee 146, male, increasing risk)

<u>Perception of MPA being neither effective nor ineffective</u>

Several interviewees were unable to provide a definitive answer as to whether MPA was effective. For some, this was because they simply did not know:

> ‘I really don't know. I think it's so far outside my sphere of knowledge.’ (Interviewee 30, female, lower risk)

For others it was because they had not seen any evidence to suggest it did work:

> ‘Whether or not it actually makes the impact that it's designed to do, I think still remains to be seen. But that's why there's research being carried out and reports being done. So, I'd certainly be interested to see any of the facts and figures since it's come into fruition…but again it would just be interesting to see what the results of everything is at this moment in time, how that compares to places like Scotland who've had it implemented for a while longer and if it's having the desired impact or if anything else needs to change.’ (Interviewee 03, female, increasing risk)

> ‘Well, I’d have to wait and see what the actual conclusions of all the research is.’ (Interviewee 112, male, lower risk)

> ‘I don’t know what the statistics are really…Whether there’s a report to say admissions to A&E at the Heath [hospital] have gone down because of alcohol consumption or whatever. I think that’s probably going back to your first question. We could probably do with an update on the impact of the minimum pricing. That’s where I sit really.’ (Interviewee 129, male, increasing risk)

One interviewee explained that knowing whether the MPA was effective or not was difficult because its introduction coincided with the COVID-19 pandemic and the current cost-of-living crisis:

> ‘No, I don't actually, I don't, but what with COVID going through and then the economic crisis, it's going to be quite hard, I suppose, to say that it's actually the minimum pricing that's had the effect or whether it's the things going through…It's really quite hard to say, isn't it?’ (Interviewee 02, female, non-drinker[39])

A small number of interviewees believed more time was needed for MPA to bed in, have a palpable impact at population level, and reduce alcohol use and related harms:

> ‘I didn’t anticipate any massive changes in the early years, and I don’t think, from what I can tell, there have been any massive changes. But I think if the policy is continued, it will come.’ (Interviewee 27, male, lower risk)

> ‘Yeah, it is like cigarettes. You see how much the tax has gone up over the years, it’s had an impact hasn’t it, but how many decades has it taken us to get here? But we’re getting there aren’t we, with the smokers. There’s not many people who smoke these days.’ (Interviewee 404, male, lower risk)

Another group of interviewees believed MPA’s effectiveness varied by type of drinker, some believing the policy was effective for younger people:

> ‘I understand the intentions of it, it’s to try and deter people from…and I think with younger people who have less access to income, it might change their

[39] All interviewees had been drinkers at some point in the period since March 2020, but Interviewees 02 and 21 stopped drinking by the time of the final interview.

drinking, what they can buy and much they can choose.' (Interviewee 411, female, higher risk)

'I think it's a good idea in that it will change the pattern of drinking in people who have not been drinking…young people basically…I think in the future, as they go through the system and leave it and other young people come through, the minimum unit price would have a beneficial effect on them at a population level. That's what I thought.' (Interviewee 27, male, lower risk)

One interviewee recognised the benefits of reducing consumption among young people but highlighted the negative impact that a decrease in purchasing might have on businesses:

'Well, it's good and not good. It's good that maybe people buy less alcohol, and it might not be accessible to young people because it might cost more than they can afford, just examples. But then if you go out and you want to enjoy yourself a little bit, more than one or two glasses of wine, then it stops me, so I stop buying it, so it's probably not that good for the businesses.' (Interviewee 132, female, lower risk)

Perceptions of MPA being ineffective in reducing alcohol-related harm

Several interviewees suggested MPA was not likely to work for those dependent on alcohol:

'I think there's as much cheap booze on the streets, in gutters…You know, you see people who might well be homeless, with cans in their mouths most of the day. I haven't seen any change there.' (Interviewee 112, male, lower risk)

'I can see the bigger picture obviously but I'm always just thinking, it's not really…unless you start charging ridiculous amounts of money; it's not going to stop me.' (Interviewee 404, male, lower risk)

'No, because people who drink are going to drink anyway. It's just, like I said, it's just more costly these days. I wouldn't say that it's limited my drinking or decreased it at all. As I say, most people that drink find a way to do it anyway. It's just more expensive, that's all.' (Interviewee 409, male, possible dependence)

'But I think in terms of alcoholism, if you've got somebody who is a regular heavy drinker, they're probably not going to change their use because of the price. They're going to take some other external factors to make a change to their behaviour.' (Interviewee 411, female, higher risk)

One dependent drinker expressed frustration that the Welsh Government had not, in his view, considered the likely impact on this group when developing the policy. Because of MPA, the interviewee suggested dependent drinkers switched to vodka and other spirits, which he believed were more damaging health-wise:

> ‘Why would I pay £11.99 for a bottle of cider? For the extra pound I can get a bottle of vodka, [named brand] vodka…It's a no-brainer...And it's like the other day I went into that shop over there, right - what's the volume of that? Straightaway, that’s I'm asking. He went 40%, I went £14, I'll have that, thank you. You see because it's a no-brainer but then you're taking shorts it's going to blow your fuckin’ system out eventually. Eventually it will blow.’ (Interviewee 408, male, possible dependence)

A couple of interviewees did not necessarily disagree with the policy, but believed that it was unfairly affecting the poorest people in our society:

> ‘I think it's a well-intentioned quick fix for a far more deep-seated problem. I think that effectively taxing the most vulnerable and impoverished of our society out of being able to drink is - as I say it's well intentioned. I don't criticise it for its morality, but I don't think it'll work. As an ex-smoker, the price of fags went up. I'd find the money somehow, and I'm confident that those who need or feel they need to drink because of their life, then - and of course the minimum pricing is going to affect disproportionately the poorest in society by definition because the middle-class Chardonnay-drinking sort like me is going to be less affected than the poor soul who's on minimal benefits and trying to buy a bottle of cider to drown out their life for a couple of hours on a Friday.’ (Interviewee 144, male, increasing risk)

> ‘If the price goes up, people like middle-class people and wealthy people, it doesn't really affect them…I know there's a lot of alcoholism among wealthier people as well, particularly older, retired people drink an awful lot sometimes. My parents-in-law get through an awful lot of wine, but any sort of price change doesn't really impact on them. I feel this kind of, I suppose, nervousness about pontificating, I suppose, that these people should suffer. Everyone should be able to have a drink.’ (Interviewee 30, female, lower risk)

Several interviewees expressed doubts about the effectiveness of MPA, suggesting that it may have had unintended negative consequences. These concerns were largely speculative rather than based on direct observation, and included:

a) an increase in acquisitive crime:

> ‘I think it’s a good idea, but I also think that if you’re an alcoholic, you will go out and find alcohol, normally by legal means. Certainly, there was a gentleman here [in the hostel] and he was an alcoholic. He would drink 15 cans in a day and because he’s at high level, when his money ran out, he would go and shoplift.’ (Interviewee 402, male, possible dependence)

b) less money spent on food and/or bills:

> ‘I think they would just then go without something else. Because I think if you need a crutch like that or you have an addiction, then other things would go…But the ones possibly that have the problem will still have the problem and they'll probably just go without other things so that they can still buy alcohol.’ (Interviewee 02, female, non-drinker)

‘I never thought that it would deal with people who are already drinking too much, to take the extreme end, because those people in my experience will not give up the alcohol or reduce their consumption of alcohol, they will just give up other things like heating, clothing, food and other things that they also need. So, I think that ironically, it will have an adverse effect on the current population, the current cohort of people who are already harmful drinkers.’ (Interviewee 27, male, lower risk)

c) negative impact for children:

‘I think children are probably the first to suffer. It’s all very well…we can concentrate all our efforts on someone who is drinking 17 pints of [strong lager brand name] a day and on the streets and being arrested, but what about the middle-class children or the working-class children that aren’t probably being fed because parents are alcohol addicted and money is going towards…’ (Interviewee 129, male, increasing risk)

d) a shift to non-beverage alcohol:

‘I’m not experienced in that myself, but you wonder whether that pushes people to other avenues of trying to get alcohol [like] those alcohol gels.’ (Interviewee 33, male, lower risk)

e) an increase in home brewing, perceived as more harmful:

‘I would be thinking places like Scandinavia where they have very strict controls on alcohol, where you can buy it and what you can buy, there's a big history of people just making their own, isn't there? That's what happens, how people get around it. They just make their own which is probably worse, I would imagine. … Yeah, high strength. That's dangerous. Home brewing, that can be very - I suppose you could really let yourself go with that.’ (Interviewee 405, female, lower risk)

f) an increase in the use of illegal drugs:

R: ‘You see so many people now smoking cannabis, don’t you? I know a lot of my friends they say, “I don’t have a drink in the evening, I have a smoke instead.”
I: ‘Why are they doing that?’
R: ‘Possibly because it’s cheaper, possibly. Possibly because they think it’s healthier for them. Possibly because they think it helps them sleep, it helps them with their stress, their anxiety.’ (Interviewee 404, male, lower risk)

Should MPA be continued?

Survey respondents and interviewees were all advised about the ‘sunset clause’ built into the legislation and asked if they agreed or disagreed with the policy’s continuation. Roughly one-third (31%) of survey respondents were in favour of its continuation (8% strongly and 23% somewhat) (see Annex Report, Table 10.2). A similar proportion (36%) were opposed to its continuation (22% strongly and 14%

somewhat). Evidently, when people opposed the continuation of MPA they were more likely to express a strong opinion, but when they were in favour of its continuation their views were more moderate.

Interestingly, a further one-third (33%) of respondents were neither in favour nor against its continuation or were unsure what to think about the future of MPA in Wales. Views on the future of the policy did not vary significantly among the different types of drinker, although high-risk drinkers were more likely than increasing and low risk drinkers to be in favour of it continuing (47%, compared with 28% and 27% respectively).

Many survey respondents took the opportunity to elaborate on their answers and these are presented below, alongside data from the interviews.

Views in favour of MPA continuing in Wales

Those survey respondents who expressed opinions strongly in favour of the continuation of MPA in Wales tended to focus on the health and social benefits of reducing alcohol consumption (e.g., 'Alcohol is harmful and poisonous', 'Making it easily available damages public health').

Interviewees also viewed MPA as a useful means of reducing the use of alcohol and the related negative consequences:

> 'The cheaper it is, the more people are inclined to drink in excess, so I think it's not a bad thing to have a minimum pricing policy.' (Interviewee 20, female, lower risk)

> I: 'Do you think that it should continue?'
> R: 'Yeah, just keep it. Why don't they just keep it at the same price though? Just keep it at that, don't keep knocking it up. If it goes to a pound, I don't think anyone is going to be able to afford it.' (Interviewee 401, male, possible dependence)

A couple of interviewees believed the MPA should be continued because it could have the same benefits as the increase in the price of cigarettes, which led to a reduction in tobacco smoking in the general population:

> 'I feel strongly about it because it is harmful and for some people it can lead to other substances and it's just a bit of a gateway drug I'd say. So, I think that it's important to keep it in line. Just you look at smoking and how that's reduced, but yeah, I just think that alcohol should be consumed less, and that the policy is on its way to achieving that.' (Interviewee 04, female, increasing risk)

> '…maybe if it wasn't so accessible when I was 16, 17, 50p a pint, college parties, four cans for £1 something probably, and with wages going up and everything else going up, if it was to balance out, I…like cigarettes, the dearer it went up, I think would benefit everybody.' (Interviewee 404, male, lower risk)

One interviewee explained MPA should be continued because they believe Welsh Government has a moral responsibility to safeguard the most vulnerable members of society:

> '…I think some people need a lot of support to control their use of substances. And I don't think it's fair then if we have these ridiculously low prices to hook people into something that they don't have the sort of inner resources or support to stop themselves from having. On the one hand, I'm all for sort of freedom of choice and that people should be free to make their choices they want to make, but from a public health point of view, some people literally aren't able to make those choices because they've got addiction issues and I think that we as a society should help people, not just say – well, sink or swim. That doesn't sit well with me. I think it is something that is…I think the state has a responsibility to safeguard the population.' (Interviewee 405, female, lower risk)

A few other interviewees believed the MPA should be continued as it does not cause any harm or add additional costs to the taxpayer and the economy as a whole:

> 'It doesn't seem to be causing any harm, the actual legislation, or the policy. So, why not keep it running and see what happens in the future? We're not losing anything by using it is my opinion.' (Interviewee 19, male, lower risk)

> 'As long as it's not costing the general public and taxpayers significant amounts of money to have it there in place then it's not a huge deal, I don't think. As long as the cost-benefit ratio works out all right then I don't see why not. I think it's okay.' (Interviewee 107, female, lower risk)

Similarly, some interviewees believed the policy should be continued because there was no evidence to suggest it was leading to a switch to other more harmful substances, such as illegal drugs:

> 'We also know now from the evidence base, we also have a perception in the evidence base, but it hasn't meant people moving across to other drugs or whatever. We haven't got to worry about that as we did at the outset. So, my suggestion is we should continue the scheme.' (Interviewee 19, male, lower risk)

> 'I think it should [continue], just because I haven't heard of any adverse effects. There were some concerns that it would drive people to alternatives or even cheaper forms of alcohol, or other forms of intoxication. I haven't seen any news stories that suggest that this is becoming a major problem because of minimum pricing. So, given that there are no downsides that I have heard of, I don't see why it shouldn't be continued.' (Interviewee 21, male, non-drinker)

One survey respondent was strongly in favour but thought it needed to be part of a wider package of measures:

> 'I agree that by pricing cheap alcohol higher, this will in theory prevent alcohol abuse, but this will only work if supported by other measures, e.g. social measures, drug and alcohol support/programmes, outreach workers etc. as

part of the wider picture of issues, e.g. homelessness.' (Survey respondent 36, female, non-drinker)

The prospect of MPA reducing harm and having a positive effect on health and wellbeing was also common among the survey respondents who were less strongly in favour of its continuation. However, some of these more moderate supporters commented on the drawbacks of the policy, perhaps to justify why they did not feel more strongly about its continuation:

> 'Because it will just get people in debt if the prices are higher and they still want to buy it anyway.' (Survey respondent 362, female, low risk)

> 'I can see some sense in the idea but for myself who only drinks moderately at home at weekends, I feel I'm being punished whereas if an individual is dependent on alcohol or drugs then irrespective of the price then they still are going to purchase and that alone can cause extra issues.' (Survey respondent 211, male, increasing risk)

Some interviewees suggested the policy should be continued to allow it to have a proper impact, with one of them arguing that a potential increase in the price per unit or a change in taxation could have a beneficial effect:

> 'Let's carry on using it and see where we go. It may be that in the future, we have to…I think the policy would work, even more, but it would mean either increasing the minimum you have to pay per unit, or some form of taxation… We may have to carry on, if we want to get a better result than we are, we're going to have to increase that figure.' (Interviewee 19, male, lower risk)

One interviewee acknowledged the policy might not have a significant impact on the quantity of alcohol consumed by dependent drinkers, but would still support the continuation of MPA if the additional income generated through it would be used to fund more support for people addicted to alcohol:

> 'I would say yes in some ways. I don't really know how it all works and everything. I know the premise is to deter over-drinking and things like that. I don't know what happens with that money, and I would like to think that perhaps some of it goes into funding more support for people with alcohol problems, and more...I don't know. I don't know how to describe it. I think if people have serious problems with alcohol, it's not going to make a huge difference if the price goes up just a little bit, but if that money can be used for good, basically, then yes, I support that.' (Interviewee 30, female, lower risk)

Similarly, while mistakenly believing MPA is a form of taxation, a survey respondent also suggested the revenue generated from the policy could be invested in substance misuse services:

> 'I see it as a tax, the additional costs could be used to offset addiction services.' (Survey respondent 30, female, low risk)

Some interviewees conditioned their support for the continuation of the policy on evidence of improvements in reducing alcohol-related harm and saving lives:

> ‘I think that would be dependent on whether it is…I guess the question would be how long do you give it in order to see how effective it might be or might not be? I think six years sounds like a reasonable amount of time. So, I think it should continue if it shows that it is effective in reducing alcohol-related harm and deaths.’ (Interviewee 146, male, increasing risk)

> ‘I would think that if it’s working and it’s decreasing people’s drinking, then carry on with it. If it is stopping people…this binge thing, if it is stopping it…but I don’t know if it is, so I don’t know what the answer to that is.’ (Interviewee 17, female, higher risk)

> ‘If it's affecting the Welsh economy, then it should be removed, but if it is saving lives and can be proven to be saving lives, then it should stay.’ (Interviewee 26, male, increasing risk)

<u>Views neither for, nor against, the continuation of MPA</u>

Most of those survey respondents who were neither for, nor against, the continuation of MPA, or who did not know what to think about it, explained this was because they did not have sufficient knowledge or information on which to base an opinion:

> ‘I'm not sure how well it is working. Has it saved lives?’ (Survey respondent 1, female, increasing risk)

> ‘I don't think I know enough of the details or research on impact of MPA to judge this.’ (Survey respondent 21, male, low risk)

> ‘I haven’t heard strong statistics stating its efficacy.’ (Survey respondent 9, female, low risk)

Several interviewees also reported not knowing if MPA was working. Some conditioned their support for the continuation of the MPA on its effectiveness:

> ‘If there are results and data that back it up, then yes why not? But I think before I could logically answer that I'd want to see some sort of, as I say, data or reports around it to see what the stats and whatnot are. I'm a stats-led person, so if the results are there, then sure, but I guess if it's made no difference or if it's had the opposite impact, then no, it shouldn't.’ (Interviewee 03, female, increasing risk)

> ‘I don’t really have a strong view. It’s whether or not it works. I do vaguely remember there being a headline about Scotland finding that maybe it hadn’t, but I know something about alcohol-related admissions or whatever it was, have increased over the time it has been operational, and obviously there’s a lot of ways to slice up the pie with that data, so I take it with a pinch of salt. But certainly, if there had been any evidence it had worked, Welsh Government would have been shouting that from the rooftops by now and they haven’t

done, so presumably they haven't had that evidence back yet, or presumably they're waiting for your report back. But yeah, I am not aware of any positive results yet in the UK. So, I wouldn't say it should end but I would make my decision based on what the evidence actually says after these few years of trials.' (Interviewee 112, male, lower risk)

Reinforcing a finding noted above, one interviewee recognised that because MPA's implementation coincided with the COVID-19 pandemic and the cost-of-living crisis, its effects were difficult to assess, and more time was therefore needed to monitor change in a post-pandemic environment:

'I think it probably should and simply because now that it's set up and it's going…A lot of people I know would say, "Oh don't be silly, of course it should go," but I think keep on with it because at the moment because of the things like COVID and the economic crisis, you don't know whether it's had any effect yet. It's not been around long enough to see. You really need it to keep going so that when things settle back down, you can then have a look and see whether it's made a difference.' (Interviewee 02, female, non-drinker)

Some survey respondents based their neutral view on the fact the policy did not affect them personally (e.g., 'Barely impacts my life'), while others expressed more balanced views where they weighed up the pros and cons of the policy:

'For me personally, I don't drink at home I only drink when out socialising or at a party so I would like them to decrease the price however, for some people who struggle with alcohol issues, I think it should stay the same to make it harder for people to continue with addiction.' (Survey respondent 49, female, increased risk)

'Although I understand the increase in costs forces a reduction in drinking and misuse. However, increase in price is itself an issue. Makes it difficult and not worthwhile to lose out money due to yet another increase price.' (Survey respondent 62, male, lower risk)

Views opposed to the continuation of MPA in Wales

Survey respondents expressing views that were strongly opposed to the continuation of MPA did so for various reasons. One reason related to individual freedom, autonomy, and the right to make personal choices about alcohol consumption without government intervention:

'I do not like to be a part of a Nanny state. People should be free to choose themselves. I am not a heavy drinker, but I disagree with the policy.' (Survey respondent 55, male, low risk)

Other participants in the survey and interviews expressed concerns about the financial burden of the policy, particularly on those on lower incomes:

> ‘It is an attack on the poorest in society, why should they be disproportionately affected? We all like a glass now and then.’ (Survey respondent 243, male, increasing risk)

> ‘I feel all that the minimum pricing does is penalise poor people.’ (Survey respondent 72, male, low risk)

> ‘I don’t think it should be continued because all they’ve done is tax the poor man. It’s just another tax on the poor man. People who drink whisky and vodka and wine, they don’t see much of an increase. I suppose wine has, but I don’t know. I don’t drink it, but it’s affected the people who can’t afford it really. There’s lots of people out there who drink once a week and they work hard all week, and they have a good knees up on a Saturday and now it’s out of their reach.’ (Interviewee 13, male, higher risk)

Some survey respondents were critical of the fact that many drinkers could travel to England to buy alcohol at cheaper prices and what they believed to be the negative impact on the Welsh economy:

> ‘It’s forcing people like myself to shop over the border in England (Chester) where it’s cheaper and better deals. Therefore, Wales is losing out in the economy as I do my food shop at the same time.’ (Survey respondent 205, female, lower risk)

Like those who neither agreed nor disagreed with the continuation of MPA, a few survey respondents and interviewees opposed its continuation because they were doubtful of its effectiveness:

> ‘No facts have been presented that show a healthier nation or that England is sicker than here and there’s more to illness than alcohol.’ (Survey respondent 195, female, low risk)

> ‘People will drink alcohol regardless of the price. Why punish them for doing so.’ (Survey respondent 28, female, low risk)

One interviewee who opposed the continuation of MPA called for ‘positive proof’ of its effectiveness and questioned why there was a focus on alcohol at the expense of other health priorities such as obesity and road deaths:

> ‘You need positive proof and I’m sure the words when they were banded around when it first started, I’m sure it said something like 1300 deaths or 300 deaths per year. I thought, hang on now, people getting killed on the road in a week, probably more than that. I just don’t see it. People are dying from obesity. Why don’t they treat the people with obesity, you know what I mean? They picked on alcohol because it’s an easy target I think.’ (Interviewee 13, male, higher risk)

Several participants took the opportunity to critique government policy, with some viewing MPA as an example of over-reach and imposition of what they perceived as ‘unfair taxation’ without tangible benefits:

> ‘It's a big brother imposed tax with no benefit and any extra profit from the tax does not go to good causes.’ (Survey respondent 2, male, low risk)

> ‘Because it’s an unfair stealth tax, that the Welsh Government doesn’t even benefit from the monies raised.’ (Survey respondent 7, female, low risk)

Changing the minimum unit price

Survey respondents and interviewees were also asked for their views on whether the minimum unit price should change. Just under one-third (31%) of survey respondents thought it should be removed, consistent with the proportion of respondents reporting to be against the continuation of MPA (see Annex Report, Table 10.3). A little over half of survey respondents recommended it should be kept the same (31%) or lowered (21%). The remaining 17% reported it should be raised. Views varied significantly among different types of drinker, with those at lower risk more likely than higher risk drinkers to recommend removing MPA and having no minimum price at all (39% compared with 4%)[40]. Higher risk drinkers, however, were more likely to recommend the minimum price be reduced than increasing and lower risk drinkers (48% compared with 17% increasing risk and 6% lower risk drinkers).

Survey respondents were given the opportunity to explain their answers, with comments from those who wanted to remove MPA being broadly the same as those who were against its continuation (i.e., the belief that people with alcohol problems would continue to drink regardless of price, that government should not be involved in controlling people’s lives in this way, and the perception MPA discriminates against people who are poor and pushes people further into debt and poverty).

<u>Views in favour of decreasing the minimum unit price</u>

Those who thought the minimum unit price should be lowered expressed similar views to those supporting its removal. Several referred to the cost-of-living crisis, and the perceived unfair impact on low-income households:

> ‘Prices have increased enough, people deserve to be able to afford a few drinks at the pub[41] and it not be viewed as a luxury, given the price increases of everything else.’ (Survey respondent 68, male, low risk)

> ‘The lower price of alcohol can effectively reduce the cost of living.’ (Survey respondent 281, female, increasing risk)

> ‘Cost of living is going up, feels like a penalty on this drinking which is unlikely to have the impact desired in reducing alcohol consumption.’ (Survey respondent 43, male, low risk)

[40] Chi-squared test (43.204, 6 df, p<.001).

[41] It should be noted that the impact of MPA on on-trade alcohol prices is negligible given that pubs/bars/restaurants were already charging above the minimum unit price prior to the introduction of MPA.

Only one interviewee suggested the current price per unit of alcohol in Wales should be decreased and, in their view, it should only fall by a little to avoid an increase in alcohol consumption:

> ‘Yeah, I think maybe decrease it slightly…but not by a huge amount because obviously I think if it drops too much, it’s going to encourage more drinking. I think a slight decrease but obviously not an excessive drop.’ (Interviewee 18, male, lower risk)

Views in favour of keeping the minimum unit price at 50p

The reasons given for maintaining the price per unit at its current level of 50p were similar to those offered in support of continuing the legislation. One interviewee who elaborated on their opinion argued increasing it would not make any real difference and would be perceived as just another financial burden on a population already stretched by the cost-of-living-crisis:

> ‘I’d say keep it as it is…It will just be another thing - people would say, "Oh that's another thing they've put the price up on." We have road tax going up, electricity, gas is going up mortgages - despite what they say, they are going up, and food, the price of food is going up. So, I don't think increasing it would make much difference at this time because people are stretched anyway and a lot of people are, I would imagine, not buying alcohol. If they can't buy a loaf of bread, then they're not going to buy a bottle of booze. So, I don't think it's going to make much difference, and it will just look really silly, another tax going up. Everyone's quite disaffected as it is with tax at the moment.’ (Interviewee 02, female, non-drinker)

Another interviewee believed increasing the price per unit would have unintended negative consequences (such as pushing people to steal alcohol) and should therefore be maintained at its current level. The same participant also suggested more money should be spent on funding support for people who are dependent on alcohol:

> ‘I think when you put the price up for units, you could just potentially be pushing more people to steal. You’ve got high-unit lagers that are quite commonly drunk, and they’re quite expensive already. I think people are just more likely to steal to get the high-strength alcohol…Yeah, keep it as it is and maybe invest more into addressing social harms and things that we know contribute to addiction and alcohol dependence.’ (Interviewee 411, female, higher risk)

Some of the survey respondents who recommended the price remain at 50p per unit felt there needed to be clear evidence of its effectiveness before changing the price:

> ‘If there is tangible evidence that it is working then it should be kept. However, if people are choosing alcohol at the higher price over food for them/their family, then I think it should be removed. Also, if the money gained from MPA is directed into drugs/alcohol support then it could be worthwhile keeping.’ (Survey respondent 63, female, low risk)

> ‘If it seems to be working, then it should stay as it is. I would be in favour of increasing it, but the price of everything else is increased already, so it might seem discriminatory to increase it further...although I'm not sure, really.’ (Survey respondent 56, female, low risk)

> ‘Again, I don't know enough, but if it genuinely does have a positive impact, keep it at 50p. Decreasing it will have a negative effect on those already struggling and my opinion is the same if it was increased as well.’ (Survey respondent 88, female, low risk)

Interviewees similarly felt evidence of success was needed before any change in the price was implemented:

> ‘No. I think you’ve got to assess what you’re currently doing…I don’t mean you, but before you knee-jerk and find a solution.’ (Interviewee 129, male, increasing risk)

> ‘So, I don’t think we necessarily… if it’s not working, I don’t think the first solution should be to then do more of it. I probably wouldn’t support doubling the minimum unit price if they can’t demonstrate a benefit based on how it is already.’ (Interviewee 112, male, lower risk)

One survey respondent commented on the rights of citizens to choose what they do, yet recognised the state has a responsibility to protect people:

> ‘Whilst I believe the state has a responsibility to protect its citizens we live in a free country where individuals should also have the right to choose and not have our freedoms eroded by government, so 50p strikes the right balance between these two competing requirements.’ (Survey respondent 44, male, low risk)

Striking a balance was also evident in another respondent’s comments, such that concern was expressed that dependent drinkers will drink regardless of the price, while recognising the need to protect local pubs to provide opportunities for people living in rural communities to socialise:

> ‘People will drink no matter the cost, it just may mean a raise in crime to pay for the dependency. Also, families with children may prioritise alcohol. We do however need to protect our local pubs. Living in a rural community they are essential for socialising and wellbeing of some.’ (Survey respondent 70, female, increased risk)

One respondent expressed the view that Welsh Government should maintain the price at 50p per unit but at the same time promote alternatives to alcohol:

> ‘The Welsh Government should maintain this policy and focus on promoting alternative options, like subsidising non-alcoholic beers/wines/spirits.’ (Survey respondent 31, female, low risk)

One interviewee explained that maintaining the current level of price per unit would be beneficial because it would show consistency on behalf of the Welsh Government, therefore increasing the legitimacy and trust in their policies:

> ‘I think [it should] remain the same…Making it lower would then encourage alcohol abuse. Making it higher, I don't know, I think remaining the same to be honest because when it comes to the government we need to the trust in them. So, if they're just changing policies left, right and centre, no one's going to respect it, especially after the pandemic and all the rule changes. So, I think they just need to stick at it and people need to deal with it as opposed to changing it.’ (Interviewee 04, female, increasing risk)

Finally, one interviewee believed the price per unit of alcohol should remain at 50p because increasing it would encourage people living at the border, including himself, to shop in England:

> ‘I don't think they should increase it. I think they've already increased it enough and I do think, especially people living so close to borders, which in Wales you have got quite a large border that is close to England, I think all you're doing is making people go across the border to do their shopping…’ (Interviewee 01, male, lower risk)

<u>Views in favour of increasing the minimum unit price</u>

Those who thought the price should be increased were in broad agreement making alcohol more expensive would reduce consumption and reduce alcohol-related harms. This view was expressed by survey respondents and interviewees:

> ‘Alcohol can destroy so many lives, I genuinely think it’s something that shouldn’t be so widely available to people, especially with it being advertised on tv as well.’ (Survey respondent 51, female, low risk)

> ‘I think we’re going to be talking over in pounds rather than pence to have a proper influence.’ (Interviewee 19, male, lower risk)

> ‘Oh yeah, put it right up. Completely. I would definitely increase the price…I'd increase it as much as possible to deter anyone from buying it…making it less affordable, even less affordable, or completely out of the price range to be able to get it. Yeah. I think that would be my main thing, really, to be honest. Making it really, really, really difficult for people to get, to be able to buy it. I think so. Most definitely.’ (Interviewee 08, female, lower risk)

A small number of survey respondents commented on how inflation had eroded the impact of MPA and increasing the price would be necessary to maximise its effect:

> ‘Inflation has decreased the impact of 50p.’ (Survey respondent 12, male, low risk)

> ‘Inflation is pushing household prices up, the MPA should increase so the alcohol does not accidently become "cheap" by comparison.’ (Survey respondent 81, female, low risk)

One interviewee contended that any price increase should happen gradually, in stages. Moreover, it was argued each increase should be followed by a careful evaluation of its effects, especially in terms of its impact on the economy and on those who are drinking alcohol:

> ‘Now, this is always going to be an issue, isn’t it? How high does it go in order to have that preventative effect, but avoid damaging the economy? And also avoid people suffering more harm because they’re spending more money on their alcohol…doing it on a very slow process, increasing percentage per unit, and then regular monitoring of the effects of that, both on the economy and the people concerned. So, unfortunately, you might have a few years ahead of you with that approach. It needs to go up, it does need to go up, but it needs to happen slowly, methodically, and constantly evaluated as to where we are because of those changes.’ (Interviewee 19, male, lower risk)

A few interviewees believed the price should be increased only slightly, some of them arguing this would be a fair measure considering people are already affected by other price increases:

> ‘I think in this time that we're living in, I think it probably shouldn't be a huge increase. I think probably pennies, you know? Maybe 10p, that price increase, but nothing substantial. I think people have got a hard enough time at the moment, haven't they, without potentially having a price increase.’ (Interviewee 20, female, lower risk)

A couple of interviewees though, believed that the increase should be a substantial one, especially to act as a deterrent:

> R: ‘Yes, I do. I’d put it up. I’d put the minimum unit price up significantly.’
> I: ‘To what?’
> R: ‘Well, at least a pound.’
> I: ‘A pound per unit?’
> R: ‘At least. I said that at the time and where are we, three years on from that now? More? Yeah, it’s not enough. I don’t think it’s enough to make people change their purchasing habit.’
> I: ‘What, the 50p isn’t enough?’
> R: ‘No, it’s not enough. If you are very, very poor, it might be, but I’d imagine if you’re very, very poor, and you had choices, you wouldn’t spend your money on alcohol anyway.’ (Interviewee 27, male, lower risk)

> ‘Oh gosh, if it's currently 50p, £2.50? £3, even £5. Definitely. I'd increase it as much as possible to deter anyone from buying it.’ (Interviewee 08, female, lower risk)

One interviewee suggested an increase in the price per unit of alcohol should be complemented with additional support for dependent drinkers, who were most likely to be affected by such a measure:

> 'I think well, those who are heavily reliant on it and have to have a drink, especially when they get up in the morning, how are they going to find that and support mechanisms will be in place to robustly support them, because it would cause some issues for those members of the community that are reliant on alcohol to get them through the day. So, I suppose for me, I'd say increase it, but at the same time, I think they'd need…I'm sure there are support mechanisms out there, but if they were to increase it, then to be looking at further opportunities for that help for people to try and get them out of that cycle and help them recover I suppose.' (Interviewee 33, male, lower risk)

Uncertain views on the future minimum unit price

Some interviewees were unsure what to recommend regarding the future level of the minimum unit price and a few others also struggled to provide a definitive answer, largely because it was believed any change would have both benefits and drawbacks:

> 'Well, like I said, it's always a bad and good thing, because if it is more accessible, people drink more, but if it's not, then some people, or lots of people still want to drink more and they would get other opportunities how to get finances. So, there might be more crimes too, to get what they want.' (Interviewee 132, female, lower risk)

Another interviewee commented on the differential impact the level of price per unit would have according to people's income. To this interviewee, the current 50p unit price was unfair for those on the lower incomes given people on higher incomes can more easily absorb that price:

> '… the harms for higher income earners, and then I think someone like me in that potential bracket has had very little effect at all, because it's not just people on lower incomes experiencing alcohol-related harm. It's everyone. I'm not sure on that one. I think it would be potentially discriminatory if we didn't consider introducing potentially for higher minimum unit pricing perhaps. I'm not sure…it would have to go up a fair bit in order for me to notice…It would have to be 75, 80p potentially before it started to touch the brands I'm buying, I think…I would have to come back to what is the evidence, that it works for this cohort, but is there any suggestion that it would have the same effect in associated economic groups? I don't know because there's potentially more disposable income. I don't know.' (Interviewee 146, male, increasing risk)

Summary

This chapter has drawn on the survey and interview data to explore views on the perceived effectiveness of MPA and its future in Wales. It is an important chapter both in terms of novelty (i.e., it is the first chapter in any of the evaluation reports to

examine these issues drawing on primary data) and in terms of its usefulness (i.e., it will help the Welsh Government gauge public opinion to inform future decision making).

Many people were unsure of the effectiveness of MPA in reducing alcohol-related harm, mainly as they had not seen any evidence to suggest it was effective. However, some recognised the impact varied among different types of drinker, while others suggested more time was needed for the effects to be felt and fully understood. When opinions were expressed about the effectiveness of MPA, it was more often in a negative than positive direction.

Negative views were commonly justified in terms of the perceived unfair impact of the policy on people with alcohol problems and on the poorest people in society[42]. Other perceived negative consequences of the policy included the potential for increases in acquisitive crime to pay for alcohol, less money being spent on household bills, the impact on children, alongside the potential for an increase in the use of other substances, in home brewing, or the use of non-beverage alcohol.

Those responding more positively focused on the belief increasing the price of alcohol had made it less affordable, and hence less accessible. The introduction of a wider range of better quality zero/low alcohol drinks was also noted as a positive effect of the policy[43].

Views on the continuation of MPA were mixed but again included a significant proportion who were undecided or did not know what to think. This was again attributed to a lack of evidence regarding the effectiveness of MPA in Wales or because the policy did not affect them personally. Those who did express an opinion were split in terms of being in favour or against MPA remaining in place. Strong opinions on the topic were more common among those who were opposed to the policy than in support.

Those in favour of MPA remaining in force tended to focus on the health and social benefits of reducing alcohol consumption, although the need to increase revenue for support services for those with alcohol problems was also noted. There was no common theme articulated by those opposing MPA being continued, with a range of reasons noted, including: the right to make personal choices without government intervention; concerns about the financial burden, particularly on those on lower incomes; and the potential negative impact of cross-border shopping on the Welsh economy.

Views on what the MUP of alcohol should be if the Welsh Government were to decide to continue with the policy in Wales were mixed, with the reasons largely mirroring those regarding its continuation. For example, those in favour of reducing the MUP charged were concerned about the impact on people in low-income

[42] As noted earlier in the report, MPA is designed as a whole population measure, but it targets those drinking at hazardous and harmful levels in general, and not any specific demographic group in particular.

[43] Recent research suggests that while the increased availability of zero/low alcohol products could lead to large reductions in alcohol-related harms, the high cost of these products could serve to widen health inequalities if only people from less deprived households can afford them (Holmes et al., 2024).

households and potential cross border shopping, while those in favour of it remaining at 50p argued there was a need for more evidence before making any changes.

Those who thought the MUP should be increased felt the impact of MPA had been eroded by inflation and increasing the price was necessary to maximise its effect. There was some suggestion that if it was increased, then it should be done gradually but mixed views on whether it should be increased very slightly to minimise the impact at a time where costs of everything have increased or significantly to maximise the impact on consumption.

11. Reducing alcohol-related harm

This penultimate chapter explores what participants think might help to improve the effectiveness of MPA, notably additional actions the Welsh Government could take to reduce alcohol-related harm. These questions have not previously been considered in the portfolio of research on MPA in Wales.

After considering recommendations for improving the effectiveness of MPA, the chapter is organised around five key themes: (1) raising awareness of alcohol-related harms; (2) increasing support for dependent drinkers; (3) restricting the availability of alcohol; (4) providing more non-alcoholic alternatives to potential drinkers; and (5) implementing some enforcement-related measures.

Improving the effectiveness of MPA

When asked for their views on how to improve the effectiveness of MPA, many survey respondents suggested removing it altogether, while others suggested publicity about the policy be increased to raise awareness:

> ‘Publicise it and tell everyone what impact it is having on hospital admissions etc.’ (Survey respondent 1, female, increasing risk)

> ‘Be clear to the public about this policy and indicate the harm alcohol causes. Educate people on why, link to support.’ (Survey respondent 14, female, low risk)

> ‘Public Awareness Campaigns: Increasing public awareness about the MPA policy and its objectives can help shape public attitudes towards alcohol consumption and encourage responsible drinking habits. The Welsh Government could invest in educational campaigns that provide information on the health risks associated with excessive alcohol consumption and highlight the benefits of the MPA policy.’ (Survey respondent 185, male, high risk)

Interviewees also highlighted the need to increase public awareness of MPA that included messages about why, and how, it was implemented:

> ‘Better publicity for that I reckon just because I haven’t seen much about it, but that just might be my catchment and not everyone else's. So yeah, keeping it the same and keeping it in place, but just there being more of a buzz around it.’ (Interviewee 04, female, increasing risk)

> ‘It probably needs a bit more public engagement. Ongoing and public engagement to say, this is what we’re doing, this is why we’ve done it.’ (Interviewee 129, male, increasing risk)

A couple of interviewees believed MPA should be targeted at specific alcoholic drinks, rather than apply to all types of alcohol (as happens now). Examples of such drinks include cheap and high strength cider, as well as spirits:

> ‘Yeah, like I say, I think they should increase it on the likes of vodka et cetera. The spirits I think should be increased most definitely and I think they've targeted the whole volume of alcohol, and I get that, but I think they've not targeted it in the right manner. They should have gone down the lines of spirits plus a price cap you can't sell X under X, if that makes sense and target it in a different manner rather than targeting it across the whole board, if that makes sense.’ (Interviewee 01, male, lower risk)

> ‘Target things… [cider brand name] is just a chemical. It’s not alcohol. You could make better yourself.’ (Interviewee 403, male, possible dependence)

One interviewee and several survey respondents believed that additional income generated through MPA should be used to fund support for alcohol users:

> ‘I would like to think that perhaps some of it goes into funding more support for people with alcohol problems, and more…I don't know. I don't know how to describe it. I think if people have serious problems with alcohol, it's not going to make a huge difference if the price goes up just a little bit, but if that money can be used for good, basically, then yes, I support that.’ (Interviewee 30, female, lower risk)

> ‘Use the funds to support those who are having issues, or at the start of issues. If they insist on keeping it, then alcohol abuse charities should at the very least benefit from the monies raised. It is totally ridiculous that the supermarkets get to keep the additional monies raised.’ (Survey respondent 63, female, low risk)

One survey respondent suggested it would help if the minimum price per unit was increased and if there was a way of banning cross-border purchasing:

> ‘They would need to double the MPA and find some way of banning imports from England.’ (Survey respondent 18, male, increasing risk)

Other survey respondents agreed that increasing the price would help, but also recommended taking other actions, such as restricting promotions on alcohol or investing in other initiatives:

> ‘Increase the minimum price, enforcement, and publicity on why it’s been done. Reduce alcohol offers e.g. BOGOF [buy one get one free] that reward people for buying more.’ (Survey respondent 160, female, low risk)

> ‘Consider it alongside other social initiatives and connect the dots. If more people are finding themselves homeless, jobless, facing cost of living issues, then alcohol and drug dependency will definitely increase. MPA will not make a dent in these huge social issues without joined up thinking and long-term investment in supportive and preventative measures.’ (Survey respondent 36, female, non-drinker)

Finally, one interviewee noted how MPA could be a contributing factor to a cultural shift away from heavy alcohol use in Wales:

> ‘My daughter is 33 and she and her friends hardly drink. They occasionally have a drink or a couple of drinks and that’s it. At her age, our social life was around drinking, and this seems to be different now, whether that’s just because that particular group of people is more enlightened than I was, I don’t know. But I do think there seems to be subjectively, from my perspective, I can’t point to data to support this, but I get a sense that younger people drink less…I think that’s a trend that is in the right direction and that’s a trend that should be encouraged and supported by policy, if that’s possible and the minimum unit price is one way that can happen.’ (Interviewee 27, male, lower risk)

Raising awareness of alcohol related harms

When asked what other actions Welsh Government could take to reduce alcohol-related harm, one common suggestion among survey respondents and interviewees was the need to raise awareness of the harms associated with alcohol consumption. Several people suggested including the use of warning labels on packaging in much the same way as with cigarettes:

> ‘Probably just more education really around the harms of it…Whether it's more education of these are the long-term consequences of alcohol consumption, and the short-term as well, and whether we could end up in the situation like with cigarettes, having health warnings on alcohol bottles and tax rates, and maybe...’ (Interviewee 107, female, lower risk)

> ‘I think maybe they could have some kind of warnings, like they do with the cigarettes. You’ve got the picture and things like that.’ (Interviewee 18, male, lower risk)

Another interviewee proposed highlighting some of the less-known, or less-acknowledged, risks of long-term alcohol consumption:

> ‘I think people don’t focus enough. They think about the liver, oh my liver, I need to cut down. But it’s your risk of cancer, your risk of all these other many, many health conditions, but also, actually drinking, the effect on your brain and I don’t know whether that would have an impact but yeah, I think the more we think about dementia, reducing alcohol is certainly more than one part, because you know, protecting against it as we age.’ (Interviewee 146, male, increasing risk)

A few participants focused specifically on younger people, proposing a series of measures they thought could reduce alcohol-related harms among this population. Such proposals included:

a) The use of social media campaigns, TV, and possibly also using photos on alcohol packaging to raise awareness of alcohol-related harms:

> ‘Well nowadays because potentially we're looking at the younger people, more social media campaigns, TikTok and everything nowadays. And just, for example, on a cigarette packet when you've got the clogged-up arteries, maybe just more warnings on alcohol packaging. Also, the fact that sports like [named brand] Six Nations has changed to [named brand] 0.0% and less encouragement in sporting campaigns. Not that it's limited to younger people, but you need the exposure with the TV and the social media that everyone's got access to nowadays. So, maybe just campaigning in that way.’ (Interviewee 04, female, increasing risk)

> ‘Maybe more advertising. Recently, there are so many advertisements about domestic violence, what you can do, it’s just so… it’s a lot compared to six months ago, who you can contact, just on the radio. So, maybe they can do something like that, advertisement on the radio or TV and talk about the topics…Yeah. It’s more about education from the early…like young people, to talk and advertise on TV and radio.’ (Interviewee 132, female, lower risk)

b) Education campaigns in schools:

> ‘I suppose probably from an education side of things, from an early stage I suppose, whether that’s schools or colleges or what have you, just to look at the impact of alcohol and health-related aspects really, just to see the kind of effects that it can have on you long-term I suppose. It’s just not something as a kid you ever came across to think well actually, later on in life could cause you significant harm I suppose.’ (Interviewee 33, male, lower risk)

> ‘Well, I think education. Understand the impact that alcohol can have on, for example, young people when their brains are still developing, on their futures, on how it disinhibits and it can - some people then find it very difficult to control their emotions and can end up in a sticky situation, driving.’ (Interviewee 405, female, lower risk)

Some participants proposed that adverts for alcohol should be stopped, as happened in the case of cigarettes:

> ‘Well, I suppose stop adverts and things, a bit like what they've done for cigarettes, and potentially have it, I suppose, not advertised as a social activity, I guess.’ (Interviewee 20, female, lower risk)

> ‘Put a ban on it being advertised on tv, posters etc as this only encourages especially for people who already suffer with addiction.’ (Survey respondent 51, female, low risk)

Increasing support for people with alcohol use problems

Another commonly reported idea for reducing harm was improving the support available for people with alcohol use problems, the most common themes being an increase in support in general, including more funding and a reduction in waiting times to access it, and an increase in mental health support options and funding.

Housing, prescription of medication, and making support services more tolerant, were also mentioned.

In terms of support in general, a couple of interviewees suggested more signposting or advertising of support services via different platforms, including TV, newspapers, social media, and in shops selling alcohol:

> ‘Yeah, I think they should be concentrating on far more counselling groups, being able to pick up the phone and the likelihood is there probably are companies, counsellors, et cetera that are readily available, but you don't hear anything. Well, I haven’t heard anything on telly, newspapers, on the media platforms. I don't see any support. Like I say, I'm not saying there isn't, but I've certainly not seen it.’ (Interviewee 01, male, lower risk)

> ‘…more awareness of support and facilities or support networks for those that are suffering, or vulnerable in terms of alcohol, whether that’s through the likes of the local authority, or whether that’s through other support networks, or agencies that can be there, and whether that is advertising through into actual shops themselves for…you see adverts for Samaritans and people who are struggling with mental health, maybe that’s something that could sit within the counters at supermarkets, so that there’s more awareness, there’s more accessibility around getting access to that help and support.’ (Interviewee 33, male, lower risk)

A few people believed there should be an increase in the support choices available, and to make the different help options easier to access by those who need it:

> ‘Actually fund support and treatment services. Make services more equipped and put in place aftercare when someone is in detox. No point in just turfing people back onto the street after they have had treatment. Often times these people have trauma and deep issues that need addressed by mental health services. These services should be working in tandem with alcohol and other drug services.’ (Survey respondent 79, female, low risk)

> ‘Whether that means counselling, more availability to potentially see a doctor, more availability for potential rehab, or any of those things that actually could help somebody.’ (Interviewee 20, female, lower risk)

A couple of interviewees talked about a need to increase accessibility to services within local communities, including improving referral pathways:

> ‘It’s having that ability for them, within their local community or town, that people are vulnerable or needing that support can access that freely and be able to get as much support as they can really, to get them back away from that. I’ve never really been in that position to be fair, in terms of needing a drink to keep you going through the day.’ (Interviewee 33, male, lower risk)

> ‘So, something needs to be put in place where people have got some more support. I’ve got to go to walk to Canton to go to [named service], because I’m broke at the moment because I had that bender…and yeah, it’s a bit of a trek

in the rain when it's…because of the weather…an hour altogether there and back, because I'm quite motivated at the moment, but if I'm not motivated, I won't go.' (Interviewee 401, male, possible dependence)

Several interviewees indicated support should be made more accessible by reducing the waiting times, which are reported to act as a significant barrier to treatment:

'People are waiting weeks and weeks and weeks for treatment. So, while in effect it would be a good idea to say yes, yes, we have alcohol counsellors, you can see them on the NHS because a lot of people would need to see them on the NHS because they can't pay for private counsellors, then they'd just be stuck in a line waiting for help.' (Interviewee 02, female, non-drinker)

'…when you have gone from a binge drinker to a severe alcoholic, the difference has got to be realised and people who are severely alcoholics should get help. I'm not saying they should get alcohol, I'm not saying that's the answer. I'm saying when the person's crying out for the help, then it should be seen.' (Interviewee 406, female, possible dependence)

'Yeah, four months and a few years ago, I had it within…I think it was about the first week. Yeah, just two or three days I had it. But ten years on, it's four months waiting list …' (Interviewee 401, male, possible dependence)

One interviewee suggested more funding should be put into local social services and a helpline for people with alcohol use problems:

'I think putting resources back into sort of SMS [substance misuse] services and making sure that social services are funded adequately…I currently work in housing and homelessness, and I know that can add to it and there's not enough money going into social welfare and education cuts…Overall, there's been so many cuts to services, people at the lower end of things, they're suffering more as a result.' (Interviewee 411, female, higher risk)

More funding of mental health support for those with alcohol problems and alcohol-specific mental health support was considered important by some participants:

'It would probably be centred around more investment and support with mental health where I would imagine a lot of alcohol-related issues, there's some sort of crossover there or illegal substances…There's people who are waiting months and months and months or even years for appointments and some people haven't made it from their mental health struggles. So, I think that would be a wise place to go in putting the focus and investment into that mental health side of things.' (Interviewee 03, female, increasing risk)

'I think there's a strong correlation, I believe, between mental health issues and alcoholism. I think by having better mental health support generally, that's something that could incorporate problems around alcohol. It doesn't need to be a whole new specific service. It's something that could be part of mental health services generally.' (Interviewee 30, female, lower risk)

The need for specific trauma-informed alcohol support services was also recognised by a small number of participants:

> R: 'As we both know, most people who drink, use substances, are trying to block some kind of trauma, whatever out. If you find something that works...'
> I: 'So, would another solution be dealing with those traumas?'
> R: 'Of course, yeah, of course. Spending more money on the national health service, isn't it? Trauma informed practices. I waited for I don't know how many years for EMDR [eye movement desensitisation and reprocessing] therapy.' (Interviewee 404, male, lower risk)

> 'Make services more equipped and put in place aftercare when someone is in detox. No point in just turfing people back onto the street after they have had treatment. Often times these people have trauma and deep issues that need addressed by mental health services. These services should be working in tandem with alcohol and other drug services.' (Survey respondent 79, female, low risk

Another interviewee highlighted the significance and complexity of mental health issues that some dependent drinkers face, while also indicating some of the issues they face when trying to seek support for their problems:

> 'I believe that to address your problems you need the help from the doctor, i.e., maybe to not just stick you on Antabuse and just say, "There you are," because to me by putting people on Antabuse it's basically taking the right from them because then they might be tempted and think fuck it and drink. So, basically it needs to be understood that this is a big problem, and it has been for years and if it can't get addressed now, then you'll have more bodies than you've got hot dinners…More mental health support.' (Interviewee 406, female, possible dependence)

The same participant highlighted an issue related to the stigma that some service users might face when trying to access help:

> 'We are a generation that are dying, and we need help. And even when you go to hospital and they know that you're an alcoholic or a druggie, you get looked down on.' (Interviewee 406, female, possible dependence)

Closely related to the previous point, another interviewee (with a professional background in policing) suggested a change in how support services understand alcohol dependency and how it manifests in term of support services' behaviour. Ultimately, this participant implied that generally, support services need to be more tolerant and understanding instead of punishing:

> 'There is a genuine misunderstanding of addicts and we do need the situation now, to get people who are addicted in to the system, we've got to be slightly more lenient and if we are more lenient, without penalising greatly, they are more likely to engage, because the current situation where they are found with intoxicants or tested, they have been seen to have something that day for example, then if they have a reduction in service or they're banned accessing

> that service or that accommodation, is a severe issue, so being a little bit more tolerant and understanding as well, in terms of social support.' (Interviewee 19, male, lower risk)

Another interviewee who was a dependent drinker explained that having accommodation would be helpful in his recovery journey. However, as noted previously, the strict regulations of housing services can sometimes act as a barrier to positive steps into recovery:

> 'I was hoping that they would move me on to somewhere more permanent, where I'd have my own private room or something. But they don't usually move people on if you've got a drink or drugs problem, because I think they just don't see the point in housing you if you're not going to be able to hold it down-type of thing. Bit of a Catch-22 really, stuck here until they move me, but then they won't move me while I'm drinking, and I'm drinking because I'm just sat down here all the time. I tend to go out for a few hours of the day as well, just to get a break from it.' (Interviewee 409, male, possible dependence)

Finally, one interviewee described how being prescribed diazepam[44] in hospital while not being able to drink helped him feel better, suggesting this type of medication should be made available more widely for people with alcohol dependence like himself.

Restricting the availability of alcohol

Several interviewees suggested one way of reducing alcohol-related harms in Wales was to restrict access to alcohol among the general public, for example alcohol only being sold in certain shops and/or available only at the till, rather than on open shelves:

> 'I think it should only be in a certain time, in a certain place, that you're able to buy it, in controlled environment. I think it's too lax in your own home, to be honest. I think that's half the problem…Visibly take it off the shelves so someone would have to physically ask for it. They would actually have to go to a counter to ask for it, and identification of age and all the normal things to do it, and even increase the age, the minimum age as well. Definitely so.' (Interviewee 08, female, lower risk)

> 'Selling it only between certain times of the day and only in some shops so people can't go everywhere to get it, and they may not want to travel further.' (Survey respondent 362, female, low risk)

One survey respondent suggested there should be limits on how much can be bought, like controls on paracetamol:

> 'Sell it like paracetamol only so much could be sold at a time. And if someone comes in and looks drunk, no more.' (Survey respondent 61, female, low risk)

[44] Diazepam is a prescription-only medicine that is used to treat anxiety, muscle spasms and seizures or fits. It is also used in hospital to reduce alcohol withdrawal symptoms.

A few interviewees talked about making alcoholic drinks less accessible by reducing the licensing hours in pubs and reducing the selling hours in shops:

> ‘I think the all-day opening is a bit of an issue, having a beer at nine o'clock in the morning in [named licensed premises], I think maybe…but it’s personal freedom and if people are going to drink, they’re going to drink. But I do think the binge mentality for alcoholics in the morning…but I don’t know what they should do about that. I really don’t know. We’re not a Nanny State, are we? … as I say, it’s a disservice if people are drinking at nine o’clock in the morning. If you’re in Cardiff and you go past…’ (Interviewee 17, female, higher risk)

> ‘Limit the hours you can buy it, go back to that.’ (Interviewee 404, male, lower risk)

One interviewee suggested some pricing-related measures such as stopping the sale of alcohol in multipacks, and stopping the use of discounts for alcohol sales around holidays such as Christmas:

> ‘I don't know whether maybe no longer selling multipacks and having big discounts on things, would that maybe in turn stop people drinking, like around Christmas and around holidays like that. Not having big reductions in pricing in shops.’ (Interviewee 107, female, lower risk)

Finally, one survey respondent suggested tighter controls over illegal alcohol entering the market were needed:

> ‘The government can increase regulatory efforts to reduce the influx of substandard alcohol into the market.’ (Survey respondent 184, male, possible dependent drinker)

Providing alternatives to alcohol-related activities

Some interviewees believed more should be done in terms of offering potential drinkers (both young and old) other non-alcohol related socialising activities they could enjoy when going out:

> ‘Other things for people to do. Alternatives, places to see, places to do. I come back to youth. They haven’t got any youth clubs anymore; they haven’t got any day centres. You go in the pubs; some people go into some pubs just to keep warm. There are people that come into my pub, and they’ll have one pint a day, but they’re in the warmth for two hours.’ (Interviewee 13, male, higher risk)

A similar point was made by two other interviewees who discussed the importance of providing alcohol-free socialising opportunities to youths:

> ‘Yeah, but it's a generational issue. It's so embedded in our culture that it needs deep-seated change that's going to take a long, long time to resolve. I think that every society revolves around boozing unfortunately and has done for as long as I can remember. And so, I think that the change - I think they're getting there because I don't think my nephews, who are in their early 20s, their generation

> don't seem to drink as much as my generation ever did. So, I think that culturally it might be changing. Whether by design or by fluke it's changing and hopefully we'll see the benefits of that, but it won't be because it's 50p for half a pint…I think our city centres are the best examples. Friday night in Cardiff, unless I'm eating and drinking, there's very little for me to do.' (Interviewee 144, male, increasing risk)
>
> 'I think giving people alternatives. Social clubs and youth clubs, things like that…Even going to coffee shops, a lot of coffee shops in town are outside of the price range of a lot of teenagers, especially if they want food as well. If they're just having a coffee, then sometimes they'll go to a coffee shop. It's why most of the time they end up in [named licensed premises] because it's cheap.' (Interviewee 30, female, lower risk)

The importance of providing alternative options was also emphasised by some survey respondents, as was the need to address a culture that is thought to glamourise drinking:

> 'Make non-alcoholic beers etc more widely available in outlets and pubs.' (Survey respondent 14, female, low risk)
>
> 'There is still a culture that glamourises drinking at all times. Advertising that drinking alcohol can be optional in social settings may help to change the culture.' (Survey respondent 74, male, low risk)

Wider enforcement-related activities

A few participants talked about measures related to enforcement[45] of laws around alcohol use. For example, one proposed an increase in the use of alcohol tags by courts, while others described more general interventions such as tougher sentencing, more police officers on the streets, and a focus on policing underage drinking:

> 'I don't know. Courts as well. I know there's alcohol tags, I think there should be more of them personally, I don't know. I've had some good reports and I've seen a lot of people do really well on it and continue it afterwards, because they've seen that change in their life without the alcohol. It's not the answer to it but I've seen a lot of people benefit from it. It's given them that couple of months to think shit, I've managed for a couple of months without drinking, I haven't got in any trouble, my relationship is going better, I'm a little bit better off, and it just plants a little seed.' (Interviewee 404, male, lower risk)
>
> 'Police underage drinking more effectively to reduce the early slide into alcohol related problems.' (Survey respondent 44, male, low risk)

[45] It must be noted that issues relating to Criminal Justice are not devolved and are therefore not in Welsh Government's gift to enact.

Another interviewee suggested an improvement in how the police respond to alcohol-related incidents, including domestic abuse, sexual assault, and night-time economy violence:

> ‘It’s hard to see what else…I can’t think of anything that could be done to mitigate or prevent cause. Certainly, a bit more could be done in terms of effect. More in terms of police reacting or acting on domestic abuse and this sort of thing, sexual assault, city centre violence, but I appreciate that the police are a bit cash-strapped and there’s not enough of them on the ground to make a huge difference in this. But that’s where you could see a difference.’ (Interviewee 21, male, non-drinker)

Some participants commented on the need for tighter regulation of the alcohol industry:

> ‘Increased regulation of the alcohol industry, including stricter enforcement of age limits and more effective management of licenses to sell alcohol.’ (Survey respondent 267, female, high risk)

Leaving it up to the individual

Finally, several interviewees believed the key to reducing alcohol-related harms in Wales was in the hands of individual drinkers and there was little the Welsh Government or its partner organisations could, or should, do about it:

> ‘I don’t really know what the government can do about that. I think people have got their own personal choices and I don’t think we should…enough is already legislated for in terms of behaviour with smoking and not hitting your kids and all the rest of it, so I don’t know, I don’t know.’ (Interviewee 17, female, higher risk)

> ‘It’s down to the individual. I’m seeking help. It’s just down to whether people want to actually fix themselves or not. There’s not many drinkers that do. They’re happy in their ways.’ (Interviewee 409, male, possible dependence)

> ‘Stop treating people like idiots who don't know their own minds and limitations.’ (Survey respondent 286, male, low risk)

Similarly, another interviewee who was a dependent drinker, based on his own experiences and observations, suggested no one would be interested in receiving any help provided to them anyway:

> Nobody will want anything, nobody will really want anything, so there’s nothing the government can do, is there? (Interviewee 403, male, possible dependence)

One interviewee living in an environment with people who have problems relating to use of alcohol and other substances, talked about the importance of motivating people to change to reduce alcohol-related harms:

> ‘The challenge is trying to get the people who currently don’t want help to change their mindset, and quite how you do that...I think in some ways, and I’ve experienced it, you almost have to hit rock bottom before you start looking for a way back up. And maybe increasing the price may be a trigger for that.’ (Interviewee 402, male, possible dependence)

Lastly, one interviewee (with a professional background in occupational health) explained that another way to reduce alcohol-related harms in Wales was to allow people to get the help they need without being stigmatised:

> ‘With the people I’m working with, it’s more the impact it has on other areas of life. I think certainly recognition that we have a problem and the ability to be able to seek help without shame potentially.’ (Interviewee 146, male, increasing risk)

Summary

One key suggestion for improving the effectiveness of MPA was to increase awareness of the policy, including publicising messages about why it was introduced and how it has been implemented. Some thought it might work more effectively if targeted towards particular types of alcoholic drink (as is done in some other countries e.g., Russia) rather than all drinks, while others suggested any increased revenue should be used to provide more support to people with alcohol problems rather than remaining with the alcohol industry, including retailers[46]. Other suggestions for change included, for example, finding some way of preventing cheaper imports from England.

Five themes were established with reference to other initiatives to reduce alcohol-related harm. First, raising awareness of the potential harm associated with alcohol consumption, including for example, placing warning labels on packaging, launching publicity campaigns, improving substance misuse education in schools, and banning alcohol advertisements. Second, increasing support for people with alcohol problems by improving accessibility, reducing waiting times, and enhancing links with mental health services. Third, restricting the availability of alcohol by limiting purchasing opportunities by time and location. Fourth, providing alternatives to alcohol-related activities, such as non-alcohol related socialising activities, particularly for young people, making more zero/low alcohol alternatives available, and addressing a culture that glamourises alcohol. Fifth, introducing more enforcement-related activities such as improving how police respond to alcohol-related incidents, and introducing tighter regulations for licences to sell alcohol. Some participants also argued decisions over drinking behaviour were in the hands of individual drinkers, such that the Welsh Government and its partners should not intervene.

[46] MPA is not a tax, which means that Welsh Government does not generate income as a result of its implementation.

12. Discussion

This concluding chapter acknowledges the study strengths and limitations and summarises the findings presented in the preceding chapters, drawing on the current literature covered earlier in the report.

Strengths and limitations

The study has many strengths including its comprehensive mixed method approach to assessing the impact of MPA on drinking patterns and related behaviours across a diverse population of drinkers living in Wales. The research generated a wealth of detailed qualitative data through a longitudinal interview study with 75 drinkers, many of whom were interviewed on multiple occasions over the four-year study period. Additionally, the study gathered extensive quantitative (and further qualitative) data through a repeat cross-sectional survey capturing the views and experiences of drinkers across Wales. However, despite its many strengths, there are some important limitations that must be recognised.

The first concerns the confounding effect of the COVID-19 pandemic on drinkers when assessing the impact of MPA. Our first follow-up report presented findings from data collected at a time when there were tight controls over socialising and when on-licensed premises were closed or operating reduced opening hours. We found that most of our interviewees reported changes in their drinking in the period since the baseline interview. This included those who increased their drinking (often out of boredom, loneliness, or stress) and those who reduced their drinking (typically due to a lack of opportunities to socialise).

Our second follow-up report presented findings from data collected two-years post implementation of MPA when virtually all COVID-19 related protective measures had been lifted. It provided the first opportunity to assess the impact of MPA on drinkers without the confounding effect of the pandemic[47]. We found that participants reported limited impact of MPA on drinking patterns, although there were reports of it playing a supporting role that reinforced decisions to change that had been triggered by other factors, including the pandemic. This current (third) follow-up report presents findings from data collected nearly four years after the UK and countries around the world introduced protective public health measures. It therefore provides an important opportunity to assess the impact of MPA in a period resembling life prior to the pandemic.

The second issue concerns the final wave of data collection being undertaken during what many have described as a ‘cost-of-living crisis’. The cost of living is the average amount of money that people need to pay for important things such as food, housing, and clothing. It is normal for prices to rise each year, but typically people’s wages rise at a similar rate to prices. At the time the data were collected, prices (particularly of food and energy) were rising much more quickly than wages. This meant some people were unable to afford to pay for everything they needed to buy. For researchers tasked with assessing the impact of MPA on drinkers in the general

[47] It is important to note, however, that any changes in drinking patterns that emerged during the pandemic may have been sustained in the longer-term.

population, this ‘crisis’ presents an interesting challenge due to its potential confounding effect on the affordability of alcohol, and hence on some people’s drinking patterns.

The third issue is project sample attrition, which as noted in our previous reports, is not uncommon in longitudinal research (Bryman, 2016). We began the longitudinal interview study with a baseline sample of 41 drinkers. At the first (nine-month) follow-up we were able to reinterview 31 of the original sample and at the second (two-year) follow-up we reinterviewed 22 of the original cohort. By the time of this final wave of data collection, we had retained and were able to reinterview just over one-third of the original sample (n=16). Given the stressful and difficult lives led by many people living in unstable accommodation, attrition was greatest among those recruited from the third sector housing organisations. Fortunately, we were able to replace these with the help of staff within the hostel. We were also able to replace other lost interviewees through the online survey, which asked respondents to provide their contact details in a separate survey if they were willing to be interviewed.

The fourth issue also relates to sampling. The survey respondents were recruited through advertisements on social media, resulting in a self-selecting sample that may not be representative of the broader population of drinkers in Wales. Relatedly, while the samples of interviewees and survey respondents were diverse in many respects (including drinking patterns, geographical location, age, sex, marital status, household income), it must be noted that people from minority ethnic groups were not well represented in either the interviews or survey. Furthermore, people in full-time employment, homeowners, and people living in more urban areas were more heavily represented than their counterparts in both the survey and interview samples. The over-representation of these groups means that any generalisations based on the findings must be made with caution.

Finally, it is important to note the research was based on retrospective accounts of behaviours that took place over a four-year period. Accuracy of recall is an issue whenever self-report is required, but it can be particularly difficult when asking questions about alcohol consumption, where recollection of events may be clouded by intoxication for some. The added complication of living through the COVID-19 pandemic and ‘cost-of-living crisis’ may well have compounded this methodological problem. Any conclusions from the research must therefore be considered with these limitations in mind.

Quantitative measures of change

As part of the semi-structured interviews, participants were asked to answer a series of closed questions to gather information about their personal circumstances, drinking patterns and quality of life. The goal was to monitor change since the baseline interview at each follow-up point. As noted in Chapter 4, few changes were reported in the period since implementation of MPA. Drinking status (as measured by the AUDIT) remained stable for most of the 15 people who took part in all four waves of interviews. On the few occasions when changes did occur, these were mostly in a positive, less harmful, direction rather than in a more harmful direction.

In our last report we noted most interviewees scored positively on the quality-of-life measures and that where changes had occurred between baseline and second follow-up, these were largely in a positive direction. The same pattern was also evident at the final follow-up, with most experiencing improvements. However, a small group of interviewees reported changes in a negative direction. This included a worsening in terms of their life satisfaction (i.e., feeling they are doing worthwhile things, whether feeling happy, and levels of anxiety). In relation to how well they were managing financially, most of the sample reported changes between baseline and final follow-up. For most, the change was in a positive direction.

Awareness and understanding of MPA

In line with findings from our last report, the majority of drinkers were aware of MPA and had learned about it through a variety of sources, including their jobs or studies, the television or radio (on the news), social media, or through word of mouth. However, a sizeable minority of drinkers had not heard of MPA, which suggests either publicity about MPA has not been as extensive as it could have been, or that some people had simply not noticed it. Those who were aware of MPA varied in terms of their level of understanding, with some having only a vague understanding, while others had more comprehensive knowledge.

Consistent with our last report, awareness of MPA was lowest among higher risk drinkers. While this might be unexpected given that MPA often has a marked impact on this group through the resulting higher price of strong, white cider, it reflects findings from Scotland, showing awareness of MUP among harmful drinkers was also limited (Holmes, et al., 2022). One potential explanation is MUP not being a consideration for those facing multiple concerns and difficulties on a daily basis (Elliott, et al., 2022).

Most people had noticed an increase in the price of alcohol since the introduction of MPA. The change was most evident in relation to the price of strong ciders, although the price of strong lagers, spirits, and wine, were also noted to have risen. Those who had not noticed any changes thought this was because their drink of choice was not affected by MPA, or because they did not purchase alcohol often enough. Changes were attributed to MPA but also to inflation and the cost-of-living crisis, which was causing an increase in the price of everything. These findings are consistent with other studies assessing the impact of minimum pricing policies on alcohol prices in both Scotland and Wales. After implementation, prices of all types of alcohol increased, most notably the price of cider (Alcohol Change UK, 2020, 2023, 2024; Public Health Scotland, 2023).

Few noted any change in the availability of alcohol products, although a small number had spotted changes in the size and strength of various products, particularly cider. These findings also reflect the existing evidence base. For example, Alcohol Health Alliance (2020) and Alcohol Change UK (2024) noted in Scotland and Wales respectively, that some brands had reformulated their products to sell them in smaller containers and at lower strengths, while some had stopped being sold altogether.

Changes in drinking patterns

The primary aim of MPA is to reduce alcohol-related harm through a reduction in consumption, particularly among hazardous and harmful drinkers and of cheap, high-strength products. It is therefore important to consider whether any changes in drinking patterns have occurred since implementation, and to assess the extent to which they can be attributed to MPA.

Roughly half of survey respondents, and most of the interviewees, reported they were drinking at the same frequency and quantity as they had before MPA had been implemented. On the few occasions when changes were reported, these were more commonly decreases than increases and were more likely to be attributed to a range of factors other than MPA, including cost of living, lifestyle changes, physical and mental health issues, maturity and ageing, dietary needs, and social factors. Increases in consumption were also linked to a variety of factors including increases in socialising (e.g., following the easing of COVID-19 protective measures), traumatic life events, boredom, and the stress of living in an unstable environment.

While the majority of drinkers had made no changes to the type, brand, or social circumstances in which they consumed alcohol, a small proportion had done so, and these were more common among higher risk drinkers. Such changes included a shift away from cider towards spirits, particularly among higher risk drinkers, and an increase in the consumption of zero/low alcohol products, which were noted to be more available and better in quality than in the past. Price was one factor among many triggering these changes but was a clear driver in causing a shift from cider to spirits among higher risk drinkers. These findings are consistent with those reported from Scotland (Public Health Scotland, 2023).

Changes in household expenditure and purchasing patterns

Roughly half of survey respondents reported no change in the affordability of alcohol since March 2020. Those who had experienced a change were more likely to say it had become less affordable, which might be expected following the introduction of MPA, and increases in the cost of living. Consistent with minimal change in alcohol consumption, most survey respondents had not changed how much they were spending on alcohol. Interestingly, lower risk drinkers were more likely to report alcohol had become less affordable, potentially explaining why they were more likely to have reduced the quantity and frequency of their use in the period since the introduction of MPA.

Increases in spending were more common when a change in expenditure was reported, mostly attributed to the increased price of alcohol. Most were able to afford the price increase, absorbing it in their household budgets. Some respondents, particularly higher risk drinkers, struggled, but nevertheless continued drinking, relying on financial support from family and friends. Importantly, given concerns about a potential increase in acquisitive crime, only one participant reported committing crime to obtain alcohol. Financial strain among harmful drinkers following the introduction of minimum pricing was also noted among drinkers in Scotland (Public Health Scotland, 2023). When decreases in expenditure on alcohol were

reported these were often attributed to declining household income, although health-related factors were also mentioned.

An important change in alcohol purchasing reported by some drinkers (typically, the small number of participants living near to the border or travelling to England for other purposes) was a shift to purchasing in England where it was cheaper in the absence of MPA. The perceived negative impact of cross-border purchasing on the Welsh economy and environment (due to pollution from driving longer distances) was highlighted by a small number of interviewees. Cross-border shopping was also reported in Scotland, although the extent was described as fairly limited, and deemed unlikely to be on a scale that would affect consumption at a population level (Patterson, et al., 2022). Other changes in purchasing included a shift away from the 'big four' supermarkets to value shops and away from drinking out in pubs and restaurants to drinking more at home.

Changes in the use of other substances

As predicted and described in previous reports in this series, few drinkers reported any changes in their use of other substances. Indeed, most drinkers had not used illegal drugs before and had not started to do so in the period since March 2020. These findings are consistent with the Scottish research, which found predictions about substance switching had not materialised to any great extent in the period following the introduction of MUP (Buykx, et al., 2021; Holmes et al., 2022; Elliott et al., 2022).

For the small group of respondents where there was evidence of switching, examples included increases in heroin, crack, and cannabis, which were thought to offer better value for money than alcohol. As predicted and noted elsewhere, those who reported using illegal drugs after March 2020 had histories of using illegal substances (Miller and Droste, 2013; Peters and Hughes 2010; Holloway et al., 2019; Elliott et al., 2022).

A small number also reported increases and decreases in their use of prescription drugs and over-the-counter medication, which were attributed to their health rather than the price of alcohol. Contrary to predictions, and in line with the Scottish research, there was no clear evidence of drinkers substituting food for alcohol (Public Health Scotland, 2023), although there was some evidence of the increased cost-of-living impacting on some people's food choices.

The impact of MPA on other drinkers

Few people noticed any impact on the lives of drinkers they knew, and when they did, it was reported to be the result of the general increase in the cost of living rather than MPA specifically. These impacts included fewer people going out to drink, people drinking less when they did go out, and people buying cheaper drinks. Some had noticed their friends were drinking less than they used to, which they attributed to a combination of factors including ageing, a change in lifestyle, and health reasons.

Views on the effectiveness of MPA

Views on the effectiveness of MPA were mixed. Many participants in the research were unsure if MPA was impacting on reducing alcohol-related harm, largely having not seen any evidence to suggest it was effective. However, some reported they had recognised the impact varied among different types of drinker (particularly higher risk drinkers) and some suggested more time was needed for the effects to be fully understood. When opinions were expressed about the effectiveness of MPA, they were more often negative than positive.

Such negative views were commonly justified in terms of the perceived unfair impact of the policy on people with alcohol problems, and on the poorest people in society. Other concerns included perceived increases in acquisitive crime to pay for alcohol, less money being spent on household bills, the potential negative impact on children, and other unintended consequences such as an increase in the use of other substances, in home brewing or the use of non-beverage alcohol. Importantly, the findings from this study suggest that these perceived concerns, which were also raised in the 'switching study', are unsubstantiated.

Positive views were focused on the belief that increasing the price of alcohol had made it less affordable and hence less accessible. The introduction of a wider range of better quality zero/low alcohol drinks was also noted as a positive effect of the policy, although it should be noted that the evidence base on the potential benefits of zero/low alcohol is slim and it is possible that there may be negative effects (Holmes et al., 2024).

Views on the continuation of MPA beyond the initial five years covered by the legislation were mixed, but again included a significant proportion who were undecided. This was again attributed to a lack of evidence regarding its effectiveness, although some explained it was because the policy did not affect them personally. Those expressing an opinion were fairly evenly split in terms of being in favour or against MPA remaining in place.

Those in favour tended to focus on the health and social benefits of reducing alcohol consumption, while those opposing suggested reasons including: the right to make personal choices without government intervention; concerns about the financial burden, particularly on those on lower incomes; and the negative perceived impact of cross-border shopping on the Welsh economy. Some were also concerned the policy was not able to address underlying issues such as alcohol dependence and social inequality, though it should be noted that it was never assumed MPA alone would address dependence or social inequality.

Views on what the minimum unit price of alcohol should be if it is continued were also mixed and the reasons largely mirrored those regarding its continuation. Those who thought the minimum unit price should be increased felt the impact of MPA had been eroded by inflation and increasing the price was necessary to maximise its effect. There was some suggestion that if it was increased, then it should be done gradually, but views were mixed on whether it should be increased slightly to minimise the impact at a time where costs of everything have increased, or significantly to maximise the impact on consumption.

Improving the effectiveness of MPA

Participants' suggestions for increasing awareness of MPA, and hence effectiveness, included publicising messages about why it was introduced, and how it was implemented. Some thought it might work more effectively if MPA targeted particular types of alcoholic drinks (as is done in some other countries, e.g., Russia) rather than all drinks. There is some evidence, albeit from a different country and culture, to support this idea as Chaaban et al. (2022) found among young people in Lebanon, that a targeted MUP was more effective in reducing consumption than a flat MUP applied across all beverages.

Other suggestions for change included using the increased revenue from higher prices to provide more support to people with alcohol problems (which would not be straightforward given MPA is not a tax and any increase in revenue goes primarily to retailers and producers[48]), the need for better enforcement of the minimum unit price in shops and finding some way of preventing cheaper imports from England. Investing in other complementary initiatives were also recommended as ways of enhancing the impact of MPA.

Other methods for reducing alcohol-related harm

Participants identified a range of other ways in which Welsh Government might reduce alcohol-related harm. One common suggestion was taking action to raise awareness of the potential harms associated with alcohol consumption (e.g., placing warning labels on packaging, launching publicity campaigns, and improving substance misuse education in schools). There is some evidence to support these ideas, such as. Winstock et al. (2020) noting the potential for a range of health messages displayed on alcohol beverages to raise awareness of alcohol-related harms and subsequently to support a reduction in drinking. The effectiveness of public health campaigns regarding alcohol use is less well documented and evidence reviews have concluded that while it can improve knowledge and awareness, it does not appear to reduce consumption (Young et al., 2017). Similarly, the evidence base for alcohol education in schools may be broad but it is weak, with few studies generating sufficient information to endorse widespread dissemination (Lee, et al., 2016).

Participants also suggested reducing alcohol-related harm could be achieved by improving access to treatment, reducing waiting times, and enhancing links with mental health services, given the evidence supporting the effectiveness of pharmacological and psychosocial interventions (Miller et al., 2011). They also proposed banning alcohol advertisements and restricting sales to specific times and locations, though evidence for the effectiveness of advertising restrictions is mixed (Snowdon, 2023). Conversely, reducing hours and days of alcohol sales has some support as a harm-reduction strategy (Hahn, et. al, 2010; Middleton et al., 2010; WHO, 2018). However, there was also debate among participants about whether the responsibility for reducing alcohol-related harm should lie with individuals rather than

[48] VAT is calculated as a percentage of the final retail price. Higher minimum prices might therefore lead to increased VAT revenue for the UK Government.

government intervention, reflecting a tension between personal autonomy and the public good (Moazzen and Gooshki, 2023).

Concluding comments

There are several important conclusions to draw from this final assessment of the impact of MPA on the general population of drinkers in Wales.

First, four years post-implementation, MPA appears to have had little impact on the drinking patterns of the people participating in this study. Indeed, changes in the frequency and quantity of alcohol consumption were reported by only a small minority of people.

Second, while many people were aware of MPA, there were others who were not. Furthermore, among those who were aware of MPA, most had only a vague understanding of the policy. As noted in our last report, awareness was lowest among higher risk drinkers.

Third, some people (typically those living close to the border or travelling regularly to England) reported circumventing the legislation by purchasing alcohol in England at cheaper prices. This finding is consistent with research from Eastern Europe which found that drinkers from Estonia were attracted to neighbouring Latvia where alcohol prices were considerably cheaper (Parna, 2020). Research from Scotland also recorded some evidence of cross-border shopping in response to the introduction of MUP, albeit at a level unlikely to affect consumption at a population level (Patterson et al., 2022). Nevertheless, as noted in the first and second follow-up in Wales, if the impact of MPA is to be fully realised in communities close to the border, then alcohol policy in neighbouring countries needs to be consistent with those objectives. While there is some narrowing of the price differential as a result of the changes in UK alcohol duty in 2023, the call for England to introduce MPA remains a logical one in this context (Alcohol Health Alliance, 2021).

Fourth, consistent with evidence from Scotland, the study found the widely anticipated negative consequences of MPA were not commonly reported among the drinkers in this study (Public Health Scotland, 2023). However, that is not to say they were entirely absent. The shift from cider to spirits and the use of illegal drugs as a cheaper alternative to alcohol among a small number of drinkers are clear examples. These findings support the call for a harm reduction campaign to be developed, and for relevant information and advice to be distributed to this vulnerable group of drinkers. They also add weight to the call for easier access to alcohol treatment (detoxification in particular) and to other appropriate services, including drink-free accommodation and mental health support.

Tentative recommendations

The results of this study have shown MPA is an effective mechanism for removing very cheap alcohol products. Indeed, strong white cider has increased significantly in price following the introduction of MPA and is now largely absent from shop shelves. However, the broader impacts of MPA are mixed, and certain populations appear to be more vulnerable to its negative effects than others.

Based on our evaluation, we recommend the Welsh Government lays regulations to continue the MPA legislation. To maximise its effectiveness, and minimise unintended negative consequences, we further recommend the Welsh Government implements a series of complementary actions. Each action is outlined below along with a brief rationale.

1. Lack of awareness and understanding: While many participants were aware of MPA a sizeable minority were not. Furthermore, most of those who were aware had only a vague understanding of the policy, which could undermine its effectiveness.

Recommendation: Implement more extensive and targeted awareness campaigns to educate the public about MPA, its rationale, and its implementation.

2. Perceived unfairness and impact on vulnerable groups: Some drinkers viewed MPA as unfairly impacting those with alcohol problems and lower-income households.

Recommendation: Implement measures to mitigate the perceived unfairness, such as providing greater clarity about MPA being a whole population measure that targets hazardous and harmful drinkers in general.

3. Cross-border shopping and impact on the Welsh economy: Some drinkers, particularly those living close to the border and those travelling regularly to England, reported purchasing alcohol in England to avoid the higher prices in Wales due to MPA, potentially impacting the Welsh economy and undermining the policy's effectiveness.

Recommendation: Assess and monitor the extent and impact of cross-border shopping across Wales and explore strategies to address cross-border shopping, such as coordinating with English authorities or implementing measures to encourage local purchasing.

4. Substitution effects and unintended consequences: A small number of drinkers reported substituting alcohol with illegal drugs, which could lead to unintended negative health and social consequences.

Recommendation: Monitor and address potential substitution effects through targeted research, interventions, education, and support services.

5. Lack of evidence on long-term effectiveness: Many drinkers were unsure about MPA's effectiveness due to a lack of clear evidence, particularly in the long term.

Recommendation: Continue long-term monitoring and evaluation of MPA’s impact on alcohol consumption and related harms in Wales (e.g., hospital admissions, alcohol-related deaths, alcohol sales), but also synthesise findings from other countries with similar pricing policies (e.g., Scotland and Ireland), and routinely and more widely publicise the findings.

6. Need for complementary measures: Drinkers suggested introducing various complementary measures to enhance the effectiveness of MPA, such as launching alcohol harm awareness campaigns, improving access to support services, reducing waiting times for residential detoxification, limiting opportunities to buy alcohol to particular times, and locations, and tightening regulations for licences to sell alcohol.

Recommendation: Within the powers devolved to the Welsh Government, implement a comprehensive approach that combines MPA with other evidence-based interventions and policies to address alcohol-related harm more holistically.

7. Pricing adjustments: There were mixed views on whether the minimum unit price should be maintained, decreased, or increased to achieve the desired impact.

Recommendation: Regularly review and adjust the minimum unit price based on ongoing monitoring and evaluation, taking into account factors such as inflation, cost-of-living changes, and policy effectiveness.

References

Alcohol Change UK (no date). 'How do we talk about alcohol' [online, Alcohol Change UK].

Alcohol Change UK (2023). Alcohol supermarket prices in England and Wales, December 2020-2023. Unpublished report. [copies available on request from Alcohol Change UK's Wales team.]

Alcohol Change UK (2024). Survey of the prices of the cheapest drinks on sale in shops in Wales. Unpublished report. [copies available on request from Alcohol Change UK's Wales team.

Alcohol Focus Scotland (2021). 'AFS calls for 65p minimum unit price for alcohol' [online, Alcohol Focus Scotland].

Alcohol Health Alliance. (2020). Small Change: alcohol at pocket money prices. AHA.

Alcohol Health Alliance (2021). 'Alcohol Health Alliance responds to study showing that minimum unit pricing is having a lasting impact on some of the heaviest-drinking households in Scotland and Wales'. [online, Alcohol Health Alliance].

Boys, A., Marsden, J., Stillwell, G., Hatchings, K., Griffiths, P., & Farrell, M. (2003). Minimising respondent attrition in longitudinal research: practical implications form a cohort study of adolescent drinking. Journal of Adolescence, 363-373.

Brennan, A., Angus, C., Pryce, R., Buykx, P., Henney, M., Gillespie, D., Holmes, J., Meier, P S., (2022) Effectiveness of subnational implementation of minimum unit price for alcohol: policy appraisal modelling for local authorities in England. Addiction, 819-833.

Bryman, A. (2016). Social Research Methods. Oxford: Oxford University Press.

Buhociu, M., Holloway, K., May, T., Livingston, W., & Perkins, A. (2021). Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers - Baseline. Cardiff: Welsh Government.

Buhociu, M., Holloway, K., Murray, S., Livingston, W. and Perkins, A. (2023) Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers: Interim Findings. Cardiff: Welsh Government.

Burgess, R. (1984). In the Field: An introduction to Field Research. Abingdon, Oxon: Routledge.

Buykx, P., Holmes, J., Beard, E., Brown, J., Brennan, A., Meier, P., Webster, L. (2020). Effects on alcohol consumption of announcing and implementing revised UK low-risk drinking guidelines: findings from an interrupted time series analysis. Epidemiol Community Health, 942-949.

Cartwright, T. (2023). Public attitudes to and awareness of minimum pricing for alcohol in Wales. Cardiff: Welsh Government, GSR report number 59/2023.

Chaaban, J., Haddad, J,. Ghandour, L.A., Chalak, A. (2022). Impact of minimum unit pricing on youth alcohol consumption: insights from Lebanon. Health Policy and Planning. 37 (6).

Corbin, J., & Strauss, A. (1990). Grounded Theory research: Procedures, canons and evaluative criteria. Qualitative Sociology, 13. 3-21.

Department of Health (2022). Extension of Consultation on Minimum Unit Pricing for Alcohol: Extension of Consultation on Minimum Unit Pricing for Alcohol | Department of Health (health-ni.gov.uk).

Elliott, L., Emslie, C., Dimova, E., Whiteford, M., O'Brien, R., Strachan, H., Johnsen S., Rush, R., Smith, I., Stockwell T. and Whittaker, A. (2022) Minimum Unit

Pricing: Qualitative Study of the Experiences of Homeless Drinkers, Street Drinkers and Service Providers. [online, Chief Scientist Office, PDF only].
Ferguson, K., Giles, L., & Beeston, C. (2021). Evaluating the impact of Minimum Unit Pricing (MUP) on the price distribution of off-trade alcohol in Scotland. Edinburgh: Public Health Scotland.
Gibbs N, Angus C, Dixon S, et al (2023). Effects of minimum unit pricing for alcohol in South Africa across different drinker groups and wealth quintiles: a modelling study. BMJ Open;11:e052879. doi: 10.1136/bmjopen-2021-052879.
Hahn R.A., Kuzara J.L., Elder R., Brewer R., Chattopadhyay S., Fielding J., Naimi T.S., Toomey T., Middleton J.C., Lawrence B; Task Force on Community Preventive Services. (2010). Effectiveness of policies restricting hours of alcohol sales in preventing excessive alcohol consumption and related harms. American Journal of Preventive Medicine, 39(6), 590-604.
Holloway, K., May, T., Buhociu, M., Livingston, W., Andy, P., & Madoc-Jones, L. (2019). Research into the potential for substance switching following the introduction of minimum pricing for alcohol in Wales. Cardiff: Welsh Government.
Holloway, K., Buhociu, M., Murray, S., Livingston, W. & Andy, P. (2022). Assessing the Early Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers. Cardiff: Welsh Government.
Holmes, J., Angus, C., Kersbergen, I., Pryce, R., Stevely, A. and Wilson, L. (2024). No and Low-Alcohol Drinks in Great Britain: Monitoring Report. [online, Sheffield University].
Holmes, J., Buykx, P., Perkins, A., Hughes, Ja., Livingston, W., Boyd, J., Johnston, A., McCarthy, T., McLean, A., Wright, A., Little, S., Brennan, A., Gardiner, K., Peddie, L., Yannoulis, Y., Stevely, A., Mackay, D., Alava, MH, Meier, P., Sasso, A., Angus, C. (2022). Evaluating the impact of Minimum Unit Pricing in Scotland on people who are drinking at harmful levels. [online, Public Health Scotland].
Lee, NK., et al. (2016) 'What works in school-based alcohol education: a systematic review'. Health Education Journal, 75(7): 780-798.
Livingston W., Madoc-Jones I., Holloway K., Perkins A., Buhociu M., Murray S. (2023). 24-month Review of the Introduction of Minimum Pricing for Alcohol in Wales. Cardiff: Welsh Government.
Mack, N., Woodsong, C., et al. (2011). Qualitative research methods: a data collectors field guide. Family Health International.
Maharaj, T., Aoko, O., Gilligan, E., MacHale, S., and Ryan, J. (2022). Measuring the alcohol related hospital burden in Ireland and the impact of Minimum Unit Pricing (MUP). Journal of Hepatology, 77(S1), S234-235.
Maharaj, T., Angus C., Fitzgerald N., Allen K., Stewart S., MacHale S., Ryan J.D. (2023). Impact of minimum unit pricing on alcohol-related hospital outcomes: systematic review. BMJ Open, 13(2).
Matthews, K., Heravi, S., Morgan, P. et al. Alcohol prices, the April effect, and the environment, in violence-related injury in England and Wales. Eur J Health Econ 25, 237–255 (2024). https://doi.org/10.1007/s10198-023-01583-w.
Middleton J.C., Hahn R.A., Kuzara J.L., Elder R., Brewer R., Chattopadhyay S., Fielding J., Naimi T.S., Toomey T., Lawrence B; Task Force on Community Preventive Services. (2010). Effectiveness of policies maintaining or restricting days of alcohol sales on excessive alcohol consumption and related harms. American Journal of Preventive Medicine, 39(6), 575-589.

Miller, P.M., Book, S.W, and Stewart, S.H. (2011) 'Medical treatment of alcohol dependence: a systematic review'. Int J Psychiatry Med 42(3): 227-266.
Miller, P.G., and Droste N. (2013). Alcohol Price Considerations on Alcohol and Illicit Drug Use in University Students. Journal of Alcoholism & Drug Dependence, 1(2).
Moazzen V, Shamsi Gooshki E. The extent of government intervention in the public health system and individual freedoms during the Covid-19 pandemic: a theoretical analysis. J Med Ethics Hist Med. 2023 Jul 18;16:4. doi: 10.18502/jmehm.v16i4.13232. PMID: 37753525; PMCID: PMC10518637.
Neale, J., & West, R. (2014). Guidance for reporting qualitative manuscripts. Addiction, 109(2):549-550.
Neale, J., Miller, P., & West, R. (2015). Reporting quantitative information in qualitative research: guidance for authors and reviewers. Addiction, 110(4):175-176.
Office for Health Improvement and Disparities. (2017). Alcohol use screening tests.
Parna, K. (2020). Alcohol consumption and alcohol policy in Estonia 2000-2017 in the context of Baltic and Nordic countries. Drug and Alcohol Review , 797-804.
Patterson, HC, Beeston, C., McQueenie, R., Soutar, L., Giles, L., Mackay, D., Donaghy, G. & Watson, M. (2022) Evaluating the impact of Minimum Unit Pricing (MUP) of alcohol in Scotland on cross-border purchasing [online, Public Health Scotland].
Peters E.N. and Hughes J.R. (2010). Daily marijuana users with past alcohol problems increase alcohol consumption during marijuana abstinence. Drug and Alcohol Dependence, 106(2-3), 111-118.
Public Health Scotland. (2023). Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. Public Health Scotland.
Robinson, M., Mackay, D., Giles, L., Lewsey, J., Richardson, E., & Beeston, C. (2021). Evaluating the impact of minimum unit pricing (MUP) on off-trade alcohol sales in Scotland: an interrupted time-series study. Addiction, 116(10): 2697-2707.
Scottish Government (2024). Minimum Unit Pricing Rise: Minimum Unit Pricing rise - gov.scot (www.gov.scot)
Snowdon, C. (2023) 'Alcohol advertising: what does the evidence show', Institute of Economic Affairs. Alcohol Advertising: What does the evidence show? — Institute of Economic Affairs
Taylor, N., Miller, P., Coomber, K ., Livingston, M., Jiang, H., Buykx, P., Scott, D., Baldwin, R., Chikritzhs, T., (2023). Estimating the impact of the minimum alcohol price on consumers' alcohol expenditure in the Northern Territory, Australia. Australian and New Zealand Journal of Public Health.
Welsh Government. (2014). Substance Misuse Treatment Framework: Service User Involvement. Cardiff: Welsh Government.
Westons Cider Makers (2019). Westons Cider Report. Ledbury: Westons Cider.
Westons Cider (2024). Westons Cider Report. Ledbury: Westons Cider.
WHO (2018). Global Status Report on Alcohol and Health 2018.
WHO (2022). No place for cheap alcohol: The Potential Value of Minimum Pricing for Protecting Lives [online, WHO].
Winstock, A., Holmes, J., Ferris, J., and Davies, E. (2020) 'Perceptions of alcohol health warning labels in a large international cross-sectional survey of people who drink alcohol'. Alcohol, 55(3): 315-322.

Woodhouse, J. (2020). 'Alcohol: Minimum Pricing' Available from: [online, House of Commons Library].
Wright, K.B. (2005). 'Researching internet-based populations: advantages and disadvantages of online survey research, online questionnaire authoring software packages, and web survey services'. Journal of Computer-Mediated Communication, 10(3).
Young, B., Lewis, S., Katikireddi, S., Bauld, L., Stead, M. and Angus, K. (2017) 'Effectiveness of mass media campaigns to reduce alcohol consumption and harm: a systematic review', The Lancet, https://doi.org/10.1016/S0140-6736(17)33033-7